



City and County of San Francisco

Shelter Monitoring Committee

*Third and Fourth Quarterly Report, January through June 2013
Executive Summary*

Shelter Site Visits

The inspection teams conducted 34 of the 48 assigned visits (70%) in the third and fourth quarters, from January 1 to June 30, 2013. All sites were inspected at least once during these quarters.

Standards of Care (SOC)

There were 157 Standard of Care complaints forms filed from January 1 to June 30, 2013 by 90 complainants. Table 2 provides a breakdown of the number of complaints per site and the status of the complaints themselves. Each individual complaint form submitted to the sites averaged allegations of three Standard of Care violations. For example, a client alleged the staff did not have their identification (Standard 25), a lack of soap (Standard 3), and lack of a pillow (Standard 12).

Policy Recommendations

Imminent Danger-The Committee is reviewing the current imminent danger policy applied in the family shelter system and comparing it with other national family shelter models. The Committee will make recommendations to the Human Services Agency (HSA) after review. The purpose of this review is to ensure that each member of families, particularly children, has access to safe and appropriate shelter as needed.

Case Management- The Committee would like to see a City & County definition of “case management” implemented and to clearly outline “units of measurement.” This information is important to better measure case management outcomes.

Membership

The Committee currently only has one of the two staff positions filled and based on the staffing, the majority of site visits are conducted by the Committee Members. There are currently two vacancies on the Committee, Board of Supervisors Seat 4, candidates must be nominated by community agencies that provide behavioral health, housing placement, or other services to the homeless and Board of Supervisors Seat 5, candidates must be nominated by non-profit agencies that provide advocacy or organizing services to homeless people and be homeless or formerly homeless.

Mission Statement of the Shelter Monitoring Committee

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

Third and Fourth Quarterly Report, January 1 through June 30, 2013

Site Inspections

The inspection teams conducted 34 of the 48 assigned visits (70%) in the third and fourth quarters, from January 1 to June 30, 2013. All sites were inspected at least once during these quarters.

The Committee has been operating with one staff since December 2012 and as such failed to conduct approximately 30% of assigned visits, based on this staffing shortage. In addition, the Committee failed to meet the legislated requirements to inspect year-round shelters four times. The following shelters were inspected less than four times in 2012-2013: Hamilton Family Residences and Emergency shelter, the largest family shelter, was only inspected three times; St. Joseph's, a family shelter, was only inspected three times; and United Council/Mother Brown's, the only resource center in the Bayview, was only inspected twice. The Committee currently has a staffing shortage and is strategizing on how to meet the visit burden for 2013-2014.

A Woman's Place Drop In

This site was inspected three times during this period and the Committee noted the following violations at all of the visits: a lack of Spanish-speaking staff, no access to professional interpretation services, debris and/or dust on the floors and/or vent, and broken ADA showers. These violations were also noted in the last previous two quarters. The first two violations regarding language access are tied to funding.

Compass

This site was inspected two times. During one visit, the Committee noted that there was no hand sanitizer, no emergency exit plans posted, the lack of the emergency drill and a staff that had not had de-escalation training. The site remedied all these issues within a week. When the Committee returned for a second visit, it noted that the emergency exit plans posted were in English only. The site remedied the issue within 24 hours.

Dolores Street Community Services-Santa Ana

This site was inspected two times. Both times the Committee inspected the site and noted a lack of linens. The legislation requires two sheets. The site provides one sheet and two blankets. The Committee also noted extensive mold and dust on the ceiling. The site is reviewing deep-cleaning options.

Dolores Street Community Services-Santa Marta/Santa Maria

This site was inspected two times and the Committee noted the following violations: the lack of two sheets for clients (see notes above) and mold & dust in the bathroom areas. The site is reviewing deep-cleaning options.

First Friendship Emergency Family Shelter

This site was inspected twice and the Committee noted the following violations: the lack of pillows and pillowcases, no personal protective gowns for staff, no Spanish-speaking staff (during one visit), no professional interpretation services, and no tokens (during one visit). These are the same issues noted during the first two quarters. The professional translation services are tied to funding and the site does not receive funding for this service.

Hamilton Family Residences and Emergency Shelter

The Committee conducted two inspections at this site and noted the following violations during both visits: dirt and mold in bathrooms. During one visit, the Committee noted the lack of incontinence and feminine hygiene products, personal protective equipment for staff and the menu was posted in English only. The site is investigating another janitorial service provider as well as doing more thorough checks of the bathrooms during staff rounds.

Hospitality House

The Committee conducted two inspections at this site during this time period and noted following violations only during one visit. The site had the menu posted in English only and the information about how to access laundry vouchers was not posted. Both issues were remedied by the next visit.

Interfaith Emergency Winter Shelters

Please note that the Interfaith system is operated out of different volunteer churches by Episcopal Community Services and operated from November 17, 2012 to February 23, 2013. The Committee conducted one inspection inspections noted the following violations: no sheets, no pillows, no pillowcases (some mats had pillows sewn in within the mat and two blankets were provided), no tokens, mats too close together (legislation requires mats be 22 inches apart), no paper towels in bathroom, no emergency exits posted, staff without identification, no bags for client storage, and no phone for clients to make local calls. The Committee and the provider noted that some of the violations were based on the location of the site, specifically that the program has run out of churches.

Lark Inn

This site was inspected three times. One visit found no violations. Another visit noted a lack of gloves in various sizes, the majority of soap dispensers were out of soap, and low-stocked first aid kit. The site rectified these violations within 72 hours of notification from the Committee. The third visit noted extensive mold and dust in the bathrooms and some shelter areas with the lack of hand sanitizer throughout the shelter. The site corrected the issues within one week.

Mission Neighborhood Resource Center

This site was inspected three times during this period and the Committee noted the following violations: bath towels that were less than 24" x 48", no access to professional translation services, no tokens, and a low stocked first aid kit, no TTY information posted. The site rectified these issues as they come up and have ordered new towels. Please note the Committee failed to notify the site that there towels were not the appropriate size per the Standards of Care until January of 2013.

MSC Drop In

The Committee conducted two inspections at this site and noted the following violations: no tokens, multiple signs in English only, no emergency exit plan posted, no emergency disaster plan, no professional interpretation services, debris in bathroom, and no posted information on shower times. Some of the violations noted, documents in English only, no emergency exit posted and no tokens, were noted during the first two quarters as well.

MSC South Shelter

This site was inspected two times and the following violations were noted by the Committee: no tokens available for clients, multiple postings in English only, no towels for women, non-working bathroom, no CPR masks, mold in the women's bathroom, no pillows or pillowcases. The Committee noted no tokens and multiple posting in English during the first two quarters as well.

Next Door

The site was inspected two times and the Committee noted the following violations: lack of Spanish-speaking staff, no professional interpretation services, staff without identification, no protective gowns for staff on multiple floors, extensive mold, signage up in English only, excessive dust and/or dirt on vents and fixtures, and no soap. The Committee noted these same violations during the first two quarters as well.

Providence and Providence Emergency Family Shelter

The Committee conducted one inspection at this site and noted the following violations: no sheets, pillows, or pillowcases for clients, no professional interpretation services, and no phone for clients to use. These are the same violations noted in the first two quarters, some of which may be based on the fact that the shelter utilizes a church space.

Sanctuary

The site was inspected two times and the following violations were noted by the Committee: mold and dirt in bathrooms, no professional interpretation services, lack of personal protective equipment for staff, no first aid kit/poorly stocked first aid kit, dirty vents in sleep area, no pillows, no hand sanitizer, no access to telephone for clients during lights on, postings in English only and no emergency disaster plan. The overlap from the first two quarters were the lack of personal protective equipment for staff and no professional interpretation services, the latter be based on funding.

St. Joseph's Family Shelter

The Committee conducted two inspections at this site and noted no violations. There were three inspections during this fiscal year and the Committee never noted any violations.

United Council/Mother Brown's

The Committee noted the following violations during its one visit: no emergency plan or schedule of drills, multiple postings in English only, no soap, towels or toilet paper in the bathrooms, no feminine hygiene products, no professional translation services available, staff did not have id, and no tokens.

