

# SHELTER MONITORING COMMITTEE

## 1st Quarter Report

July 1, 2018 through September 30, 2018



# 1<sup>st</sup> Quarter Facts and Figures

## SITE VISITS

Completed site visits at 16 of 19 assigned sites

Sites with 0 infractions 

Lark Inn | MSC South | MSC South Drop-In | Santa Ana | St. Joseph's

Site with most infractions:

First Friendship (9 total infractions)

## Top 5 Site Visit Infractions

Hygiene supplies needed to be restocked



Insufficient ADA signage and documentation



First aid kits needed to be restocked



Insufficient maintenance signage



## CLIENT COMPLAINTS

45 total complaints filed by

32 unduplicated clients

## Status of Complaints

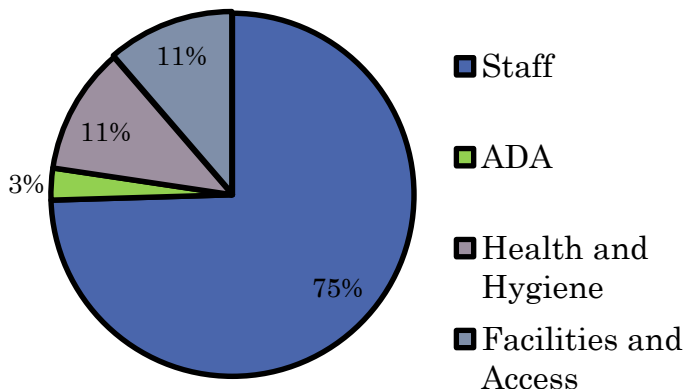
3 Satisfied

7 Not Satisfied

36 Closed

0 Open

## Client Complaint Categories



# INTRODUCTION

## ***Who We Are***

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

## ***What We Do***

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

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

## ***How We Do It***

### **Unannounced and announced Site Visits**

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

### **Investigation of Client complaints**

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

### **Shelter Trainings**

The Committee conducts Standard of Care trainings for shelter staff which provide an overview of the Standards of Care as well as how the Committee checks the sites to see if they are in compliance with the Standards of Care through site visits and client complaints.

# 1<sup>st</sup> QUARTER REPORT

## I. SITE VISITS

For the quarter starting on July 1 and ending September 30, 2018, the Committee completed visits at 16 of 19 assigned sites. There were five sites that did not receive a single Standard of Care infraction during this quarter's visits, those sites were MSC South, MSC South Drop In, Lark Inn, Santa Ana and St. Joseph's. The Committee did not complete visits at Compass, Hospitality House and Mission Neighborhood Resource Center. The infractions that were noted during visits to the other sites this quarter are listed below:

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

### **Standard 3 (Health and Hygiene)**

#### **Provide required hygiene supplies and clean shelters daily**

4 sites: A Woman's Place Drop In, Next Door, Providence, Sanctuary

### **Standard 8 (ADA)**

#### **Post signage regarding shelter rules and services, comply with ADA and provide reasonable accommodation forms in English and Spanish**

4 sites: First Friendship, Providence, Sanctuary, United Council

### **Standard 6 (Health and Hygiene)**

#### **Provide required first aid supplies**

4 sites: A Woman's Place Drop In, First Friendship, Hamilton Family Shelter, Providence

### **Standard 17 (Facilities and Access)**

#### **Post signage noting facility issues and the status of repairs**

3 sites: A Woman's Place Drop In, Next Door, Sanctuary




Summaries of the site visits completed by the Committee this quarter can be found in Appendix B on (pages 3-5 of the Appendices section). The Committee also conducted 10 announced site visits to survey shelter clients. Client survey results are available in Appendix C (Pages 6-9 of the Appendices section).

The Committee was also notified this quarter that STAR Community Home and the Salvation Army Harbor House would be under the purview of the Shelter Monitoring Committee. Committee staff will begin working with shelter management at both of those sites in the 2<sup>nd</sup> Quarter to prepare them for future site visits and client complaints.

