



City and County of San Francisco

## *Shelter Monitoring Committee*

### **First Quarter Report, July through September 2016**

#### *Executive Summary*

##### *Site Visits*

The Shelter Monitoring Committee (The Committee) is responsible for documenting the conditions of shelters and resource centers to improve the health, safety, and treatment of clients, staff, and the homeless community. The Committee monitors the conditions of these shelters and resource centers by conducting site visits and by taking client complaints. Committee members form teams and conduct site visits to all shelters a minimum of 4 times per year. The Committee must also make two announced site visits per year in order to give shelter residents the opportunity to discuss shelter conditions with members of the Committee. During site visits, Committee teams will note any infractions where sites are not in full compliance with the Standards of Care. Standard of Care infractions are submitted to shelter management, who have 7 days to investigate and resolve the infractions. The Committee was able to complete site visits at 20 of 20 sites during the reporting period, or 100% of the total mandated site visits for the 1st Quarter of this fiscal year. Of the 20 sites that were visited this quarter, 17 were cited for not being in full compliance with at least one Standard. All 20 site visits this quarter were unannounced.

##### *Standards of Care Client Complaints*

Clients are able to submit complaints regarding their experiences at shelters and resource centers to Committee staff by email, phone or in person. The Committee received 52 Standard of Care complaints during the reporting period (From July 1st to September 30th, 2016). The most frequent allegations received by the Shelter Monitoring Committee in client complaints were staff-related issues (82.0%), followed by health and hygiene issues (9.4%), facilities and access (7.8%) and ADA related issues (0.8%). The percentage of staff-related allegations increased from 67.4% last quarter to 82.0% and the percentage of health and hygiene issues increased from 6.5% last quarter to 9.4% this year. The percentage of ADA and facility and access related issues both dropped during this reporting period. Of the complaints submitted by clients this quarter, 14 (17.3%) are pending a response from the client while 24 (46.2%) were closed due to a lack of response from the client. Though 14 complaints (26.9%) were closed as a result of clients being satisfied with the site response, the Committee also received 4 responses (7.7%) that did not satisfy the client and required an investigation by Committee staff. Additional information on the investigations conducted this quarter can be found on Pages 22-25 of this report.

##### *Policy Recommendations*

During this reporting period, the Shelter Monitoring Committee formally adopted a series of recommendations for the Department of Homelessness and Supportive Housing's Domestic Violence/Imminent Danger Policy. These recommendations were the result of a series of discussions between the Shelter Monitoring Committee's Policy Subcommittee, Human Services Agency, the Domestic Violence Consortium, the Department on the Status of Women and representatives from Supervisor Katy Tang's office. These recommendations were submitted and approved by the Policy Subcommittee on July 12, 2016 and approved by the full Shelter Monitoring Committee on July 20<sup>th</sup>, 2016. An updated version of the Imminent Danger/Domestic Violence Policy was adopted by the Shelter Monitoring Committee on September 21<sup>st</sup>, 2016. The full text of the final adopted policy can be found in Appendix A on page 28 of this report.

***Trainings***

During this reporting period, Shelter Monitoring Committee staff conducted Standards of Care trainings for employees of Hospitality House and United Council. The Standards of Care trainings provide an overview of the Standards of Care as well as how the Committee will check the sites to see if they are in compliance with the Standards through site visits and client complaints.

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## Site Visits

The Committee is mandated to conduct a minimum of four site visits per site annually, visiting each of the sites once per quarter. During site visits, Committee teams will note any infractions where sites are not in full compliance with the 32 Standards of Care. Standard of Care infractions are submitted to shelter management, who have 7 days to investigate and resolve the infractions. The Committee was able to complete site visits at 20 of 20 assigned sites during the reporting period, or 100% of the total mandated site visits for the 1st Quarter of this fiscal year. All 20 site visits this quarter were unannounced. Of the 20 sites that were visited this quarter, 17 were cited for Standard of Care infractions where there was at least 1 Standard that the site was not in full compliance with.

Table 1: Site Visit Tally for 1st QTR FY 2015-2016

Shelter and Resource Center	Number of Visits 1 <sup>st</sup> Qtr. 2015-2016 July – September	Total 2015-2016 FY
A Woman's Place	1	1
AWPDI	1	1
Bethel AME	1	1
Compass	1	1
First Friendship	1	1
Hamilton Emergency Shelter	1	1
Hamilton Family Shelter	1	1
Hospitality House	1	1
Interfaith *seasonal shelter that operates from November through February	0	0
Jazzie's Place	1	1
Lark Inn	1	1
MSC South Drop In	1	1
MSC South Shelter	1	1
MNRC	1	1
Next Door	1	1
Providence	1	1
Sanctuary	1	1
Santa Ana	1	1
Santa Marta/Santa Maria	1	1
St. Joseph's	1	1
United Council	1	1
<b>Total</b>	<b>20</b>	<b>20</b>
<b>Assigned Number of Visits</b>	<b>20</b>	<b>82</b>
<b>Percentage of Compliance</b>	<b>100% Compliance for 1<sup>st</sup> Quarter FY16-17</b>	<b>24% Compliance for FY16-17 (through 1<sup>st</sup> Quarter only)</b>

Chart I: Breakdown of the Standards of Care that receive the most infractions from site visits 1st Quarter 16-17

