



Shelter Monitoring Committee

Quarterly Report to Board of Supervisors and the Mayor's Office September 3, 2008

Executive Summary

Shelter Site Visits

The Shelter Monitoring Committee ["Committee"] conducted 20 site visits in the last quarter of 2007-2008. The Committee began utilizing a new form when conducting site visits that captured the 31 standards within the Standards of Care.

Policy and Legislative Reports of the Shelter Monitoring Committee

Standards of Care (SOC) Legislation

On April 28, 2008, the Standards of Care legislation went in to effect. From April 28 to June 30, 2008, the Committee received 47 individual SOC complaints. The majority of complaints, 68 %, were regarding staff and shelter safety, Standards 1 and 2. Complaints regarding lack of access to health and hygiene and un-maintained sites (15%); complaints regarding the lack of Americans with Disabilities Act (ADA) access (15%); and complaints regarding the lack of 8 hours to sleep (15%) made up the majority of the rest of other complaints.

Multi Service Center South received 22 complaints (47%) this past quarter. The complaints focused on the lack of respect from clients, lack of sheets and pillow, and the lack of laundry services.

In July 2008, the Committee requested that each site submit how they have operationalized the Standards.

Access

As a follow up to the May 2008 Shelter Enrichment report and to the June 4, 2008 Quarterly Report, Committee staff conducted a turn-away count at Tenderloin Health on July 29, 2008 and noted that 164 people requested a sleeping unit and only 35 reservations were made.

Information Requests

The Committee submitted 3 requests for information to the Controllers' Office, Department of Public Health and Human Services Agency. These requests focused on the data utilized for the Care Not Cash audit, the impact of budget cuts on existing services; and the impact of the June 2008 closure of Ella Hill Hutch shelter.

**Shelter Monitoring Committee Quarterly Report
September 3, 2008**

Mission Statement of the Shelter Monitoring Committee

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

Site Inspections

The inspection teams conducted 20 visits from April 1 to June 30, 2008. The majority of the site visits were unannounced.

The Committee Members utilized a new inspection form that noted the 31 Standards. This allowed the Committee to note challenges sites may have encounter in implementing the Standards. The St. Vincent de Paul sites, 150 Otis and MSC South, were visited 4 times during the quarter and each time inspectors noted that neither site provides laundry (Standard 28). The Dolores Street Community Services shelters have also been unable to comply with Standard 28. MSC South has not provided sheets or pillows to clients

Shelter and Resource Centers	Number of Visits
150 Otis Drop In Center & Shelter	2
A Woman's Place	2
Compass Family Shelter	1
Dolores Street Santa Ana	1
Dolores Street Santa Maria/Santa Marta	1
Ella Hill Hutch	1
Hamilton Family Shelter	1
Hospitality House	1
Lark Inn	1
Mission Neighborhood Resource Center	2
Multi Service Center – South	2
Next Door	1
Providence	2
Tenderloin Health	1
United Council	1
Total Number of Visits	20

(Standard 3). In two visits to A Woman's Place, inspectors noted a lack of emergency evacuation plans posted (Standard 23).

Inspection Coverage

The Committee was unable to conduct a site visit at St. Joseph's Family Shelter or Sanctuary adult shelter. St. Joseph's site relocated in June and in the move lost rooms to house 7 families. Sanctuary is one of the three largest shelters and received 25% of the Standard of Care complaints. The Committee Officers reviewed site visit protocols at the August 2008 Committee meeting and have scheduled on going meetings with team captains to ensure that the Committee conducts a visit each quarter at each shelter.

Client Comments

At site visits at MSC South, clients complained about having to spend 3 hours in line waiting to access the shelter. At the June visit of Ella Hill Hutch, most client stated they knew the site was closing and have made arrangements to find some place else to sleep. At the June visit of Next Door, clients gave a mixed review of the food. Some stated that food was a “blessing” while others stated that there were too many meals without meat or eggs. Clients utilizing the 150 Otis Drop In Center stated that the community and site were safe; the clients utilized the showers, phone, storage, and television while at the site. For a complete list of the site inspections, please refer to Appendix 1

Policy and Legislative Reports of the Shelter Monitoring Committee

Standard of Care

The Board of Supervisors passed the Standards of Care (SOC) legislation and Mayor Newsom approved the legislation on March 28, 2008. Beginning on April 28, 2008, the Committee began taking SOC complaints.

Individual Complaints by Site

Site	Number of Complaints
Dolores Street Community Services-Santa Maria/Santa Marta	1
Ella Hill Hutch	1
Hospitality House	1
Mission Neighborhood Resource Center	1
Multi Service Center South	22
Next Door	4
Providence	1
Sanctuary	12
Tenderloin Health	4 (all complaints were regarding lack of 7-day bed reservation)
Total:	47

Complaints by Type

Standard	Number of Complaint
Treat all shelter clients equally, with respect and dignity (Standard 1)	18
Provide shelter services in an environment that is safe and free of physical violence; by ensuring that safety protocols are in place that include training to shelter staff regarding de-escalation techniques (Standard 2)	12
Provide soap, paper towels or hand towels, hand sanitizers, and at least one bath-size (24”x48”) towel to shelter clients and staff in each bathroom; if hand dryers are currently installed they shall be maintained in proper working condition; in addition, shelter shall provide toilet paper in each bathroom stall and hire janitorial staff to clean the shelters on a	8

daily basis (Standard 3)	
Provide shelter services in compliance with the Americans with Disabilities Act (ADA) (Standard 8)	8
Make dietary modifications to accommodate requests from clients based on religious beliefs and practices, health and disability practices (Standard 10)	8
Make the shelter facility available to shelter clients for sleeping at least 8 hours per night (Standard 13)	8
Other Complaints (Standards 9, 11, 12, 14, 15, 16, 17, 18, 19, 24, 25, 27, 28, & 29)	31
Total:	93

SMC Implementation of SOC

As noted in the June 2008 Quarterly Report, the Committee has struggled with one staff person to respond to client complaints, staff meetings, write memorandum, and staff walk-in hours and the hot line. The legislation called for an additional staff person and without the staff, the Committee is unable to process complaints in a timely fashion. At times, sites must wait four weeks before receiving a client complaint. Although the staff has been directed by Committee Officers to focus energy on responding to SOC clients, based on the volume of calls, the staff has been unable to adequately track and respond to all complaints.

Clients at times do not have current contact information for staff and staff must rely on call-backs or return walk-ins to verify information. For a complete list of complaints and status and an overview of the Standards of Care, please refer to Appendix 2.

Shelter Enrichment Process

On May 12, the Local Homeless Coordinating Board ["Board"] and the Shelter Monitoring Committee ["Committee"] submitted the final Shelter Enrichment report to the Mayor's Office and the Board of Supervisors with the following recommendations regarding shelter access:

- *Analyze the Care Not Cash (CNC) programs*
- *Track what type of sleeping unit is vacant each night*
- *Increase the number of sleeping units that the resource center has access to make reservations*
- *All turn-aways should be tracked each day and night at the resource centers and at the individual shelters*
- *Sleeping unit reservations should be able to be made on-site at shelters*
- *Drop available sleeping units at an earlier time*
- *Use the SF 311 free phone line as another way that someone can make a shelter reservation 24 hours a day*

Both bodies received a response to the Shelter Enrichment report from the Mayor's Office in June of 2008. While the response addressed some of the issues from the report, there was no mention of the access recommendations. Both the Board and the Committee requested a response on the access issue and expressed interest in having a discussion in a community setting. As part of the Shelter Enrichment report, the Committee agreed to "do quarterly turn

away checks.” Committee tracked “turn aways” at one resource center in the month of July to gain a snapshot of the number of people accessing shelter and being provided shelter, as a follow up to the June 2008 Quarterly Report.

On July 29, 2008, Ms. Casey observed clients at Tenderloin Health attempting to access shelter sleeping units through the CHANGES system and tracked the number of clients “turned away” without a reservation.

Total # of Reservations

Total # Reservations Requested	Reservation Received
164	35

Sleeping Unit Availability & “Bed Drops”

- The CHANGES system, at 8:00 AM, showed 45 sleeping units available, 5 men’s units at Multi Service Center South and 40 units at Providence Church.
- The first sleeping units to become available after 8:00 PM were at 8:20 PM, three women’s units. From 8:20 to 10:15 PM, the largest number of sleeping units released was at 8:36 PM, 15 units from MSC South.
- Ms. Casey called Sanctuary, Next Door, and MSC South throughout the night, beginning at 8:30 and ending at 11:00 PM to understand when sleeping units were dropped.

For a complete report, please review the August 1, 2008 Access Memo in Appendix 3.

Local Homeless Coordinating Board

Committee Members and/or staff continue to attend monthly meetings of the Local Homeless Coordinating Board. Committee staff works with LHCB staff to identify policy and area overlaps, including the Shelter Enrichment process.