Shelter Monitoring Committee
August 15, 2013
3rd and 4th Quarter Report

Shelter and Resource Center	Number of Visits 4th Qtr. 2012-2013 April-June	Number of Visits 3rd Qtr. 2012-2013 January-March	Number of Visits 2nd Qtr. 2012-2013 October-December	Number of Visits 1st Qtr. 2012-2013 July-September	Total
A Woman's Place Drop In	1	2	1	2	6
First Friendship Family Shelter * operates from 10/1/12 to 6/30/13	1	1	1	Not operating	3
Compass Family Shelter	1	1	1	1	4
Dolores Street Community Services-Santa Ana	2	0	1	1	4
Dolores Street Community Services-Santa Marta/Santa Maria	1	1	1	1	4
Hamilton Family Shelter	1	1	0	1	3
Hospitality House	1	1	1	1	4
Interfaith Winter Shelter *operates from 11/17/12 to 2/23/13	Not operating	1	2	Not operating	2
Lark Inn Youth Shelter	2	1	1	1	5
Mission Neighborhood Resource Center	1	2	0	1	4
Multi Service Center South Drop In Center	1	1	0	2	4
Multi Service Center South Shelter	1	1	2	1	5
Next Door	1	1	1	3	6
Providence	0	1	1	2	4
Saint Joseph's Family Shelter	1	1	0	1	3
Sanctuary	1	1	1	1	4
United Council-Mother Brown's	1	0	0	1	2
Completed Site Visits	17	17	14	20	68
Assigned Site Visits	26	22	18	27	93
Percentage of Site Visit Compliance	65%	77%	77%	74%	73%

Table 1: Site Visit Tally for 2012-2013

Standard of Care

Site	# of Complaints	# of Complaints Generated by Committee	# of Client Complainants	Status of Complaint-Committee Generated	Status of Complaint-Client Generated	Items Forwarded to DPH
A Women's Place Drop In	4	3	1	Closed (3)	No Contact (1)	None
Compass	2	2	0	Closed (2)	N/A	None
First Friendship	3	2	1	Closed (2)	No Contact (1)	
Hamilton Family Shelter	4	2	2	Closed (2)	No Contact (1) Closed (1)	None
Hamilton Family Emergency Shelter	0					None
Hospitality House	2	2	0	Closed (2)	N/A	None
Interfaith	2	1	1	Closed (2)	No Contact (1)	None
Lark Inn	3	3	0	Closed (3)	N/A	None
MSC South Drop In Center	6	2	4	Closed (2)	No Contact (4)	None
MSC South Shelter	16	2	14	Closed (2)	No Contact (5) Not Satisfied (9)	9
MNRC	3	3	0	Closed (3)	N/A	None
Next Door	19	2	17	Closed (2)	Closed (1) No Contact (15) Not Satisfied (1)	1
Providence	2	1	1	Closed (1)	No Contact (1)	None
St. Joseph's	0					None
Sanctuary	16	2	14	Closed (2)	Closed (2) Pending (3) No Contact (7) Not Satisfied (2)	2
Santa Ana	2	2	0	Closed (2)	N/A	None
Santa Marta/Santa Maria	5	2	3	Closed (2)	No Satisfied (3)	1
United Council	1	1	0	Pending (1)	N/A	None
Totals	90	32	58	Closed (31) Pending (1)	Closed (4) Pending (7) No Contact (31) Not Satisfied (16)	4

Table 2: Standard of Care Complainants Tally Per Site for 3rd & 4th Quarter 2012-2013

Ninety complainants filed 157 Standard of Care complaints forms filed from January 1 to June 30, 2103. The table above provides a breakdown of the number of complaints per site and the

status of the complaints themselves. Of the 90 complainants, the Committee was the complainant 32 occasions and 58 of the complainants were clients. There are four status categories for complaints: 1) *Closed*, which indicates that the client or the Committee inspection team who initiated the complaint agrees with the site's response; 2) *Not Satisfied*, which indicates that the client or the Committee inspection team who initiated the complaint did not agree with the site's response and the Committee conducted its own investigation of the alleged violations which has been forwarded to the Department of Public Health (DPH) per the legislation. DPH conducts its own investigation and forwards its findings back to the Committee within 30 days ; and 3) *No Contact*, which 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.

A complaint can include allegations of non-compliance for one Standard or multiple Standards. There were 157 Standard of Care complaints. Each individual complaint form submitted to the sites averaged allegations of three Standard of Care violations. For example, a client alleged the staff did not have their identification (Standard 25), a lack of soap (Standard 3), and lack of a pillow (Standard 12).

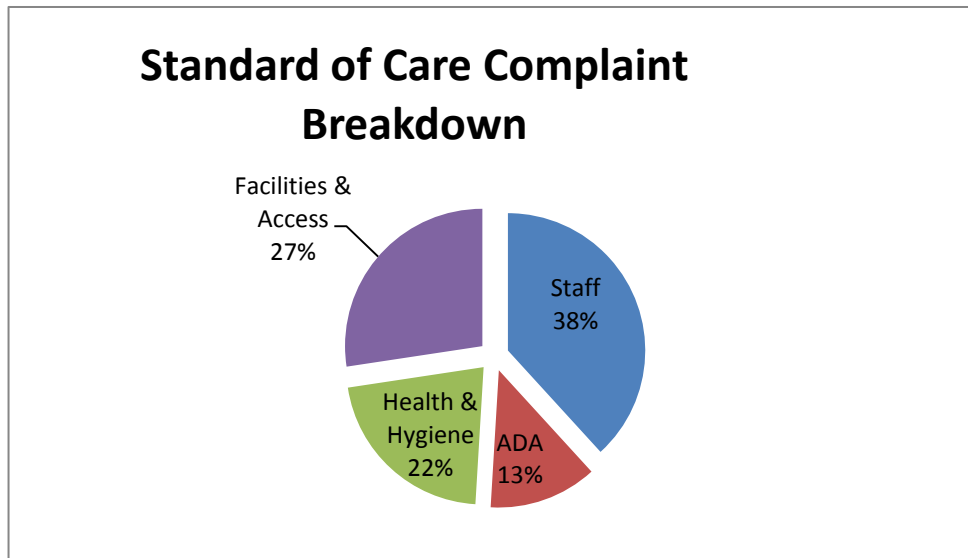


Chart I: Standard of Care Complaint Breakdown, 3rd and 4th Quarter, 2012-2013

Chart I, the *Standard of Care Complaint 3rd & 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*, provides the outcomes of complaints generated by clients and the Committee.

In the 2012-2013 Annual Standard of Care report, the Committee will provide a site specific breakdown of the type of the complaints filed and the percentage of allegations noted by the Committee as well as the percentage of complaints in which the client was not satisfied.

Staff

The staff category refers to four Standards [1, 2, 25 & 31] that focus on how the client is treated at the site by staff, including how staff identifies themselves through the use of photo identification or name tags and the amount of training they have received. This quarter the majority of complaints received in this category were allegations of disrespect by staff and non-adherence to site policies, particularly clients stated that they were not provided correct and timely information on the grievance process. There were 60 separate complaints against staff this quarter.

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. This quarter, the majority of complaints in this area were regarding lack of accommodations, specifically allegations of a lack of reasonable modifications to shelter policies, practices, and procedures. There were 20 separate complaints of the lack of adherence to Standard 8 this quarter, the highest number recorded.

Health & Hygiene

This category refers to 11 Standards focusing on meals, access to toiletries, and stocked first aid kits. This quarter, the majority of complaints in this area were lack of access to toiletries and allegations of unclean shelters. There were 34 separate complaints alleging the lack of adherence to the health and hygiene requirements within the Standards of Care. 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. Some examples of the facility and access complaints were allegations of the lack of Spanish-speaking staff on duty and no tokens for transportation. There were 43 separate complaints about the lack of adherence to the facilities and access requirements within the Standards of Care. The 16 Standards include Standards 12, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 26, 27, 28, 29, and 32.

In these quarters, 31 of the complaints generated were *No Contact*, i.e. the majority of clients did not return to review the site's response to their complaint. This marks 53% of all complaints filed by the clients during this time period. The Officers have requested that following quarterly reports compare the *No Contact* data to site visit data and examine any similarities. The Committee will also compile all *No Contact* complaints each quarter and follow up by doing an unannounced site visit to check the on the allegations.

Four of the client generated complaints were *Closed* (6%). All of the Standard of Care complaints filed by the Committee were *Closed*. Sixteen of the client complainants indicated that they were *Not Satisfied* with the site's response (27%).

Investigations

MSC South

The Committee conducted an investigation at MSC South on January 24, 2013. The investigation was based on three complainants. The site did not respond to the complaints in the time allotted and for two of the complaints, the site did not respond until February

8, 2013. The responses for both complaints were due in mid-January. Based on the review of one response by one of the complainants and the lack of the response for two of the complainants, the complainants requested an investigation on January 15 and January 22. The Committee investigated the treatment of clients by staff & the equal application of rules and the functionality of the heater. The Committee surveyed clients and observed the vents and air flow of the site. Based on the surveys, the Committee found the site out of compliance with Standard 1 and recommended that Environmental Health or another appropriate agency be contacted to investigate the strong odors of vehicle fumes and smoke in the Women's World section of the shelter. The Committee forwarded its findings to the Department of Public Health (DPH) and requested a response by March 6.

On June 13, 2013, the Committee conducted an investigation at MSC South based on four clients stating they were dissatisfied with the site's response to their individual complaints. The clients alleged that site did not adhere to Standards 1 (respectful staff that apply rules equitably, specifically denials of service), 2 (providing a safe environment), 8 (providing reasonable modifications to site rules based on a client's disability status), 15 (secure storage), and 25 (staff wear identification at all times). The Committee found the site out of compliance with Standards 2, 15, and 25. The findings were submitted to DPH, which will conduct its own investigation before July 30.