## II. CLIENT COMPLAINTS

The Committee received 45 Standard of Care complaints filed by 32 unduplicated clients during the reporting period. The Standards that came up in the most client complaints this quarter are listed below:

### Client Complaints – Top 3 Allegedly Violated Standards

Standard of Care	Category	# of complaints alleging violations of this Standard	# of unduplicated complainants submitting complaints	# sites receiving complaints about this Standard
Standard 1: Treat clients equally, with respect and dignity, including in the application of shelter policies and grievance process	Staff 	34	24	8
Standard 2: Provide shelter services in an environment that is safe and free from physical violence; by ensuring safety protocols are in place that include training to shelter staff regarding de-escalation techniques	Staff 	10	10	4
Standard 3: Provide...soap...paper/hand towels...hand sanitizers...and hire janitors staff to clean shelters on a daily basis	Health and Hygiene 	7	7	5

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

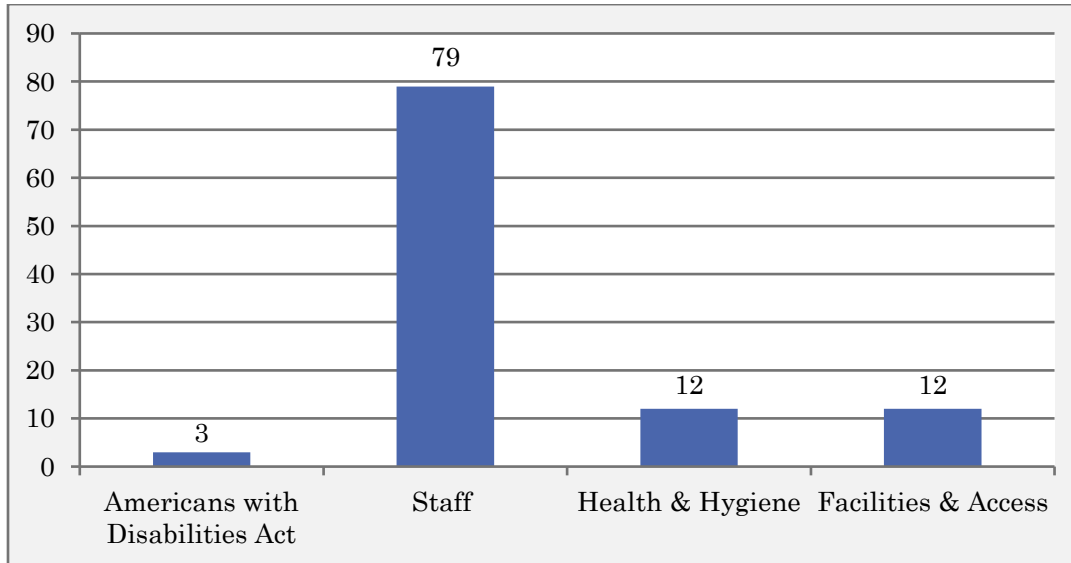
The table below provides a breakdown of the number of complaints received at each site during the reporting period and the status of the complaints themselves. A complaint can include allegations of non-compliance for one Standard or multiple Standards. The Standards of Care complaints fall into five status categories<sup>1</sup>: Open, Pending, Satisfied, Not Satisfied, or Closed.

**Standard of Care Complaints Tally 1st Quarter 2018-2019**

Site	Site Capacity	# of Complainants	# of Complaints filed	Status of Complaints	Investigations
<b>A Woman's Place Drop In</b>	63 chairs	2	2	Closed (2)	N/A
<b>Bethel AME</b>	30 mats	9	11	Closed (8) Not Satisfied (3)	Pending (3)
<b>Hamilton Emergency Shelter</b>	46 beds, 8 cribs	1	1	Closed (1)	N/A
<b>Hamilton Family Shelter</b>	27 families	1	2	Satisfied (1) Closed (1)	N/A
<b>MSC South Drop In</b>	70 chairs	1	1	Closed (1)	N/A
<b>MSC South Shelter</b>	340 beds	5	5	Closed (5)	N/A
<b>Next Door</b>	334 beds	6	9	Satisfied (1) Not satisfied (3) Closed (6)	Complete (1) Pending (2)
<b>Providence</b>	110 mats	4	4	Closed (4)	N/A
<b>Sanctuary</b>	200 beds	8	10	Closed (8) Satisfied (1) Not Satisfied (1)	Pending (1)
<b>Totals</b>		<b>37</b> <b>(32 unduplicated clients)</b>	<b>45</b>	<b>Closed (6)</b> <b>Pending (37)</b> <b>Not Satisfied (6)</b> <b>No Contact (23)</b>	<b>Completed (1)</b> <b>Pending (5)</b>

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

## Standard of Care Complaint Allegations Breakdown, 1st Quarter, 2018-2019



Total allegations: 106

The *Standard of Care Complaint Allegations Breakdown, 1st Quarter 2018-2019*, provides an overview of the types of complaints that were filed with the Committee. There are four Standard of Care complaint categories:

