



City and County of San Francisco

Shelter Monitoring Committee

*Second Quarterly Report, October to December 2010
Executive Summary*

Shelter Site Visits

The inspection teams conducted 17 of the 30 assigned visits (56%) in the second quarter, from October 1 to December 31, 2010. Four sites were not inspected during this period marking the second quarter that Oshun Resource Center was not inspected by the Committee. Currently, the Committee has only conducted an average of 60% of assigned visits for the first two quarters.

Standards of Care

There were 32 Standard of Care complaints filed in the second quarter. The Committee also conducted three investigations and forwarded them to the Department of Public Health for investigation with documentation of violations Standards.

Policy Recommendations

Case Management Services-The Committee continues to recommend additional case management for clients to ensure access to case management services for all shelter clients and manageable case loads for case managers. In the upcoming quarter, the Committee will review quarterly reports of agencies within the shelter system which offer case management to determine what types of services are most utilized. Additionally, the Committee will determine how the City & County of San Francisco defines case management and the qualifications needed to be a case manager.

Tokens-In this upcoming quarter, the Committee is conducting a Turn Away count and is tracking the accessibility of tokens for clients. The Committee continues to recommend that clients receiving a reservation for a shelter not within walking distance should receive a token or be provided with a taxi voucher or another method of transport. Additionally, the Committee continues to track the accessibility of tokens to clients within shelters to connect with services as required within Standard of Care.

Trainings-The Committee is recommending that a training database be developed to track the training requirements within the Standards of Care that list not only the attendees but defines the training with the scope of the Standard or Care, includes the presenter, the date, and the length of the training. A database would allow for easier access to numbers and to determine compliance throughout the year instead of waiting to year's end.

Measuring Vacancies-In December 2010, the Human Services Agency reported an average of 79 vacant sleeping units per night. CHANGES needs a tool which allows them to document when each sleeping unit in the system is available for reservation and what sleeping units are not used, e.g. CAAP beds, during a night.

Membership

The Committee currently has nine members and is awaiting appointment for 2010-2012 term by the Board of Supervisors. The Committee needs Spanish-speaking Committee Members.

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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 17 visits in from October 1 to December 31, 2010. Four sites were not inspected, Compass Family Shelter, Mission Neighborhood Resource Center, Oshun Drop In Center, and Providence Shelter. This is the second quarter that Oshun was not inspected.

Shelter and Resource Center	Number of Visits 2 nd Qtr. 2010-2011 October-December	Number of Visits 1 st Qtr. 2010-2011 July-September	Total
Bethel AME Winter Family Shelter	1	0	1
Compass Family Shelter	0	3	3
Dolores Street Community Services- Santa Ana	1	1	2
Dolores Street Community Services- Santa Marta/Santa Maria	1	1	2
Hamilton Family Shelter	1	1	2
Hospitality House	1	2	3
Interfaith Winter Shelter	2	0	2
Lark Inn Youth Shelter	1	2	3
Mission Neighborhood Resource Center	0	1	1
Multi Service Center South Drop In Center	1	1	2
Multi Service Center South Shelter	2	3	5
Next Door	3	1	4
Oshun Drop In Center	0	0	0
Providence	0	2	2
Saint Joseph's Family Shelter	1	2	3
Sanctuary	1	1	2
United Council- Mother Brown's	1	1	2
Assigned Site Visits	30	35	65
Completed Site Visits	17	22	39
Percentage of Site Visit Compliance	56%	62%	60%

Table 1: Site Visit Tally for 2010-2011

This past quarter marks the second lowest recorded amount of site visits conducted since April 2006. After analysis, the Committee determined that all current Committee Members who have been recently appointed or reappointed have met, or at times, exceeded the number of site visits required. Only two of the current nine Members have not been conducting site visits as assigned. In addition, the Committee has four vacant seats. With those two holdover Members and the four vacancies making up over 46% of the Committee, it is understandable that 100% of site visit attendance has been challenging. Currently, Vice Chair LJ Cirilo has recommended that additional site visits be conducted in the upcoming months to ensure that the Committee meets the legislated requirements of four visits per month, but more importantly that outreach is happening to shelter clients to make them aware of the Committee and the Standard of Care. Vice Chair Cirilo has utilized staff to meet the lack of consistent site visits by Spanish-speaking Committee Members and continues to strategize how the Committee can best conduct visits when there are language limitations.