Five clients stated their dissatisfaction with the site's responses, so the Committee conducted an investigation on July 11, 2013. As with the June 2013 investigation, three of the five clients alleged that the site did not adhere to the Shelter Grievance Policy when issuing a denial of service and all five clients alleged the site staff was not respectful and/or did not apply the rules equitably (Standard 1); four of the five clients said that the environment was unsafe based on actions by staff (Standard 2); two clients stated that the site did not accommodate requests based on their disabilities (Standard 8); one client stated that the site did not follow the rules required when issuing a denial of service after 5:00 pm (Standard 24); and two clients alleged that the staff did not wear identification at all times (Standard 25). The Committee found the site out of compliance with Standard 1, specifically with the denial of service process and the storage rules. The Committee was unable to determine compliance to Standard 24. The Committee forwarded its findings to DPH, which will follow up by September 10, 2013.

Next Door

A client stated her/his dissatisfaction with the site's response in June 2013. The client alleged that the site had extensive mold (Standard 3), did not notify clients of facility problems (Standard 17) and did not have an emergency plan to deal with sewage spills (Standard 30). The Committee conducted an inspection and found the site out of compliance with Standard 3 and forwarded its findings to DPH, which will follow up by September 16, 2013.

Sanctuary

On February 7, the Committee conducted an investigation at Sanctuary based on two complaints. Both complainants had expressed dissatisfaction on January 22nd-the Committee conducted the investigation 17 days later. The Committee surveyed clients and inspected the site to determine compliance with Standards 1, 2, 3, 12 & 19. Based on surveys, both clients had alleged mistreatment by staff & complainant 1 had said the site

was unsafe, the Committee found the site in compliance with Standards 1 and 2. After verifying the presence of linens, the Committee also found the site in compliance with Standard 12. Based on the Committee observations, the site was found out of compliance with Standard 3 (clean bathroom) and Standard 19 (a minimum of 22 inches between sleeping units). The Committee forwarded its findings to DPH and requested a response by March 15.

The Committee conducted an investigation in April at Sanctuary. A client was dissatisfied with a response from Sanctuary. The client had alleged that there was significant noise by staff at night and early morning hours which wakened her and other clients daily; multiple postings were in English only; and that staff was disrespectful. The Committee, through surveys, determined that the site was out of compliance with Standard 13, which requires to sites to make facilities available for clients to sleep at least eight hours per night. Through observation and photographing signs, the Committee determined that the site was out of compliance with Standard 20, which requires sites to have all County and site generated signage to be in English and Spanish. The Committee determined, through surveys, that the site was in compliance with Standard 1, which requires staff to treat clients equally and with respect. The Committee forwarded its findings to DPH and requested follow up by May 10, 2013.

Santa Marta Santa Maria

On June 24, 2013, a client who had filed three complaints against the site expressed his dissatisfaction with the site's responses. The client conducted an investigation in July 2013 and investigated the following complaints: the site had mold in the bathroom and did not have hand sanitizers (Standard 3); staff did not adhere to the rules or apply them in an equitable manner (Standard 1); the site did not provide electricity for the client to charge his cell phone (Standard 16) and that the site did not provide case management as indicated (Standard 8). Through client & staff interviews and inspection of the facilities, the site found the site fully in compliance with the Standards.

Shelter System Policy Recommendations

Imminent Danger-The Committee is reviewing the current imminent danger policy applied in the family shelter system and comparing it with other national family shelter models. The Committee will make recommendations to the Human Services Agency (HSA) after review. The purpose of this review is to ensure that each member of families, particularly children, have access to safe and appropriate shelter as needed.

Case Management- The Committee would like to see a City & County definition of "case management" implemented and to clearly outline "units of measurement." This information is important to better measure case management outcomes.

Language Services-For the third consecutive year, the Committee is advocating for a \$10,000 for the shelters and resource centers to have access to a professional translation language phone line that they can use to meet the diverse language needs of the shelter population.

The Committee will be following on previous Committee recommendations in the following manner:

- To write the Human Services Agency (HSA) and suggest that tokens be distributed monthly to service providers at the Shelter Managers meetings.
- To review the data HSA will be providing in June on training for sites and determine what areas sites need assistance; established a training page on the Committee's web-site to link shelter to free training

Membership

The Committee currently only has one of the two staff positions filled and based on the staffing, the majority of site visits are conducted by the Committee Members. There are currently two vacancies on the Committee, Board of Supervisors Seat 4, candidates must be nominated by community agencies that provide behavioral health, housing placement, or other services to the homeless and Board of Supervisors Seat 5, candidates must be nominated by non-profit agencies that provide advocacy or organizing services to homeless people and be homeless or formerly homeless.

Attachments



City and County of San Francisco

Shelter Monitoring Committee

2012-2013 Turn Away Report Executive Summary

Overview

This is the fifth Turn Away Count conducted by the Shelter Monitoring Committee. Committee staff observed the reservation process and outcomes of three CHANGES reservation locations: Glide Drop-In Center, Mission Neighborhood Resource Center, and MSC South Drop-In Center, in February and March 2013. The three days of the count were February 11, 2013, March 5, 2013, and March 25, 2013. During those three days, the Committee noted that 261 individuals sought shelter at the specific sites. Of the 261 clients seeking shelter, 112 were provided a reservation. The Committee also surveyed 55 of these 261 clients.

During the 2012-2013 Turn Away Count, the Committee collected copies of reservation sheets maintained by CHANGES reservation locations; documented the number of clients turned away based on the lack of reservations and the number of clients offered a reservation but who refused it based on location; recorded the availability of tokens to clients; and surveyed individual clients.

Data Collected

- 43% of individuals seeking shelter were awarded a reservation
- 36% of clients surveyed were provided a reservation (20 people)
- 40% of clients surveyed identified as being disabled (22 people)
- 23% of clients surveyed identified as being a senior (12 people)
- 11% of clients surveyed identified as being either lesbian, gay, bisexual or transgender (6 people)
- 2% of individuals seeking shelter were first time users (7 people)
- 1 of the 3 CHANGES reservation locations provided tokens to some clients who had reservations outside of walking distance

Recommendations

- Ensure all reservation locations have tokens or transportation options for clients unable to walk to a shelter location

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

Turn Away Report August, 2013

Background

As part of the May 2008 Shelter Enrichment report, the Local Homeless Coordinating Board and Shelter Monitoring Committee agreed to “do quarterly turn away checks.” Per the Shelter Enrichment report, a Turn Away is defined as 1) an individual attempting to make a reservation at any time during the day or night and not being able to access a sleeping unit at that time. A Turn Away is classified in two ways, a) an individual is unable to make a reservation at X time as there no sleeping units available in the system and b) an individual is unable to make a reservation at X time as the shelter they are requesting does not have an available sleeping unit [personal choice]. In July 2010, changes were made to the Standards of Care legislation which required the Shelter Monitoring Committee to:

Monitoring unaccepted shelter bed reservations: The Committee shall collect information from reservation sites regarding how many shelter clients are turned away from a shelter bed reservation and shall include this information in the reports required under subsection (b), above. Information reported shall include the number of unaccepted bed reservations and the reason, if available, for the missed reservation. (Chapter 20, Article XII, Shelter Monitoring Committee, Section 20.304 Powers and Duties (d)).

- Three “Turn Away checks” were conducted by the Shelter Monitoring Committee from July to October of 2008. The 2007-2008 overall findings of those checks found that 68% of clients, on average, seeking shelter on the three days a count was taken were not provided a shelter reservation, based primarily on the lack of available sleeping units in the system.
- In the 2008-2009 Count, covering October and November, the Committee noted that sleeping units were available for clients; however, there was a lack of tokens making accessing shelters, some of which were four miles away, challenging for clients.
- Of the 303 clients seeking shelter in the 2010-2011, less than 50% (149) were provided a reservation and none of the reservations were refused based on preference.
- In the 2011-2012 report, 47% of clients seeking a reservation did not receive one.

Data Collected

The Turn Away Count utilized terminology from the May 2009 Shelter Enrichment Report, co-authored by the Local Homeless Coordinating Board and the Shelter Monitoring Committee. This count tracked, when possible, six pieces of information:

1. Reservation Data-This is data provided by the site through copies of sign-in sheets [the method in which clients sign up for a reservation]. For this fiscal year, the Committee also reported on the reservation process at each site. To verify numbers collected by Committee staff, the Committee also requested verification from the Human Services Agency on reservation awards for each CHANGES location. The responses from the Human Services Agency can be found in the Appendix section of this report.

2. Turn Away General-As defined in the Shelter Enrichment Report, “A turn-away is defined as an individual attempting to make a reservation at any time during the day or night and not being able to access a sleeping unit at that time... a) an individual is unable to make a reservation at X time as there no sleeping units available in the system.” This is data available at times in the Reservation Data as reflected between the difference between the number of requested reservations and provided reservations. Additionally, it is reflected by Committee data that includes counts collected during the operation hours of the three CHANGES reservation locations in which the number of people requesting a reservation was collected.
3. Turn Away Preference-As defined in the Shelter Enrichment Report, “b) an individual is unable to make a reservation at X time at the shelter they are requesting does not have an available sleeping unit [personal choice]” This data is not reflected in the Reservation Data but through Committee observation during the hours of operation.
4. Token Availability-The Committee tracked the availability of tokens at reservation locations for clients receiving a reservation outside of walking distance.
5. CHANGES Reservations & Vacancy data-The Committee reviewed the reservation data computed by CHANGES for the days of the Turn Away Count and has included it in this report. For the first time, the Committee has also included the total number of reservations made each day of the count by CHANGES.
6. Client Data-Fifty-five clients were surveyed during the three days of the count, February 11, 2013, March 5, 2013, and March 25, 2013. Not all surveys were completed fully and therefore the categories of data do not always include a total 55 count. Additionally when possible, the Committee noted the number of clients queuing for a reservation at each location and took notes on clients’ verbal comments about the reservation process.

