

SHELTER MONITORING COMMITTEE

3rd Quarter Report

January 1, 2017 through March 31, 2017



3rd Quarter Facts and Figures

SITE VISITS

21 completed site visits 

Sites with **0** infractions 

A Woman's Place Drop-In | **Hamilton Emergency Shelter**
Jazzie's Place | **MSC South Drop-In** | **Sanctuary** | Santa Ana

8 infractions site with most infractions:

United Council

Top 5 Site Visit Infractions

Insufficient hygiene supplies



Insufficient bedding



Insufficient maintenance signage



Lack of translation services



Insufficient emergency drills



CLIENT COMPLAINTS

72 total complaints filed by

40 unduplicated clients

Out of **2,800** total unduplicated clients served

Status of Complaints

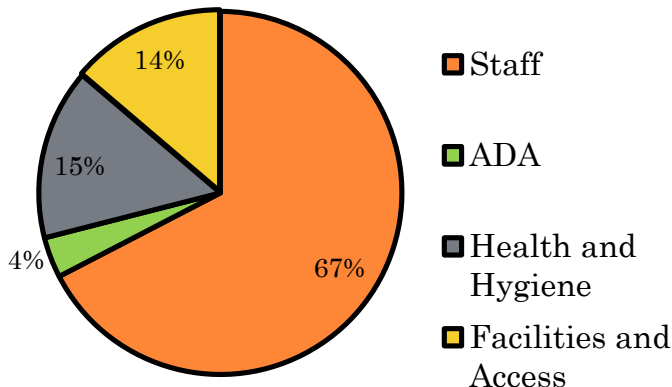
6 Closed

37 Pending

6 Not Satisfied

23 No Contact

Client Complaint Categories



SOC TRAININGS

3

Bethel AME | **First Friendship**
Providence

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.

Policy Subcommittee

The Policy Subcommittee is responsible for monitoring any City policies that impact shelter clients and shelter operations as well as formulating policy recommendations that are then sent to the full Committee for approval.

3rd QUARTER REPORT

I. SITE VISITS

For the quarter starting January 1 and ending March 31, 2017, the Committee completed 21 of 21 assigned sites. Six sites were not cited for a single Standard of Care infraction: A Woman's Place Drop In, Hamilton Emergency Shelter, Jazzie's Place, MSC South Drop In, Sanctuary and Santa Ana. The site with the most infractions was United Council with 8 infractions.

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



Standard 3¹ (Health and Hygiene)

7 citations: Bethel AME, Hamilton Family Shelter, Mission Neighborhood Resource Center, MSC South, Next Door, Santa Marta/Maria and United Council



Standard 12² (Facilities and Access)

5 citations: Bethel AME, First Friendship, Interfaith Winter Shelter, MSC South and Providence



Standard 17³ (Facilities and Access)

4 citations: Bethel AME, Hamilton Family Shelter, Next Door and Santa Marta/Maria



Standard 21⁴ (Facilities and Access)

4 citations: Bethel AME, First Friendship, Providence and United Council



Standard 23⁵ (Facilities and Access)

4 citations: Compass, Hospitality House, Lark Inn and St. Joseph's Family Shelter

¹Standard 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

²Standard 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

³ Standard 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




⁴ Standard 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

⁵ Standard 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

II. CLIENT COMPLAINTS

The Committee received 72 Standard of Care complaints filed by 40 unduplicated clients in the 3rd Quarter (out of 2,800 total unduplicated clients served). This represents a 60% increase in the number of complaints and a 14% increase in the number of unduplicated clients submitting complaints when compared to the previous quarter.⁶ The Standards that came up in the most client complaints this quarter were Standards 1, 2 and 3.

