



City and County of San Francisco

Shelter Monitoring Committee

*Third and Fourth Quarterly Report, January through June 2014
Executive Summary*

Shelter Site Visits

The inspection teams conducted 45 of the 48 assigned visits (94%) in the third and fourth quarters, from January 1 to June 30, 2014.

Standards of Care (SOC)

There were 90 Standard of Care complaints forms filed from January 1 to June 30, 2014. There were 31 complaints filed by the Committee and 59 complaints were filed by individual clients..

Policy Recommendations

The Committee is making recommendations in the areas of access, assessments & resources, language services, transportation and training.

Access-The Committee examined the application of the eligibility policy of “imminent danger” in the family shelter system. Specifically, the current policy requiring providers to deny services to a victim and his/her family after a domestic violence incident or threat of violence, leaving the victim’s family vulnerable and unable to access HSA funded shelters.

Assessments and Resources-The Committee believes to have appropriate policy development and implementation, a thorough assessment of shelter need must happen.

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

Transportation-In addition to the monthly token distribution done by the Human Services Agency, information about existing low cost and free SFMTA programs should be made available to clients.

Training-The Committee is advocating for additional training resources for shelters.

Membership

The Committee currently has two vacancies and all Members’ terms expire in November 2014.

Mission Statement of the Shelter Monitoring Committee

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

Draft Third and Fourth Quarter Report, January 1 through June 30, 2014

Site Inspections

The inspection teams conducted 45 of the 48 assigned visits (94%) in the third and fourth quarters, from January 1 to June 30, 2014. The Committee is mandated by legislation to conduct a minimum of four site inspections per site annually. For the 2013-2014 reporting period, the Committee failed to conduct the minimum of four annual inspections at three sites, Lark Inn, Mission Neighborhood Resource Center and St. Joseph's Family Shelter. This deficit is based on the lack of staff for the majority of the fiscal year and the addition of three new Committee Members who required training. One of whom still has not completed the training.

A Woman's Place Drop In

The Committee conducted two inspections in the third quarter and two inspections in the fourth quarter. The Committee noted violations including no incontinence supplies; no tokens; no language link; no bilingual staff; no TTY or signage on where to access TTY; reasonable accommodation forms not available; debris/mold in family shower; staff with no ID badge; and 30 days with no emergency drill practiced. The site remedied all issues brought to its attention.

Compass

This site was inspected three times during this reporting period. The Committee noted no emergency exit signage posted. The site corrected the violations immediately.

Dolores Street Community Services-Santa Ana

This site was inspected three times during this reporting period. The Committee noted extensive mold on the ceiling; last emergency drill not within 30 days; dust/dirt on vents; site only provides one linen sheet instead of two; no cleaning log posted in bathroom; no bilingual (English and Spanish speaking staff on duty; emergency disaster evacuation plan not in Spanish; no ADA liaison info posted; on one visit staff on duty was unaware of language Link phone number and unaware of policy requiring locating an alternate shelter reservation for clients who are DOS'd; staff on duty did not have ID badge; and no tokens. The site corrected the violations, with the exception of the mold. The mold has been present at the site for a year and the site is trying to locate funding to remedy the problem. The site provides one sheet as opposed two based on laundry costs but does provide additional blankets. The linen issue remains on-going but all other violations were resolved.

Dolores Street Community Services-Santa Marta/Santa Maria

During this reporting period, the Committee noted no TTY or information posted on where to access TTY; the other violation was linen availability. The site provides one sheet as opposed two based on laundry costs but does provide additional blankets. The linen issue remains on-going but all other violations were resolved.

First Friendship Emergency Family Shelter

The Committee conducted two inspections during this reporting period. The Committee noted no TTY or information on where to access TTY; no tokens; no language Link; no CPR mask; and the site only provides one sheet. The linen issue remains on-going but all other violations were resolved.

Hamilton Family Residences and Emergency Shelter

The Committee conducted three site visits during this time and noted the lack of emergency disaster plan; record of monthly emergency drills; broken ADA shower head; and other facility issues in the bathroom. The site remedied all violations noted.

Hospitality House

There were three site visits during this time and the Committee noted the lack of Spanish-speaking staff; no tokens; accommodation forms in Spanish at one visit and at another visit, the Committee noted dust on vents. The third visit there were no violations notes. The site remedied the other issues to the satisfaction of the Committee.

