

SHELTER MONITORING COMMITTEE

3rd Quarter Report

January 1, 2019 through March 31, 2019



3rd Quarter Facts and Figures

SITE VISITS

Completed 21 site visits at 19 assigned sites

Sites with **0** infractions 

A Woman's Place Drop In | Hospitality House | Mission Neighborhood Resource Center

Sites with most infractions:
Interfaith Winter Shelter
(10 total infractions)

Top 5 Site Visit Infractions

Lack of ADA compliance, including posting information on shelter rules and case management availability



First aid kits needed to be restocked



Lack of professional translation services



Provide clients with access to free local calls and TTY



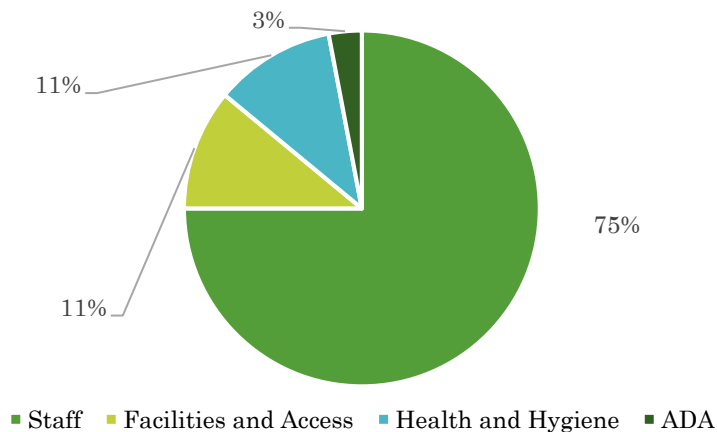
Lack of emergency disaster plan or monthly emergency drills



CLIENT COMPLAINTS

39 total complaints filed by
25 unduplicated clients

Client Complaint Categories



Status of Complaints

2 Satisfied

4 Not Satisfied

33 Closed

0 Open

INTRODUCTION

Who We Are

The Shelter Monitoring Committee (The Committee) is a governmental agency established by the Board of Supervisors to document the conditions and operations of shelters that are publicly funded. Established by Board of Supervisor's Ordinance 283-04, the Committee is composed of thirteen voluntary members drawn from a wide spectrum of stakeholders including shelter providers, formerly homeless individuals, shelter employees and representatives of DSHS, and the Mayor's office. The Committee is supported by two full-time staff from the Department of Public Health.

What We Do

The Committee is responsible for documenting the conditions of San Francisco shelters and resource centers with the aim of providing the Mayor, the Board of Supervisors, the Local Homeless Coordinating Board, the public and other appropriate agencies with accurate, comprehensive information about the conditions and operations of shelters.

The Committee reviews San Francisco's city policies that have an impact on shelter clients or affect shelter operations to recommend changes and/or best practices in the provision of shelter service. Additionally, the Committee monitors shelters to ensure they are complying with the Standards of Care (The Standards), a set of 32 shelter operating standards adopted by the Board of Supervisors in 2008.

How We Do It

Unannounced and announced Site Visits

The Committee conducts four unannounced visits per shelter and/or resource centers (sites) per year to verify compliance with the Standards of Care. During a site visit, Committee teams note and submit Standard of Care infractions to shelter management who are given 7 days to investigate and resolve the infractions. The Committee also makes two announced site visits each year to conduct shelter surveys and provide shelter clients an opportunity to discuss shelter conditions with the Committee.

Investigation of Client complaints

The Committee investigates all Standards of Care violations in the shelters and/or resource center. Clients can submit shelter complaints to Committee staff by email, phone or in person. Committee staff submit client Complaints to shelter management, who have 7 days to investigate the allegations and respond to the client's complaint in writing. Clients not satisfied with the site's response can request an independent investigation by Committee staff. Staff investigate the client's allegations and determines if the site follows the Standards of Care. Committee staff then submit their findings the client, the site and the Department of Homelessness and Supportive Housing. Committee staff also submit recommendations for corrective action if the investigation determines that the site was not in compliance with the Standards of Care.

Shelter Trainings

The Committee conducts Standard of Care trainings for shelter staff, which provide an overview of the Standards of Care as well as how the Committee checks the sites to see if they are complying with the Standards of Care through site visits and client complaints. Committee staff completed Standard of Care trainings for staff at four sites during the reporting period: Dolores St., Interfaith Winter Shelter, United Council and Harbor House, a new family shelter that the Committee will begin monitoring at the beginning of the 4th Quarter of FY18-19.