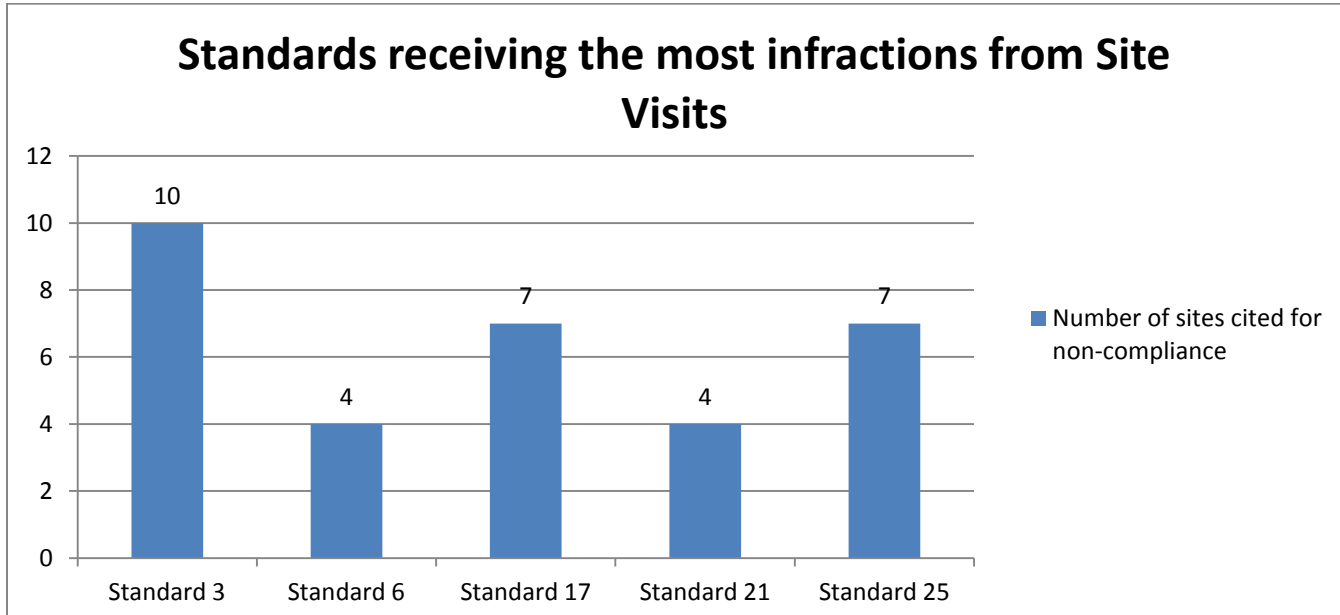


Chart I provides a breakdown of which of the Standards of Care were noted as having the most infractions during site visits and the number of sites that were cited for non-compliance.

**Standard 3:** Ten sites were cited for not fully complying with Standard 3, making it the Standard that sites had the most difficulty in meeting. The most commonly noted reasons why sites were not in compliance of Standard 3 were that bathroom facilities were out of soap, hand sanitizer, toilet paper or needed additional cleaning at the time of the visit.

**Standard 6:** Four sites were cited for not being in full compliance with Standard 6. The most commonly noted reasons why sites were not in compliance with Standard 6 were that first aid kits needed to be restocked with anti-biotic ointment. One site was cited because the on-site AED machine needed a replacement battery.

**Standard 17:** Seven sites were cited for not being in full compliance with Standard 17. All four sites were cited for not fully complying with this Standard because they were missing signage that noting maintenance problems and when they would be repaired.

**Standard 21:** Four sites were cited for not fully complying with Standard 21. All three sites were cited because they did not have access to Language Link or another professional translation service that would allow staff to communicate with non-English speaking clients in the client's primary language.

**Standard 25:** Seven sites were cited for not fully complying with Standard 25. All five sites were cited for non-compliance because on-duty staff were not wearing identification badges indicating their name and position.

## Site Visit Infractions

The following pages contain descriptions of the site infractions that were noted by Committee teams during visits to individual sites:

### *A Woman's Place*

**Site Visit infractions submitted to site:** 8/4/16

**Site responded:** 8/10/16

The Committee visited the site once during the reporting period and noted the following SOC infractions:

- Standard 3: Toilet paper missing entirely or placed on ground in restrooms without dispenser in stall (both), no paper towels or hand dryer (basement restroom), no soap or hand sanitizer (basement restroom), bathroom facilities not in working order, vents in Staff restroom need cleaning – **Resolved, new toilet paper/soap/paper towel dispensers installed on 8/12/16**
- Standard 9: No menus posted in English or Spanish - **Resolved**
- Standard 15: Lockers broken so they cannot be secured with a lock - **Resolved**
- Standard 17: No signs noting bathroom issues or when they would be fixed, no signs noting broken dining tables or when they would be fixed - **Resolved**
- Standard 18: No TTY or signage on where to access TTY - **Resolved**
- Standard 21: No Language Link or other professional translation service – **Ongoing due to lack of funding**
- Standard 22: No bilingual English/Spanish speaking staff on duty – **Resolved**
- Standard 25: Staff not wearing ID badges - **Resolved**

### **Repeat infractions from previous quarter's site visit:**

- Standard 3: Toilet paper not provided in stalls, empty hand sanitizer dispenser
- Standard 9: No menus posted in English or Spanish
- Standard 17: No signage noting facility problems
- Standard 21: No Language Link or other professional translation service
- Standard 25: Staff not wearing ID badges

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

**Site Visit infractions submitted to site:** 8/4/16

**Site responded:** 8/9/16

The Committee visited the site once during the reporting period and noted the following SOC infractions:

- Standard 3: Back restroom has toilet that is out of order, no signage posted noting the broken toilet and status of repairs, bathroom needed cleaning (wet floor) – **Resolved**
- Standard 8: No Spanish reasonable accommodation forms – **Resolved**
- Standard 15: No secure property storage available for clients – **Ongoing due to space restrictions, clients are referred to 350 Jones St.**
- Standard 17: No signs noting bathroom issues or when they would be fixed – **Resolved**
- Standard 26: No transportation services available for clients – **Ongoing due to lack of funding**

**Repeat infractions from previous quarter's site visit:**

- Standard 15: No secure property storage available for clients – **Ongoing due to space restrictions, clients are referred to 350 Jones St.**
- Standard 26: No transportation services available for clients – **Ongoing due to lack of funding**

***Bethel AME***

**Site Visit infractions submitted to site:** 9/16/16

**Site responded:** 11/3/16

The Committee visited the site once during the reporting period and noted the following SOC infractions:

- Standard 3: No paper towels in bathroom – **Pending**
- Standard 12: No sheets, pillow, pillowcase – **Ongoing due to issues related to washing bedding in emergency shelters**
- Standard 21: No Language Link or other professional translation service – **Ongoing due to lack of funding. Site does have access to staff that are proficient in English, Spanish, Tagalog, Mandarin, Cantonese.**
- Standard 25: Staff with no ID badge – **Resolved**

**Repeat infractions from previous quarter's site visit:**

- Standard 12: No sheets or pillowcases – **Ongoing issue related to the laundering of sheets**

***Compass Family Shelter***

The Committee visited the site once during the reporting period and did not note any SOC infractions.

***Dolores Street Community Services- Santa Marta/Maria***

**Site Visit infractions submitted to site:** 10/15/16

**Response received:** 10/26/16

The Committee conducted one visit to this site during this reporting period and noted the following SOC infractions:

- Standard 3: Vents needed cleaning – **Pending, cleaning company has been called**

**Repeat infractions from previous quarter's site visit:**

- **None**

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

**Site Visit infractions submitted to site:** 10/15/16

**Site responded:** 10/26/16

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

- Standard 6: First aid kit was missing antibiotic ointment – **Resolved**

**Repeat infractions from previous quarter's site visit:**

- **None**

***First Friendship Emergency Family Shelter***

**Site Visit infractions submitted to site:** 9/20/16

**Site responded:** Pending, reminders sent 9/26/16

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

- Standard 12: No pillowcases - **Pending**
- Standard 21: No Language Link or other professional translation service - **Pending**