Data Challenges

As part of a collaborative effort with the Human Services Agency, the Committee asked for feedback on the report. The Human Services Agency expressed the following concerns: *As stated in our meeting on 7/30/2013, the placement of SMC's turn-away counts alongside the number of vacancies reported for that day implies a comparison that is not a reality. Individuals seeking reservations in the morning may not be able to get one then as there are only a limited number available at the start of the day. Clients do return to the same or another site later for the possibility of a shelter reservation. The SMC process, the language and descriptions of terminology and the aggregate totals for each day and over the 3 days (one site per day) do not acknowledge this fact.*

The Committee acknowledges the concerns and within our methodology, we hope to be clear that a Turn Away is considered to be when a clients seeks shelter and it is not provided. The Committee believes there is a system-wide need to develop a better method to track client use of CHANGES; accessing shelter; the award of shelter and the times of month and year when usage may differ differently.

Reservation Data

These numbers are from the sign-in sheets utilized by the CHANGES reservation location centers or from data provided to the Committee by the site. In the case of Glide, the site does not maintain sign-in sheets other than the AM sign in sheet.

Mission Neighborhood Resource Center

MNRC provides shelter reservations on Monday-Friday from 7:00 am to 12:00 noon and from 2:00 pm to 7:00 pm. On Saturdays, reservations are provided from 7:00 am to 12:00 noon. The site, which also has a medical facility on the second floor, has a maximum occupancy of 100 clients.

There is one way to sign up for shelter reservations; clients come in and place their name on a reservation sheet which provides a section for shelter preference. Clients come early to be first in line in the morning for a reservation. The site has signage posted asking clients not to line up until 6:00 am.

Clients who sign up in the morning [7:00 am to 12:00 noon] must return to the site by 4:00 pm. At 4:00 pm, a roll call is taken and any client not present or who has not called in has his/her name removed from the list.

MNRC Count¹

Number of Clients Requesting a Reservation	Provided Reservation
70	28

At 6:30 am on April 4, 2012, there were thirty-four clients lined up outside across the street from the site; only four of these clients were waiting to access the shelter reservations services. All four reported they had been waiting since 4:00 am to sign up for a reservation.

At 5:30 pm, the CATS Shelter Shuttle did not stop as indicated on the schedule; therefore, clients without reservations had to make their own way to the 24-hour drop in centers, MSC Drop-In and A Woman's Place Drop-In. The site did not provide tokens.

Two individuals were seeking shelters services for the first time and required the creation of a CHANGES profile.

There were only two Turn Away Preferential; two women refused a reservation based on the location of the shelter offered.

Multi Service Center South Drop-In

MSC South Drop-in provides shelter reservations on a daily basis from 5:00 pm to 1:00 am. The site also acts as a 24-hour drop-in center for men and women and has a maximum occupancy of 70 clients. There are two avenues to sign up for a reservation at this location, a lottery system and a first come, first serve list open to individuals at 5:00 pm.

The lottery, also known as the wristband list, is open to the first 40 clients who arrive at the site in the morning at 8:00 am to receive a wrist band. These clients queue earlier than 8:00 am to attempt to be one of the forty clients that are awarded a wristband; those forty clients are some of the first to be get reservations when the CHANGES reservation center begins assigning at 5:00

¹ Please note that the MNRC sign-in sheets are for the whole day; therefore, there is no distinguishing between the morning and afternoon data based on the sign-in sheets the site keeps.

pm later that day. Clients can seek reservations by coming to the site at 5:00 pm and signing in for shelter reservations on a first come, first serve basis. Reservation awards can be limited based on the client's preference for shelter. Both the lottery list and the first come list allow clients to write their preference for shelter.

MSC South Drop-In –AM Count²

Number of Clients Requesting a Reservation	Provided Reservation
40	38

Committee staff arrived at the site in the morning on March 5, 2013, to count the number of individuals in line to obtain a wrist band for a reservation. At 7:45 am, there were 39 individuals in line on the 5th Street side of MSC South. The site conducts a roll call at 7:00 pm to make sure that all clients who signed up for the lottery are still on site.

MSC South Drop-In – PM Count

Number of Clients Requesting a Reservation	Provided Reservation
68	10

Committee staff was at the site between 4:30 pm on March 4, 2013 and 12:30 am on March 6, 2013. When Committee staff left the site, all 70 chairs were occupied and there were three clients waiting outside to enter the site.

Two individuals were seeking shelters services for the first time and required the creation of a CHANGES profile.

There were no Turn Away Preferentials noted at this site.

Glide Walk-In Center

Glide provides shelter reservations on Monday-Friday from 7:00 am to 11:00 am and from 4:00 pm to 9:00 pm. The reservation area of the site is the Walk-In Center which has a maximum occupancy of twelve individuals, including staff. Glide also utilizes the lobby (immediately adjacent to the Walk-In Center) for clients seeking shelter.

Glide makes reservation for clients on a first-come-first-serve basis in the morning and provides tickets for clients who need to return later in the day at 4:00 pm. Reservations are provided to those clients during the second shift, if, and only if, clients are physically present when their number is called.

Glide Information

At 6:30 am on March 25, 2013, there were seventeen clients lined up outside. The clients stated that they had been in line beginning at 9:30 pm, the previous night. One client said he had been waiting outside since 10:30 pm and for the past three days had been unable to get a reservation. Another individual said he had been waiting since 1:00 am and had been waiting six months for a 90-day reservation.

² Please note that MSC South hands out wrist bands to the first 40 people who seek out a reservation in the morning; however, the site does not make reservations for these clients until 5:00 pm.

Glide begins distributing tickets for the second shift as soon as the morning bed drop is completed, usually 7:05 am – 7:10 am, and distribution continues throughout the day. There were 46 tickets provided to clients between 7:10 am and 7:40 pm. There were no tickets provided to clients after 7:40 pm. After 7:40 pm, clients seeking reservations who did not have a ticket were referred to MSC Drop-In Center. There were approximately 15 clients referred to MSC South Drop-In.

There were no Turn Away Preferentials noted at this site.

Glide Count

Number of Clients Requesting a Reservation	Provided Reservation
83	36

Turn Away Data

This is data collected through Committee observation of the reservation process as well as including the differential between the requested and provided reservations in the Reservation Data section. It also includes the difference between Turn Away Preferential, in which a reservation was offered to a client but the client declined it based on the site location.

MNRC

Number of Clients	Reservations Provided	Turn Away	Turn Away Preferential
70	28	42	2

MSC South Drop In

Number of Clients	Reservations Provided	Turn Away	Turn Away Preferential
108	48	60	0

Glide

Number of Clients	Reservations Provided	Turn Away	Turn Away Preferential
83	36	47	0

All the sites who take reservations allow for clients, within the request or sign-in process, to ask for a specific shelter or shelters. The CHANGES reservationist uses the client’s preference in assigning reservations. This process could be interpreted as a Turn Away Preferential; however, for the Committee’s purpose Turn Away Preferential is only noted when a client refuses a reservation offered to him/her.

The clients noted as requesting reservations (Number of Clients) may differ than the number of clients who signed up for shelter reservation on site sign-in sheets. The reason for this difference is that some clients approached the CHANGES reservationist and asked if there were any beds and when they were told no or that it would be a wait, the individual left the site without signing up. Those individuals are noted by the Committee as Turn Aways.

Token Availability

During this count, one of three CHANGES reservation locations provided tokens to clients who received a reservation at Providence. Glide provided tokens for clients who needed transportation to the Providence shelter. Neither Mission Neighborhood Resource Center nor MSC South Drop-In had tokens. As reported in previous Turn Away Reports, tokens, particularly from reservation sites such as Mission Neighborhood Resource Center, Glide, and Multi Service Center South Drop-In, are important for clients to get from the reservation site to the shelter. For example, the Providence Shelter is approximately four miles one-way from the CHANGES reservation locations located in the Mission, SOMA and Tenderloin districts. Multi Service Center South is more than one mile one-way from Glide and Mission Neighborhood Resource Center. With the exception of Mission Neighborhood Resource Center CHANGES reservation center, the Dolores Street Community Service shelters are one to two miles one-way from the MSC South Drop-In and Glide CHANGES reservation locations. The San Francisco Municipal Transportation Agency, which operates the MUNI system, fines individuals \$110 who ride MUNI without proof of payment.