3rd QUARTER REPORT

I. SITE VISITS

For the quarter starting on January 1 and ending March 31, 2019, the Committee completed unannounced site visits at 19 of 19 assigned sites, 100% of the mandated total. There were three sites that did not receive a single Standard of Care infraction during this quarter's visits, those sites were A Woman's Place Drop In, Hospitality House and Mission Neighborhood Resource Center. The infractions that were noted during visits to the other sites this quarter are listed below:

The five Standards that shelters had the most difficulty meeting this quarter were:



Standard 8 (Facility and Access)

Provide shelter services in compliance with the ADA, including but not limited to: Storing medication, providing accessible facilities, reasonable accommodation request forms in English and Spanish and posting information on shelter rules, policies and case management availability

5 sites: A Woman's Place Shelter, Interfaith Winter Shelter, Lark Inn, St. Joseph's, United Council



Standard 6 (Health)

Ensure that first aid kits, CPR masks, disposable gloves and AEDs are available to staff at all times

5 sites: Dolores St. Shelter, First Friendship, MSC South, MSC South Drop In, Providence



Standard 21 (Facilities and Access)

Communicate with each client in the client's primary language or provide professional translation services

5 sites: A Woman's Place Shelter, Bethel AME, Interfaith Winter Shelter, Providence, United Council



Standard 18 (Facility and Access)

Provide clients with access to free local calls and TTY

4 sites: A Woman's Place Shelter, Interfaith Winter Shelter, MSC South, MSC South Drop In



Standard 23 (Facilities and Access)

Ensure that each shelter has an emergency disaster plan that requires drills on a monthly basis




4 sites: A Woman's Place Shelter, Compass, Interfaith Winter Shelter, Sanctuary

Summaries of the site visits completed by the Committee this quarter can be found in Appendix B on (pages 3-6 of the Appendices section). The Committee also conducted 6 announced site visits to survey shelter clients. Client survey results are available in Appendix C (Page 7 of the Appendices section).

II. CLIENT COMPLAINTS

The Committee received 39 Standard of Care complaints filed by 25 unduplicated clients during the reporting period. The Standards that came up in the most client complaints this quarter are listed below:

Client Complaints – Top 3 Allegedly Violated Standards

Standard of Care	Category	# of complaints alleging violations of this Standard	# of unduplicated complainants submitting complaints	# sites receiving complaints about this Standard
Standard 1: Treat clients equally, with respect and dignity, including in the application of shelter policies and grievance process	Staff 	27	18	9
Standard 2: Provide shelter services in an environment that is safe and free from physical violence; by ensuring safety protocols are in place that include training to shelter staff regarding de-escalation techniques	Staff 	11	10	4
Standard 3: Provide, liquid soap...paper/hand towels, hand sanitizers, at least one bath-size...towel...if hand dryers are installed they shall be maintained in proper working condition...provide toilet paper in each bathroom stall and hire janitorial staff to clean shelters on a daily basis	Health and Hygiene 	6	6	5

Please note that each complaint can include alleged violations of more than one Standard or multiple alleged violations of the same Standard.

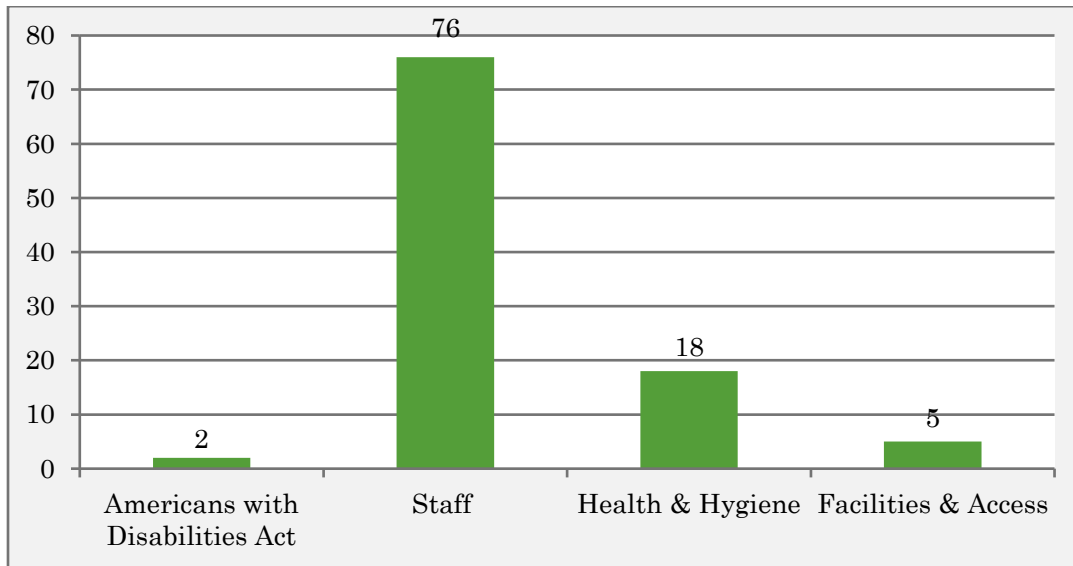
The table below provides a breakdown of the number of complaints received at each site during the reporting period and the status of the complaints themselves. A complaint can include allegations of non-compliance for one Standard or multiple Standards. The Standards of Care complaints fall into five status categories¹: Open, Pending, Satisfied, Not Satisfied, or Closed.