**Repeat infractions from previous quarter's site visit:**

- None

***Hamilton Family Residences***

**Site Visit infractions submitted to site:** 7/27/16

**Site responded:** 8/11/16

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

- Standard 6: No CPR masks available – **Resolved**

**Repeat infractions from previous quarter's site visit:**

- None

***Hamilton Emergency Shelter***

**Site Visit infractions submitted to site:** N/A

**Site responded:** N/A

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

***Hospitality House***

**Site Visit infractions submitted to site:** 9/19/16

**Site responded:** 9/21/16

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

- Standard 25: ID Badges not worn by all staff – **Resolved**

**Repeat infractions from previous quarter's site visit:**

- None

***Interfaith Emergency Winter Shelters***

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

***Jazzie's Place***

**Site Visit infractions submitted to site:**

**Site responded:**

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

***Lark Inn***

**Site Visit infractions submitted to site:** 9/19/16

**Site responded:** 11/1/16

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

- Standard 3: Men's restroom needed cleaning (trash and toilet paper on floor), broken urinal and showerhead holder (men's restroom) – **Resolved, new janitorial company has been hired to address cleanliness issues. Broken urinal and showerhead holder still pending as new construction is scheduled for restrooms. Clients have access to alternate bathrooms until construction is completed.**
- Standard 4: No incontinence supplies – **Resolved**
- Standard 17: No signage noting status of repairs for broken urinal and showerhead holder in men's restroom – **Resolved**
- Standard 25: Staff not wearing ID badges – **Resolved**

**Repeat infractions from previous quarter's site visit:**

- **None**

***Mission Neighborhood Resource Center***

**Site Visit infractions submitted to site:** 9/12/16

**Site responded:** 9/20/16

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

- Standard 3: No CPR masks found – **Resolved**

**Repeat infractions from previous quarter's site visit:**

- **None**

***MSC South Drop-In***

**Site Visit infractions submitted to site:** 9/2/16

**Site responded:** 9/9/16

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

- Standard 3: Bathrooms not clean – **Resolved**
- Standard 3: One sink in women's restroom not producing water - **Resolved**
- Standard 17: No signage noting sink that needs repair – **Resolved**
- Standard 25: No ID badges worn by staff (temporary staff working at Drop In Center front desk) – **Resolved**

**Repeat infractions from previous quarter's site visit:**

- **None**

***MSC South Shelter***

**Site Visit infractions submitted to site:** 9/2/16

**Site responded:** 9/9/16

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



- Standard 3: No toilet paper dispenser in ADA bathroom – **Resolved**
- Standard 6: No antibiotic ointment in first aid kits – **Resolved**
- Standard 17: No signage noting the toilet paper dispenser in ADA bathroom stall needs to be repaired – **Resolved**
- Standard 20: Not all city and shelter printed materials available in Spanish – **Resolved**

**Repeat infractions from previous quarter’s site visit:**

- None

***Next Door***

**Site Visit infractions submitted to site:** 8/29/16

**Site responded:** 9/20/16

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

- Standard 3: 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> floor bathrooms are not clean – **Resolved**
- Standard 17: No signage noting that a bathroom sink is not working properly – **Resolved**
- Standard 25: Front desk staff were not wearing ID badges – **Resolved**

**Repeat infractions from previous quarter’s site visit:**

- None

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

**Site Visit infractions submitted to site:** 9/1/16

**Site responded:** 9/29/16

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

- Standard 6: No antibiotic ointment in first aid kit – **Resolved**
- Standard 12: No sheets, two blankets given instead (ongoing issue related to laundering sheets at emergency shelters) – **Ongoing due to issues related to laundering sheets at emergency shelters**
- Standard 12: No pillows or pillowcases (pillows are sewn into sleeping mats) – **Ongoing due to issues related to laundering sheets at emergency shelters**
- Standard 27: No signage posted 24 hours in advance of next community meeting – **Resolved**

**Repeat infractions from previous quarter’s site visit:**

- None

***Sanctuary***

**Site Visit infractions submitted to site:** 8/11/16

**Site responded:** 8/22/16

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

- Standard 3: No hand sanitizer available in kitchen/dining room area – **Resolved**

**Repeat infractions from previous quarter’s site visit:**

- None

***St. Joseph's Family Shelter***

**Site Visit infractions submitted to site:** 10/15/16

**Site responded:** 10/28/16

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

- Standard 25: Not all staff wearing identification badges – **Pending**

**Repeat infractions from previous quarter's site visit:**

- None

***United Council – Mother Brown's***

**Site Visit infractions submitted to site:** 10/15/16

**Site responded:** 10/25/16

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

- Standard 3: No hand dryer or paper towels in restrooms, toilet paper not provided in each stall – **Toilet paper issue resolved with the installation of locked toilet paper dispensers in each restroom stall. Absence of paper towels or hand dryer in restrooms is still pending.**
- Standard 8: No signage indicating case management availability and accessibility – **Pending, no case management offered on site. Clients are referred to Providence.**
- Standard 11: "Smoking Prohibited" signs not posted in Spanish – **Resolved**
- Standard 17: No signage noting facility problem and when they would be repaired (all outlets in A Place of Grace room out of order) – **Pending, signage has been posted and repairs are scheduled**
- Standard 18: No TTY or signage with information on where clients can access TTY – **Resolved**
- Standard 21: No Language Link or other professional translation service available – **Pending, site is currently searching for professional translation service**
- Standard 22: No bilingual English/Spanish speaking staff on duty – **Resolved**
- Standard 27: No signage indicating when the next community meeting will be - **Resolved**

**Repeat infractions from previous quarter's site visit:**

- Standard 3: No hand dryer or paper towels in restrooms, no toilet paper in restrooms

## Standards of Care Complaints

There were 52 Standard of Care complaints filed by clients from July 1 to September 30, 2016. The table below provides a breakdown of the number of complaints per site and the status of the complaints themselves. A complaint can include allegations of non-compliance for one Standard or multiple Standards. In addition, each complaint can contain multiple allegations of violations of the same Standard of Care. For example, a client alleged the staff did not have their identification (Standard 25), a lack of soap (Standard 3), a lack of paper towels (Standard 3) and lack of a pillow (Standard 12). The Standards of Care complaints fall into four areas of compliance that are depicted in Chart 2 on page 16 below:

There are five status categories for complaints:

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

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

**Not Satisfied** – Indicates that the client who initiated the complaint did not agree with the site's response. Responses that are not satisfactory for the client are investigated by the Committee. The Committee's investigation reports are provided to the client, HSA and shelter management.

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

**No Contact** – Indicates that the contact information the client provided at the time of the initial complaint is no longer valid or the client did not have contact information when making the initial complaint and has not returned within the 45-day requirement to review the site's response.