CHANGES Vacancy Data

The Human Services Agency produces a monthly CHANGES Vacancy Report noting the number of vacancies each day in the shelter system and providing a monthly average for each site. These reports are provided to the Committee on a monthly basis. Committee staff reviewed the Vacancy Report for the following days: February 11, 2013, March 5, 2013, and March 25, 2013. These were the three days of the Turn Away Count and on average there were 55 vacancies in the shelter system on each night, which is approximately 5% of the total number of reservations available. Below please find chart breaking down the vacancies:

Shelter	Occupancy Capacity at Site	February 11 Vacancies	March 5 Vacancies	March 25 Vacancies
Dolores Street Community Services (2 sites)	85	4	0	3
Episcopal Sanctuary	200	4	5	6
Hospitality House	30	1	0	0
Multi Service South Center	340	5	4	7
Next Door	334	24	22	11
Providence	110	24	27	19
Totals	1099	62	58	46

Table I: CHANGES Vacancy Data for February and March 2013

The Committee requested the total number of reservations awarded during each day of the count.

Type of Reservation Made	February 11, 2013	March 5, 2013	March 25, 2013
90-Day Reservations	14	20	Information not requested
1-Day Reservations	148	142	Information not

			requested
Other Types of Reservations	27	20	Information not requested
Total Reservations	189	182	166

Table II: Reservation Data provided by the Human Services Agency

Client Data

The Committee arrived before opening hours of each CHANGES reservation location to observe the length of lines. These observations are reflected in the Reservation Data section of this report. Committee staff did not interview any clients queued for the wrist-band process at MSC Drop-In Center on March 5, 2013. The Committee surveyed clients to determine reservation award status, senior status, disability status, and wait time duration. Surveys were available in English and Spanish.

The Committee surveyed 55 of the 261 clients who sought reservations at the three locations on the three days of the count.

Please note that not every question on the survey was answered by every client; therefore, the responses do not always tally to the different groups, 48 clients who did not receive a reservation and seven clients who did receive a reservation.

Reservations

- 87% of individuals surveyed were unable to get a reservation (48 people)
- 13% of individuals surveyed were able to get a reservation (7 people)

Wait Time Duration

For those unable to get a reservation,

- 13 individuals indicated waiting more than a day in attempting to obtain a reservation
- 14 individuals indicated waiting more than six hours in attempting to obtain a reservation
- 19 individuals indicated waiting less than six hours in attempting to obtain a reservation

For those able to get a reservation,

- 5 individuals indicated waiting less than six hours to obtain a reservation
- 1 individual indicated waiting more than six hours to obtain the reservation
- 1 individual indicated waiting more than one day to obtain the reservation

Disability Status

Of the 55 people surveyed, 22 individuals self identified as being disabled

- 20 of these individuals were unable to get a reservation
- 2 of these individuals were able to get a reservation

Senior Status

Of the 55 people surveyed, 12 individuals self identified as being a senior [over 60 years-old]

- 10 individuals were unable to get a reservation
- 2 individuals were able to get a reservation

Gender Status

Of the 55 people surveyed, 52 individuals identified as the following gender:

- 46 individuals identified as male
- 5 individuals identified as female
- 1 individual identified as Queer/Questioning

Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Status

Of the 55 people surveyed, 47 individuals answered the question regarding LGBTQQ status

- 7 individuals stated that they were LGBTQQ
- 40 individuals said they were not

Recommendations

- Ensure all reservation locations have tokens or transportation options for clients unable to walk to a shelter location

APPENDIX

MEMORANDUM

TO: Nick Kimura, Andrew Mendes; Officers of SMC
VIA: Bernice Casey, Staff to SMC
FROM: Joyce Crum, Director, Housing and Homeless Division
DATE: March 15, 2013

HSA RESPONSE TO REQUEST FOR INFORMATION – 3/6/2013

REQUEST: Turn Away Count Data for MSC South Drop In Center

The Shelter Monitoring Committee is requesting the following information based on the Turn Away count conducted at MSC Drop In Center on March 5, 2013:

- The occupancy rate of the site, including wheel chairs

The MSC-South Drop In has a maximum occupancy of 70 clients. This occupancy does not vary if one or more of the clients is in/using a wheelchair.

- Does MSC South Drop In track the number of reservations requested and reservations awarded on a daily basis? If so, is that data tracked on a monthly basis or quarterly basis?

The MSC-South Drop In uses a sign-up list at 8:00 AM, also known as the wristband list, and a reservation sign-up list in the evening starting at 5:00 PM to manage the client flow of individuals seeking shelter reservations. These lists give an indication of the number of individuals who request shelter reservations during a day but HSA does not request or receive a report regarding the number of reservations requested. These lists contain the names of individuals who have requested reservations although not all of these individuals respond and/or accept a reservation when an offer of shelter is available. The sign-up lists are by day and do not carry over to the next day.

The CHANGES reservation system provides the number of reservations made by a specific reservation site.

The CHANGES report for number of reservations made by site is available for any period requested.

- How long does MSC South Drop In maintain the reservation sheets?

At this time, HSA does not have specific requirements or protocols regarding how long the sign-up sheets are kept. Currently, MSC-South Drop In retains the sign-in sheets for a minimum of three years.

- Please provide copies of the following documents with any client names & information, other than gender, redacted: the March 5, 2013 wristband sign in sheet and the March 5, 2013 green reservation sheets for clients seeking reservations at 5:00 pm

Included with this response are the following scanned documents:

**The 8:00 AM sign up, also known as the wristband list, named:
*MSC-S Dropln 8AM Sign Up 3-5-13.pdf***

**The Swing shift sign up, that starts at 5:00 PM, named:
*MSC-S Dropln Swing Sign Up 3-5-13.pdf***

- Please provide a copy of the March 5, 2013 Random Reservation Wristband sheet

Included with this response is the following scanned document:

The printout of the randomized numbers for the 8:00 AM sign up, named:

MSC-S Dropln 8AM Randomization 3-5-13.pdf

- Please provide information on the number of reservation made by MSC South Drop In on March 5, 2013 and the length of each reservation. For example, how many one day reservations were provided and how many 90-day reservations were provided.

The MSC-South Drop In made 48 reservations on March 5, 2013. The report does not provide information regarding the length of the reservations made by an individual reservation station.

- Please provide the total number of shelter reservations made by CHANGES for March 5, 2013.

On March 5, 2013, there were 182 individual reservations made in the adult emergency shelter system via CHANGES. 20 of these were 90-day reservations; 142 were one-night reservations; and 20 were other lengths.

- Please provide the number of set-aside beds, specifically SF HOT and Veteran's, that were not filled on March 5, 2013.

On March 5, 2013, there were a total of 58 shelter beds that went without anyone checking in by 6:30 AM the morning of 3/6/2013. There is no report available that breaks this down by bed type. Also, there is no report available that shows whether a bed reported as vacant had one or more reservations that did not show.

MEMORANDUM

TO: Nick Kimura, Andrew Mendes; Officers of SMC
VIA: Bernice Casey, Staff to SMC
FROM: Joyce Crum, Director, Housing and Homeless Division
DATE: March 15, 2013

HSA RESPONSE TO REQUEST FOR INFORMATION – 3/6/2013

REQUEST: Turn Away Count Data for Mission Neighborhood Resource Center

The Shelter Monitoring Committee is requesting the following information based on the Turn Away count conducted at MNRC on February 11, 2013:

- The occupancy rate of the site, including wheel chairs

The entire building where the Mission Neighborhood Resource Center (MNRC) operates has a maximum occupancy of 100 clients. The Resource Center does not have a specific occupancy maximum separate from the clinic and HSA does not designate a specific number of chairs that are to be maintained for Resource Center clients.

- Does MNRC track the number of reservations requested and reservations awarded on a daily basis? If so, is that data tracked on a monthly basis or quarterly basis?

The MNRC uses sign-up sheets throughout each day of operation to manage the client flow of individuals seeking shelter reservations. These lists give an indication of the number of individuals who request shelter reservations during a day but HSA does not request or receive a report regarding the number of reservations requested. These lists contain the names of individuals who have requested reservations although not all of these individuals respond and/or accept a reservation when an offer of shelter is available. The sign-up list is by day and do not carry over to the next day.

The CHANGES reservation system provides the number of reservations made by a specific reservation site.

The CHANGES report for number of reservations made by site is available for any period requested.

- How long does MNRC maintain the reservation sheets?

At this time, HSA does not have specific requirements or protocols regarding how long the sign-up sheets are kept. Currently, MNRC has them going back an uncertain amount of time.

- Please provide copies of the following documents with any client names and information other than gender redacted: the February 11, 2013 reservation sheets

Included with this response is the following scanned document:

**The sign-up sheets used by MNRC on 2/11/2013, named:
*MNRC Sign Up 2-11-13.pdf***

- Please provide information on the number of reservation made by MNRC on February 11, 2013 and the length of each reservation. For example, how many one day reservations were provided and how many 90-day reservations were provided.

The MNRC made 28 reservations on February 11, 2013. The report does not provide information regarding the length of the reservations made by an individual reservation station.

- Please provide the total number of shelter reservations made by CHANGES for February 11, 2013.