Standard of Care Complaints Tally 3rd Quarter 2018-2019

Site	Site Capacity	# of Complainants	# of Complaints filed	Status of Complaints	Investigations
A Woman's Place Shelter	11 mats	1	1	Closed (1)	N/A
A Woman's Place Drop In	63 chairs	3	3	Closed (2) Satisfied (1)	N/A
Bethel AME	30 mats	4	7	Closed (7)	Completed (1)
Dolores St. Shelter	108 beds	2	2	Closed (2)	N/A
Hamilton Family Shelter	27 families	1	1	Not Satisfied (1)	Completed (1)
Hospitality House	30 beds	1	1	Closed (1)	N/A
Interfaith Winter Shelter	Varies depending on the site	2	2	Closed (1) Not Satisfied (1)	Pending (1)
MSC South Shelter	340 beds	4	4	Closed (4)	N/A
Next Door	334 beds	9	10	Closed (8) Not Satisfied (2)	Completed (1) Pending (1)
Sanctuary	200 beds	6	8	Satisfied (1) Closed (7)	N/A
Totals		33 (25 unduplicated clients)	39	Closed (33) Satisfied (2) Not Satisfied (4)	Pending (2) Completed (3)

¹ Complaint Status Categories: Open - Site has not responded to the complaint filed by the client; Satisfied – Client who filed the complaint is satisfied with the response; Not Satisfied – Client did not agree with the site response and has requested an investigation; Pending – Site had responded to the complaint and the Committee is waiting for the client to review the response; Closed – Complaint closed after 45 days of No Contact from the client or if the client was neither satisfied or not satisfied with the response

**Standard of Care Complaints: Allegations by Category
3rd Quarter, 2018-2019**



Total allegations: 101

The *Standard of Care Complaints: Allegations by Category, 3rd Quarter 2018-2019*, provides an overview of the types of complaints that were filed with the Committee. There are four Standard of Care complaint categories:

Staff 

The staff category refers to four Standards [1, 2, 25 & 31] that focus on how the client is treated at the site. This category includes complaints alleging staff being unprofessional, not maintaining a safe shelter environment or not receiving required trainings.

Americans with Disabilities Act (ADA) 