Table II: Standard of Care Complaints Tally Per Site for 1st Quarter 2016-2017

Site	# of Complainants	# of Complaints filed	Status of Complaints	Investigations
A Woman's Place	1	1	Pending (1)	None
A Woman's Place Drop In	3	4	Pending (2) No Contact (1) Closed (1)	None
Bethel AME	1	1	Open (1)	None
Compass	0	0	N/A	None
First Friendship	1	1	No Contact (1)	None
Hamilton Emergency Shelter	0	0	N/A	None
Hamilton Family Shelter	0	0	N/A	None
Hospitality House	2	3	Pending (1) No Contact (2)	None
Interfaith *seasonal shelter that operates from November through February	0	0	N/A	None
Jazzie's Place	0	0	N/A	None
Lark Inn	0	0	N/A	None
MSC South Drop In	3	3	Closed (2) No Contact (1)	None
MSC South Shelter	7	9	Closed (3) No Contact (6)	None
MNRC	0	0	N/A	None
Next Door	15	24	Pending (2) Closed (8) Not satisfied (5) No Contact (9)	Completed (4)
Providence	3	3	Pending (1) No Contact (2)	None
Sanctuary	1	1	No Contact (1)	None
Santa Ana	1	1	Pending (1)	None
Santa Marta/Santa Maria	1	1	Pending (1)	None
St. Joseph's	0	0	N/A	None
United Council	0	0	N/A	None
<b>Totals</b>	<b>39</b>	<b>52</b>	<b>Closed (14) Pending (9) Not Satisfied (5) No Contact (23) Open (1)</b>	<b>Complaints requiring investigation (4)</b>

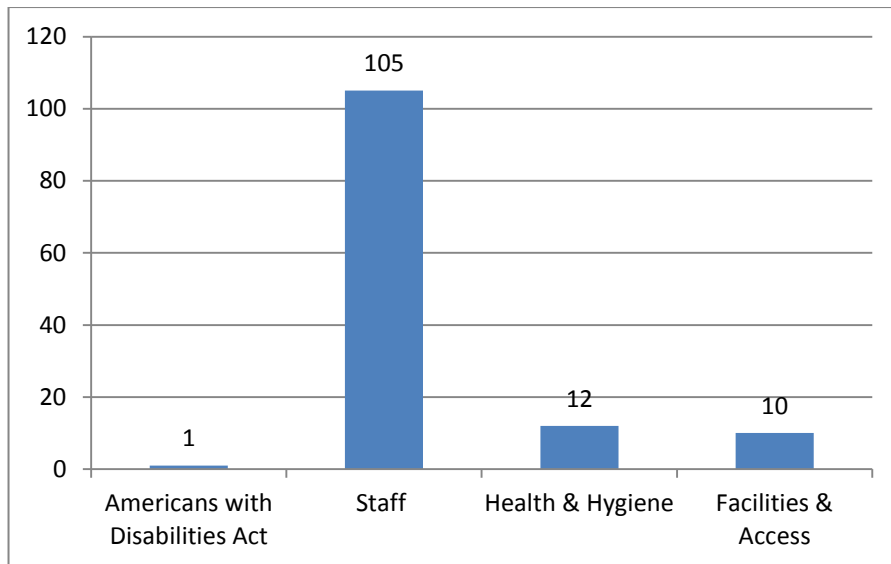


Chart II: Standard of Care Complaint Alleged Violation Breakdown, 1st Quarter, 2016-2017

Chart II, the *Standard of Care Complaint 1st Quarter Breakdown*, provides an overview of the type of complaints that were filed with the Committee. This chart does not provide the outcomes of each complaint. Instead, it provides an overview of the types of complaints received in the quarters. At the end of each fiscal year, there is a report that breaks down the types of complaints generated at each site and the outcome of each of that site's specific complaints. The quarterly reports are intended to provide an overview of the type of complaint received. Table II, *Standard of Care Complaints Tally Per Site*, on Page 16, provides the outcomes of complaints generated by clients and the Committee.

### ***Staff***

The staff category refers to four Standards [1, 2, 25 & 31] that focus on how the client is treated at the site and by staff, including how staff identifies themselves through the use of photo identification or name tags and the amount of training they have received.

### ***Americans with Disabilities Act (ADA)***

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

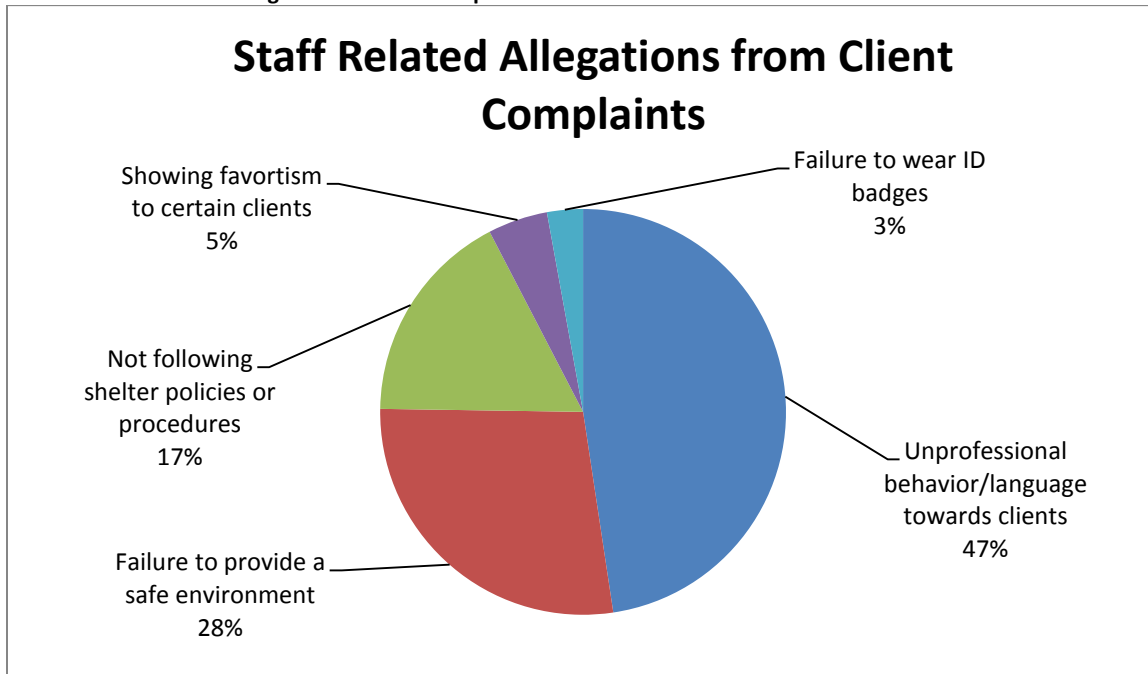
### ***Health & Hygiene***

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

### ***Facility & Access***

Sixteen Standards make up this category. The Standards that make up this area are 12, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 26, 27, 28, 29, and 32.

Chart III: Breakdown of Staff-related allegations in client complaints



Total number of Staff-related allegations: 105

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

With 50 allegations this quarter, the most common allegation of staff misconduct listed in client complaints are allegations of unprofessional or disrespectful behavior and language towards shelter clients. This category contains allegations of staff speaking to clients using profanity, yelling at clients, sleeping on duty or other unprofessional behavior.

The second most common allegation of staff misconduct is related allegations of staff failing to provide a safe environment for shelter clients. These include allegations of shelter staff not properly addressing instances of verbal threats or physical violence taking place inside shelters. The Committee received 29 allegations of this type during the reporting period.