Overview of Methodology

The Committee utilized an amended Standard of Care methodology to conduct inspections. The changes to inspection data collected and observed include: noting how soap is made available at sites; ensuring that each site has overview materials, in English and Spanish, on the services at each site and where to access services that are not provided on-site, e.g. case management; ensure no smoking in shelters and all sites adhere to Article 19F of the Health Code. At no time did any site inspection team forward a Standard of Care violation to the site at the time of the inspection. After additional training provided to Committee Members, inspection teams began noting Standard of Care violations during the site visit and issuing the Standard of Care complaints directly to the site. Six of the Standard of Care complaints issued for this quarter were issued by Committee site inspection teams.

Site Inspection Forms

The Committee is in the process of reviewing the site inspection forms and revamping them to be site specific. The forms currently include all 32 Standards of Care and allow the inspectors three options when determining compliance: meeting compliance, not meeting compliance, and not applicable or undeterminable.

Inspection Findings

During the three-month period, the Committee documented 63 violations at the 17 sites inspected. Within this analysis, the Committee can use information provided within the site inspection reports to determine if there are specific areas site require technical assistance or additional resources.

A policy priority area for the Committee is staff training. During this quarter, 13 of the 17 sites, **76% of all sites** inspected either did not have an emergency disaster plan and/or had not conducted a monthly emergency drill. MSC South was one of the only sites that documents monthly drills and has staff aware of the written policy,. Additionally, seven of the sites inspected did not have access to tokens, **41% of the sites**.

The site inspection teams require additional training on completing the inspection forms and Vice Chair Cirilo will be working with individual teams, along with Committee staff, in the April and May to ensure that the methodology is being adhered to and to address specific questions. For example, of the 17 site inspections conducted, only two of the forms indicated that all Standard of Care inspection areas were inspected.

The largest category of documented violation was in the area of Facility and Access. This category is made up of 17 Standards, including providing materials in English and Spanish, token availability, and noting in writing about maintenance problems.