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

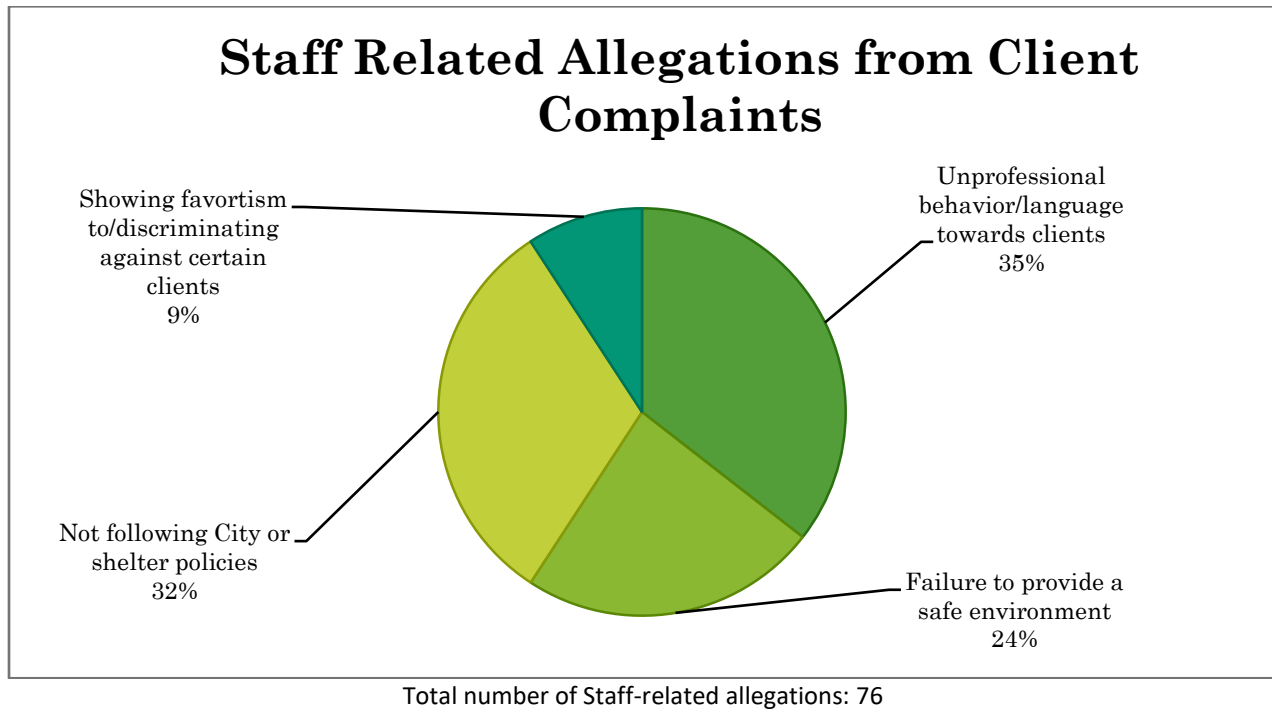
Health & Hygiene 

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

Facility & Access 

The sixteen Standards in this category focus on whether shelter facilities are accessible and providing clients with items and services such as property storage, bedding and transportation. The Standards that make up this area are 12, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 26, 27, 28, 29, and 32.

Breakdown of Staff-related allegations in client complaints



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

With 27 allegations this quarter, the most common allegation of staff misconduct listed in client complaints are allegations of unprofessional or disrespectful behavior or language towards shelter clients. This category contains allegations of staff speaking to clients using profanity, disrespectful language or other unprofessional behavior.

The second most common allegation of staff misconduct are allegations of staff not following City or shelter policies. The Committee received 24 allegations of this type this quarter. These allegations involve staff not providing reasonable accommodations, late passes, MUNI tokens or other shelter services to clients.






The third most common allegation of staff misconduct is related allegations of staff failing to provide a safe environment for shelter clients. These include allegations of not properly addressing instances of verbal threats or physical violence taking place inside shelters. The Committee received 18 allegations of this type during the reporting period.

The categories with the fewest allegations of staff misconduct this quarter were complaints about staff showing favoritism to clients. This quarter, the Committee received 7 allegations from clients about staff giving preferential treatment to other clients.

Client Complaint Investigations

Clients who receive unsatisfactory responses to complaints can request a Committee investigation.

The following table provides an overview of the investigation that was conducted this quarter including findings and any recommendations for the site:

Site	Alleged Standard Violation	Category	Findings	Recommendations for Site
Hamilton Family Shelter	<p>Standard 3: Allegation: Shelter staff are not cleaning restroom facilities or repairing broken amenities</p> <p>Standard 9: Allegation: Shelter staff are not accommodating the client's dietary needs</p>	<p>Health</p> 	<p>Standard 3: Inconclusive</p> <p>Standard 9: In Compliance</p>	N/A
Next Door	<p>Standard 3: Allegation #1: Bathrooms frequently out of paper towels</p> <p>Allegation #2: Sleeping mats infested with bed bugs are being improperly stored before disposal</p> <p>Standard 8: Allegation: Shower chairs frequently missing from ADA shower stalls</p>	<p>Health</p>  <p>ADA</p> 	<p>Standard 3: In Compliance</p> <p>Standard 8: In Compliance</p>	N/A
Sanctuary	<p>Standard 2: Allegation: Staff did not properly address an incident when the complainant was assaulted by another client</p>	<p>Staff</p> 	<p>Standard 2: Inconclusive</p>	N/A
Sanctuary	<p>Standard 1: Allegation #1: Staff falsely accused the complainant of being intoxicated and refused to let him into the shelter facility</p>	<p>Staff</p> 	<p>Standard 1: Inconclusive</p>	N/A

III. MEMBERSHIP

The 3rd Quarter of FY18-19 also marked the beginning of the 2018-2019 Committee term. During this period, seven new members were appointed to the Committee as well as three members who were re-appointed from the 2017-2018 term. The ten current members of the Shelter Monitoring Committee are listed below:

**SHELTER MONITORING COMMITTEE
COMMITTEE MEMBERS | 2018-2019 Term**



Jonathan Adler, Chair



Stephen Irwin, Secretary



Traci Watson

Photos Unavailable: Diana Almanza, Gabriela Avalos, Joseph Kenan, Craig Murdock, Nastassia Serina, Scott Walton, Traci Watson, Vixen Yvonne

There are currently three available seats on the Shelter Monitoring Committee:

- **Seat #1:** Person who is homeless or formerly homeless, and who is living or has lived with the person's homeless child under the age of 18 (Appointed by Board of Supervisors)
- **Seat #2:** Person who is homeless or has been homeless within the three years prior to being appointed, and who has a disability (Appointed by Board of Supervisors)
- **Seat #13:** Person who is homeless or formerly homeless, and who has experience providing direct services to homeless people through a community setting (Appointed by Mayor's office)