Information Requests

The Committee submitted 3 requests for information to the Controllers’ Office, Department of Public Health and Human Services Agency. These requests focused on the data utilized for the Care Not Cash audit, the impact of budget cuts on existing services; and the impact of the June 2008 closure of Ella Hill Hutch shelter. For a complete list with agency responses, please refer to Appendix 4.

Appendix 1

Shelter and Resource Centers	Number of Visits
150 Otis Drop In Center & Shelter	2
A Woman's Place	2
Compass Family Shelter	1
Dolores Street Santa Ana	1
Dolores Street Santa Maria/Santa Marta	1
Ella Hill Hutch	1
Hamilton Family Shelter	1
Hospitality House	1
Lark Inn	1
Mission Neighborhood Resource Center	2
Multi Service Center – South	2
Next Door	1
Providence	2
Tenderloin Health	1
United Council	1
Total Number of Visits	20

Site Inspection Form

Site: 150 Otis	Location: 150 Otis St.	Date & Time: April 1 st , 2008
Inspector(s): Henry Belton, and Bernice Casey	Type of Visit: Unannounced	Capacity: 32 beds, men and women; 40 people in drop-in center

Compliance with Standards of Care legislation:

Of the 22 operational, facility, and conceptual standards relevant to this site included within the Standards of Care legislation, the investigators observed that 15 of 22 were in place, making the site 75% in compliance.

The standards not adhered to include:

- Free laundry services for clients
- Meals available
- Alternative meals available
- 8 hours of sleeping time per night
- Notification board located in public space to inform clients of maintenance problems
- Clients treated with respect and dignity
- Providing an environment that is safe and free from physical violence

Notes on the above standards are as follows:

- Free laundry services for clients – staff noted that there were no laundry facilities available on the site, and that a laundry facility is available at Mission Neighborhood Resource Center.
- Meals available – provided on demand, due to the absence of cooking facilities at the site
- Alternative meals available - provided on demand, due to the absence of cooking facilities at the site

General Comments:

Monitors witnessed that the sleeping area for the clients is “very clean.”

Site Inspection Form

Site: 150 Otis	Location: 150 Otis St.	Date & Time: April 18 2008
Inspector(s): Henry Belton, and Bernice Casey	Type of Visit: Unannounced	Capacity: 32 beds, men and women; 40 people in drop-in center

Compliance with Standards of Care legislation:

Of the 22 operational, facility, and conceptual standards relevant to this site included within the Standards of Care legislation, the investigators observed that 4 of 28 were in place, making the site 18% in compliance.

The standards not adhered to include:

- Free laundry services for clients
- First aid kit available to all staff
- CPR masks available to staff
- ADA compliant beds available
- Meals available
- Alternative meals available
- 8 hours of sleeping time per night
- Notification board located in public space to inform clients of maintenance problems
- Printed materials available to clients in language of choice
- Communication available to clients in language of choice
- An emergency disaster plan in place
- Identification badges worn by all staff
- Transportation services available to clients
- Shelter reservations made for a minimum of 7 nights
- Various trainings are provided for staff
- Clients treated with respect and dignity
- Providing an environment that is safe and free from physical violence

Client Comments:

Clients reported that they utilized the showers, phone, storage, and television the most at the site. One client reported that he did not have a case manager at the drop in site, but has one at Mission Neighborhood Resource Center.

One client reported that he positively viewed the community at the site, and believes that the site is quite safe.

Site Inspection Form

Site: A Woman's Place	Location: Russ Street	Date & Time: May 15, 2008 at 4:30 pm
Inspector(s): Quintin Mecke, Cindy Ward, James Leonard	Type of Visit: Announced Staff Present: E.J., Felicia Houston	Capacity: 45

General Information

Program Director Felicia Houston met team and we reviewed our visit as well as answered questions regarding the Standard of Care. Felicia acknowledged receiving health/hygiene supplies from DPH/Adam Visconti and reported that they were now being used at the site. Supplies included: blankets, sheets, pillowcases, sanitizer, gowns & masks.

There is still no emergency or evacuation plan posted at the site. Felicia reported that they are trying to get a site map but have been unable to so far. She said that the evacuation plan is discussed at the monthly community meeting.

Overall, site looked to be clean and in good order. Toilet paper was available and bathroom was clean. Dinner was being served while team was on-site. The meal looked to be balanced and seconds were available. Staff acknowledged that site does not have extensive options or protocol for addressing ADA concerns or requests.

Standards of Care

As noted on the Standard of Care form, there are several areas that could be improved, specifically around communication & information available to clients. The Program Director & staff have not yet received the SMC/DPH/HSA standard of care training so further implementation is expected afterwards.

Client Comments

The team spoke to two clients who both said that they were happy at A Woman's Place.

Staff

Staff indicated that things were going well.

Recommendations

Site needs to post its emergency evacuation plan throughout the site.

Site needs to post SMC contact information flyers throughout the site.

Staff needs to wear ID badges.

Site Inspection Form

Site: A Woman's Place

Date: June 17, 2008

Committee Members conducting the site visit: Q. Mecke, J. Leonard

Committee Members, please determine if the site has the following service/information provided and place a check mark if you determine that it is provided. Call Bernice 255.3653/570.1984 if you have questions.

You can elaborate or provide more detail about each area at the end of this form.

- | | |
|---|--|
| X | Pest-free, secure property storage available to each client. |
| X | Access to electricity provided for clients. |
| X | Free laundry services are available to clients. (*Site policy has yet to be communicated about the use of laundry for clients but laundry is available on-site) |

Operational Standards

- | | |
|---|---|
| X | First Aid Kit available to staff |
| X | Gloves available to staff |
| X | CPR masks available to staff |
| X | Appropriate medication storage allowed |
| | ADA compliant beds are available (36 inches between units, 17 – 19 inches off floor)
If Yes , _____ beds available (Only mats are available, no ADA compliant beds available) |
| X | Meals available for pregnant women and children |
| X | Alternative meals available for clients based on health, religious, or disability preferences. |
| | Meal menus posted on a daily basis |
| X | 8 hours of sleeping time allotted per night. |
| | Notification board located in public space to inform clients of maintenance problems.
(There are no SMC flyers posted at site & limited other information) |
| | Printed materials available to clients in language of choice. |
| | Communication available to clients in language of choice . |
| | Emergency disaster plan in place. (There is no posted emergency or evacuation plan posted at the site)
If YES , emergency disaster plan practiced on a monthly basis . |
| | Identification badges worn by all staff
If NO , _____ staff witnessed without identification badges. |
| | Transportation services available to clients. (*Told that case management has taken – unable to verify) |
| X | Shelter reservations are made for a minimum of 7 nights . |
| X | Various trainings are provided for staff. |

Conceptual Standards

- | | |
|----------|---|
| X | Clients treated with respect and dignity |
| X | Environment is safe and free from physical violence
De-escalation training and techniques utilized |

Site Inspection Form

Site: Compass	Location: Compass @ 111 Taylor & 44 McAlister	Date & Time: May 15, 2008
Inspector(s): Liz Olsen, Maxine Pauson & Kim Clark	Type of Visit: Unannounced	Capacity:

General Information

Use this section to talk about the general conditions of the shelter and other information

General conditions of Compass @ 111 Taylor were “acceptable”

44 McAlister were not. The facility is dirty, feels unsafe, has poor ventilation and is not secure for mothers with small children.

Standards of Care

Use this section to identify any areas within the Standards check list that the site might need to improve upon.

Many of the standards of care items on the check list do not apply to 44 McAlister. Families must go to the 111 Taylor location for information, postings and items pertinent to the shelter rules & regulations, also there is no staff present at 44 McAlister. *Note:* the section on the SOC checklist stating “Environment is safe and free from physical violence” is not the best way to determine the level or quality of safety that a person experiences while staying at a particular facility &/or in a particular neighborhood. Bathroom supplies at the 44 McAlister location are not stocked by Compass and therefore are not always on hand. 44 McAlister bathrooms are used by other (non-shelter) residents and attract illicit drug use and activities.

Client Comments

Use this section to capture client comments both those on the form and any others that come out during the inspection.

Clients comments centered on a feeling of safety for themselves, but more so for their children. All SMC staff felt this was not a safe environment for children at any age.

Staff

Use this section to cover the staff responses.

Staff’s comments were not surprisingly similar to the residents of the shelter. Staff members (and residents alike) witness violence, drug/illicit activities on a daily basis. A staff member commented that she would like to see Compass provide security to walk staff to and from their car (or transportation) late at night when shift is over. Staff has suffered damage to vehicle due to “putting a client out” and no attempt to compensate for the damage has taken place. Staff feels like “management” does not care about clients or staff.

Recommendations

Use this section to talk about what you, as a team, feel could be improved upon and/or what other sites could look to for a “best practices”.