Interfaith Emergency Winter Shelters

Please note that the Interfaith system is operated out of different volunteer churches by Episcopal Community Services and operated from November 16, 2013 to February 22, 2014. The site was inspected two times during this period. The Committee noted the lack of CPR masks; no phone; no TTY access and no record of emergency drills. At another visit, the Committee did not note any violations. The site remedied all issues to the satisfaction of the Committee.

Lark Inn

The site was inspected three times during this period. The Committee noted facility problems, including loose and missing tiles; mold and dirt in the bathrooms; and clogged vents. The site remedied all of the violations.

Mission Neighborhood Resource Center

The Committee conducted two site visits during this reporting period. During one visit, the Committee noted towels smaller than required under the Standards and dust on the vents. The other visit had no violations reported. The site remedied all issues to the satisfaction of the Committee.

MSC Drop In

The Committee noted only one violation during its one inspection, the lack of information in English and Spanish. The site remedied the situation immediately.

MSC South Shelter

During the two inspections, the Committee noted the lack of CPR masks on every floor and information posted in English only. The site remedied all issues brought to its attention.

Next Door

The Committee conducted one site inspection at this site and noted the lack of 22 inches between sleeping units; staff without identification; lack of notice of facility problems; and dust or dirt in the shelter area and bathrooms. The site remedied all issues brought to its attention.

Providence and Providence Emergency Family Shelter

The site was inspected four times during this reporting period. The Committee noted dust on vents; the lack of phone for client use, although a payphone is at the site; the lack of sheets; and no Language Link availability. The linen issue remains on-going but all other violations were resolved.

Sanctuary

The site was inspected three times. During one visit, the Committee noted the lack of bilingual staff, signage in English only and no TTY. The site remedied all violations noted.

St. Joseph's Family Shelter

The site was inspected two times and no violations were noted.

United Council/Mother Brown's

During the one inspection conducted, the site noted the site did not have access to professional translation services or bilingual staff as well as the lack of toilet paper, soap, and paper towels in the bathroom. The site also lacked tokens and a fully stocked first aid kit.

Shelter Monitoring Committee
November 10, 2014
3rd & 4th 2013-2014 Qtr Report Draft

Shelter and Resource Center	Number of Visits 4 th Qtr. 2013-2014 April-June	Number of Visits 3 rd Qtr. 2013-2014 January-March	Number of Visits 2 nd Qtr. 2013-2014 October-December	Number of Visits 1st Qtr. 2013-2014 July-September	Total
A Woman's Place Drop In	2	2	0	0	4
Compass Family Shelter	1	2	0	1	4
Dolores Street Community Services-Santa Ana	2	1	1	0	4
Dolores Street Community Services-Santa Marta/Santa Maria	1	1	1	1	4
First Friendship Family Shelter	2	0	1	1	4
Hamilton Family & Emergency Shelter	2	1	0	1	4
Hospitality House	2	1	0	1	4
Interfaith Winter Shelter *operates to 2/22/13	0	2	1	Not operating	3
Lark Inn Youth Shelter	2	1	0	0	3
Mission Neighborhood Resource Center	1	1	0	1	3
Multi Service Center South Drop In Center	1	1	3	0	5
Multi Service Center South Shelter	1	1	2	0	4
Next Door	0	2	1	2	5
Providence	2	2	0	0	4
Saint Joseph's Family Shelter	2	0	0	1	3
Sanctuary	2	1	1	0	4
United Council-Mother Brown's	1	2	1	0	4
Total	24	21	12	9	66
Assigned Number of Visits	24	24	15	12	75
Percentage of Compliance	100%	88%	80%	75%	88%