The third most common allegation of staff misconduct are allegations of staff not following shelter policies or procedures. The Committee received 18 allegations of this type this quarter. These allegations involve staff not providing reasonable accommodations, laundry vouchers or MUNI tokens to eligible clients.

The categories with the fewest allegations of staff misconduct this quarter were complaints about staff showing favoritism to clients and not wearing ID badges with 5 and 3 allegations respectively.

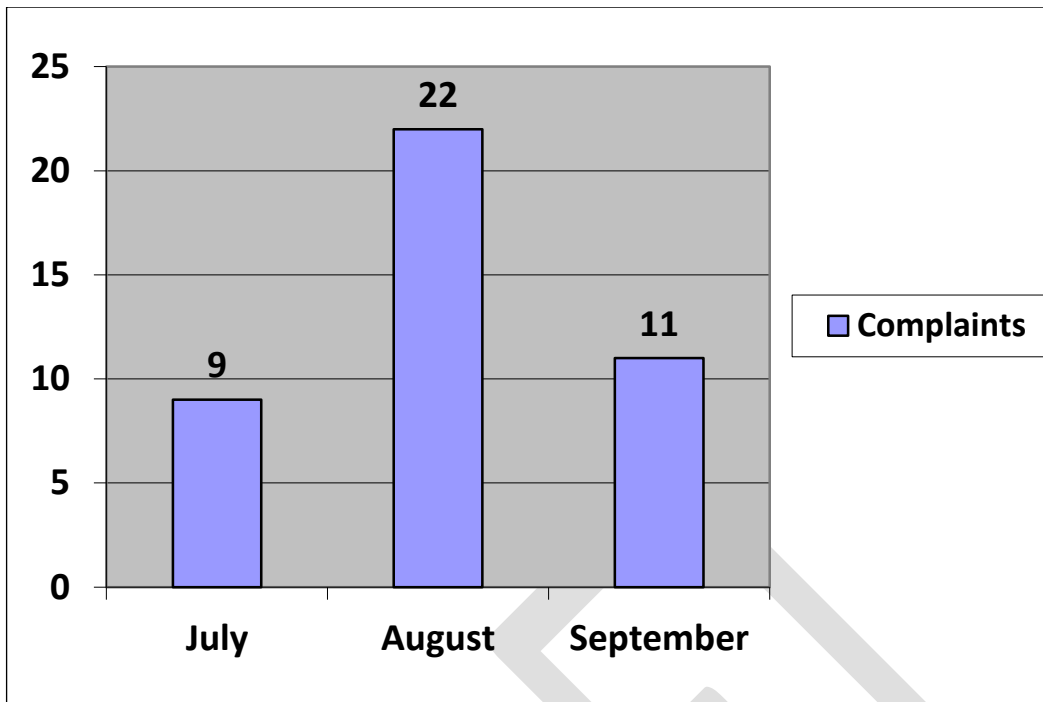


Chart IV: Standard of Care Complaint Monthly Breakdown, 1st Quarter, 2016-2017

### *Client Complaints and Allegations by Site*

#### *A Woman's Place*

This site received one complaint during the reporting period:

- Complaint #1:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 2: Provide shelter services in an environment that is safe and free of physical violence... - 1 allegation
  - **The site has responded to this complaint but it is still open pending the client's response.**

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

This site received four complaints from three unduplicated clients during the reporting period:

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

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

### ***Bethel AME***

This site received one complaint during the reporting period:

- Complaint #1:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 4: Provide feminine hygiene and incontinence supplies
  - **Complaint is open due to the fact that the site has yet to respond.**

### ***Compass***

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

### ***First Friendship***

This site received one complaint during the reporting period:

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

### ***Hamilton Emergency Shelter***

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

### ***Hamilton Family Shelter***

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

### ***Hospitality House***

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

- Client #1, Complaint #1:
  - Standard 2: Provide shelter services in an environment that is safe and free of physical violence... - 1 allegation
  - **Complaint is closed due to No Contact from the client.**
- Client #1, Complaint #2:
  - Standard 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 ... - 1 allegation
  - **Complaint is closed due to No Contact from the client.**

### ***Interfaith Winter Shelter***

This site was closed during this reporting period.

### ***Jazzie's Place***

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

### ***Lark Inn***

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



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

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

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

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

- Complaint #1:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 3: ...hire janitorial staff to clean bathrooms on a daily basis... – 1 allegation
  - Standard 25: Require all staff to wear a badge that identifies the staff person by name and position... - 1 allegation
  - **Complaint is closed due to client satisfaction with the site's response.**
- Complaint #2:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - **The phone number provided by the client is no longer in service. As a result, this complaint is closed due to No Contact.**
- Complaint #3:
  - Standard 3: ...hire janitorial staff to clean bathrooms on a daily basis... – 1 allegation
  - **Complaint is closed due to client satisfaction with the site's response.**

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

This site received nine complaints submitted by eight unduplicated clients during the reporting period:

- Client #1, Complaint #1:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 15: Provide shelter clients with pest-free, secure property storage inside each shelter – 1 allegation
  - **Complaint is closed due to client satisfaction with the site's response.**
- Client #1, Complaint #2:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - **Complaint is closed due to No Contact from the client**
- Client #2
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 15: Provide shelter clients with pest-free, secure property storage inside each shelter – 1 allegation
  - **Complaint is closed due to No Contact from the client**
- Client #3:
  - Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
  - **Complaint is closed due to client satisfaction with the site's response.**
- Client #4:
  - Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
  - **Complaint is closed due to No Contact from the client**
- Client #5:
  - Standard 8: ...reasonable modifications to shelter policies, practices and procedures... - 1 allegation
  - **Complaint is closed due to client satisfaction with the site's response.**
- Client #6:

- Standard 19: Provide a minimum of 22 inches between the sides of sleeping units... - 1 allegation
- **Complaint is closed due to No Contact from the client**
- Client #7:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - **Complaint is closed due to No Contact from the client**
- Client #8:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - **Complaint is closed due to No Contact from the client**

### *Next Door*

This site received twenty-four complaints submitted by fifteen unduplicated clients during the reporting period:

- Client #1:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegations
  - **Complaint is closed due to No Contact from the client**
- Client #2:
  - Standard 3: ...hire janitorial staff to clean bathrooms on a daily basis... – 1 allegation
  - **Complaint is closed due to client satisfaction with the site's response.**
- Client #3:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
  - **Complaint is closed due to No Contact from the client**
- Client #4, Complaint #1:
  - Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
  - Standard 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
  - **The site has responded to this complaint but it is still open pending the client's response.**
- Client #4, Complaint #2:
  - Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
  - Standard 8: Provide shelter services in compliance with the Americans with Disabilities Act (ADA)... - 1 allegation
  - Standard 17: Note in writing and post in common areas in the shelter when a maintenance problem will be repaired and note the status of repairs – 1 allegation
  - **The site has responded to this complaint but it is still open pending the client's response.**
- Client #5, Complaint #1:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
  - **The client was not satisfied with the site's response and requested an investigation into the complaint. The results of this investigation can be found on page 22-25 below.**
- Client #5, Complaint #2:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 25: Require all staff to wear a badge that identifies the staff person by name and position – 1 allegation
  - **The site has responded to this complaint but it is still open pending the client's response.**