Although this is one of only a few desperately needed family shelters, it seems as though the way the shelter system (at Compass) is set up, as well as the location puts staff and residents at a high risk. There are too few staff people, there are no case managers on site and there is no security. The facilities are infested with roaches and reports of mice from the residents. Minimal compliance is noted – however the overall experience of staying in one of these shelters is unduly stressful for a mother and her newborn or infant child.

So, recommendations would include:

- Hiring more staff
- Hiring security
- Providing more services @ 44 McAlister or changing that particular site with another location.
- Repeated pest control treatment to rid sites of roaches (mice).
- Having CM on-site.

Question – how can we enforce or mandate SOC standards at a location which shares facility with many other programs? (44 McAlister).

Site Inspection Form

Site: Santa Ana Shelter at Dolores Street Community Services	Location: 1050 South Van Ness	Date & Time: January 10 th , 2008, 7:00 PM.
Inspector(s): Judi Iryani and Damian Ochoa	Type of Visit: Unannounced	Capacity: 20 – 25 men

Compliance with Standards of Care legislation:

Of the 22 operational, facility, and conceptional standards included within the Standards of Care legislation, the investigators observed that 13 of 22 were in place, making the site 59% in compliance.

The standards not adhered to include:

- Free laundry services for clients
- Gloves being available to staff.
- Alternative meals available.
- Notification board located in a public space to inform clients of maintenance problems.
- Printed materials available to clients in language of choice.
- Identification badges worn by all staff
- Transportation services available to clients.

General Information

The monitors reported that the staff person attending was very amiable, and that the shelter site was clear and free to debris. The monitors rate this shelter as “[one of the] higher quality ... shelters in the system.”

Site Information

Staff: Staff was unaware of who was the ADA liaison for the site. A staff person with four months of experience at the site reported that he has not attended any City sponsored training.

Facilities: The rules and regulations of the site were not posted in a visible location for the monitors. There was no information posted regarding the Shelter Monitoring Committee. Monitors reported that the television provided to the clients was too small. The monitors noted that the outside of the bathroom was clean, yet the floor was wet and clients are at risk of falling. It was found that the hot and cold water works in the washroom outside the site. The problems with the kitchen sink will require extensive repair, and is not expected to be completed in the near future (20 days).

Site Inspection Form
Site: Santa Maria/Santa Marta
Date: 5/29/08

Committee Members conducting the site visit: Damian Ochoa and Judi Iranyi

Committee Members, please determine if the site has the following service/information provided and place a check mark if you determine that it is provided. Call Bernice 255.3653/570.1984 if you have questions.

You can elaborate or provide more detail about each area at the end of this form.

X	Pest-free, secure property storage available to each client.
X	Access to electricity provided for clients.
not yet	Free laundry services are available to clients.
X	Two (2) sheets provided to all clients
X	Blanket provided to all clients
X	Pillow provided to all clients
X	Soap provided in all bathrooms
X	Hand dryer or paper towels present in all bathrooms
X	Bathroom facilities in proper working order

Operational Standards

X	First Aid Kit available to staff
X	Gloves available to staff
X	CPR masks available to staff
X	Appropriate medication storage allowed
X	ADA compliant beds are available (36 inches between units, 17 – 19 inches off floor)

If **Yes**, 74 beds available

N/A	Meals available for pregnant women and children
working on it	Alternative meals available for clients based on health, religious, or disability preferences.
not yet creating a form for meals	Meal menus posted on a daily basis
X	8 hours of sleeping time allotted per night.
X	Notification board located in public space to inform clients of maintenance problems.
X	Printed materials available to clients in language of choice.

X	Communication available to clients in language of choice.
X	Emergency disaster plan in place.

If **YES**, emergency disaster plan practiced on a monthly basis.

	Identification badges worn by all staff
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If **NO**, _one staff witnessed without identification badges.

Valencia St office has them	Transportation services available to clients.
X	Shelter reservations are made for a minimum of 7 nights.
not right now but have meetings	Various trainings are provided for staff.

If **YES**, please list trainings provided in the last year

Conceptual Standards

X	Clients treated with respect and dignity
X	Environment is safe and free from physical violence

De-escalation training and techniques utilized

Site Inspection Form

Site: Ella Hill Hutch	Location: 1050 McAllister	Date & Time: June 24, 2008.
Inspector(s): Liz Olsen, Maxine Pauson, Kim Clark	Type of Visit: Unannounced	Capacity: 100 mats, men and women

Compliance with Standards of Care legislation:

Of the 19 operational, facility, and conceptual standards included within the Standards of Care legislation, the investigators observed that 7 of 19 were in place, making the site 39% in compliance.

The standards omitted included:

- Pest-free property storage
- Free laundry services
- First Aid kits available to staffs
- Appropriate storage of medication
- ADA compliant beds
- A notification board to tell clients of maintenance problems
- Communication available in language of choice
- Having an emergency disaster plan in place
- All staff wearing identification badges
- Transportation services available to clients
- Providing trainings to staff

Site Inspection Form
Site: Hamilton Family Center

Date: 5/28/08

Committee Members conducting the site visit: Damian & Judi

Committee Members, please determine if the site has the following service/information provided and place a check mark if you determine that it is provided. Call Bernice 255.3653/570.1984 if you have questions.

You can elaborate or provide more detail about each area at the end of this form.

<input checked="" type="checkbox"/>	Pest-free, secure property storage available to each client. Lockers available & drawer under beds
<input checked="" type="checkbox"/>	Access to electricity provided for clients.
<input type="checkbox"/>	Free laundry services are available to clients.-not yet
<input checked="" type="checkbox"/>	Two (2) sheets provided to all clients
<input checked="" type="checkbox"/>	Blanket provided to all clients
<input type="checkbox"/>	Pillow provided to all clients-1/2 of the pillow order has been received
<input checked="" type="checkbox"/>	Soap provided in all bathrooms
<input checked="" type="checkbox"/>	Hand dryer or paper towels present in all bathrooms
<input checked="" type="checkbox"/>	Bathroom facilities in proper working order

Operational Standards

<input checked="" type="checkbox"/>	First Aid Kit available to staff-gowns available
<input checked="" type="checkbox"/>	Gloves available to staff-hand sanitizers on each floor
<input checked="" type="checkbox"/>	CPR masks available to staff-on staff key rings
<input checked="" type="checkbox"/>	Appropriate medication storage allowed
<input checked="" type="checkbox"/>	ADA compliant beds are available (36 inches between units, 17 – 19 inches off floor)

If **Yes**, _____ beds available

<input checked="" type="checkbox"/>	Meals available for pregnant women and children-pregnant & nursing women are provided second lunches
<input type="checkbox"/>	Alternative meals available for clients based on health, religious, or disability preferences.-in the process; accommodate people by allowing to bring in their own food; will probably cost \$15K to implement
<input type="checkbox"/>	Meal menus posted on a daily basis-posted on a monthly basis
<input checked="" type="checkbox"/>	8 hours of sleeping time allotted per night.
<input checked="" type="checkbox"/>	Notification board located in public space to inform clients of maintenance problems.-Forms are available and can be placed in a secure locked box
<input checked="" type="checkbox"/>	Printed materials available to clients in language of choice.-English & Spanish
<input checked="" type="checkbox"/>	Communication available to clients in language of choice.-English & Spanish and uses interpreter
<input checked="" type="checkbox"/>	Emergency disaster plan in place.

If **YES**, emergency disaster plan **practiced on a monthly basis.-yes**

<input checked="" type="checkbox"/>	Identification badges worn by all staff
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If **NO**, _____ staff witnessed without identification badges.

- | | |
|---|---|
| X | Transportation services available to clients. |
| | Shelter reservations are made for a minimum of 7 nights.-N/A to family shelters; 3 to 6 months through Connecting Point; 14 emergency beds which are for 1 day or three days on Fridays; 34 60 day beds |
| X | Various trainings are provided for staff. |
- If **YES**, please list trainings provided in the last year-See attachment

Conceptual Standards

- | | |
|---|---|
| X | Clients treated with respect and dignity |
| X | Environment is safe and free from physical violence |
- De-escalation training and techniques utilized

Site Inspection

Site: Hospitality House	Location: 290 Turk Street	Date & Time: April 29th, 2008
Inspector(s): Henry Belton, Bernice Casey	Type of Visit: Unannounced	Capacity: 35 beds for men

Staff Comments

Staff reported that Tammy served as the ADA liaison for the site. Staff reported in the month prior to the inspection that they received training on Shelter Grievance. Staff reported that they would appreciate an increase in the frequency of trainings. Staff also reported that having a bilingual Spanish speaking staff member eased their work, and requested the presence of a bilingual Spanish full-time and on-call.

Client Comments

Clients report that the meals provided from Glide Church are of a good quality. One client reported that he was on a waiting list for a 90 day bed which the case manager at the site facilitated. Overall clients report satisfaction with both the quality of the food and the level of the noise. Clients also feel safe at the site.