On February 11, 2013, there were 189 individual reservations made in the adult emergency shelter system via CHANGES. 14 of these were 90-day reservations; 148 were one-night reservations; and 27 were other lengths.

- Please provide the number of set-aside beds, specifically SF HOT and Veteran's, that were not filled on February 11, 2013.

On February 11, 2013, there were a total of 66 shelter beds that went without anyone checking in by 6:30 AM the morning of 2/12/2013. There is no report available that breaks this down by bed type. Also, there is no report available that shows whether a bed reported as vacant had one or more reservations that did not show.

MEMORANDUM

TO: Nick Kimura, Andrew Mendes; Officers of SMC
VIA: Bernice Casey, Staff to SMC
FROM: Joyce Crum, Director, Housing and Homeless Division
DATE: May 1, 2013

HSA RESPONSE TO REQUEST FOR INFORMATION – 4/18/2013

REQUEST: Count Data for Glide and CHANGES Information

The Shelter Monitoring Committee is requesting the following information based on the Turn Away count conducted at Glide on March 25, 2013:

- The occupancy rate of the drop in center where CHANGES is located, including wheel chairs

The occupancy rate for the Walk-In Center where the CHANGES Reservation site is located is 10 – both clients and staff. At times, the CHANGES Reservation site can also provide space in Freedom Hall or other adjacent areas with an occupancy rate of up to 50. Freedom Hall is not available during all hours of operation of the CHANGES site. Glide is only a CHANGES Reservation site. Glide is neither a Resource Center nor a Drop-In Center. HSA does not designate a specific number of chairs to be maintained for clients within the Glide CHANGES site contract.

- Does Glide track the number of reservations requested and reservations awarded on a daily basis? If so, is that data tracked on a monthly basis or quarterly basis?

Only reservations completed are tracked; reservations requested are not tracked. Data on reservations completed is tracked daily. This information is tallied monthly and quarterly for reports to HSA as required by GLIDE's CHANGES contract.

- How long does Glide maintain the reservation sheets?

Only data on reservations completed is tracked (there are no client sign-up sheets). The reservations completed tracking sheets are a recently (June 2012) added tool for internal use by Glide and protocols around retention have not been established.

At this time, HSA does not have specific requirements or protocols regarding use of reservation sheets or how long the reservation sheets are kept. These sheets are specifically used as a tool for managing the program by Glide.

- Please provide copies of the following documents with any client names and information other than gender redacted: the March 25, 2013 reservation sheets

Included with this response is the following scanned document:

**The reservation sheets used by Glide on 3/25/2013, named:
*Glide Reservation Sheets 3-25-13.pdf***

- Please provide information on the number of reservation made by Glide on March 25, 2013 and the length of each reservation. For example, how many one day reservations were provided and how many 90-day reservations were provided.

Glide made 36 reservations on 3/25/2013. 9 were 90-day reservations; 27 were one-night reservations.

- Please provide the total number of shelter reservations made by CHANGES for March 25, 2013.

On March 25, 2013, there were 166 individual reservations made in the adult emergency shelter system via CHANGES.

- Please provide the number of set-aside beds, specifically SF HOT and Veteran's, that were not filled on March 25, 2013.

On March 25, 2013, there were a total of 48 shelter beds that went without anyone checking in by 6:30 AM the morning of 3/26/2013. There is no report available that breaks this down by bed type. Also, there is no report available that shows whether a bed reported as vacant had one or more reservations for individuals that did not show to check in.

The following questions are not specific to Glide, but to CHANGES:

- How many current clients are registered with CHANGES, e.g. how many clients have a profile in CHANGES?

The CHANGES program does not include any reports related to the number of profiles that are in the database. CHANGES is used by the County Adult Assistance Programs (CAAP) for all individuals applying for and receiving benefits, as well as any individuals seeking access to the adult emergency shelter system.

- How many new profiles have been created in the last six months, October 2012 to March 2013?

The CHANGES program does not include any reports that can provide the number of profiles created during a specific time period.

Training Log

Site Name:	Training Log for Staff Employed throughout the Entire Year	FY 2012 - 2013
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Staff	Training									
Staff in Place throughout FY 2012-13	30: Training regarding Cal-OSHA Industry Safety Orders regarding Bloodborne Pathogens and Injury & Illness Prevention Program	31(i): Hand-Washing & Communicable Disease Prevention	31(ii): Proper Food Handling & Storage	31(iii): Emergency Procedures: Disaster, Fire, Urgent Health or Safety Risk, including CPR	31(iv): Safe & appropriate intervention w/violent, aggressive clients, including Reduction with substance abuse	31(v): Save & appropriate intervention clients w/mental illness or substance abuse	31(vi): On-the-job burn-out prevention	31(vii): Requirements under ADA - Americans with Disabilities Act	31(viii): Shelter Training Manual	31(ix): Cultural humility; re: Homelessness; disabled, you:

CENTRAL CITY HOSPITALITY HOUSE (CCHH)

1	4/1/2013	3/4/2013	3/4/2013	5/20/2013	8/1/2012	4/15/2013	12/17/2012		2/11/2013	6/10/2013
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COMPASS FAMILY SHELTER

1	1/18/2013	1/18/2013	1/18/2013	4/26/2013	6/21/2013	6/21/2013	7/20/2012	8/17/2012	8/17/2012	9/21/2013
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DOLORES STREET COMMUNITY SERVICES (DSCS)

1					8/22/2012	9/19/2012			8/22/2012, 9/5/2012	5/1/2013, 5/21/2013, 6/28/2013
2										
3										
4						9/19/2012			9/5/2012	5/1/2013
5			7/24/2013							
6										
7			7/24/2013		8/22/2012	9/19/2012, 10/3/2012			8/22/2012	5/1/2013
8			7/24/2013		8/22/2012	9/19/2012, 10/3/2012			8/22/2012, 9/5/2012	5/1/2013
9										
10			7/24/2013		8/22/2012	9/19/2012, 10/3/2012			8/22/2012, 9/5/2012	
11			7/24/2013		8/22/2012	10/3/2012			8/22/2012, 9/5/2012	5/1/2013
12			7/24/2013		8/22/2012	9/19/2012, 10/3/2012			8/22/2012, 9/5/2012	5/1/2013
13										5/21/2013

EPISCOPAL COMMUNITY SERVICES (ECS)

Training Log

1	trainer	5/24/2013	7/22/2012				2012-2013	7/1/2012	trainer	
2	trainer		7/22/2012	6/13/2013	2/20/2013	2/20/2013	2012-2013	7/1/2012	trainer	
3	trainer		7/22/2012				2012-2013	7/2/2012	trainer	
4	trainer	5/24/2013	5/24/2013	7/16/2012			2012-2013		trainer	6/27/2013
5				3/14/2013			2012-2013	7/2/2012		
6				5/16/2013	6/21/2013	6/21/2013	2012-2013	7/2/2012	6/21/2013	6/21/2013
7		5/24/2013	5/24/2013	5/24/2013	6/20/2013	6/20/2013	2012-2013	7/2/2012	6/20/2013	
8		5/24/2013	5/24/2013	5/24/2013	4/1/2013	4/1/2013	2012-2013	7/2/2012		
9			8/27/2012				2012-2013	7/4/2012	6/21/2013	
10		5/24/2013	5/24/2013	5/24/2013			2012-2013	7/2/2012	6/21/2013	6/21/2013
11							2012-2013			
12		5/24/2013	5/24/2013	5/24/2013	1/17/2013	1/17/2013	2012-2013	7/2/2012	6/30/2013	
13		5/24/2013	5/24/2013	5/24/2013			2012-2013	7/2/2012	6/30/2013	
14		5/24/2013	5/24/2013	5/24/2013			2012-2013	7/2/2012	6/30/2013	
15							2012-2013	7/2/2012	6/30/2013	
16		5/24/2013	5/24/2013				2012-2013	7/2/2012	7/1/2013	
17		5/24/2013	5/24/2013		6/21/2013	6/21/2013	2012-2013		6/21/2013	6/21/2013
18		5/24/2013	5/24/2013	7/18/2012	6/22/2013	6/22/2013	2012-2013		6/22/2013	
19	9/26/2012	5/24/2013	5/24/2013	5/24/2013	1/17/2013	1/17/2013	2012-2013	7/2/2012	6/21/2013	
20	9/25/2012		8/29/2012		10/28/2011		2012-2013	7/2/2012	6/21/2013	
21	9/25/2012	5/24/2013	5/24/2013	5/24/2013	3/26/2012		2012-2013	7/2/2012	6/14/2013	6/14/2013
22	9/25/2012	5/24/2013	5/24/2013	5/24/2013	3/14/2013	3/14/2013	2012-2013	7/2/2012	6/13/2013	
23	9/26/2012		8/12/2013	5/16/2013	6/21/2013	6/21/2013	2012-2013	7/2/2012	6/21/2013	6/21/2013
24	on LOA	5/24/2013	5/24/2013	5/24/2013	6/13/2013	6/13/2013	2012-2013		6/13/2013	6/13/2013
25	9/27/2012		8/12/2013	6/13/2013	6/15/2013	6/15/2013	2012-2013	7/2/2012	6/15/2013	
26	9/25/2012			6/13/2013	6/20/2013	6/20/2013	2012-2013	7/2/2012	6/20/2013	6/20/2013
27	9/25/2012		8/27/2012		6/13/2013	6/13/2013	2012-2013	7/2/2012	6/13/2013	7/29/2010
28	9/26/2012		8/30/2012				2012-2013	7/4/2012	6/17/2013	6/17/2013
29	9/26/2012		8/29/2012				2012-2013	7/2/2012	6/17/2013	
30	9/26/2012						2012-2013	7/2/2012	6/13/2013	6/13/2013
31	9/25/2012	5/24/2013	5/24/2013	11/16/2012	2/6/2013	2/6/2013	2012-2013		6/13/2013	4/26/2013
32	9/25/2012		8/31/2012		7/2/2013	7/2/2013	2012-2013	7/2/2012	6/17/2013	
33	9/25/2012		8/27/2012		6/13/2013	6/13/2013	2012-2013	7/2/2012	6/13/2013	6/13/2013
34	9/25/2012		8/27/2012				2012-2013		6/13/2013	
35	9/25/2012		8/12/2013		7/2/2013		2012-2013	7/2/2012	6/21/2013	6/21/2013
36	9/27/2012		8/27/2012				2012-2013	7/2/2012	6/17/2013	
37	10/3/2012	5/24/2013	5/24/2013	5/24/2013	6/17/2013	6/17/2013	2012-2013		6/17/2013	6/17/2013
38	9/26/2012	5/24/2013	5/24/2013	5/24/2013	6/15/2013	6/15/2013	2012-2013		6/15/2013	6/15/2013
39	9/25/2012		8/29/2012		6/17/2013	6/17/2013	2012-2013	7/2/2012	6/17/2013	6/17/2013
40	9/26/2012		8/29/2012	3/20/2013			2012-2013	7/2/2012		
41		5/24/2013	5/24/2013	5/24/2013			2012-2013	7/4/2012	6/21/2013	
42	9/26/2012	5/24/2013	5/24/2013	5/24/2013			2012-2013	7/4/2012	3/13/2013	
43		5/24/2013	5/24/2013	5/24/2013			2012-2013	7/4/2012	4/8/2013	
44			9/2/2012		12/16/2011		2012-2013	7/4/2012	4/5/2013	