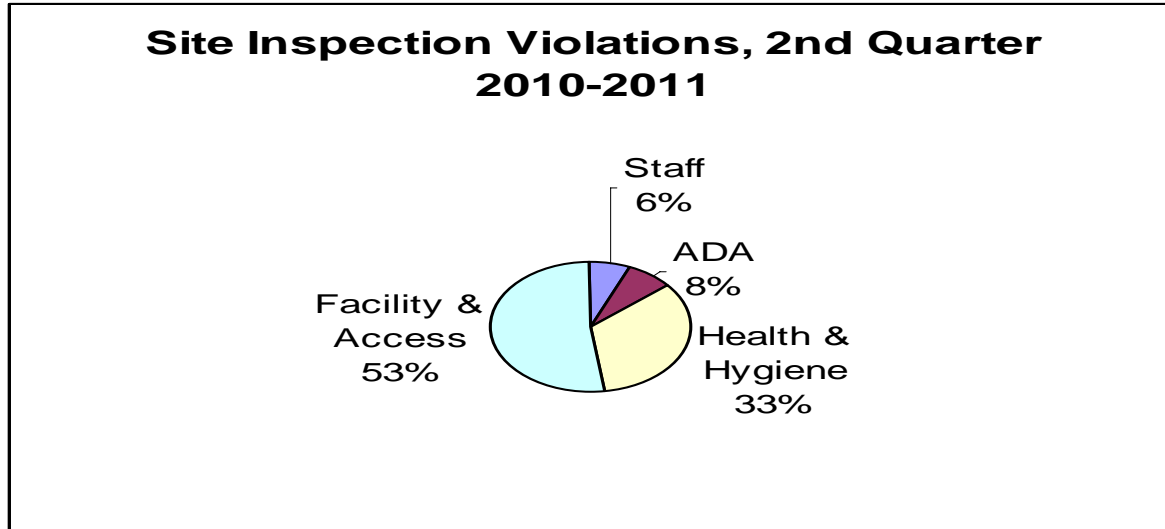


Chart 1: Site Inspection Violations, 2nd Quarter

In 2009, the Committee created a baseline of compliance for all sites operation at that time to measure where the sites were individually and collectively with adhering to the Standards of Care. At that time, there was **71% average compliance rate for all sites**. Committee staff is recommending that the third quarter data, covering January 1 to March 31, 2011, is used in compiling a 2011 baseline. This data will allow the Committee to determine what sites are not adhering to the Standards of Care and the reasons for non-compliance, e.g. the lack of funding.

Standard of Care

There were 32 Standard of Care complaints filed in the past quarter from October 1, to December 31, 2010. The table below provides a breakdown of the number of complaints per site and the status of the complaints themselves. There are four status categories for complaints: 1) *Closed*, which indicates that the client or the Committee inspection team who imitated the complaint agrees with the site’s response; 2) *Investigated*, 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; 3) *Pending*, which indicates that an investigation has been requested by the client or Committee inspection team who conducted initiated the complaint or that the Committee is awaiting a response from the client on the site’s response; and 4) *Forwarded*, which indicates that an SOC Committee investigated complaint(s) 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 after 30 days.

Site	Number of Complaints	Status of SOC Complaint-Committee	Items Forwarded to DPH
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Hamilton Family Shelter	1	Closed	None
Hospitality House	1	Closed	None
Interfaith Winter Shelter	2	2 Investigated/Forwarded	2
Lark Inn	1	Closed	None
MSC South Shelter	5	1 Closed 4 Pending	None
Next Door	9	3 Closed 1 Investigated/Forwarded 5 Pending	1
Oshun	2	2 Pending	None
Providence	1	Pending	None
Sanctuary	3	Pending	None
St. Joseph's	1	Closed	None
Santa Marta	2	Closed	None
United Council Drop In Center	3	1 Closed 2 Pending	None

Table 2: Standard of Care Complaints Tally Per Site for 2nd Quarter 2010-2011

At the March 2011 Shelter Monitoring Committee Meeting, the Committee reviewed changes to the Policies and Procedures that addressed the Pending status of complaints. Currently, the Committee takes complaints from clients that have happened in the past year; however, the new changes will alert clients of 90-day time period for initiating complaints (Clients will have up to 90 days to report a complaint to the Committee to be eligible for the Standard of Care process). This time frame is to ensure that issues are timely enough for sites to investigate.

Categories

The 32 individual Standards of Care are divided into four categories: staff, ADA, Health & Hygiene, and Facility & Access.