- Client #6:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
  - **Complaint is closed due to No Contact from the client**
- Client #7:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
  - **Complaint is closed due to No Contact from the client**
- Client #8:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
  - **The client was not satisfied with the site's response and requested an investigation into the complaint. The results of this investigation can be found on page 22-25 below.**
- Client #9:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - **The client was not satisfied with the site's response and requested an investigation into the complaint. The results of this investigation can be found on page 22-25 below.**
- Client #10:
  - Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
  - **Complaint is closed due to client satisfaction with the site's response.**
- Client #11:
  - Standard 15: Provide shelter clients with pest-free, secure property storage inside each shelter – 1 allegation
  - **The client was not satisfied with the site's response and requested an investigation into the complaint. The results of this investigation can be found on page 22-25 below.**
- Client #12, Complaint #1:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 15: Provide shelter clients with pest-free, secure property storage inside each shelter – 1 allegation
  - **Complaint is closed due to client satisfaction with the site's response.**
- Client #12, Complaint #2:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - **Complaint is closed due to client satisfaction with the site's response.**
- Client #12, Complaint #3:
  - Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
  - **Complaint is closed due to client satisfaction with the site's response.**
- Client #12, Complaint #4:
  - Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
  - **Complaint is closed due to client satisfaction with the site's response.**
- Client #12, Complaint #5:
  - Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation

- Standard 13: Make the shelter facility available to shelter clients for sleeping at least 8 hours per night – 1 allegation
- **Complaint is closed due to client satisfaction with the site's response.**
- Client #12, Complaint #6:
  - Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
  - **The site has responded to this complaint but it is still open pending the client's response.**
- Client #13:
  - Standard 15: Provide shelter clients with pest-free, secure property storage inside each shelter – 1 allegation
  - **Phone number provided by the client is no longer in service. As a result, this complaint is closed due to No Contact.**
- Client #14, Complaint #1:
  - Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
  - **Complaint is closed due to client satisfaction with the site's response.**
- Client #14, Complaint #2:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - **The client was not satisfied with the site's response and requested an investigation into the complaint. The results of this investigation can be found on page 22-25 below.**
- Client #14, Complaint #3:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
  - Standard 13: Make shower facility available to shelter clients for sleeping at least 8 hours per night – 1 allegation
  - **Complaint is closed due to No Contact from the client**
- Client #15:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
  - Standard 21: Communicate with each client in the client's primary language... - 1 allegation
  - **The site has responded to this complaint but it is still open pending the client's response.**

### *Providence*

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

- Complaint #1:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
  - **Complaint is closed due to No Contact from the client**
- Complaint #2:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - **Phone number provided by the client is no longer in service. As a result, this complaint is closed due to No Contact.**
- Complaint #3:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - **Complaint is closed due to No Contact from the client**

### ***Sanctuary***

This site received one complaint during the reporting period:

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

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

This site received one complaint during the reporting period:

- Complaint #1:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 22: Provide at least one front line staff at each site that is bilingual in English and Spanish – 1 allegation
  - **The site has responded to this complaint but it is still open pending the client's response.**

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

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

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

### ***St. Joseph's:***

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

### ***United Council***

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

## **Investigations**

There were five investigations conducted during this reporting period resulting from site responses that were not satisfactory for the complainants, all from clients staying at Next Door.

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

In the original complaint, the complainant stated that she had a CAAP bed reservation at Next Door, but that she cancelled the reservation on 8/1/16 because she cancelled her CAAP benefits. The complainant stated that she left Next Door on 8/1/16 and stayed at other shelters from 8/1/16 to 8/2/16. The complainant alleged that she tried to check-in to another shelter on 8/3/16, shelter staff told her that she still had an active reservation at Next Door and that the CHANGES system showed she had checked in at Next Door on 8/1/16 and 8/2/16. The complainant stated that she did not check-in to Next Door on 8/1/16-8/2/16 and wanted to know what happened on those two nights.

In the response, Next Door stated that the complainant checked in to Next Door on 8/1/16 and 8/2/16 and that the complainant checked in biometrically. Next Door also stated that they cancelled the complainant's reservation on 8/3/16 at her request and that they were unsure as to why the complainant would check-in at Next Door and then go check-in at other shelters on the nights of 8/1/16 and 8/2/16.

The complainant requested an investigation because she stated that she did not check in to Next Door on 8/1/16 or 8/2/16.

### ***Findings***

After reviewing the complainant's check in records for 8/1/16 and 8/2/16, Committee staff found that the complainant did not biometrically check in to Next Door on those nights. Instead, records indicate that a biometric check-in was attempted, but unsuccessful and that the check-in was handled manually. Committee staff reviewed Next Door's procedures for manual check-ins and found that shelter staff verified client identities through the last four digits of their social security number and a photo of the client saved in the CHANGES system in cases where biometric check-in is unsuccessful. Further review of the complainant's check-in history showed that she was manually checked in for a majority of nights during her reservation at Next Door. Due to the fact that the check-in was done manually, there are no biometric records that indicate that it was the complainant who checked in using her reservation on 8/1/16 and 8/2/16. However, Committee staff determined that Next Door was adhering to shelter policies and procedures by verifying client identifies through social security numbers and client photos saved in the CHANGES system during manual check-ins. As a result, Next Door was found to be in compliance with Standard 1 of the Standards of Care.

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

In the original complaint, the complainant stated that another resident of the 4th floor (Client A) had made extremely loud and disrespectful comments towards her, harassed her about her snoring and slammed her hand down on the complainant's pillow. The complainant stated that she immediately reported the incident to the supervisor on duty. The complainant also alleged that she saw a shelter employee calling up to the 4th Floor monitors to speak about the incident and that the monitors confirmed that Client A had struck her pillow.

In the response, Next Door stated that shelter staff spoke to Client A, who denied striking the complainant's pillow. The response also stated that there were no staff that witnessed Client A striking the complainant's pillow, but that they spoke to both the complainant and Client A about using appropriate language and that they could bring any issues to staff's attention. The response also stated that Next Door could not write up Client A because staff did not see who initially started the conflict between the complainant and Client A.

The complainant requested an investigation because she disagreed with the response's description of the events listed in the original complaint.

### ***Findings***

After speaking to shelter management about the events described in the original complaint and reviewing statements from the complainant, Client A and shelter staff, Committee staff have been unable to conclusively determine whether or not Client A struck the complainant's mattress or if she was the one who started the conflict between them. Both the complainant and Client A alleged that it was the other party that started the conflict and shelter staff stated that none of them were present when the incident began. After reviewing Next Door's policies and procedures pertaining to when clients are written up or denied services, Committee staff found that Next Door was properly applying their own rules when they did not write up Client A for the incident listed in the complaint. Because shelter staff did not witness the incident when it took place and Client A did not admit to hitting the complainant's pillow, the shelter was unable to write up or deny services to Client A.