Training Log

45		5/24/2013	5/24/2013	11/16/2012			2012-2013	7/4/2012	4/13/2013	
46		5/24/2013	5/24/2013		3/27/2013	3/27/2013	2012-2013	7/4/2012	4/15/2013	
47		5/24/2013	5/24/2013		10/16/2012	10/16/2012	2012-2013	7/2/2012	4/8/2013	
48				6/13/2013			2012-2013	7/4/2012	6/15/2013	
49		5/24/2013	5/24/2013	11/16/2012			2012-2013	7/4/2012	4/12/2013	
50		5/24/2013	5/24/2013	5/24/2013			2012-2013	7/4/2012	4/5/2013	
51		5/24/2013	5/24/2013	11/16/2012			2012-2013	7/4/2012	4/5/2013	
52		5/24/2013	5/24/2013	11/16/2012	8/3/2012	8/3/2012	2012-2013	7/4/2012	4/5/2013	4/5/2013
53	9/25/2012	5/24/2013	5/24/2013	11/16/2012	8/13/2012	8/13/2012	2012-2013		6/13/2013	6/13/2013
54			8/30/2012	11/16/2012	10/28/2011		2012-2013	7/4/2012	4/5/2013	
55			9/2/2012		10/28/2012	10/28/2012	2012-2013		6/17/2013	6/17/2013
56	9/20/2012						2012-2013	7/2/2012	6/27/2013	
57	9/20/2012				12/9/2012	12/9/2012	2012-2013		6/27/2013	6/27/2013
58	9/20/2012	5/24/2013	5/24/2013	5/24/2013			2012-2013		6/27/2013	
59	9/20/2012	5/24/2013	5/24/2013	5/24/2013	1/17/2013	1/17/2013	2012-2013		Medical Leave	
60	9/12/2013	5/24/2013	5/24/2013	5/24/2013	3/14/2013	3/14/2013	2012-2013	7/2/2012	6/21/2013	6/21/2013
61					1/17/2013	1/17/2013	2012-2013	7/2/2012	6/27/2013	6/27/2013
62		5/24/2013	5/24/2013	5/24/2013			2012-2013			
63	9/20/2012				1/17/2013	1/17/2013	2012-2013		6/27/2013	6/27/2013
64							2012-2013			
65							2012-2013		6/22/2013	6/22/2013
66							2012-2013			
67				1/23/2013			2012-2013		6/17/2013	6/17/2013
68				3/14/2013			2012-2013	7/2/2012		
69	9/25/2012	5/24/2013	5/24/2013	5/24/2013			2012-2013	7/2/2012		4/28/2013
70			8/29/2012				2012-2013	7/4/2012	6/17/2013	6/17/2013
71	9/26/2012		8/27/2012				2012-2013	7/2/2012	6/17/2013	6/17/2013
72	9/26/2012	5/24/2013	5/24/2013	5/24/2013			2012-2013	7/2/2012	6/21/2013	
73							2012-2013	7/2/2012		
74			8/30/2012				2012-2013	7/4/2012	6/21/2013	
75		5/24/2013	5/24/2013				2012-2013	7/2/2012	6/21/2013	
76			9/2/2012				2012-2013	7/2/2012	6/13/2013	
77	9/25/2012	5/24/2013	5/24/2013	5/24/2013			2012-2013			4/26/2013

HAMILTON FAMILY & EMERGENCY SHELTER

1	3/21/2013	3/21/2013	3/21/2013	5/1/2013	3/21/2013				9/19/2012	6/19/2013
2	3/21/2013	3/21/2013	3/21/2013	5/1/2013	3/21/2013				9/19/2012	6/19/2013
3	3/21/2013	3/21/2013	3/21/2013	5/1/2013	3/21/2013				9/19/2012	6/19/2013
4	3/21/2013	3/21/2013	3/21/2013	5/1/2013	3/21/2013				9/19/2012	6/19/2013
5				2/4/2013					9/19/2012	
6	3/21/2013	3/21/2013	3/21/2013	2/4/2013	3/21/2013				9/19/2012	
7	3/21/2013	3/21/2013	3/21/2013		3/21/2013				9/19/2012	
8	3/21/2013	3/21/2013	3/21/2013	5/1/2013	3/21/2013				9/19/2012	6/19/2013

Training Log

9	3/21/2013	3/21/2013	3/21/2013	5/1/2013	3/21/2013				9/19/2012	6/19/2013
10	3/21/2013	3/21/2013	3/21/2013	5/1/2013	3/21/2013				9/19/2012	6/19/2013
11	3/21/2013	3/21/2013	3/21/2013	5/1/2013	3/21/2013				9/19/2012	6/19/2013
12	3/21/2013	3/21/2013	3/21/2013	5/1/2013	3/21/2013				9/19/2012	6/19/2013
13	3/21/2013	3/21/2013	3/21/2013	5/1/2013	3/21/2013				9/19/2012	6/19/2013
14	3/21/2013	3/21/2013	3/21/2013	4/1/2013	3/21/2013				9/19/2012	6/19/2013
15	3/21/2013	3/21/2013	3/21/2013	4/1/2013	3/21/2013				9/19/2012	6/19/2013
16	3/21/2013	3/21/2013	3/21/2013	4/1/2013	3/21/2013				9/19/2012	
17	3/21/2013	3/21/2013	3/21/2013	4/1/2013	3/21/2013				9/19/2012	6/19/2013
18				5/1/2013						
19	3/21/2013	3/21/2013	3/21/2013	5/1/2013	3/21/2013				9/19/2012	6/19/2013
20	3/21/2013	3/21/2013	3/21/2013	5/15/2013	3/21/2013				9/19/2012	
21	3/21/2013	3/21/2013	3/21/2013	5/15/2013	3/21/2013				9/19/2012	6/19/2013
22	3/21/2013	3/21/2013	3/21/2013	5/15/2013	3/21/2013				9/19/2012	6/19/2013
23	3/21/2013	3/21/2013	3/21/2013	5/15/2013	3/21/2013				9/19/2012	6/19/2013