### **Staff**

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

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

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

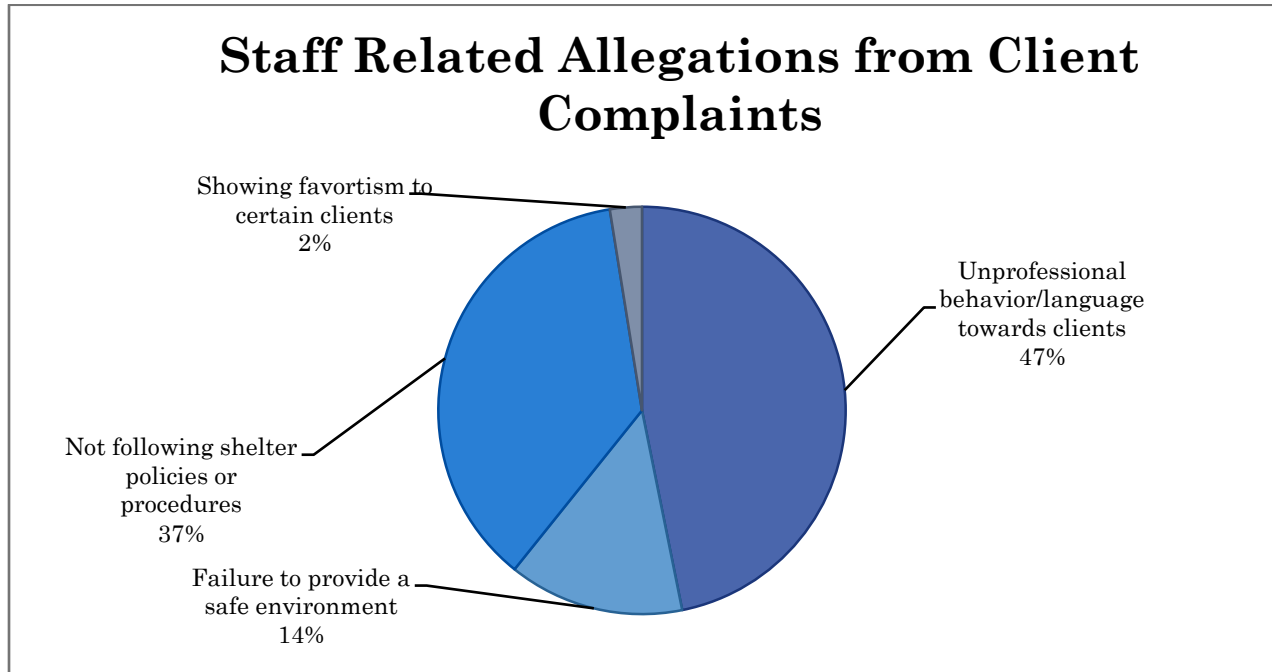
### **Health & Hygiene**

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

### **Facility & Access**

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

## Breakdown of Staff-related allegations in client complaints



Total number of Staff-related allegations: 79

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

With 37 allegations this quarter, the most common allegation of staff misconduct listed in client complaints are allegations of unprofessional or disrespectful behavior or language towards shelter clients. This category contains allegations of staff speaking to clients using profanity, disrespectful language or other unprofessional behavior.

The second most common allegation of staff misconduct are allegations of staff not following shelter policies or procedures. The Committee received 29 allegations of this type this quarter. These allegations involve staff not providing reasonable accommodations, late passes, MUNI tokens or other shelter services to clients.

The third most common allegation of staff misconduct is related allegations of staff failing to provide a safe environment for shelter clients. These include allegations of not properly addressing instances of verbal threats or physical violence taking place inside shelters. The Committee received 11 allegations of this type during the reporting period.


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



## Client Complaint Investigations

Clients who receive unsatisfactory responses to complaints can request a Committee investigation. Committee staff completed one investigation into a complaint submitted about the Next Door shelter.

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

Site	Alleged Standard Violation	Category	Findings	Recommendations for Site
Next Door	<p>Standard 1: Staff falsely accused the complainant of attacking another shelter client without any evidence</p> <p>Standard 1: Staff did not follow appropriate denial of service procedures</p>	<p>Staff</p> 	Inconclusive	N/A

### III. MEMBERSHIP

Vice Chair Gary McCoy stepped down from Mayor’s Seat #3 during the 1<sup>st</sup> Quarter of FY18-19. In addition, Committee staffer Jeff Simbe also left the Committee for a new position within the Department of Public Health during the reporting period. As a result, the Shelter Monitoring Committee currently has 8 active members and one support staff.