Table 1: Site Visit Tally for 3rd and 4th Quarters for 2013-2014

Standard of Care

Site	# of Complaints	# of Complaints Generated by Committee	# of Client Complainants	Status of Complaint-Committee Generated	Status of Complaint-Client Generated	Items Forwarded to DPH
A Women's Place Drop In	8	4	4	Closed (4)	Closed (1) Not Satisfied (1) No Contact (2)	1
Compass	1	1	0	Closed (1)	N/A	None
First Friendship	2	2	0	Closed (2)	NA	
Hamilton Family Shelter	1	1	0	Closed (1)	N/A	None
Hamilton Family Emergency Shelter	1	0	1	N/A	No Contact (1)	None
Hospitality House	3	2	1	Closed (2)	No Contact (1)	None
Interfaith	1	1	0	Closed (1)	N/A	None
Lark Inn	4	2	2	Closed (2)	Not Satisfied (1) No Contact (1)	1
MSC South Drop In Center	4	1	3	Closed (1)	No Contact (3)	None
MSC South Shelter	5	1	4	Closed (1)	Closed (1) No Contact (3)	None
MNRC	2	1	1	Closed (1)	No Contact (1)	None
Next Door	24	1	23	Closed (1)	Not Satisfied (11) No Contact (12)	2
Providence	15	4	11	Closed (4)	Closed (1) Not Satisfied (5) No Contact (5)	None
St. Joseph's Sanctuary	0	0	0	N/A	N/A	None
	9	2	7	Closed (2)	Not Satisfied (3) No Contact (4)	None
Santa Ana	3	3	0	Closed (3)	N/A	None
Santa Marta/Santa Maria	2	2	0	Closed (2)	N/A	None
United Council	5	3	2	Closed (3)	Not Satisfied (2)	None
Totals	90	31	59	Closed (31)	Closed (3) No Contact (33) Not Satisfied (23)	4

Table 2: Standard of Care Complainants Tally Per Site for 3rd & 4th Quarter 2013-2014

There were 90 Standard of Care complaints forms filed from January 1 to June 30, 2014. The table above provides a breakdown of the number of complaints per site and the status of the complaints themselves. There were 31 complaints filed by the Committee and 59 complaints filed by individual clients. There are four status categories for complaints: 1) *Closed*, which indicates that the client or the Committee inspection team who initiated the complaint agrees with the site’s response; 2) *Not Satisfied*, which indicates that the client or the Committee inspection team who initiated the complaint did not agree with the site’s response and the Committee conducted its own investigation of the alleged violations which has been forwarded to the Department of Public Health (DPH) per the legislation. DPH conducts its own investigation and forwards its findings back to the Committee within 30 days ; 3) *Pending*, which indicates that an investigation has been requested by the client or Committee inspection team who initiated the complaint or that the Committee is awaiting a response from the client on the site’s response; and 4) *No Contact*, which indicates that the contact information the client provided at the time of the initial complaint is no longer valid or the client did not have contact information when making the initial complaint and has not returned within the 45-day requirement to review the site’s response.

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

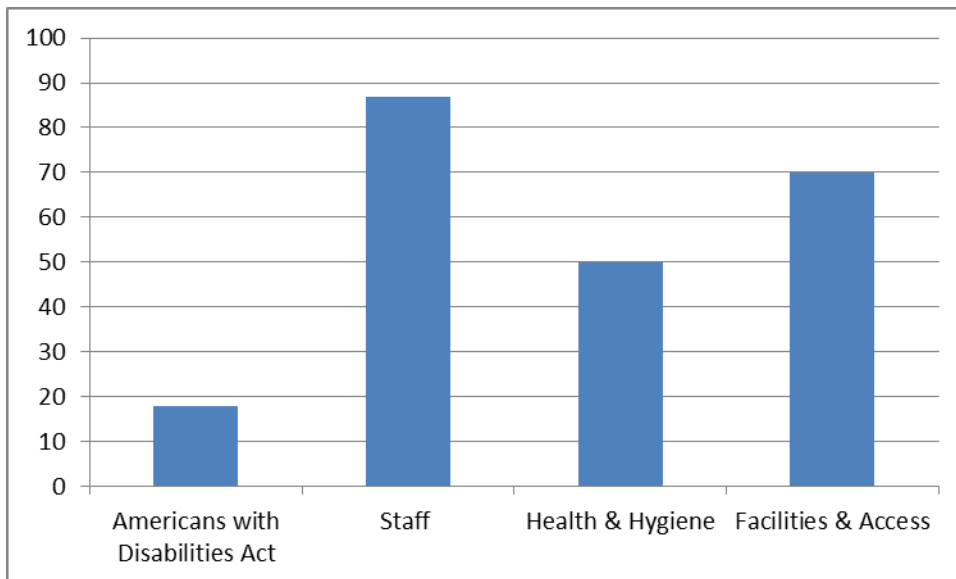


Chart I: Standard of Care Complaint Breakdown, 3rd & 4th Quarter, 2013-2014

Chart I, the *Standard of Care Complaint 3rd& 4thQuarter 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 the preceding page, 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. In this reporting period as in past periods, the majority of complaints received in this category were allegations inequitable treatment by staff; not following procedures and the lack of identification. There were 87 separate complaints against staff this quarter.