APPENDICES

The Standards of Care

Standard	Category
1. Treat clients equally, with respect and dignity, including in the application of shelter policies and grievance process	STAFF
2. Provide shelter services in an environment that is safe and free of physical violence; by ensuring safety protocols are in place that include training to shelter staff regarding de-escalation techniques	STAFF
3. Provide, liquid soap with a dispenser permanently mounted on the wall in the restrooms; small individual packets of liquid soap, or small bar soap for use by one individual only, paper/hand towels, hand sanitizers, at least one bath-size (24"x48") towel to shelter clients and staff in each bathroom; if hand-dryers are currently installed they shall be maintained in proper working condition; in addition, shelters shall provide toilet paper in each bathroom stall and hire janitorial staff clean shelters on daily basis	HEALTH
4. Provide feminine hygiene and incontinence supplies	HEALTH
5. Comply with current City policy set forth in the San Francisco Environment Code, including the requirements set forth in Chapter 3 (the Integrated Pest Management Code) and Chapter 2 (the Environmentally Preferable Purchasing Ordinance) to ensure that shelter operators use products that are least harmful to shelter clients, staff, and the environment	HEALTH
6. Ensure that first aid kits, CPR masks, and disposable gloves are available to staff at all times and make Automatic External Defibrillators (AED) available to staff in compliance with all regulatory requirements of state and local law relating to the use and maintenance of AEDs.	HEALTH
7. Supply shelter clients with fresh cold or room temperature drinking water at all times during normal operating hours	HEALTH
8. Provide shelter services in compliance with the Americans with Disabilities Act (ADA), including but not limited to: (i) appropriate and secure storage of medication, (ii) the provision of accessible sleeping, bathing and toileting facilities in previously designated as accessible shall comply with federal and state law requiring a minimum of 36 inches between sleeping units and sleeping surface height between 17-19 inches above the finished floor. In consultation with the contracting City department, and based on a history of previous usage, shelter operators shall designate an adequate number of accessible sleeping units to meet the needs of shelter clients requiring such facilities due to a mobility disability; and (iii) reasonable modifications to shelter policies, practices, and procedures; (iv) In addition, shelters shall provide orientation to new shelter clients that includes information on shelter rules and how to access case management services, and shall ensure case management services go to those shelter clients most in need of case management services. This information shall be made accessible to shelter clients with disabilities through the use of appropriate auxiliary aid and/or services, such as large print for clients with visual impairments or ASL interpreting for Deaf clients. The City shall provide equal access to shelter clients with disabilities without regard to whether they accept auxiliary aids.	ADA
9. Engage a nutritionist, who shall develop all meal plans, including meal plans for children and pregnant women; and post menus on a daily basis.	HEALTH
10. Make dietary modifications to accommodate request from clients based on religious beliefs and practices; health or disability reasons	HEALTH
11. Comply with Article 19F of the San Francisco Health Code that prohibits smoking in homeless shelters.	HEALTH
12. Provide shelter clients with one clean blanket; two clean sheets, or, if clean sheets are unavailable, two clean blankets; and one pillow enclosed in a plastic or vinyl sleeve with a clean pillowcase; and to clean all sheets at least once per week and upon client turnover;	FACILITY
13. Make the shelter facility available to shelter clients for sleeping at least 8 hours per night	HEALTH
14. Provide daytime access to beds in all 24-hour shelters	FACILITY
15. Provide shelter clients with pest-free, secure property storage inside each shelter. Shelter staff shall provide closable bags to clients for storage purposes. If storage inside a shelter is unavailable, the shelter operator may provide free, pest-free storage off-site as long as the off-site storage is available to the shelter client up until the time of evening bed check	FACILITY

16. Provide shelter clients with access to electricity for charging cell phones; and other durable medical equipment for clients with disabilities	FACILITY
17. Note in writing and post in a common areas in the shelter when a maintenance problem will be repaired and note the status of the repairs	FACILITY
18. Provide access to free local calls during non-sleeping hours; including TTY access and amplified phones for clients who are deaf and hearing-impaired	FACILITY
19. Provide a minimum of 22 inches between the sides of sleeping units, excluding the designated ADA-accessible sleeping units and sleeping units separated by a wall	HEALTH
20. Provide all printed materials produced by the City and shelters in English and Spanish and other languages upon and endure that all written communications are provided to clients with sensory disabilities in alternate formats such as large print, Braille, etc., upon request	FACILITY
21. Communicate with each client in the client's primary language or provide professional translation services; including but not limited to American Sign Language interpretation; however, children or other clients may be asked to translate in emergency situations	FACILITY
22. Provide at least one front line staff at each site that is bilingual in English and Spanish	FACILITY
23. Ensure that each shelter has an emergency disaster plan that requires drills on a monthly basis and that, in consultation with the Mayor's Office on Disability, includes specific evacuation devices and procedures for people with disabilities	FACILITY
24. Locate alternate sleeping unit for a client who has been immediately denies services after 5:00 PM, unless the denial was for acts or threats of violence	FACILITY
25. Require all staff to wear a badge that identifies the staff person by name and position badges	STAFF
26. Ensure all clients receive appropriate and ADA-compliant transportation to attend medical, permanent housing, substance abuse treatment, job-search, job interview, mental health, shelter services (etc)	FACILITY
27. Provide public notification at least 24 hours in advance of on-site, community meetings	FACILITY
28. Provide clients with access to free laundry services with hot water and dryer that reaches a temperature between 120-130 degrees Fahrenheit, on or off site	FACILITY
29. To the extent not inconsistent with Proposition N, passed by the voters on November 5, 2002, ensure all single adult shelter reservations be for a minimum of 7 nights.	FACILITY
30. Agree to comply with the California Department of Industrial Relations, Division of Occupational Safety and Health (Cal-OSHA) General Industry regarding Blood borne Pathogens (8 CCR 5193) and its injury and illness Prevention Program (8CCR 3203), including but not limited to applicable requirements regarding personal protective equipment, universal precautions, and the development of an exposure control plan, as defined therein,	HEALTH
31. Annual all-staff mandatory trainings: (1) hand washing requirements and other communicable disease prevention; (2) proper food handling and storage; (3) emergency procedures in case of disaster, fire, or other urgent health or safety risk, including but not limited to CPR requirements; (4) safe and appropriate intervention with violent or aggressive shelter clients, including training on the harm reduction model in dealing with substance abuse; (5) safe and appropriate interaction with shelter clients who suffer from mental illness or substance abuse; (6) On-the-job burn-out prevention; (7) requirements under the ADA, in collaboration with the Mayor's Office on Disability and the City Attorney's Office; (8) policies and procedures explained in shelter training manuals; (9) cultural humility, including sensitivity training regarding homelessness, the lesbian, bisexual, gay, and transgender communities, people with visible and invisible disabilities, youth, women, and trauma victims	STAFF
31. Maximize the space for sleeping in the shelter to the fullest extent possible.	FACILITY