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  | 44 | 28 | 10 |
| 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  | 30 | 18 | 8 |
| Standard 3: Provide...soap...paper/hand towels...hand sanitizers...and hire janitors staff to clean shelters on a daily basis | Health and Hygiene  | 15 | 10 | 2 |

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

⁶ Quarter 2: 45 total complaints submitted by 35 unduplicated clients

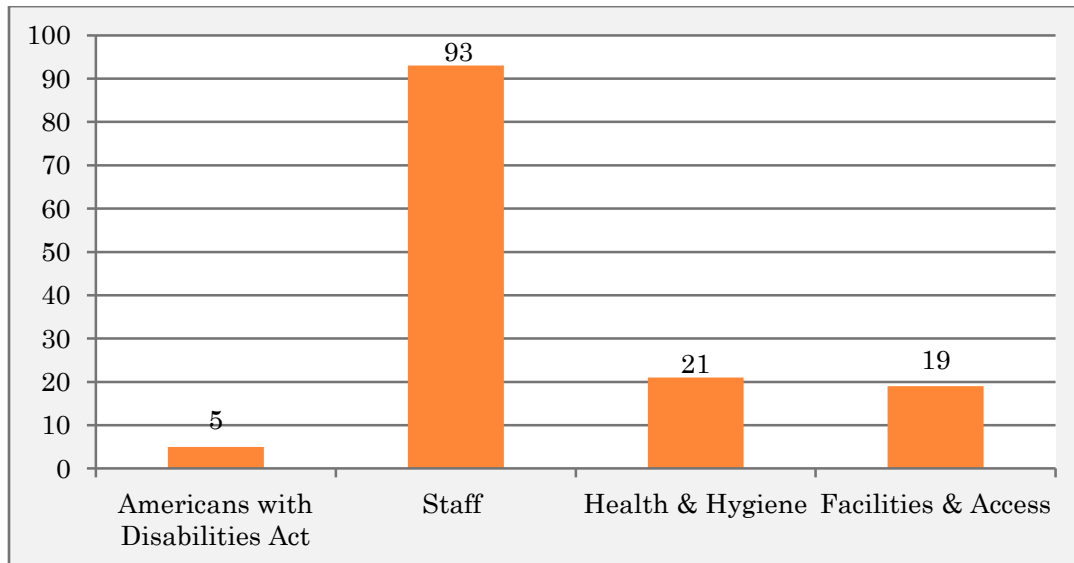
The table below provides a breakdown of the number of complaints per site and the status of the complaints themselves. A complaint can include allegations of non-compliance for one Standard or multiple Standards. The Standards of Care complaints fall into five status categories⁷: Open, Closed, Not Satisfied, Pending or No Contact.

Standard of Care Complaints Tally 3rd Quarter 2016-2017

| Site | Site Capacity | # of Complainants | # of Complaints filed | Status of Complaints | Investigations |
|-----------------------------------|------------------|-------------------|-----------------------|--|--------------------------------------|
| A Woman's Place Drop In | 63 chairs | 1 | 1 | No Contact (1) | None |
| Bethel AME | 30 mats | 6 | 8 | No Contact (2) Not Satisfied (1) Pending (5) | Completed (1) |
| Hamilton Emergency Shelter | 46 beds, 8 cribs | 1 | 1 | Pending (1) | None |
| Hospitality House | 30 beds/mats | 1 | 1 | No Contact (1) | None |
| Jazzie's Place | 24 beds | 1 | 1 | No Contact (1) | None |
| MSC South Drop In | 70 chairs | 2 | 2 | No Contact (1) Not Satisfied (1) | Pending (1) |
| MSC South Shelter | 340 beds | 4 | 4 | Not Satisfied (2) No Contact (1) Pending (1) | Completed (1) Pending (1) |
| Next Door | 334 beds | 18 | 48 | Closed (5) Not satisfied (1) No Contact (14) Pending (28) | Pending (1) |
| Sanctuary | 200 beds | 4 | 4 | Closed (1) No Contact (2) Pending (1) | None |
| Santa Marta/Santa Maria | 56 beds | 1 | 1 | No Satisfied (1) | Completed (1) |
| St. Joseph's | 10 families | 1 | 1 | Pending (1) | None |
| Totals | | 40 | 72 | Closed (6) Pending (37) Not Satisfied (6) No Contact (23) | Completed (3) Pending (3) |

⁷ Complaint Status Categories: Open - Site has not responded to the complaint filed by the client; Closed: 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; No Contact – Complaint closed because client has not reviewed the site's response within 45 days

Standard of Care Complaint Allegations Breakdown, 3rd Quarter, 2016-2017



Total allegations: 138

The *Standard of Care Complaint Allegations Breakdown, 3rd Quarter 2016-2017*, 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