Site Inspection

Site: Lark Inn	Location: 1138 Sutter Street	Date & Time: April 29, 2008, 5 PM
Inspector(s): Henry Belton and Bernice Casey	Type of Visit: Unannounced	Capacity: 40 beds

Compliance with Standards of Care legislation:

Of the 28 operational, facility, and conceptual standards relevant to this site included within the Standards of Care legislation, the investigators observed that 18 of 28 were in place, making the site 61% in compliance.

The standards not adhered to include:

- Bathroom facilities in proper working order
- Appropriate medication storage including refrigeration
- Meal menus posted on a daily basis.
- Presence of a notification board located in a public space to inform clients of maintenance problems.
- An emergency disaster plan in place and practiced on a monthly basis.
- Identification badges worn by all staff.
- Transportation services available to all clients.
- Various trainings are provided for staff
- Clients treated with respect and dignity
- Providing an environment that is safe and free from physical violence

General comments

The monitors report the site as clean and quiet.

Food: Meals are prepared by staff.

Staff Comments

Staff reports that there is an ADA liaison at the site. Staff also comments that they have been trained in the following: conflict resolution, transgender sensitivity, and harm reduction. Staff comments that the Rules and Regulations for the site are posted as well as mentioned at the community meeting.

Client Comments

Clients report that the site is very safe.

Staff: It was reported by clients that staff occasionally have “attitude problems”

Bathrooms: It was reported that the plumbing in the toilets is inadequate and causes the toilets to overflow. The clients also report that the bathrooms are generally clean because the clients themselves have to clean the bathroom areas.

Services: It was reported that there are case managers on site. The clients appreciate the availability of the computer room and the meeting room.

Food: It was reported that quality of meals was uneven.

Recommendations:

The monitors recommend that the toilet plumbing issue be remedied.

Shelter Monitoring Committee

April 10th, 2008 *Unannounced* Site Visit at
Mission Neighborhood Resource Center

Teammates Judi Irani and Diana Greer

Staff Questions:

1. Who are the ADA liaisons at this site? Is that information posted?

Danilo P., Director Laura Gutzman and Manager Ricardo. The MNRC has ADA Rights flyers posted around the shelter.

2. What is the last training you attended? Have you received training on Shelter Grievance or Shelter Training Manual? How long have you been with the site?

Can't remember what training, but it was last month, Jennifer gave both trainings, Danilo has been with MNRC for 2.5 years.

3. Printed materials posted regarding Rules and Regulations and other materials?

Yes, the walls of MNRC have posted information regarding the entire spectrum between MNRC rules to safe hand washing to jobs.

4. Committee member's recommendations for site improvement:

Open more hours!

Site Inspection Form
Site: Mission Neighborhood Resource Center

Date: June 25th 2008

Committee Members conducting the site visit: Judi Iranyi and Diana Greer

Committee Members, please determine if the site has the following service/information provided and place a check mark if you determine that it is provided. Call Bernice 255.3653/570.1984 if you have questions.

You can elaborate or provide more detail about each area at the end of this form.

X	Pest-free, secure property storage available to each client.
X	Access to electricity provided for clients.
X	Free laundry services are available to clients.
	Two (2) sheets provided to all clients
	Blanket provided to all clients
	Pillow provided to all clients
X	Soap provided in all bathrooms
X	Hand dryer or paper towels present in all bathrooms
X	Bathroom facilities in proper working order

Operational Standards

X	First Aid Kit available to staff
X	Gloves available to staff
X	CPR masks available to staff
X IN THE CLINIC	Appropriate medication storage allowed
	ADA compliant beds are available (36 inches between units, 17 – 19 inches off floor)

If Yes, _____ beds available

	Meals available for pregnant women and children
	Alternative meals available for clients based on health, religious, or disability preferences.
	Meal menus posted on a daily basis
	8 hours of sleeping time allotted per night.
X	Notification board located in public space to inform clients of maintenance problems.
X	Printed materials available to

	clients in language of choice.
X	Communication available to clients in language of choice.
THEY ARE WORKING ON DRILL	Emergency disaster plan in place.

If **YES**, emergency disaster plan practiced on a monthly basis.

X	Identification badges worn by all staff
---	--

If **NO**, _____ staff witnessed without identification badges.

X	Transportation services available to clients.
X	Shelter reservations are made for a minimum of 7 nights.
X WILL FAX TO BERNICE	Various trainings are provided for staff.

If **YES**, please list trainings provided in the last year

Conceptual Standards

X	Clients treated with respect and dignity
X	Environment is safe and free from physical violence

De-escalation training and techniques utilized

Site Inspection Form

Site: MSC South	Location: 5 th & Bryant	Date & Time: April 22, 2008 4:30 pm
Inspector(s): Quintin Mecke, Bernice Casey, James Leonard (shadowing site visit)	Type of Visit: Unannounced	Capacity: 250 beds, men and women

General Information

This site visit was an unannounced visit to MSC South. Staff member Bernice Casey attended the visit as well since James Leonard could only shadow. The majority of the feedback we received was focused on the poor quality of the food, the amount of time spent waiting in a line (both at MSC & in general) and the lack of support from the GA/CNC program.

Line outside of MSC South

There was a long line to get into to MSC when the team arrived. Wanting to get client feedback, the team spent an hour talking to those who were waiting in line. The line appeared to move very slowly and there was still a long line to enter the facility when the team left at 6 pm, 1.5 hrs. after our initial arrival. To my observation, the backup seems to be due to the metal detector at the entry door but there may be other factors.

Client General Comments

- *Standing in line this long every day makes no sense especially if you already have a bed*
 - *“Why do we have to wait in line when I already have a bed?”*
- *Not enough time to eat*
- *Not enough food served, seconds are never offered*
 - *Dinner shutdown at 7 pm*
 - *Quality of food is not good*
 - *Powdered milk instead of real milk, watered down coffee*
 - *Food is shitty*
 - *Portions are small, it's just a small school tray*
 - *On Friday, April 18 = 100 people didn't eat*
- *Feels like prison in here*
- *Staff is decent*
- *With CNC, you have to pay for things that you don't get*
- *Site feels safe*
- *No sheets provided*
- *Have to pay to do laundry*
- *Laundry is too expensive & there is not enough time to do it (because of line to get in, needing to eat & then bed check) Laundry is \$1.00/wash & 25 cents/dry*
- *No Spanish speaking counselors*
- *Need more information in Spanish*
- *No tokens are provided, MAP van is limited*
- *CHANGES system has problems*
- *Staff not providing wake-up calls*
- *No smoking policy is difficult and unsafe*
- *Should have designated areas for cell phone charging*
- *Need more training programs for homeless individuals*
- *Hard to get useful information*
 - *Job leads, resume help, etc.*

General Observations/Comments

The two male bathrooms had just been cleaned. TP was provided in stall but there were no seat covers available. There was one small bar of soap for 6 sinks. No towels or hand dryers were available but hand sanitizers were available in the building. I observed dinner being served and agreed that portions seemed small to average.

Recommendations

- Line to get in MSC needs to be managed better and/or access to the site better facilitated. We observed the line for over an hour and it moved extremely slow. It was clear that this was a source of on-going client frustration.
- Meal menus and food should be reviewed by a nutritionist for quality and options should be explored on how to provide more food per serving.
- Staff should be sensitive to the amount of time allotted for eating especially with regard to the on-going issue of the line.
- Bathrooms should be stocked with soap and towels and/or hand dryers
- Signs should be posted encouraging hand washing

Site Inspection Form

Site: MSC South
Date: June 4, 2008

Committee Members conducting the site visit: Quintin Mecke, James Leonard

Committee Members, please determine if the site has the following service/information provided and place a check mark if you determine that it is provided. Call Bernice 255.3653/570.1984 if you have questions.

You can elaborate or provide more detail about each area at the end of this form.

<input checked="" type="checkbox"/>	Pest-free, secure property storage available to each client. (Unsure if there is a clear policy on use of plastics bags per Jill Jarvie's suggestion)
<input checked="" type="checkbox"/>	Access to electricity provided for clients. (Limited access available)
<input type="checkbox"/>	Free laundry services are available to clients. (Laundry hours are 4-7 pm & are pay use only. The hours do not allow clients to effectively do laundry given time spent in the line to get in & the fact that dinner ends at 7 pm.)