Americans with Disabilities Act (ADA)

The ADA category refers to Standard 8 and the majority of complaints in this category focus on either a lack of or a denial of access through an accommodation request or a facility problem. The majority of complaints in this area were allegations that sites did not provide accommodations requested by clients. There were 18 separate complaints of the lack of adherence to Standard 8 this reporting period.

Health & Hygiene

This category refers to 11 Standards focusing on meals, access to toiletries, and stocked first aid kits. In this reporting period as in past periods, the majority of complaints in this area were unclean shelters and a lack of linens. There were 50 separate complaints alleging the lack of adherence to the health and hygiene requirements within the Standards of Care. The 11 Standards include Standards 3, 4, 5, 6, 7, 9, 10, 11, 13, 19, and 30.

Facility & Access

Sixteen Standards make up this category. These quarters the majority of complaints in this area were the lack of translations services and no bilingual staff. There were 70 separate complaints about the lack of adherence to the facilities and access requirements within the Standards of Care. 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.

Client Complaint Data

The majority of complaints generated by clients were *No Contact*, i.e. the majority of clients did not return to review the site's response to their complaint, during this reporting period. This marks 54% of all complaints filed by the clients during this time period.

Five percent of clients were satisfied with the site response and the remaining 41% were not satisfied. These 24 complainants had their allegations investigated by the Committee. For the Committee's findings please refer to the **Investigation** section of this report.

No Contact Complaints

The Chair has requested that quarterly reports compare the *No Contact* data to site visit data and examine any similarities. The Committee compiled all *No Contact* complaints for this reporting period. The majority of all complaints within the No Contact category were regarding disrespectful staff and staff not adhering to rules in an equitable manner. In the past, the Committee surveyed clients to determine if a site was adhering to Standards 1 and 2, respectful staff who applies rules and equitably and the provision of a safe environment through de-escalation techniques. The surveying has not adequately measured compliance. The Committee is currently restructuring this process.

Committee Complaint Data

All of the complaints generated by the Committee, 31, were closed based on satisfaction with the response from the sites.

Investigations

A Woman's Place

A client alleged that she was targeted and disrespected by staff based on her disability and additionally she said that staff "enforced their own rules". Based on numerous site visits, the committee determined that a finding regarding this specific incident would not be possible but the committee continues to work with the site on documentation and training.

Lark Inn

A client alleged that s/he received inequitable treatment by staff and was disrespected; that the bathrooms had mold and were dirty; there was debris under beds; that walk ways were blocked and that information regarding case management was not provided. The Committee conducted an investigation and found the site out of compliance with Standard 1, which requires equitable and respectful treatment by staff, and Standard 3, which requires the shelter to be clean.

Next Door

A client alleged that she was harassed and discriminated against based on her transgender status and that staff provided inequitable treatment based on her status, allowing for harassment by other clients and staff. In part based on this harassment and the actions of staff, the client was also unable to sleep for eight hours at the shelter. The Committee surveyed clients and interviewed staff. The Committee determined no finding for the client's claim of lack to eight hours of sleep and unsafe environment, but was unable to determine a finding for the allegations of inequitable treatment and disrespectful staff. The Committee referred the client to state and local investigative bodies.

A client alleged that s/he was retaliated against for filing complaints. The Committee conducted a survey and interviewed clients. There was no finding.

Three clients made allegations of unsafe environment based on staff's inability to apply rules equitably, lack of eight hours sleep, and staff selling beds. Both the site and the contractor, the Human Services Agency (HSA), conducted their own investigation specifically regarding the allegation of "bed selling". There was an anomaly, but none of the issues were related to ECS staff. Based on the seriousness of the allegations, the committee officer are working with the committee staff in developing more thorough investigative techniques.

A client made allegations that she was assaulted in front of site staff and site staff took no action on her behalf. Additionally, the client alleged staff are not properly trained and do not adhere to the posted rules and regulations of the site. The committee is developing educational outreach materials for clients. Specifically, that assault and threats of assault, are criminal matters and should be referred to the police department. The committee verified that the staff in question has either received or scheduled to receive the required de-escalation training.