### ***Next Door***

#### **Investigation #3**

The complainant alleged that kitchen staff are rude and unprofessional when speaking to shelter clients and that they are not fair when giving out second servings at meal times. In order to investigate these claims, the Committee went to Next Door to survey clients about their experiences with kitchen staff. The complainant requested an investigation because the response from the site denied all allegations of staff misconduct and preferential treatment when giving out second servings at mealtimes.

In order to determine compliance with Standard 1, the Committee needed to receive responses from 10% of the total client capacity (33 clients) indicating that they:

1. Did/Did not think that kitchen staff treat them with respect and spoke to them in a professional manner
2. Did/Did not think that kitchen staff are fair when giving out second servings at meal times

Question 1: 45 clients were asked, "Do kitchen staff treat you with respect and speak to you in a professional manner?"

- 27 clients said "Yes"
- 9 clients said "No"
- 6 clients said "Sometimes"
- 3 clients did not answer this question

Question 2: 45 clients were asked, "Do you feel like kitchen staff are fair when giving out second servings at meal times?"

- 21 clients said "Yes"
- 13 clients said "No"
- 5 clients said "Sometimes"
- 6 clients did not answer this question

Client responses to Questions 1 and 2 were split, with neither question receiving responses from 10% of the total client capacity that would allow the Committee to determine the site's compliance with Standard 1. As a result, the Committee is unable to make a determination on Next Door's compliance with Standard 1. However,

please note that a majority of clients indicated in their responses to Question 1 that they were treated with respect and spoken to in a professional manner by kitchen staff (27 clients).

### ***Recommendations***

Committee staff recommended that shelter management review all client comments from surveys and that kitchen staff review Chapter 2 of the Shelter Training Manual: “Customer Service and Professionalism”.

### ***Next Door***

#### **Investigation #4**

The complainant alleged that she was unfairly written up for arguing with another client because the other client initiated the conflict by yelling at the complainant and making violent gestures in the complainant’s face while the complainant’s only response was to run away from the area. The complainant also alleged that staff were retaliating against her and that certain clients do not get written up for harassing or threatening other clients. The complainant requested an investigation because she disputed the Next Door’s description of the incident in the site’s response.

In order to determine Next Door’s compliance with Standard 1, the Committee needed to receive responses from 10% of the total client capacity (33 clients) indicating that they either:

1. See/Do not see shelter staff not following shelter policies when writing up/denying services to clients for arguing, making threats or fighting
2. See/Do not see shelter staff showing favoritism towards or retaliating against certain clients

While responses to Question 1 were closely split between “Yes” and “No”, 10% of the total client capacity at Next Door (33 clients) indicated in their responses to Question 2 that they have seen shelter staff showing favoritism towards or retaliating against certain clients. As a result, Next Door was found to not be in compliance with Standard 1 of the Standards of Care.

In order to determine with Standard 2, the Committee needed to receive responses from 10% of the total client capacity (33 clients) indicating they either:

3. Do/Do not feel safe at the shelter
4. Do/Do not see shelter staff de-escalating arguments and helping to break up verbal fights between clients.

Client responses to Questions 3 and 4 were split, with neither question receiving responses from 10% of the total client capacity indicating full compliance or non-compliance with Standard 2. As a result, the Committee was unable to make a determination on Next Door’s compliance with Standard 2.

### ***Recommendations***

Committee staff recommended that all shelter staff review Chapter 1 of the Shelter Training Manual: “Ethics and Boundaries”. Staff also recommended that shelter management should remind staff of the importance of treating all clients equally and to read all client comments from surveys.

### ***Next Door***

#### **Investigation #5**

The complainant alleged that shelter staff agreed to store his property for a few days while he accompanied his wife at the hospital. The complainant alleged that when he returned to Next Door a few days later, staff informed him that his belongings had been discarded.



In the response, Next Door stated that their policy is to store property for clients for 72 hours before disposal. Next Door also stated that staff never agreed to hold on to the complainant's property for over 72 hours and that his property was disposed of 5 days after his bed was dropped. The complainant requested an investigation into the complaint because he disputed Next Door's claims that the site was storing and disposing of client property according to the site's policies and procedures.

Members of the Shelter Monitoring Committee and Committee staff visited Next Door on 9/29/16 in order to inspect the site's property storage room to check if client property was properly logged and not disposed of prior to the 72 hour deadline. Committee staff selected three random entries from the property storage log and attempted to locate those bags of client property in the storage room. All three bags of client property were close to or past the 72 hour disposal deadline but not disposed of yet according to property storage records.

### ***Findings***

Committee staff were able to locate all three bags of client property inside the storage room. As a result, the site is in compliance with Standard 15 of the Standards of Care.

### ***Recommendations***

During the course of the investigation, Committee staff did find two bags of client property that did not contain any tags or other information identifying which client the property belonged to. As a result, Committee staff recommended that Next Door review their policies and procedures for bagging and tagging client property with shelter staff.

## Membership

The Shelter Monitoring Committee consists of 13 members who are appointed by the Mayor, the Board of Supervisors and the Local Homeless Coordinating Board. During this reporting period, Local Homeless Coordinating Board Seat 2 (individual that has experience providing direct service to the homeless through a community setting and be formerly homeless) was filled with the appointment of Committee Member Gavin James. Committee Member Kendra Amick (Board of Supervisor's Seat 4) also resigned from the Committee during this reporting period. As a result, the Committee currently consists of 10 members with three vacancies that still need to be filled. The requirements for the three open seats are:

- Board of Supervisors Seat 3: Seat must be filled by a candidate that has experience providing direct services to the homeless through a community setting.
- Board of Supervisors Seat 4: Seat must be filled by a candidate that is selected from a list of candidates that are nominated by community agencies that provide behavioral health, housing placement, or other services to the homeless.
- Board of Supervisors Seat 5: Seat must be filled by a candidate that is selected from a list of candidates that are nominated by nonprofit agencies that provide advocacy or organizing services to homeless people and be homeless or formerly homeless.

## Trainings

Shelter Monitoring Committee staff offer Standards of Care trainings for shelter staff, which provide an overview of the Standards of Care as well as how the Committee will check the sites to see if they are in compliance with the Standards through site visits and client complaints. Committee staff also coordinate Shelter Health trainings, which are conducted by Department of Public Health shelter health nurses and covers how to treat common medical conditions seen in shelters such as bed bugs, body lice and MRSA.