The Committee is actively recruiting new members for the remainder of the 2017-2018 Committee term as well as the new 2018-2019 Committee term beginning on January 1<sup>st</sup>, 2019.

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



Mwangi Mukami, Chair



Jonathan Adler, Member



Loretta Gaines, Member



Lauren Kahn, Member



Traci Watson, Member



Gavin James, Member



Stephen Irwin, Member



Charlie Morimoto, Member

Photo Unavailable: Nicholas Kimura, Policy Subcommittee Chair

## APPENDICES

**The Standards of Care**

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

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

## Site Visit Infractions

The Committee completed 18 total site visits during the 1<sup>st</sup> Quarter of FY18-19, visiting 16 of 19 assigned sites. The Committee did not visit Compass, Hospitality House or the Mission Neighborhood Resource Center during the reporting period. Summaries of the completed visits at each site are listed below:

### **A Woman's Place Shelter**

**Site Visit Date:** 7/16/18 and 8/15/18

The Committee completed two visits to A Woman's Place during the reporting period and the only infraction noted were that there were no bi-lingual English/Spanish speaking staff on duty at the time of the visit. This is an ongoing issue as the site does have three bi-lingual English and Spanish speaking staff, but they are trying and hire enough bi-lingual English/Spanish speaking employees to cover all shifts.

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

**Site Visit Date:** 8/13/18

The Committee completed one visit to A Woman's Place Drop In during the reporting period and noted that restroom facilities needed additional cleaning and that several amenities needed to be repaired, that there were no CPR masks available, that signage noting the status of facility issues was not posted, that not all staff were wearing ID badges and that there were no bi-lingual English/Spanish speaking staff on duty at the time of the visit. The bi-lingual staff issue remains ongoing due to the site not receiving many applications from bi-lingual candidates, but all other issues have been remedied.

### **Bethel AME**

**Site Visit Date:** 8/1/18

The Committee completed one visit to Bethel AME and noted that clients were not being given required linens (sheets, pillows, pillowcases) and were being given four blankets instead and that the site had run out of MUNI tokens. The site remedied the token issue by restocking the tokens at Bethel AME, however the linen issue is still ongoing. Please note that the Committee is recommending a change to the Standard of Care legislation that would allow sites to provide extra blankets to clients if sheets are not available.

### **First Friendship**

**Site Visit Date:** 7/19/18

The Committee completed one visit to First Friendship during the reporting period and noted that staff couldn't locate an AED, that required signage noting shelter policies and services was not posted, reasonable accommodation forms weren't available in English/Spanish, that all posted materials were not in English and Spanish, that there was no emergency disaster plan posted at the site, no MUNI tokens available or plastic bags available for clients to use as storage. The Committee also noted that the site did not have any bi-lingual English/Spanish speaking staff or professional translation services available. First Friendship does have professional translation available in Spanish, Mandarin, Cantonese and Tagalog but not in any other language. Other issues have been remedied by the site.

### **Hamilton Family and Emergency Shelters**

**Site Visit Date:** 7/11/18

The Committee completed one visit to Hamilton Family and Hamilton Emergency shelters and noted that first aid kits needed to be restocked with anti-biotic ointment and that ADA information was posted in English but not Spanish. All issues have been remedied by the site.

### **Lark Inn**

**Site Visit Date:** 7/10/18

The Committee completed one visit to Lark Inn during the reporting period and did not note any Standard of Care infractions.

**MSC South****Site Visit Date:** 7/12/18

The Committee completed one visit to MSC South during the reporting period and did not note any Standard of Care infractions.

**MSC South Drop In****Site Visit Date:** 7/12/18

The Committee completed one visit to MSC South Drop In during the reporting period and did not note any Standard of Care infractions.

**Next Door****Site Visit Date:** 7/12/18 and 8/20/18

The Committee completed two visits to Next Door during the reporting period and noted that restroom amenities needed to be repaired, required signage noting the status of repairs had not been posted and that it had been more than a month since the last emergency drills. The site submitted a work order to repair restroom amenities and all other infractions have been remedied.

**Providence****Site Visit Date:** 9/26/18

The Committee completed one visit to Providence during the 1<sup>st</sup> Quarter and noted that hygiene supplies needed to be restocked, that first aid kits needed to be restocked on anti-biotic ointment, that reasonable accommodation forms weren't available in Spanish, that clients were not being given required bedding and that translation services were only available in Mandarin, Cantonese, Tagalog and Spanish. Providence stated that they were not contracted to provide sheets, pillows and pillowcases and that they are not receiving funding for other translation services. All other issues have been remedied by the site. Please note that the Committee is recommending a change to the Standard of Care legislation that would allow sites to provide extra blankets to clients if sheets are not available.