Site Visit Infractions

The Committee completed 21 total unannounced site visits during the 3rd Quarter of FY18-19. The Committee did not visit A Woman's Place Drop In, Hospitality House or Mission Neighborhood Resource Center. Summaries of the completed visits at each site are listed below:

A Woman's Place Drop In

Site Visit Date: 2/26/19

Visit conducted by: D.A., J.A., V.Y., H.C.

The Committee completed one visit to A Woman's Place Drop In during the reporting period and didn't note any Standard of Care infractions.

A Woman's Place Shelter

Site Visit Date: 1/23/19

Visit conducted by: N.S., J.A., H.C.

The Committee completed one visit to A Woman's Place Shelter during the reporting period and noted that ADA information was not posted, there was no-bilingual English and Spanish speaking front-line staff employed by the site and no MUNI tokens were available for clients. The Committee also noted that shelter staff were unable to locate a TTY machine, unaware of how to access Language Link translation services, unable to locate an emergency disaster plan and not wearing ID badges. The response states that ADA information, TTY machine, Language Link, emergency disaster plan and MUNI tokens were available at the time of the visit, but that staff turnover and use of on-call employees impacted their ability to provide correct information during the site visit. The site stated that they had created a Standards of Care binder to train staff on the Standards and to prepare them for future site visits.

The remaining infractions have been addressed except for the lack of a bi-lingual English/Spanish speaking front-line employee, which the site is currently recruiting for. This has been an ongoing infraction noted on two previous visits to the site this year.

Bethel AME

Site Visit Date: 3/11/19

Visit conducted by: S.I., N.S.

The Committee completed one visit to Bethel AME and noted that no professional translation services were available, but that the site had access to translators for certain languages. The Committee also noted that there were no-bilingual English and Spanish speaking front-line staff employed by the site. The site has responded to the infractions and stated that they resolved all issues except for access to professional translation services

Compass

Site Visit Date: 1/29/19, 3/14/19

Visit conducted by: J.A. and H.C., V.Y., D.A., H.C.

The Committee visited the site twice during the reporting period: On the first visit they noted that it had been more than 30 days since the last emergency drill was held. The site reported that they held an emergency drill the week after the visit. On the second visit they noted that a shelter employee was not wearing their ID badge, this infraction has been resolved.

Dolores St. Shelter (Santa Marta/Maria/Ana/Jazzie's Place)

Site Visit Date: 3/14/19

Visit conducted by: J.K., H.C.

The Committee visited the Dolores St. Shelter location once during the 3rd Quarter and noted that the AED battery needed to be replace. The site reported that a replacement battery was replaced on 3/25/19.

First Friendship

Site Visit Date: 3/27/19

Visit conducted by: S.I., N.S.

The Committee completed one visit to First Friendship during the reporting period and noted that the site had no MUNI tokens, that clients weren't being given a pillow or pillowcase and that the site did not have a functioning AED at the site. The lack of a functioning AED was a repeat infraction that was noted on the two previous visits to First Friendship this year. In the response, the site stated that they had ordered two AED's and both of them were defective and had to be sent back. The response states that as of 4/11/19, they have a working AED at the site. The response also states that they have restocked MUNI tokens, that the site has an additional van service available to transport clients to the Providence shelter. The issue with the pillows and pillowcases is ongoing because the site is not contracted to provide pillows and pillowcases.