Operational Standards

<input checked="" type="checkbox"/>	First Aid Kit available to staff
<input checked="" type="checkbox"/>	Gloves available to staff
<input checked="" type="checkbox"/>	CPR masks available to staff
<input checked="" type="checkbox"/>	Appropriate medication storage allowed
<input checked="" type="checkbox"/>	ADA compliant beds are available (36 inches between units, 17 – 19 inches off floor) If Yes , _____ beds available (The mat room continues to be used by site. Mats on floor are side by side with minimal space in between)
<input type="checkbox"/>	Meals available for pregnant women and children (Children not allowed at site)
<input type="checkbox"/>	Alternative meals available for clients based on health, religious, or disability preferences.
<input checked="" type="checkbox"/>	Meal menus posted on a daily basis
<input type="checkbox"/>	8 hours of sleeping time allotted per night.
<input type="checkbox"/>	Notification board located in public space to inform clients of maintenance problems. (There is currently no maintenance notification posting system)
<input type="checkbox"/>	Printed materials available to clients in language of choice.
<input type="checkbox"/>	Communication available to clients in language of choice.
<input checked="" type="checkbox"/>	Emergency disaster plan in place. If YES , emergency disaster plan practiced on a monthly basis .
<input checked="" type="checkbox"/>	Identification badges worn by all staff If NO , _____ staff witnessed without identification badges.
<input type="checkbox"/>	Transportation services available to clients.
<input type="checkbox"/>	Shelter reservations are made for a minimum of 7 nights .
<input checked="" type="checkbox"/>	Various trainings are provided for staff.

Conceptual Standards

<input checked="" type="checkbox"/>	Clients treated with respect and dignity
<input checked="" type="checkbox"/>	Environment is safe and free from physical violence De-escalation training and techniques utilized

Site Inspection Form

Site: MSC South	Location: MSC South	Date & Time: June 4, 6:30 pm
Inspector(s): Q. Mecke & J. Leonard	Type of Visit: Announced	Capacity: 250+

General Information

The line to access site was down the block and clients reported having wait over an hour to gain entry. Clients verified that the line has been an on-going problem & that they wait up to 1.5 hours each day to get in. This is the third visit to MSC South in the last month where the line has been very long. Staff reported that this is due to problems with CHANGES.

There are no postings for the SMC anywhere in the site.

Bathrooms were generally clean but no towels are provided. TP is available in stalls.

Standards of Care

There was soap but no towels in the bathrooms. In addition, clients are provided with only a blanket and a mat – no sheets or pillows are provided even though the site was given those supplies by Adam Visconti.

Client Comments

Program Director is horrible.

Breakfast is terrible. One Sunday they had no breakfast at all.

No bathroom coverage by staff during graveyard shift, bathroom is disgusting during that time.

No coordination between the kitchen & the long line to get in.

Beds are too close together.

Staff hurries people out of smoking areas.

Spent 3 hours in line waiting, staff brought food outside – had to eat in line.

Wait at least 1.5 hours to get inside each day.

Staff has poor attitude.

Staff

Staff reported that the site had not received any pillows & sheets and that they were not on-site.

Recommendations

- The site policies need to be reviewed & changed to meet the current conditions. With the continuing problems with the line to access the site, it makes no sense to have laundry hours from 4 to 7 pm with people often not able to get into the site until after 6:30 pm & then have dinner end at 7 pm leaving them no time to do personal laundry. This is compounded by the fact that after entry, clients cannot leave the building until the next morning due to curfew unless they have a late pass due to work. The line and the related

problems regarding the hours for laundry & food are creating a negative living environment for clients.

- Staff (Wayne) was given stack of SMC flyers to post around the site. Site needs to post SMC flyers.
- Site needs to provide clients with pillows & sheets that were provided to them by DPH.

Site Inspection Form

Site: Next Door	Location: 1001 Polk Street	Date & Time: June 5 2008
Inspector(s): Henry Belton, Chris Callindrillo, and Bernice Casey	Type of Visit:	Capacity: 250 beds, men and women

Compliance with Standards of Care legislation:

Of the 28 operational, facility, and conceptual standards included within the Standards of Care legislation, the investigators observed that 20 of 28 were in place, making the site 71% in compliance.

The standards not adhered to include:

- Free laundry services for clients
- Soap provided in all bathrooms
- Communication available to clients in language of choice.
- An emergency disaster plan in place, and practiced on a monthly basis.
- Transportation services available to clients.
- Trainings provided to the staff.
- Treating clients with respect and dignity
- Providing an environment safe and free from physical violence.

General Information

Bathrooms: Monitors witnessed that the bathroom facilities were all in working order. However, soap was only present in two of the stalls, and the toilet paper was only present in a third of the stalls.

Facilities: Monitors noticed that the Rules and Regulations for the site were visible and posted every night.

Staff Comments

Staff identified that Lloyd serves the ADA liaison for the site, however, monitors witnessed that information was not posted. Staff reported that the most recent training that had been undertaken was “staff training” provided a week prior to inspection.

Client Comments:

Clients reported mixed reviews of the meals provided at the site. Some clients believe that the meals are “a blessing,” and overall good. However, other clients note that the site has too many meals without meat and eggs. Clients do not believe they are being provided with a balanced meal.

Clients report satisfaction with their case managers, who provide exceptional service and advocating. Case managers have helped setting up one client with housing and money.

Clients enjoy watching movies at the site, yet report that the cable television service has not been working for the last four months. Clients further enjoy the smoking area, as well as the playing cards provided.

Clients report negatively on the staff and request that a further usage of de-escalation training. Clients feel that the community is very unsafe.

Recommendations:

Monitors recommend an increase in both staff number and pay.

Site Inspection Form
Site: Providence
Date: 5/29/08

Committee Members conducting the site visit: Damian Ochoa and Judi Iranyi

Committee Members, please determine if the site has the following service/information provided and place a check mark if you determine that it is provided. Call Bernice 255.3653/570.1984 if you have questions.

You can elaborate or provide more detail about each area at the end of this form.

X property storage up to Pastor: foundation	Pest-free, secure property storage available to each client.
X	Access to electricity provided for clients.
no	Free laundry services are available to clients.
X	Two (2) sheets provided to all clients
X	Blanket provided to all clients
some	Pillow provided to all clients
X	Soap provided in all bathrooms
X	Hand dryer or paper towels present in all bathrooms
one urinal broken	Bathroom facilities in proper working order

Operational Standards

X	First Aid Kit available to staff
X	Gloves available to staff
	CPR masks available to staff
X	Appropriate medication storage allowed
X 22 inches claimed by Alonzo Bowlegs	ADA compliant beds are available (36 inches between units, 17 – 19 inches off floor)

If **Yes**, 125_____ beds available

X	Meals available for pregnant women and children
X food not funded by HSA	Alternative meals available for clients based on health, religious, or disability preferences.
no food not funded by HSA	Meal menus posted on a daily basis
X	8 hours of sleeping time allotted per night.
no	Notification board located in public space to inform clients of maintenance problems.

X	Printed materials available to clients in language of choice.
X	Communication available to clients in language of choice.
in process will do 5/30/08	Emergency disaster plan in place.

If **YES**, emergency disaster plan practiced on a monthly basis.

X	Identification badges worn by all staff
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If **NO**, ____ staff witnessed without identification badges.

X	Transportation services available to clients.
X	Shelter reservations are made for a minimum of 7 nights.
X next door will fax to Bernice through Gina	Various trainings are provided for staff.

If **YES**, please list trainings provided in the last year

Conceptual Standards

X	Clients treated with respect and dignity
X	Environment is safe and free from physical violence

De-escalation training and techniques utilized

THERE WERE 117 clients at the shelter last night

Site Inspection

Site: Providence	Location: 1601 McKinnon	Date & Time: Febraury 29, 2008, 9:30 PM
Inspector(s): Henry Belton, accompanied by SMC staff Bernice Casey	Type of Visit: Unannounced	Capacity: 80 mats for men, 12 for women that night, 125 slots available

Client Comments

Clients noted that the meals are very good. Additionally, clients noted satisfaction with the case manager on site. However, clients noted extreme discomfort with the security at the site. Monitored noted that facilities were quite hygienic.

Site Inspection Form

Site: Tenderloin Health Resource Center	Location: 187 Golden Gate	Date & Time: May 8, 2008, 5:00 PM.
Inspector(s): Henry Belton and Volunteer (Adam Visconti)	Type of Visit: Unannounced	Capacity:

Compliance with Standards of Care legislation:

Of the 20 operational, facility, and conceptional standards included within the Standards of Care legislation, the investigators observed that 18 of 20 were in place, making the site 90% in compliance.

The standards omitted included:

- Pest-free, secure property storage.
- Appropriate medication storage – the staff noted that they would hold on to medication for clients, but lack a refrigerator for storage of medication requiring refrigeration.

Additional information was obtained from the staff on the following standards:

- Printed materials available to clients in language of choice – printed materials were only offered in English and Spanish. The site is currently in the process of having their materials translated to Russian and Mandarin / Cantonese.
- An emergency disaster plan in place – the emergency disaster plan was not posted in common view because the disaster plan is new. The disaster plan was practiced two weeks prior to inspection.
- Transportation services available to clients – the staff reported that their primary transportation is the MAP van, and due to reliability issues (particularly at night and on the weekends), they purchased their own van for transferring clients to locations including SFGH and Providence shelter.
- Trainings provided to staff – staff has been trained in the following over the last year: HIV / HIV testing / harm reduction / transgender clients / tuberculosis control.
- De-escalation training and techniques utilized – staff report that de-escalation training is included in most monthly training.