The table below provides an overview of the trainings that were conducted or coordinated by the Shelter Monitoring Committee during the reporting period:

Table 3: Shelter Monitoring Committee Trainings Per Site FY16-17

<b>Site:</b>	<b>1<sup>st</sup> Quarter Trainings</b>	<b>FY15-16 Trainings to Date</b>
<b>A Woman's Place</b>		
<b>A Woman's Place Drop-In</b>		
<b>Bethel AME</b>		
<b>Compass</b>		
<b>First Friendship</b>		
<b>Hamilton Emergency Shelter</b>		
<b>Hamilton Family Shelter</b>		
<b>Hospitality House</b>	Standards of Care 8/29/16	Standards of Care 8/29/16
<b>Interfaith</b>		
<b>Jazzie's Place</b>		
<b>Lark Inn</b>		
<b>MSC South Drop-In</b>		
<b>MSC South Shelter</b>		
<b>Mission Neighborhood Resource Center</b>		
<b>Next Door</b>		
<b>Providence</b>		
<b>Sanctuary</b>		
<b>Santa Ana</b>		
<b>Santa Marta/Maria</b>		
<b>St. Joseph's</b>		
<b>United Council</b>	Standards of Care 9/8/16	Standards of Care 9/8/16

**Please note that this table only tracks the trainings conducted by the Shelter Monitoring Committee and does not reflect the total number of trainings received by shelter staff**

## **Appendix A:**

### **Domestic Violence/Imminent Danger Policy**

#### **City-Funded Family Shelters and Compass Connecting Point**

Domestic Violence is an incident and/or pattern of behavior used to establish power and control over another person through fear and intimidation, often including the threat or use of violence or coercion.

When domestic violence occurs in the family shelter system, the safety of the victim as well as the parents, children, residents, and staff remaining in the shelter must be protected. Every situation is unique and no one can predict what a perpetrator may be capable of. This policy is intended to provide guidelines for City-funded shelters to follow, but should not replace the shelter provider's ability to make any decisions necessary to ensure the safety of shelter residents and staff.

#### **A. DEFINITIONS**

##### **Domestic violence occurs:**

Between people in intimate relationships, including current or former husbands and wives, boyfriends and girlfriends, gay and lesbian partners, sex workers and their pimps/clients, and victims of stalking or trafficking.

##### **Domestic violence includes one or more of the following components:**

1. Attempting to cause or causing physical harm to another family or household member. This includes, but is not limited to: pushing, shoving, grabbing, punching, slapping, kicking, biting, pulling hair, threatening with a weapon, attacking with a weapon, leaving visible marks or causing bleeding.
2. Making explicit threats to physically harm a family or household member.
3. Forcing a family or household member to involuntarily engage in sexual activity through violence, threats of violence, or duress.

#### **B. PROTOCOLS**

##### **Self-Disclosure of Domestic Violence Cannot be Grounds for Denial of Service**

Self-disclosure by the victim of a recent domestic violence incident will not affect their ability to get on the wait list for shelter or to be placed in shelter by Compass Connecting Point. However, it may still be the basis for a denial or service at a shelter based on the discretion of the shelter provider's evaluation of safety. For example, if a victim comes to his or her case manager with a black eye reporting that s/he was just struck by her partner, the shelter may decide to move forward with a denial of service for the alleged perpetrator. If a perpetrator of domestic violence admits to committing an act of domestic violence, s/he will be denied services.

## **When a Domestic Violence Incident Occurs**

If a domestic violence incident occurs in the shelter, the perpetrator will be denied services and must leave immediately. The victim will be given two options:

1. The victim may remain in the shelter if they immediately express willingness to request an Emergency Protective Order (EPO) or Civil Restraining Order as soon as possible, and follow through with taking steps to make the request for an EPO or a Civil Restraining Order.

If the family chooses not to avail themselves of this option, they must exit the shelter. If the domestic violence incident in question occurs after 7:00pm, the victim and other family members may stay until the following morning when they may be better able to access other resources. The family shelter staff will make every effort to secure a safe shelter situation for the exiting family, including providing assistance in accessing the following resources:

- Access a Domestic Violence Shelter (possibly the La Casa de las Madres Domestic Violence Response Team emergency beds)
  - CalWORKs emergency hotel vouchers
  - Other shelter beds outside San Francisco
  - Homeward Bound
  - The client's own support system
2. Where the family chooses to exit the family shelter, the provider will make available cab vouchers or other appropriate transportation resources to allow them to reach their destination.
  3. For families placed out of San Francisco County due to the availability of other resources, family shelters will provide transportation support for travel back to SF if needed (school, medical appointments, court, etc.) as needed for up to 15 days.

La Casa de las Madres Domestic Violence Program will work with a family shelter experiencing a domestic violence incident to make available their Domestic Violence Response Team (DVRT) emergency beds. Family shelter and La Casa staff will receive periodic training on how these beds will be accessed, how to proceed with placement of a family in these temporary beds, and continued communication after placement (see Appendix A).

4. Shelter providers shall consider extenuating circumstances that affect the victim's safety, including verification of a perpetrator's incarceration by law enforcement agencies and allowing the victim to return to shelter when there is no longer an imminent threat present.

**Procedures to Contact Law Enforcement Agencies for the Provision of Emergency Protective Orders (EPOs) in Cases of Domestic Violence**

Compass Connecting Point and family shelters must report a domestic violence incident as a critical incident and contact law enforcement agencies in all cases of observed physical violence that take place at Compass Connecting Point or in shelter, and assist clients with getting an Emergency Protective Order whenever possible. While only law enforcement can request an EPO and only a judge can issue one, shelter staff should advocate on the client's behalf.

**Shelter Grievance Policy**

Except in extenuating circumstances (see above), victims who refuse to seek an EPO or Civil Restraining Order will be denied services for imminent danger. They will be informed of their right to appeal the denial of service in accordance with the Shelter Grievance Policy.

**Lethality Assessment Upon Intake to Evaluate All Families for Risk of Domestic Violence**

Compass Connecting Point and family shelter assessments must include questions regarding current and past domestic violence history in order to better assess the risk of danger or potential for reoccurring domestic violence, and provide those clients with necessary resources. Programs must use the *Domestic Violence Lethality Screen for Homeless Shelter Front Line Staff* (see Appendix B). The information in the screen must be kept confidential and cannot be used as part of a denial of service or presented at an internal hearing or arbitration.

**Staff Training on Domestic Violence and Other Crisis Situations**

All family shelter provider staff will continue to receive training in crisis intervention, de-escalation, and the dynamics of domestic violence relationships and how to support families experiencing domestic violence. Family shelters are required to submit a list of relevant trainings completed by shelter staff to DSHS and the Shelter Monitoring Committee on an annual basis.

In addition, all shelter employees will be required to attend the "Safe Housing Training" by La Casa de Las Madres. This training is customized to address the needs of each program, including shelter design (e.g. size and layout of shelter, congregate or private rooms, staffing levels) with the goal of increasing staff ability to recognize domestic violence risk factors, respond to domestic violence incidents, help clients create safety plans and obtain EPO's, and keep other shelter residents and staff as safe as possible.

## Appendix B: Client Complaint Process Flowchart

### Client Complaints

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

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



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



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



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



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



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

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

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

### Appendix C: Site Visit Infraction Process Flowchart

#### Site Visit Infractions

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

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



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



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



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



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



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

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

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