Hamilton Family and Emergency Shelters

Site Visit Date: 2/21/19

Visit conducted by: D.A., V.Y, J.A., H.C.

The Committee completed one visit to Hamilton Family and Hamilton Emergency shelters and noted that menus were not being posted in English and Spanish, which was resolved by the site.

Hospitality House

Site Visit Dates: 3/13/19

Visits conducted by: J.A. and H.C.

The Committee completed one visit to Hospitality House during the reporting period and noted no Standard of Care infractions.

Interfaith Winter Shelter

The Committee completed two visits to Interfaith Winter Shelter during the reporting period:

First Unitarian:

Site Visit Date: 2/21/19

Visit conducted by: J.K., H.C.

On the first visit, they noted that there was no signage posted on where to access laundry services, case management, prohibiting smoking or providing information about the ADA. In addition, several signs were posted in English but were not posted in Spanish. There was also no plan for the storage of client medication and reasonable accommodation forms were not available in English and Spanish. The Committee also noted that there was less than 22 inches of space in between sleeping mats, that clients weren't being provided with pillows or pillowcases, MUNI tokens or given access to a phone for making local call during "Lights On". The Committee also noted that not all staff were wearing ID badges, that it had been more than 30 days since the last emergency drill and that there were no emergency exit plans posted inside the shelter.

The site reported that all infractions had been addressed with the exception of the pillows/pillowcases (which are not being provided by the City) and the lack of a phone for clients to use during "Lights On". The site is also reported that they were searching for a refrigeration option for the storage of medication but that the issue was still ongoing.

Canon Kip:

Site Visit Date: 3/13/19

Visit conducted by: G.A., H.C.

On the second visit, the Committee noted that there was no refrigerator available for the storage of client medication and that ADA information was not posted in English and Spanish. The Committee also noted that there was no emergency disaster plan in place, that emergency drills weren't being held on a monthly basis, that there was no phone available for clients to use and that there was no bi-lingual English/Spanish speaking front line staff at the site. The site stated that all infractions had been addressed except for the lack of bi-lingual English/Spanish speaking front line staff, but reported that they did have a bilingual Spanish speaking volunteer who was able to help translate.

Lark Inn

Site Visit Date: 1/15/19

Visit conducted by: S.I., N.S., J.K.

The Committee completed one visit to Lark Inn during the reporting period and noted that the site needed to restock incontinence supplies and protective face masks for staff. The Committee also noted that the site was missing signage noting shower times. All noted infractions have been resolved.

Mission Neighborhood Resource Center

Site Visit Date: 1/17/19

Visit conducted by: S.I., H.C.

The Committee completed one visit to Mission Neighborhood Resource Center during the reporting period and didn't note any SOC infractions.

MSC South

Site Visit Date: 3/18/19

Visit conducted by: J.A., V.Y., D.A., H.C.

The Committee completed one visit to MSC South during the reporting period and noted that site was out of anti-biotic ointment, that the phone and TTY machine were out of order, that there was no signage posted noting the status of repairs for the phone and TTY machine and that multiple staff were not wearing ID badges. The response states that staff does post signage for maintenance issues but that they get torn down and that a phone is now available for clients to use. The response also states that they have re-stocked anti-biotic ointment and require that all staff wear an ID badge. The site reported in their response that the TTY machine (shared with MSC South Drop In) was working, but when Committee staff made a follow-up visit to the facility on 5/7/19 they confirmed that the TTY machine was still out of order.

MSC South Drop In

Site Visit Date: 3/18/19

Visit conducted by: J.A., V.Y., D.A., H.C.

The Committee completed one visit to MSC South Drop In during the reporting period noted that there were two broken soap dispensers in the Men's restroom that did not have signage posted noting the status of repairs, that the site had run out of anti-biotic ointment and that the phone and TTY machine were out of order. The site responded and stated that the soap dispensers had been repaired and that they re-stocked the anti-biotic ointment. The response also states that signs are posted for facility issues, but that they often end up being torn down. The response also states that a phone has been provided for clients to use during non-sleeping hours. The site reported in their response that the TTY machine was working, but when Committee staff made a follow-up visit to MSC South Drop In on 5/7/19 they confirmed that the TTY machine was still out of order.

Next Door

Site Visit Date: 3/19/19

Visit conducted by: G.A., H.C.

The Committee completed one visit to Next Door during the reporting period and noted that the restrooms needed additional cleaning, multiple stalls were out of toilet paper and that 1 urinal was out of order without a sign posted. The lack of signage being posted noting the status of repairs for facility issues was also noted on two previous visits to Next Door. The Committee also noted that not all clients were being provided with pillows and pillowcases and that there were no protective gowns available for staff. All infractions noted on the visit have been resolved.

Providence

Site Visit Date: 2/28/19

Visit conducted by: J.K., H.C.