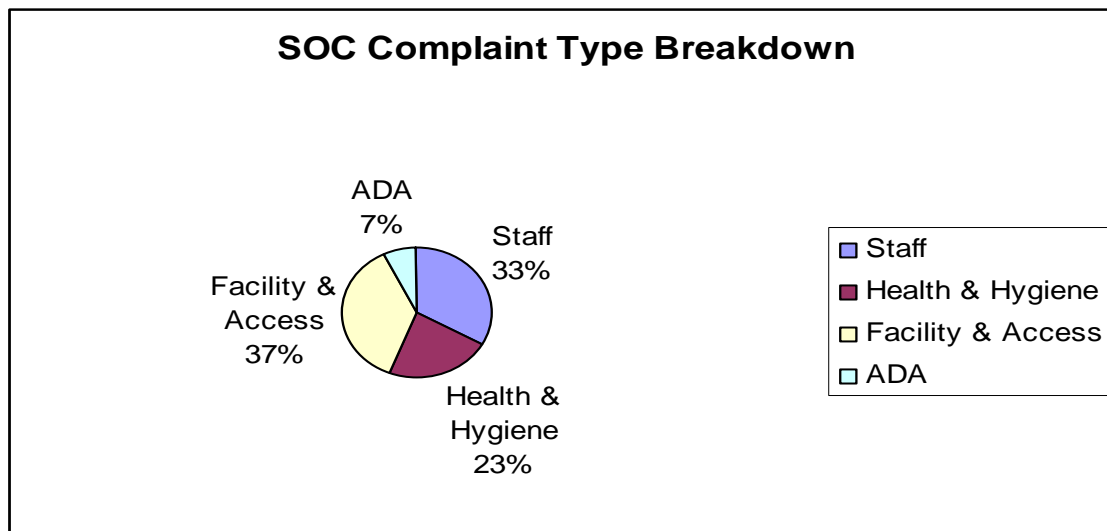


Chart 2: SOC Complaint Breakdown, 2nd Quarter 2010-2011

Staff

The staff category refers to five Standards that focus on how the client is treated at the site and by staff, including how staff identifies themselves through the use of photo identification or name tags and the amount of training they have received. This quarter the complaints received included allegations of staff swearing at clients; threats of violence by other clients in front of staff; and disparaging comments by staff based on a client's ethnicity and sexual orientation. When the Committee receives complaints based on this last category, the complaints are forwarded to the Human Rights Commission.

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. Some examples of complaints received this quarter were: not accommodating a client with a service or companion animal; non-operational equipment of ADA toilet; and not allowing a client access to a lower bunk when the client had paperwork documenting his medical condition. The Committee submits completed Standard of Care complaint with allegations of ADA violations to the Mayor's Office on Disability for their records.

Health & Hygiene

This category refers to eight Standards and the majority of the complaints focused on clean restroom facilities and toiletry access. Some of examples of complaints received this quarter were lack of janitorial service in bathroom areas; the lack of soap in bathrooms as well as five separate complaints regarding meals and nutrition. The Committee will begin submitting meal complaints or allegations of violations of Standard 9 and 10, to the contracted nutritionist currently providing technical assistance to shelters in menu development and other training areas.

Facility & Access

Seventeen Standards make up this category. This is the first time since tracking Standard of Care complaints began in April 2008 that the largest percentage of complaints was in the Facilities & Access category; historically, the largest percentage of complaints were focused on staff. Some examples of the facility and access complaints were lack of access to materials in Spanish at shelter sites; lack of secure storage at shelter sites; and the failure of sites to post a notice regarding a maintenance problem, including when the repair will be finalized.

Investigations

Three complaints were forwarded to the Committee for an investigations based on the response from the site. Investigations were conducted at Next Door and the Interfaith Shelters. The Committee found Next Door to be **in compliance** with the following Standards:

- **3)** Provide liquid soap with a dispenser permanently mounted on a wall in the restrooms; small individual packets of liquid soap, or a small bar soap for use by one individual only, paper towels or hand towels, hand sanitizers, and at least one bath-size (24" x 48") towel to shelter clients and staff in each bathroom; if hand dryers are currently installed they shall be maintained in proper working condition; in addition, shelters shall provide toilet paper in each bathroom stall and hire janitorial staff to clean the shelters on a daily basis.

- **(6)** Ensure that first aid kits, CPR masks, and disposable gloves are available to staff at all time and make Automatic External Defibrillators (AED) available to staff in compliance

with regulatory requirements of state and local law relating to use and maintenance of AEDs.

- **(23)** Ensure that each shelter has an emergency disaster plan that requires drills on a monthly basis and that, in consultation with the Mayor's Office on Disability, includes specific evacuation devices and procedures for people with disabilities.
- **(30)** Agree to comply with the California Department 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.

The Committee found the Interfaith Shelters **out of compliance** with the following Standards:

- **3)** Provide liquid soap with a dispenser permanently mounted on a wall in the restrooms; small individual packets of liquid soap, or a small bar soap for use by one individual only, paper towels or hand towels, hand sanitizers, and at least one bath-size (24" x 48") towel to shelter clients and staff in each bathroom; if hand dryers are currently installed they shall be maintained in proper working condition; in addition, shelters shall provide toilet paper in each bathroom stall and hire janitorial staff to clean the shelters on a daily basis.
- **(6)** Ensure that first aid kits, CPR masks, and disposable gloves are available to staff at all time and make Automatic External Defibrillators (AED) available to staff in compliance with regulatory requirements of state and local law relating to use and maintenance of AEDs.
- **(12)** Provide shelter clients with one clean blanket, two clean sheet, and one pillow enclosed in a plastic or vinyl sleeve with a clean pillowcase; sheets shall be cleaned at least once per week and upon client turnover.
- **(23)** Ensure that each shelter has an emergency disaster plan that requires drills on a monthly basis and that, in consultation with the Mayor's Office on Disability, includes specific evacuation devices and procedures for people with disabilities.
- **(28)** Provide clients with access to free laundry services with hot water and a dryer that reaches a temperature between 120-130 degrees Fahrenheit, on or off site.
- **(30)** Agree to comply with the California Department 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.