LARKINN

1		1/23/2013	1/23/2013	9/26/2012	11/21/2012, 3/6/2013	11/21/2012; 12/19/2012; 1/30/2013	12/12/2012		10/17/2012; 10/24/2012; 4/24/2013	12/12/2012, 5/29/2013
2		1/23/2013	1/23/2013	9/26/2012	11/21/2012, 3/6/2013	11/21/2012; 12/19/2012; 1/30/2013	12/12/2012		10/17/2012; 10/24/2012; 4/24/2013	12/12/2012, 5/29/2013
3		1/23/2013	1/23/2013	9/26/2012	11/21/2012, 3/6/2013	11/21/2012; 12/19/2012; 1/30/2013	12/12/2012		10/17/2012; 10/24/2012; 4/24/2013	12/12/2012, 5/29/2013
4		1/23/2013	1/23/2013	9/26/2012	11/21/2012, 3/6/2013	11/21/2012; 12/19/2012; 1/30/2013	12/12/2012	10/31/2012	10/17/2012; 10/24/2012; 4/24/2013	12/12/2012, 5/29/2013
5		1/23/2013	1/23/2013	9/26/2012	11/21/2012, 3/6/2013	11/21/2012; 12/19/2012; 1/30/2013	12/12/2012	10/31/2012	10/17/2012; 10/24/2012; 4/24/2013	12/12/2012, 5/29/2013
6		1/23/2013	1/23/2013	9/26/2012	11/21/2012, 3/6/2013	11/21/2012; 12/19/2012; 1/30/2013	12/12/2012	10/31/2012	10/17/2012; 10/24/2012; 4/24/2013	12/12/2012, 5/29/2013
7		1/23/2013	1/23/2013	9/26/2012	11/21/2012, 3/6/2013	11/21/2012; 12/19/2012; 1/30/2013	12/12/2012	10/31/2012	10/17/2012; 10/24/2012; 4/24/2013	12/12/2012

MISSION NEIGHBORHOOD RESOURCE CENTER (MNRC)

1		1/31/2013		9/20/2012	8/16/2012; 6/25//2013	2/14/2013, 6/21/2013	6/16/2013- 10/9/2013			7/26/2013 - 3/26/2013
2		1/31/2013	4/25/2013	9/20/2012	8/16/2012; 6/25//2013	2/14/2013, 6/21/2013	6/16/2013- 10/9/2013			7/26/2013 - 3/26/2013

Training Log

3		1/31/2013		9/20/2012	8/16/2012; 6/25//2013	2/14/2013, 6/21/2013	6/16/2013- 10/9/2013			7/26/2013 - 3/26/2013
4		1/31/2013	4/25/2013	9/20/2012	8/16/2012; 6/25//2013	2/14/2013, 6/21/2013	6/16/2013- 10/9/2013			7/26/2013 - 3/26/2013
5		1/31/2013	4/25/2013	9/20/2012	8/16/2012; 6/25//2013	2/14/2013, 6/21/2013	6/16/2013- 10/9/2013			7/26/2013- 3/26/2013
6		1/31/2013	4/25/2013	9/20/2012	8/16/2012; 6/25//2013	2/14/2013, 6/21/2013	6/16/2013- 10/9/2013			7/26/2013- 3/26/2013
7		1/31/2013	4/25/2013	9/20/2012	8/16/2012; 6/25//2013	2/14/2013, 6/21/2013	6/16/2013- 10/9/2013			7/26/2013- 3/26/2013
8		1/31/2013	4/25/2013	9/20/2012	8/16/2012; 6/25//2013	2/14/2013, 6/21/2013	6/16/2013- 10/9/2013			7/26/2013- 3/26/2013
9		1/31/2013	4/25/2013	9/20/2012	8/16/2012; 6/25//2013	2/14/2013, 6/21/2013	6/16/2013- 10/9/2013			7/26/2013- 3/26/2013
10		1/31/2013	4/25/2013	9/20/2012	8/16/2012; 6/25//2013	2/14/2013, 6/21/2013	6/16/2013- 10/9/2013			7/26/2013- 3/26/2013
11		X	X		6/25/2013	X	6/16/2013- 10/9/2013			X

PROVIDENCE

1	7/2/2012	9/28/12		2/7/2013; 5/4/2013	7/6/2012	7/6/2012	9/27/12	6/5/2012; 9/28/2012	4/13/2013
2	7/2/2012	9/28/12		2/7/2013; 5/4/2013	7/6/2012	7/6/2012	9/27/12		4/13/2013
3		9/28/12		2/7/2013; 5/4/2013	7/6/2012	7/6/2012			4/13/2013
4		9/28/12		2/7/2013; 5/4/2013	7/6/2012	7/6/2012			4/13/2013
5		9/28/12		2/7/2013; 5/4/2013	7/6/2012	7/6/2012			4/13/2013
6		9/28/12	6/18/13	2/7/2013; 5/4/2013	7/6/2012	7/6/2012			4/13/2013
7		9/28/12		2/7/2013; 5/4/2013	7/6/2012	7/6/2012			4/13/2013
8	7/2/2013	9/28/12		2/7/2013; 5/4/2013	7/6/2012	7/6/2012			4/13/2013
9		9/28/12		2/7/2013; 5/4/2013	7/6/2012	7/6/2012			4/13/2013
10		9/28/12		2/7/2013; 5/4/2013	7/6/2012	7/6/2012			4/13/2013
11	7/2/2013	9/28/12		2/7/2013; 5/4/2013	7/6/2012	7/6/2012			4/13/2013
12		9/28/12		2/7/2013; 5/4/2013	7/6/2012	7/6/2012			4/13/2013

Training Log

13		9/28/12		2/7/2013; 5/4/2013	7/6/2012	7/6/2012				4/13/2013
14		9/28/12		2/7/2013; 5/4/2013	7/6/2012	7/6/2012				4/13/2013
15		9/28/12		2/7/2013; 5/4/2013	7/6/2012	7/6/2012				4/13/2013

ST. JOSEPH'S FAMILY CENTER

1		7/18/2012	7/18/2012	8/16/2012; 2/6/2013	10/17/2012	8/8/2012, 9/19/12		8/10/2012	N/A * See Note	10/31/2012
2				8/16/2012; 2/6/2013					N/A * See Note	10/31/2012
3		7/18/2012	7/18/2012	8/16/2012; 2/6/2013		8/8/2012			N/A * See Note	10/31/2012
4				8/16/2012; 2/6/2013		8/8/2012			N/A * See Note	
5		7/18/2012	7/18/2012	8/16/2012; 2/6/2013	10/17/2012	8/8/2012 9/19/12			N/A * See Note	
6		7/18/2012	7/18/2012	8/16/2012; 2/6/2013	10/17/2012	8/8/2012		8/10/2012	N/A * See Note	10/31/2012
7		7/18/2012	7/18/2012	8/16/2012					N/A * See Note	
8				2/6/2013	10/17/2012	8/8/2012 9/19/12			N/A * See Note	10/31/2012
9				2/6/2013	10/17/2012, 11/11/12	8/8/2012		8/10/2012	N/A * See Note	10/31/2012
10		7/18/2012	7/18/2012	8/16/2012; 2/6/2013	10/17/2012	8/8/2012			N/A * See Note	
11				8/16/2012; 2/6/2013		8/8/2012			N/A * See Note	
12		7/18/2012	7/18/2012	8/16/2012; 2/6/2013	10/17/2012	8/8/2012			N/A * See Note	10/31/2012
13				2/6/2013		8/8/2012 9/19/12			N/A * See Note	10/13/12
14				8/16/2012; 2/6/2013	10/17/2012	8/8/2012 9/19/12		8/10/2012	N/A * See Note	

ST. VINCENT DE PAUL

1		4/10/2013	4/10/2013	7/26/2012	6/13/2013	6/13/2013	6/20/2013		3/13/2013	4/4/2013
2							6/20/2013		3/13/2013	4/4/2013
3				7/26/2012	6/13/2013	6/13/2013	6/20/2013		3/13/2013	4/4/2013
4		4/10/2013	4/10/2013				6/20/2013		3/13/2013	4/4/2013
5		4/10/2013	4/10/2013		6/13/2013	6/13/2013	6/20/2013		3/13/2013	4/4/2013
6				7/26/2012			6/20/2013		3/13/2013	4/4/2013
7		4/10/2013	4/10/2013		6/13/2013	6/13/2013	6/20/2013		3/13/2013	4/4/2013

Training Log

52		4/10/2013	4/10/2013	7/26/2012	6/13/2013	6/13/2013	6/20/2013		3/13/2013	4/4/2013
53		4/10/2013	4/10/2013				6/20/2013		3/13/2013	4/4/2013
54				7/26/2012			6/20/2013		3/13/2013	
55		4/10/2013	4/10/2013	7/26/2012	6/13/2013	6/13/2013	6/20/2013		3/13/2013	4/4/2013
56		4/10/2013	4/10/2013	7/26/2012	6/13/2013	6/13/2013	6/20/2013		3/13/2013	4/4/2013

UNITED COUNCIL OF HUMAN SERVICES: Mother Brown's

1		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
2		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
3		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
4										
5		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
6		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
7		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
8										
9		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
10		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
11		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
12		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
13		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
14				5/9/2013						
15		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
16		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
17		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
18		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
19		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
20				5/9/2013	9/13/2012	9/13/2012	9/13/2012			
21		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
22		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
23		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
24		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
25		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
26		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2013	9/13/2012			
27		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
28		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
29		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
30		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
31				5/9/2013	9/13/2012	9/13/2012	9/13/212			
32		6/6/2013	6/6/2013	5/9/2013	9/13/2012	9/13/2012	9/13/2012			
33				5/9/2013	9/13/2012	9/13/2012	9/13/2012			