**Sanctuary****Site Visit Date:** 9/4/18

The Committee completed one visit to Sanctuary and noted that shelter facilities needed to be cleaned, case management signage was posted in English but not Spanish, the meal menu was posted in English but not Spanish that the front door was missing from the women's restroom and that there were no bi-lingual English/Spanish speaking staff on duty at the time of the visit. Sanctuary reported that the door to the women's restroom was removed due to an ADA accommodation request, but all other issues were remedied.

**Santa Ana****Site Visit Date:** 7/19/18

The Committee completed one visit to Santa Ana during the reporting period and did not note any Standard of Care infractions.

**Santa Marta/Maria/Jazzie's Place****Site Visit Date:** 7/24/18

The Committee completed one visit to Santa Marta/Maria/Jazzie's Place during the reporting period and noted that it had been more than one month since the last emergency drill. That issue has been remedied by the site.

**St. Joseph's****Site Visit Date:** 8/2/18

The Committee completed one visit to St. Joseph's during the reporting period and did not note any Standard of Care infractions.

**United Council****Site Visit Date:** 9/26/18

The Committee completed one visit to United Council during the reporting period and noted that there was no information posted about where clients could access case management or a TTY machine, there were no bi-lingual English/Spanish speaking staff or translation services available, that the site had run out of MUNI tokens and that staff were not wearing ID badges. The site reported that they are not receiving funding for translation services and that they are currently interviewing for bi-lingual English/Spanish speaking staff. All other issues have been remedied.



## Client Survey Results:

**A Woman's Place Drop In**

Survey date: 9/10/18

Clients surveyed: 16

Do staff treat you with respect?	10	5	1
Do you feel discriminated against because of your age, disability, gender, race, religion, sexual orientation or transgender status?	8	8	0
Do you feel safe at this shelter?	10	6	0
Does staff de-escalate arguments and help to break up verbal fights between clients?	12	2	0

**Bethel AME**

Survey date: 9/18/18

Clients surveyed: 12

Do staff treat you with respect?	12	0	0
Do you feel discriminated against because of your age, disability, gender, race, religion, sexual orientation or transgender status?	0	12	0
Do you feel safe at this shelter?	12	0	0
Does staff de-escalate arguments and help to break up verbal fights between clients?	10	1	1
Is the sleeping area quiet at night?	10	0	1

**First Friendship**

Survey date: 9/26/18

Clients surveyed: 10

Do staff treat you with respect?	10	0	0
Do you feel discriminated against because of your age, disability, gender, race, religion, sexual orientation or transgender status?	0	10	0
Do you feel safe at this shelter?	9	0	0

Does staff de-escalate arguments and help to break up verbal fights between clients?	9	0	0
Is the sleeping area quiet at night?	9	0	1

**Hamilton Emergency**  
**Survey date: 9/13/18**  
**Clients surveyed: 7**

Do staff treat you with respect?	5	2	0
Do you feel safe at this shelter?	3	3	1
Does staff de-escalate arguments and help to break up verbal fights between clients?	2	4	0
Is the sleeping area quiet at night?	1	6	0

**Hamilton Family**  
**Survey date: 9/13/18**  
**Clients surveyed: 9**

Do staff treat you with respect?	8	1	0
Do you feel safe at this shelter?	9	0	0
Does staff de-escalate arguments and help to break up verbal fights between clients?	6	3	0
Is the sleeping area quiet at night?	6	3	0

**Hospitality House**  
**Survey date: 8/23/18**  
**Clients surveyed: 6**

Do staff treat you with respect?	5	1	0
Do you feel discriminated against because of your age, disability, gender, race, religion, sexual orientation or transgender status?	1	5	0
Do you feel safe at this shelter?	4	1	1
Does staff de-escalate arguments and help to break up verbal fights between clients?	3	0	0

Is the sleeping area quiet at night?	5	1	0
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**Lark Inn**

**Survey date: 9/24/18**

**Clients surveyed: 19**

Do staff treat you with respect?	18	0	1
Do you feel discriminated against because of your age, disability, gender, race, religion, sexual orientation or transgender status?	2	17	0
Do you feel safe at this shelter?	15	2	2
Does staff de-escalate arguments and help to break up verbal fights between clients?	12	1	2
Is the sleeping area quiet at night?	11	1	6