General Information

The monitor noted that the site was extremely hygienic, and quiet. The capacity was noted to be forty persons at any given time, and opens at 6:00 PM. The monitor noted that complaint forms were present. Furthermore, it was noted that affordable housing lists were available onsite. In addition, notices for support groups were seen, as well as a posting about the Shelter Monitoring Committee.

Site Information

Staff: Staff report that the most recent training they received was on transgender sensitivity. Trainings undertaken in the last year include: HIV, HIV testing, harm reduction, and tuberculosis control.

Facilities: The presence of a bulletin board with daily activities, as well as rules and regulations of the site was witnessed.

Site Inspection

Site: United Council	Location: 2111 Jennings St.	Date & Time: April 29 th , 2008
Inspector(s): Liz Olsen, and David Nakanishi	Type of Visit:	Capacity:

Compliance with Standards of Care legislation:

Of the 19 operational, facility, and conceptual standards relevant to this site included within the Standards of Care legislation, the investigators observed that 18 of 19 were in place, making the site 95% in compliance.

The standards not adhered to include:

- Free laundry services available to clients

Notes on standards are as follows:

- Free laundry services available to clients – the cost of a load of laundry is 25 cents per load
- Emergency disaster plan practiced on a monthly basis – the site will begin to practice on a monthly basis, though a disaster plan is in place.
- Trainings provided to staff – recent trainings include earthquake preparedness, and de-escalation training.

Appendix 2

Standards of Care

Enforcement Implementation

This document identifies which of the Standards apply to shelters, resource centers, and drop-in centers.

Standard Number	Description	Applies to:
1	Treat all shelter clients equally with respect and dignity	All shelters and resource center/drop in center
2	Provide shelter services in an environment that is safe and free of physical violence	All shelters and resource center/drop in center
3	Provide soap, paper towels, hand sanitizers and at least one bath towel (24"x48") to clients and staff, maintain currently installed hand dryers and toilet paper in each stall, and hire janitorial staff to clean shelters on daily basis	All shelters and resource center/drop in center <i>[Note: the bath towel applies to sites who offer showers]</i>
4	Provide feminine hygiene and incontinence supplies on request	All shelters and resource center/drop in center <i>[Note: feminine hygiene products to be provided at any site that offers services to women]</i>
5	Ensure shelter operators use products that are least harmful to shelter clients, staff, and environment	All shelters and resource center/drop in centers
6	Ensure that first aid kits, CPR masks, and disposable gloves are available to staff at all times and make Automatic External Defibrillators (AED) available	All shelters and resource center/drop in center
7	Supply clients with fresh cold or room temperature drinking water at all times during normal operating hours	All shelters and resource center/drop in center
8	Provide shelter services in compliance with the Americans with Disabilities Act	All shelters and resource center/drop in center
9	Engage a nutritionist to develop all meal plans , including meal plans for children and pregnant women and post menus on a daily basis	Any shelter and resource center/drop in center that provides meals

10	Make dietary modification to accommodate requests based on religious beliefs and practices	Any shelter and resource center/drop in center that provides meals
11	Prohibit all smoking in shelters and within 20' of a children's play area	All shelters and resource center/drop in center
12	Provide clients with one clean blanket, two clean sheets and one pillow enclosed in a plastic or vinyl sleeve with a clean pillowcase	All shelters
13	Make the facility available to clients for sleeping at least 8 hours per night	All shelters
14	Provide daytime access to beds in all 24-hour shelters	Episcopal Community Services shelters, St. Vincent de Paul shelters <i>[Note: other shelters hours of operation currently being reviewed]</i>
15	Provide pest free, secure, property storage inside each shelter - if unavailable, may provide off-site as long as site is available to client up until evening bed check	All shelters
16	Provide clients with access to electricity for charging cell phones and other medical equipment for clients with disabilities	All shelters and resource center/drop in center
17	Note in writing and post in a common area when a maintenance problem will be repaired and note the status of the repair	All shelters and resource center/drop in center
18	Provide access to free local calls during non-sleeping hours including TTY access and amplified phones for clients who are deaf or hearing impaired	All shelters and resource center/drop in center
19	Provide a minimum of 22 inches between the sides of sleeping units, excluding designated ADA-accessible sleeping units and sleeping units separated by a wall	All shelters

20	Provide all printed materials produced by the City and shelters in English and Spanish and other languages upon request, including alternate formats such as large print, Braille, etc. upon request	All shelters and resource center/drop in center
21	Communicate with each client in the client's primary language or provide professional translation services, however children or other clients may be asked to translate in emergency situations	All shelters and resource center/drop in center
22	Provide at least one front line staff at each site that is bilingual in English and Spanish	All shelters and resource center/drop in center
23	Ensure that each shelter has an emergency disaster plan that requires drills on a monthly basis	All shelters and resource center/drop in center
24	Locate an alternative sleeping unit for a client who has been immediately denied services after 5:00 pm, unless the denial was for acts or threats of violence	All shelters
25	Require all shelter staff to wear a badge that identifies the staff person by name and position	All shelters and resource center/drop in center
26	Ensure that all clients receive appropriate and ADA-compliant transportation services to attend medical appointments, permanent housing appointments, substance abuse treatment, job-search appointments and job interviews, mental health services, and shelter services	All shelters and resource center/drop in center
27	Provide public notification at least 24-hours in advance of on-site community meetings	All shelters and resource center/drop in center
28	Provide clients with access to free laundry services with hot water and a dryer on or off site	All shelters and resource center/drop in center
29	Ensure that all single adult shelter reservations be for a minimum of 7 nights	All shelters

30	Agree to comply with the CA Dept of Industrial Relations, Division of Occupational Safety and Health (Cal-OSHA) General Industry Safety Orders regarding Bloodborne Pathogens (8 CCR 5193) and its Injury and Illness Prevention Program (8 CCR 3203), including but not limited to applicable requirements regarding personal protective equipment, universal precautions, and the development of an exposure control plan, as defined therein.	All shelters and resource center/drop in center
31	In consultation with the SFDPH, provide annual all-staff trainings, appropriate for each shelter position, that address (Cal-OSHA) regulatory requirements listed in section above, as well as the following topics: hand washing requirements and other communicable disease prevention; proper food handling and storage; emergency procedures in case of disaster, fire or other urgent health or safety risk, including but not limited to CPR requirements; safe and appropriate intervention with violent and aggressive shelter clients, including training on the harm reduction model in dealing with substance abuse; safe and appropriate interaction with shelter clients who suffer from mental illness or substance abuse; on-the-job burn-out prevention; requirements under the ADA; policies and procedures explained in shelter training manuals; and cultural humility, including sensitivity training regarding homelessness, the lesbian, bisexual, gay, and transgender communities,	All shelters and resource center/drop in center

	people with visible and invisible disabilities, youth, women, and trauma victims.	
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Note: This is a brief description of the Standards-for a full description, please go to http://www.sfgov.org/site/sheltermonitoring_index.asp?id=39792.

Standard of Care Complaints-April 28-June 30, 2008

Complaint Number	Site	Violation(s)	Request for SMC follow up
10708	Next Door	16	
20708	MSC	12 & 13	Unable to contact
30708	MSC	18	Unable to contact
40708	MSC	10 & 19	Resolved
50708	MSC	1 & 27	Unable to contact
60708	TL	1, 2, & 29	Unable to contact
70708	MSC	2 & 3	Unable to contact
80708	Sanctuary	13	Resolved
90708	Sanctuary	10	Unable to contact
100708	Next Door	9	Follow Up
110708	Next Door	3, 10, 17	Follow Up
120708	MSC	1, 2, 8, 25, & 29	Unable to contact
130708	TL	29	Unable to contact
140708	TL	29	Unable to contact
150708	Providence	1 & 2, 13, 8	Follow Up
160708	Sanctuary	8	Follow Up
170708	MSC	2, 8 & 15	Unable to contact
180708	Sanctuary	10	Unable to contact
190708	MSC	9 & 10	Unable to contact
200708	MSC	17, 25 & 2	Unable to contact
210708	Dolores	28	Resolved
220708	MSC	1 & 3	Unable to contact
230708	MSC	8&13	Unable to contact
240708	MSC	2,3,13&24	Resolved
250708	Sanctuary	2	Unable to contact
260708	MSC	29	Unable to contact
270708	MSC	1 & 17	Unable to contact
280708	MSC	15	Unable to contact
290708	MSC	25	Unable to contact
300708	MSC	8	Unable to contact
310708	Sanctuary	1, 2	Follow Up
320708	MSC	3, 11, 13, 27	Follow Up
330708	Sanctuary	2	Resolved
340708	MSC	1	Unable to contact
350708	Sanctuary	2, 13	Unable to contact
360708	TL	1, 2	Unable to contact
370708	Next Door	1	Unable to contact
380708	Sanctuary	1, 2	Follow Up