The Committee completed one visit to Providence during the reporting period noted that the site was out of anti-biotic ointment, was not providing clients with pillows and pillowcases and did not have access to professional translation services. The site reported that they restocked anti-biotic ointment but that the site was not contracted to provide pillows or pillowcases. The site also reported that although they didn't have professional translation services, they do have translators who can translate Spanish, Cantonese, Mandarin and Tagalog when needed. The lack of translation services, pillows and pillowcases and anti-biotic ointment were all noted on previous visits to Providence.

Sanctuary**Site Visit Date:** 3/18/19**Visit conducted by:** S.I., N.S.

The Committee completed one visit to Sanctuary during the reporting period noted that staff were unable to locate the emergency disaster plan. The site response states that the employee that was interviewed on the day of the visit forgot where the emergency disaster plan was located. The response states that the next day, management showed the employee where the plan was being kept at the front desk.

St. Joseph's**Site Visit Date:** 3/25/19**Visit conducted by:** S.I., N.S.

The Committee completed one visit to St. Joseph's during the reporting period noted that ADA information was not posted in English and Spanish. The site reported that signage has been posted.

United Council**Site Visit Date:** 2/28/19**Visit conducted by:** J.K., H.C.

The Committee completed one visit to United Council during the reporting period and noted that reasonable accommodation forms were available in English but not Spanish, that there was no professional translation service available and no English/Spanish speaking front-line staff employed by the site. The site reported that they had added additional Spanish reasonable accommodation forms but that they infractions due to no translation services and a lack of bilingual English/Spanish speaking front-line staff were still ongoing.

Client Survey Results:

Interfaith Winter Shelter – Canon Kip

Survey date: 3/4/19

Clients surveyed: 17

Survey Question	Yes	No	Sometimes
Do staff treat you with respect?	16	0	1
Do you feel discriminated against because of your age, disability, gender, race, religion, sexual orientation or transgender status?	1	16	0
Do you feel safe at this shelter?	15	0	2
Does staff de-escalate arguments and help to break up verbal fights between clients?	16	0	0
Are sleeping areas quiet at night?	14	1	2

FY2018-2019 Unannounced Site Visit Tally

Site	1 st Quarter July – Sept.	2 nd Quarter Oct. – Dec.	3 rd Quarter Jan. - March	Total (FY18-19)
A Woman's Place	2	0	1	3
A Woman's Place Drop In Center	1	1	1	3
Bethel AME	1	1	1	3
Compass	0	1	2	3
First Friendship	1	1	1	3
Hamilton Emergency	1	1	1	3
Hamilton Family	1	1	1	3
Hospitality House	0	2	1	3
Interfaith Winter Shelter	*Closed	0	2	2
Lark Inn	1	1	1	3
Mission Neighborhood Resource Ctr.	0	1	1	2
MSC South Shelter	1	1	1	3
MSC South Drop In Center	1	1	1	3
Next Door	2	0	1	3
Providence	1	0	1	2
Sanctuary	2	0	1	3
Santa Ana* (incorporated into Santa Marta/Maria/Jazzie's Place location after 2 nd Quarter)	1	N/A	N/A	1
Dolores St. Shelter (Santa Marta/Maria/Jazzie's Place/Santa Ana)	1	1	1	3
St. Joseph's	1	1	1	3
United Council	1	0	1	2
Site Visits Completed:	19	14	21	54
Assigned Site Visits:	19	19	19	57
Compliance:	100%	73.7%	110%	94.7% (Compliance through 3rd Quarter FY18-19 only)

The Shelter Monitoring Committee is required to complete four unannounced visits to each site on an annual basis.

FY2018-2019 Announced Site Visit Tally

Site	1 st Quarter	2 nd Quarter	3 rd Quarter	FY18-19
A Woman's Place	0	1	0	1
A Woman's Place Drop In Center	1	0	0	1
Bethel AME	1	0	0	1
Compass	0	1	0	1
First Friendship	1	0	0	1
Hamilton Emergency	1	0	0	1
Hamilton Family	1	0	0	1
Hospitality House	1	0	0	1
Interfaith Winter Shelter	-	0	1	1
Lark Inn	1	0	0	1
Mission Neighborhood Resource Ctr.	1	0	0	1
MSC South Shelter	1	0	0	1
MSC South Drop In Center	0	1	0	1
Next Door	0	1	0	1
Providence	0	0	0	0
Sanctuary	0	1	0	1
Santa Ana	0	0	0	0
Santa Marta/Maria/ Jazzie's Place	0	1	0	1
St. Joseph's	1	0	0	1
United Council	0	0	0	0
Total	10	6	1	17

The Committee is required to make two announced site visits to each site each year to survey clients.

Client Complaint Process Flowchart

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

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



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



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



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



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



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

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

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

Site Visit Infraction Process Flowchart

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

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



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



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



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



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



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

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

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