The Department of Public Health investigated the Interfaith shelters in February 2011 and found the site to be in compliance. The Department of Public Health issues corrective

actions plans in collaboration with the site, which includes information on how the site plans on adhering to the Standards of Care. To date, the Department of Public Health has never found a site out of compliance when conducting an investigation.

Shelter System Policy Recommendations

More Case Management- The Committee recommends that the ratio client to case manager be set, at minimum, from 1 case manager for every 25 single adult clients, as recommended in the 2008 Shelter Enrichment Report co-authored by the Local Homeless Coordinating Board and the Shelter Monitoring Committee. The Committee will be requesting the definition of case management utilized by the Human Services Agency and the Department of Public Health when requesting agencies to provide this service to clients as well as any educational or employment requirements necessary to be a case manager. After reviewing data provided by SF START, the Committee will be requesting information from other services providers, Homeless Outreach Team, Glide, Mission Neighborhood Resource Center, and Providence on the number of clients in shelter they provide services. In the upcoming quarter, the Committee will review quarterly reports of agencies within the shelter system which offer case management to determine what types of services are most utilized. In a fiscal crisis, case management services are essential to ensure that clients have an individual helping them navigate out of homelessness into housing, employment, education, or other necessary services.

Tokens-Seven of the 17 sites inspected by Committee Members did not have tokens available to clients. Tokens, or access to other transportation, are required under the Standard of Care for clients who need to attend medical appointments, permanent housing appointments, substance abuse treatment, job-search appointments and job interviews, mental health services, and shelter services. In February and March 2011, the Committee is conducting a Turn Away Count and will also be measuring token availability to clients making shelter reservations.

Measuring Vacancies-To be better able to determine shelter need, the City & County of San Francisco should have data that includes what types of sleeping units are vacant, e.g. resource bed or Care Not Cash, when the sleeping unit became vacant, and where the majority of reservations are made for client and at what times. In December 2010, the Human Services Agency reported an average of 79 vacant sleeping units per night. In November 2010, it reported 73 vacancies per night and in October 2010, 72 per night. CHANGES needs a tool which allows them to document when each sleeping unit in the system is available for reservation and what sleeping units are not used, e.g. CAAP beds, during a night.

Training – There are 10 areas in which 100% of all site staff, including on-call and part-time, are required to receive training per the Standards of Care: 1) Cal-OSHA prevention and precaution training; 2) Hand-washing and communicable disease prevention; 3) Proper food handling; 4) Emergency procedures, including and not limited to CPR; 5) Intervention and harm reduction training; 6) Interaction with clients who suffer from mental illness; 7) On-the-job burn-out prevention; 8) Requirements under the ADA; 9) Shelter Training Manual; and 10) Cultural Humility. In order to best track this data, the Committee is recommending that there is a training data base that tracks all trainings completed by site staff which fall under these ten areas only and that the database includes who provided the training, the length, and the trainer. Training reports should be run at the end of the second quarter each fiscal year to determine what trainings need to be offered and where each individual staff member is in meeting the 100% regarded compliance. As noted earlier, **76% of all sites** inspected this quarter either did not have an

emergency disaster plan and/or had not conducted a monthly emergency drill. The Committee believes illustrate a lack of training for all staff and a safety issue for clients and staff at these sites.

Membership

The Committee currently has nine members and is awaiting appointment for 2010-2012 term by the Board of Supervisors. The Committee needs Spanish-speaking Committee Members to be able to meet the need of communicating with mono-lingual Spanish speakers utilizing the shelter system.