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390708	Sanctuary	1, 27	Unable to contact
400708	MSC	12	Left a message
410708	Ella Hill	1,2	N/A
420708	MNRC	1	Follow Up
	MSC		
430708	South	1	Pending
	MSC		
440708	South	1,3,9,12,14	Pending
450708	Hospitality	8	Pending
460708	Sanctuary	1,10,28	Pending
470708	Sanctuary	1.3,10.28	Pending

Appendix 3

Access

Access Memorandum

TO: Shelter Monitoring Committee Members
Local Homeless Coordinating Board
FROM: Bernice Casey, SMC, Policy Analyst
Ali Schlageter, LHCB, Policy Analyst
CC: Dariush Kayhan, Mayor's Office
Joyce Crum, Human Services Agency
Barbara Garcia, Department of Public Health
DATE: August 1, 2008
RE: Shelter Access-Utilizing CHANGES and the Reservation System

Background

On May 12, the Local Homeless Coordinating Board ["Board"] and the Shelter Monitoring Committee ["Committee"] submitted the final Shelter Enrichment report to the Mayor's Office and the Board of Supervisors with the following recommendations regarding shelter access:

- *Analyze the Care Not Cash (CNC) programs*
- *Track what type of sleeping unit is vacant each night*
- *Increase the number of sleeping units that the resource center has access to make reservations*
- *All turn-aways should be tracked each day and night at the resource centers and at the individual shelters*
- *Sleeping unit reservations should be able to be made on-site at shelters*
- *Drop available sleeping units at an earlier time*
- *Use the SF 311 free phone line as another way that someone can make a shelter reservation 24 hours a day*

Both bodies received a response to the Shelter Enrichment report from the Mayor's Office in June of 2008. While the response addressed some of the issues from the report, there was no mention of the access recommendations. Both the Board and the Committee requested a response on the access issue and expressed interest in having a discussion in a community setting.

Data Collection

As part of the Shelter Enrichment report, the Board and Committee agreed to "do quarterly turn away checks." Board and Committee staff met and decided to track "turn aways" at one resource center in the month of July to gain a snapshot of the number of people accessing shelter and being provided shelter.

On July 29, 2008, Ms. Casey observed clients at Tenderloin Health attempting to access shelter sleeping units through the CHANGES system and tracked the number of clients "turned away" without a reservation.

Data

There were two types of data collected, the number of clients who signed up for shelter reservations and the number of clients “turned away.”¹

Sign In Sheets

Sheet	# of Clients Who Signed Up for a Sleeping Unit	# of Clients Who Received a Reservation	# of 7-day Reservations
Senior/Disabled	45	26	4 (4 of 26)
Women	13	4	4 (4 of 4)
General	16	4	4 (4 of 4)
Total	74	34	12

- Tenderloin Health has clients sign up for a reservation. There are three sign-in sheets: Senior/Disabled, Women, and General.
- Clients sign up for a bed in the morning before the CHANGES system begins taking reservations and throughout the day.
- The client states where they would like a reservation and it is noted on the sign in sheet².

Turn Aways

Client Classification ³	Requested Reservation	Received Reservation
Male	50	1
Female	23	0
Male-Disabled	5	0
Female-Disabled	4	0
Male-Senior	8	0
Female-Senior	0	0
Totals	90	1

- Ms. Casey was at the front desk at Tenderloin Health during operation hours and noted each time someone approached the desk and asked for a reservation.
- Tenderloin Health’s hours of operation are from 7:00 to 11:30 AM and from 5:00 to 11:30 PM, Monday-Friday.
- When Ms. Casey arrived at 6:45 AM, there were 23 clients queued outside Tenderloin Health awaiting reservations, and when she left at 11:30 PM, there were 7 clients lying outside-one of those 7 was in the queue of 23 in the morning.

Total # of Reservations

Total # Reservations Requested ⁴	Reservation Received
164	35

¹ A “turn away” is defined as a person attempting to get a reservation at any time and is unsuccessful based on the lack of sleeping units available in CHANGES.

² Only three clients refused a reservation because of the location; all other clients accepted a reservation even if that was not his/her first choice and one client returned from a site asking for another reservation as there were no bottom bunks at the first site.

³ The client’s gender, age, and disability status was based on Ms. Casey’s observations; therefore, non-visible disabilities were not noted.

⁴ It is possible that clients who were turned away initially (Ms. Casey’s data) were provided a reservation in the sign-in sheet data (Tenderloin Health’s Data).

Sleeping Unit Availability & “Bed Drops”

- The CHANGES system, at 8:00 AM, showed 45 sleeping units available, 5 men’s units at Multi Service Center South and 40 units at Providence Church⁵.
- The first sleeping units to become available after 8:00 PM were at 8:20 PM, three women’s units. From 8:20 to 10:15 PM, the largest number of sleeping units released was at 8:36 PM, 15 units from MSC South.
- Ms. Casey called Sanctuary, Next Door, and MSC South throughout the night, beginning at 8:30 and ending at 11:00 PM to understand when sleeping units were dropped.

This data will be forwarded to Tenderloin Health and the Human Services Agency to check for errors.

Access Workgroup

At its July meeting, the Board decided to convene an Access Workgroup with Committee and City department participation. The purposed workgroup would conduct further data collection (similar to the information gathered above), utilize reports created by the CHANGES system, and most importantly, hear from clients and service providers about the current challenges in accessing shelter. The goal of the workgroup would be to make further recommendations to the Mayor’s Office and Board of Supervisors on how to improve access to the shelter system for clients.

Timeline

Committee and Board staff is suggesting the following timeline for the Access Workgroup:

August 2008-staff will conduct additional data collection at 2 shelters and 1 resource center

September 2008-hold first Access Workgroup meetings

December 2008-submit separate report on Access to the Mayor’s Office and Board of Supervisors

The above timeline is suggested and any changes in scope or time should be discussed by the Board and Committee.

⁵ Five sites operate CHANGES at 8:00 AM; therefore, five sites “compete” for those 45 units. Throughout the day, several sites operate CHANGES simultaneously. For a complete list, please refer to the Human Services Agency: Resource Center and CHANGES Reservation Stations.

Appendix 4

Information Requests and Responses

INFORMATION REQUEST

TO: Joyce Crum, Director, Housing and Homeless Services
CC: Greg Kats, Human Services Agency
Briana Moore, Human Services Agency
Scott Walton, Human Services Agency
Cindy Ward, Human Services Agency
Quintin Mecke, Committee Chair
FROM: Bernice Casey
REQUEST DATE: June 10, 2008
RESPOND BY DATE: June 25, 2008
REQUEST: **June Information Requests regarding Budget Cuts**

The Shelter Monitoring Committee is requesting the following information based on inquiries made at the June 4, 2008 Committee meeting:

- Please provide all scheduled budget cuts pertaining to shelter services, including case management services at shelters and resource centers and site closures, i.e. Tenderloin Health and Ella Hill Hutch.
- Please provide the current copy of the contract the Human Services Agency has with Glide and Central City Hospitality House's Self Help Center, specifically the scope of service and the number of clients [to be] served.
- Please provide a copy of Tenderloin Health's quarterly and annual reports provided to the Human Services Agency, specifically the sections that highlight the number of clients served and the services provided.
- If Tenderloin Health closes on June 30, will the Human Services Agency call a meeting of impacted service providers, specifically those in the Tenderloin, to discuss transition needs and concerns as well as how those will be addressed by the City & County of San Francisco.
- Please provide a copy of any plan that will address the 100-sleeping unit loss with the closure of Ella Hill Hutch and where those 100 units will be absorbed within the system.
- Please indicate if any site will receive additional funding to absorb the clients from Ella Hill Hutch and Tenderloin Health.

Please respond by June 25 2008 and send your response to:

Shelter Monitoring Committee
Bernice Casey, Staff
1380 Howard Street, 2nd Floor
San Francisco, CA 94103

MEMORANDUM

TO: Quintin Menke, Chair to SMC
THROUGH: Bernice Casey, Staff to SMC
FROM: Joyce Crum, Director, Housing and Homeless Programs
DATE: June 25, 2008

HSA RESPONSE TO REQUEST FOR INFORMATION – 6/10/08

REQUEST: June Information Requests regarding Budget Cuts

The Shelter Monitoring Committee is requesting the following information based on inquiries made at the June 4, 2008 Committee meeting:

- Please provide all scheduled budget cuts pertaining to shelter services, including case management services at shelters and resource centers and site closures, i.e. Tenderloin Health and Ella Hill Hutch.