Providence

A client alleged that there no outlets for charging cell phones and that the oven was used to heat the building. The Committee conducted a facility inspection and survey 20% of the clients. Based on the inspection and surveys, the Committee determined no finding.

Sanctuary

One client was dissatisfied with the site's response to their complaint about inedible food and no options for vegetarians. The Committee surveyed clients and interviewed staff and determined no finding.

A client alleged s/he received inequitable treatment and was not accommodated based on a disability. The Committee surveyed clients and interviewed staff and determined no finding.

A client filed three complaints alleging staff assault; unsafe environment and staff without identification. The Committee conducted an investigation and there was no finding.

Shelter System Policy Recommendations

The Committee convened a Policy Subcommittee, which made the following Policy Recommendations. The Committee is currently discussing full implementation of the recommendations.

Imminent Danger

The Committee examined the application of the eligibility policy of "imminent danger" in the family shelter system. Specifically, the current policy requiring providers to deny services to a victim and his/her family after a domestic violence incident or threat of violence, leaving the victim's family vulnerable and unable to access HSA funded shelters. The current recommendations are:

- To establish a hotel voucher program for clients, with children, put out due to imminent danger. Clients could maintain the voucher, while adhering to San Francisco rental laws, until a space opens up at a local, in or out of county, domestic violence shelter
- In 2014-2015, the Committee will facilitate four meetings between the Human Services Agency, shelter management, other County agencies and the domestic violence prevention community to further discuss the current imminent danger policy and discuss policies employed within other municipalities

Assessments and Resources

The Committee believes to have appropriate policy development and implementation, a thorough assessment of shelter need must happen. The recommendations are as follows:

- A Needs Assessment of the need for shelters in San Francisco using the information covered in recent Homeless Counts as a starting point
- Working towards an assessment of each clients who enters the shelter system to establish housing and employment goals as well as health needs
- Capacity increase in case management or resource specialist at ECS sites with two additional staff people and at MSC South with three additional staff people. These "add-back" positions would track: 1) housing referrals, 2) health referrals, 3) employment assistance or referrals and 4) how many clients exited the shelter based on one of or a combination of the other services provided. This information would be presented to the Committee each quarter.

Language Services

For the fourth consecutive year, the Committee advocated for a \$10,000 for the shelters and resource centers to have access to a professional translation language phone line that they can use to meet the diverse language needs of the shelter population. The Committee further recommends that a universal number utilized by all service providers could measure both need and usage for the shelter system as a whole. At the writing of this report, these funds were not awarded for the 2014-2015 year.

Transportation

In addition to the monthly token distribution done by the Human Services Agency, the Committee is recommending:

- Information regarding Lifeline, senior and disabled SFMTA passes should be distributed quarterly throughout the shelter system, with information on where clients can obtain these passes and what documents and/or fees are required.
- Clients who can provide written documentation of a job offer will be provided two tokens for two weeks (14 days) in order to have transportation to and from work. This information will be noted in CHANGES and is only available for the first two weeks of each new job opportunity
- Clients who cannot provide written documentation of a job offer will be provided two tokens for one week (7 days) in order to have transportation to and from work. This information will be noted in CHANGES and is only available once each calendar year

Training

The Committee recommends the following:

- Continue offering Standard of Care training to all sites
- Continue health education training
- Coordinate ADA trainings with the Mayor's Office on Disability and the Human Service Agency
- Obtain funding for Cal-OSHA training
- To tape all trainings offered
- To update the Committee web-site with all trainings available

Membership

During this reporting period, the Committee has had two consistent vacancies and two Committee members have been on leave. As of September 2014, the Committee will have one full time staff person and the other position will be vacant until filled. All seats expire in November 2014 and the Chair is currently working with staff on recruitment strategies. Through the creation of the Committee, the committee is required to submit quarterly and as-needed emergency reports to the Board of Supervisors and Mayor's office. As indicated by the date of this 2013-2014 report, the Committee, composed of volunteers and one Committee staff are struggling to meet the deadlines. To educate the Board of Supervisors, the Mayor's office and public and private stakeholders, including clients, the Committee provides monthly reports on the Standard of Care complaint process. These reports are discussed monthly at public meetings, provided to the contractors (Human Services Agency and Department of Public Health), and made available upon request to any individual. Committee officers are working on streamlining staff duties to ensure that required information is collected, captured and made public.