**MSC South Shelter**

**Survey date: 9/13/18**

**Clients surveyed: 33**

Do staff treat you with respect?	28	4	1
Do you feel discriminated against because of your age, disability, gender, race, religion, sexual orientation or transgender status?	6	27	0
Do you feel safe at this shelter?	26	4	2
Does staff de-escalate arguments and help to break up verbal fights between clients?	22	2	1
Is the sleeping area quiet at night?	23	6	3

**Mission Neighborhood Resource Center**

**Survey date: 8/7/18**

**Clients surveyed: 8**

Do staff treat you with respect?	8	0	0
Do you feel discriminated against because of your age, disability, gender, race, religion, sexual orientation or transgender status?	1	6	0
Do you feel safe at this shelter?	8	0	0

Does staff de-escalate arguments and help to break up verbal fights between clients?	6	0	0
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**St. Joseph's**  
**Survey date: 8/29/18**  
**Clients surveyed: 6**

Do staff treat you with respect?	6	0	0
Do you feel discriminated against because of your age, disability, gender, race, religion, sexual orientation or transgender status?	0	6	0
Do you feel safe at this shelter?	6	0	0
Does staff de-escalate arguments and help to break up verbal fights between clients?	2	0	0
Is the sleeping area quiet at night?	4	2	0

*FY2018-2019 Unannounced Site Visit Tally*

<b>Site</b>	<b>1<sup>st</sup> Quarter July – Sept.</b>	<b>Total (FY18-19)</b>
A Woman's Place	2	2
A Woman's Place Drop In Center	1	1
Bethel AME	1	1
Compass	0	0
First Friendship	1	1
Hamilton Emergency	1	1
Hamilton Family	1	1
Hospitality House	0	0
Interfaith Winter Shelter	*Closed	*Closed
Lark Inn	1	1
Mission Neighborhood Resource Ctr.	0	0
MSC South Shelter	1	1
MSC South Drop In Center	1	1
Next Door	2	2
Providence	1	1
Sanctuary	2	2
Santa Ana	1	1
Santa Marta/Maria/Jazzie's Place	1	1
St. Joseph's	1	1
United Council	1	1
<b>Visited Sites:</b>	<b>16</b>	<b>16</b>
<b>Assigned Sites:</b>	<b>19</b>	<b>19</b>
<b>Compliance:</b>	<b>84.2%</b>	<b>84.2%</b> <b>(Compliance through 1<sup>st</sup> Quarter FY18-19 only)</b>

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

*FY2018-2019 Announced Site Visit Tally*

<b>Site</b>	<b>1<sup>st</sup> Quarter</b>	<b>FY18-19</b>
<b>A Woman's Place</b>	<b>0</b>	<b>0</b>
<b>A Woman's Place Drop In Center</b>	<b>1</b>	<b>1</b>
<b>Bethel AME</b>	<b>1</b>	<b>1</b>
<b>Compass</b>	<b>0</b>	<b>0</b>
<b>First Friendship</b>	<b>1</b>	<b>1</b>
<b>Hamilton Emergency</b>	<b>1</b>	<b>1</b>
<b>Hamilton Family</b>	<b>1</b>	<b>1</b>
<b>Hospitality House</b>	<b>1</b>	<b>1</b>
<b>Interfaith Winter Shelter</b>	<b>-</b>	<b>-</b>
<b>Lark Inn</b>	<b>1</b>	<b>1</b>
<b>Mission Neighborhood Resource Ctr.</b>	<b>1</b>	<b>1</b>
<b>MSC South Shelter</b>	<b>1</b>	<b>1</b>
<b>MSC South Drop In Center</b>	<b>0</b>	<b>0</b>
<b>Next Door</b>	<b>0</b>	<b>0</b>
<b>Providence</b>	<b>0</b>	<b>0</b>
<b>Sanctuary</b>	<b>0</b>	<b>0</b>
<b>Santa Ana</b>	<b>0</b>	<b>0</b>
<b>Santa Marta/Maria/ Jazzie's Place</b>	<b>1</b>	<b>1</b>
<b>St. Joseph's</b>	<b>1</b>	<b>1</b>
<b>United Council</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>11</b>	<b>11</b>

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

### Client Complaint Process Flowchart

• Committee staff screens complaint, and if valid, complaint is written up and emailed to site director and site manager

• Copy of the complaint given to client

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



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



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



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



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



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

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

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

### Site Visit Infraction Process Flowchart

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

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



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



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



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



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



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

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

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