Human Services Agency
Housing and Homeless Program
Budget Reduction Summary

FY 08-09	Budget	Reduction	Remaining Budget
Ella Hill Hutch (EHH) - Eliminate 100 mats	\$281,730	\$281,730	\$0
Vitale Village – No Site Located	\$725,023	\$725,023	\$0
St. Joseph's Village – Moving Locations	\$813,899	\$122,000	\$691,899
Homeless Drop-In Center Funding	\$927,263	\$397,446	\$529,817
Total	\$2,747,915	\$1,526,199	\$1,221,716

- Please provide the current copy of the contract the Human Services Agency has with Glide and Central City Hospitality House's Self Help Center, specifically the scope of service and the number of clients [to be] served.

See Attachment document for Glide Foundation.

Human Services Agency does not have a contract with Central City Hospitality House's Self Help Center, that contract is with the Department of Health.

- Please provide a copy of Tenderloin Health's quarterly and annual reports provided to the Human Services Agency, specifically the sections that highlight the number of clients served and the services provided.

See attached documents

- If Tenderloin Health closes on June 30, will the Human Services Agency call a meeting of impacted service providers, specifically those in the Tenderloin, to discuss transition needs and concerns as well as how those will be addressed by the City & County of San Francisco.

The Mayor has restored \$400,000 to Tenderloin to enable the Resource Center to operate from 5:00 p.m. to 11:30 p.m.

- Please provide a copy of any plan that will address the 100-sleeping unit loss with the closure of Ella Hill Hutch and where those 100 units will be absorbed within the system.

The Community Meeting held on June 10, HSA Representatives met with current Ella Hill shelter users and other people from the community to discuss the closure of Ella Hill. All shelter users registered on June 10 and June 11 were extended to the final night of June 27. The intention was to create an opportunity for social service providers to easily locate those interested in other options. Approximately 50 interested individuals were screened for next steps, provided housing options, fast tracked to CAAP and referrals to SFHOT for further evaluation. Attached is a copy of the closure plan introduced on June 10.

Of the 100 potential shelter spaces at Ella Hill:

- 32 spaces were absorbed by 150 Otis shelter
- 15 spaces will be absorbed by Providence Foundation
- We are exploring other options for the remaining 53 shelter spaces.
- The daily vacancies for the fiscal year 2007-2008 averaged 44%.

- Please indicate if any site will receive additional funding to absorb the clients from Ella Hill Hutch and Tenderloin Health.

Human Services Agency has no plans to provide additional funding to absorb the lost of funding for Ella Hill Hutch.

INFORMATION REQUEST

TO: Barbara Garcia, Deputy Director, Department of Public Health
CC: David Nakanishi
Quintin Mecke, Committee Chair
FROM: Bernice Casey
REQUEST DATE: June 10, 2008
RESPOND BY DATE: June 25, 2008
REQUEST: **June Information Requests regarding Budget Cuts and Standard of Care Enforcement**

The Shelter Monitoring Committee is requesting the following information based on inquiries made at the June 4, 2008 Committee meeting:

- Please provide all scheduled budget cuts pertaining to shelter services, including case management services at shelters and resource centers.
- Please provide an overview of the Standard of Care enforcement, including but not limited to, the contact person for DPH for clients to follow up with regarding the status of their complaint, the status of the arbitration panel, and the investigators that will be utilized by DPH.

Please respond by June 25 2008 and send your response to:

Shelter Monitoring Committee
Bernice Casey, Staff
1380 Howard Street, 2nd Floor
San Francisco, CA 94103

June 25, 2008

Quintin Mecke, Chair
Shelter Monitoring Committee
1380 Howard Street, 2nd Floor
San Francisco, CA 94103

Dear Quintin:

I'm writing on behalf of Barbara Garcia and the Department of Public Health (DPH), in response to the Shelter Monitoring Committee (SMC) request for information from the June 4th, 2008 SMC meeting that was requested on June 10th, 2008. Please see the requests and corresponding responses below.

SMC requested follow up items:

- Please provide all scheduled budget cuts pertaining to shelter services, including case management services at shelters and resource centers.
- ✓ **Community Awareness and Treatment Services (CATS) A Women's Place/Crisis Intervention program, 1049 Howard St, SF 94103-2822, supportive housing, stabilization, counseling, case management and psychological support services for indigent, multi-diagnosed, HIV-infected women and transgender women, reduction of services, general fund reduction of \$17,322.00. Estimated number of clients affected 4.**
- ✓ **CATS Mobile Assistance Patrol (MAP) 1446 Market St, 94102, client transportation, general fund reduction of \$241,532.00, estimated number of client's affected 537.**
- ✓ **Episcopal Community Services of SF (ECS) Next Door, 1001 Polk St, shelter case management for substance abusers, \$17,852.00 reduction, estimated impact, includes reduction of ECS case management for mentally ill clients (not just at shelter sites) of \$56,294.00, together results in 144 clients impacted.**
- ✓ **St. Vincent De Paul, mental health services at MSC-South, 525 5th St., 94103, shelter case management services, also reduction of Withe Reception Drop in services, and additional mental health and substance abuse case management, total reduction of \$223,199.00. Estimated impact on shelter case management is impact to 24 clients.**
- Please provide an overview of the Standard of Care enforcement, including but not limited to, the contact person for DPH for clients to follow up with regarding the status of their complaint, the status of the arbitration panel, and the investigators that will be utilized by DPH.
- ✓ **The Department of Public Health's process for Standard of Care enforcement will utilize the existing systems which include, the Community Behavioral Health System's compliance section which will field the initial complaint from the SMC and will conduct an investigation into the allegations and prepare a report. DPH's Environmental Health section's**

process of hearings will then present to the appropriate party the results of the DPH investigation. If the allegations are found to have merit, this body will present the plan of correction and assessment of liquidated damages. In regards to any requests for arbitration, the DPH designated representative is Deputy Director Barbara Garcia, who will be responsible for convening this process, which will utilize pro-bono attorney arbitrators (similar to the system in place with the shelter grievance process). The primary contact person for the DPH SOC enforcement process is David Nakanishi (contact information above in the letterhead).

Please feel free to call me should you have any clarification questions regarding any of the above responses. Thank you!

Sincerely,

David Nakanishi

INFORMATION REQUEST

TO: Ben Rosenfield, Controller's Office
CC: Quintin Mecke, Committee Chair
FROM: Bernice Casey
REQUEST DATE: June 10, 2008
RESPOND BY DATE: June 25, 2008
REQUEST: Information Request Regarding Care Not Cash Audit

The Shelter Monitoring Committee is requesting the following information based on Office of the Controller-City Services Auditor's *Human Service Agency: Care Not Cash is Achieving Its Goals* April 30, 2008 report, specifically "Finding 5-Shelter Reservations for Care Not Cash Clients May Sometimes Cause Beds to Go Empty But No-Shows Are Relatively Few::

- How many homeless clients were receiving CAAP benefits in November of 2007?
- How did the Controller's Office determine that a sample of 30 homeless CAAP clients would be a reflective number for measuring "no-shows"?
- How were the 30 sample clients chosen?
- How was the 3% vacancy rate on page 28 of the report determined?
- On page 29 of the report, it is noted, "we found little evidence that released beds get used." What evidence did your department receive to make this determination?

Please respond by June 25, 2008 and send your response to:

Shelter Monitoring Committee
Bernice Casey, Staff
1380 Howard Street, 2nd Floor
San Francisco, CA 94103

TO: Bernice Casey, Shelter Monitoring Committee
CC: Quintin Mecke, Shelter Monitoring Committee
FROM: Steve Flaherty, Associate Performance Auditor, City Services Auditor
Division
DATE: 6/11/2008
SUBJECT: Information Request Regarding Care Not Cash Audit

Ms. Casey,

We have reviewed your questions regarding Finding 5 of the City Services Auditor's report *Human Services Agency: Care Not Cash is Achieving Its Goals*. Our responses to your questions are as follows:

(1) How many homeless clients were receiving CAAP benefits in November of 2007?

604 homeless clients received CAAP benefits in November 2007.

(2) How did the Controller's Office determine that a sample of 30 homeless CAAP clients would be a reflective number for measuring "no-shows"?

The sample of 30 is a statistically significant sample that we randomly selected from the population of the 604 homeless CAAP clients in November 2007.

(3) How were the 30 sample clients chosen?

Randomly. See question 2.

(4) How was the 3% vacancy rate on page 28 of the report determined?

We determined the 3 percent vacancy rate by dividing the total number of “no show” bed-nights of the entire homeless CAAP population in November 2007 by the total capacity of the ten single-adult shelters where CAAP clients had reservations during November 2007.

(5) On page 29 of the report, it is noted, “we found little evidence that released beds get used.” What evidence did your department receive to make this determination?

Six individuals in our sample of 30 homeless CAAP clients missed a combined 34 bed-nights of their shelter reservations. Of these 34 bed-nights, CHANGES showed only 6 instances where the beds were filled after they were released.

We hope this response satisfies your request for information. If you have further questions, please feel free to contact me by telephone (415-554-7657) or e-mail at steve.flaherty@sfgov.org.

Thank you for your interest in our audit report.