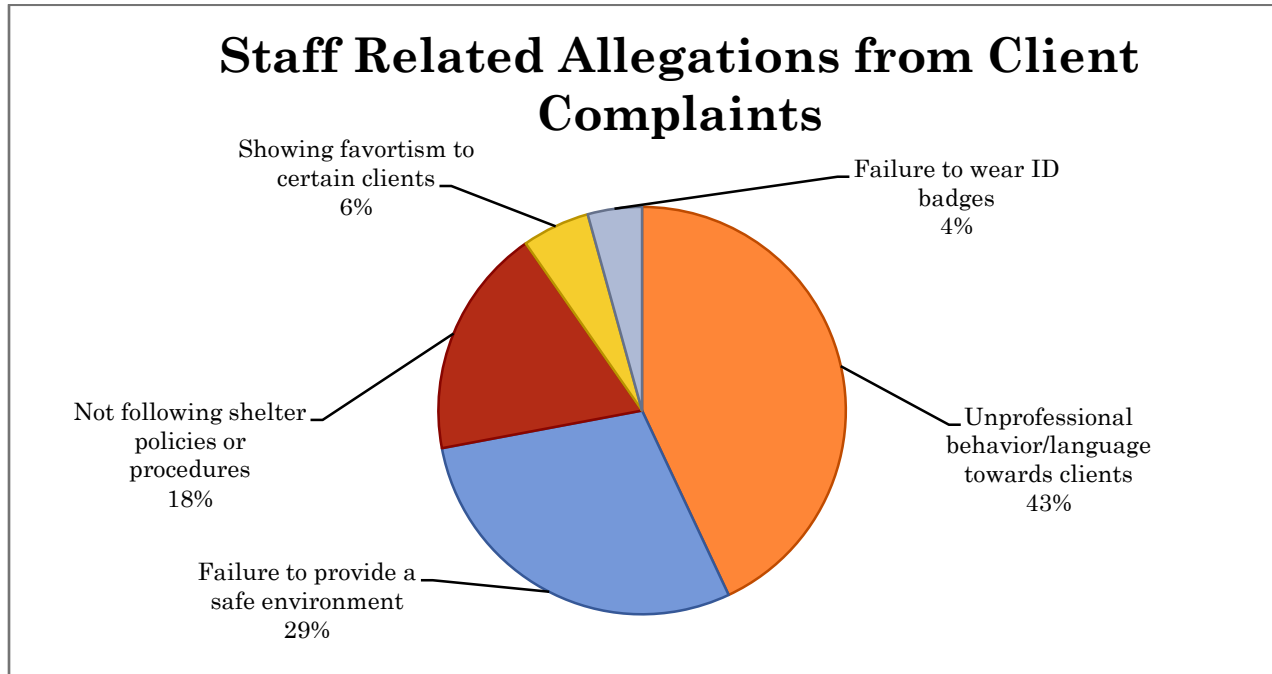
This category refers to 11 Standards focusing on meals, access to toiletries, shelter cleanliness and stocked first aid kits. The 11 Standards include Standards 3, 4, 5, 6, 7, 9, 10, 11, 13, 19, and 30.



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: 93

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 40 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 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 27 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. Examples include allegations of staff not providing reasonable accommodations, late passes, laundry vouchers or MUNI tokens to eligible clients. The Committee received 17 allegations of this type this quarter.

The categories with the fewest allegations of staff misconduct this quarter were complaints about staff showing favoritism to clients and staff not identifying themselves to clients. The Committee received 5 allegations staff showing favoritism to clients and 4 allegations of staff not wearing ID badges this quarter.

Client Complaint Investigations

Clients who receive unsatisfactory responses to complaints can request a Committee investigation. Committee staff completed six investigations this quarter: Three for complaints from the 3rd Quarter and three for complaints from the 2nd Quarter. The following table provides an overview of the investigations that were conducted this quarter including findings and any recommendations for the site:

| Site | Alleged Standard Violation | Category | Findings | Recommendations for Site |
|-------------------|----------------------------|--|-------------------|--|
| Bethel AME | Standard 1 ⁸ | Staff  | Inconclusive | Remind all staff to only use professional language when speaking to shelter clients |
| Next Door | Standard 2 ⁹ | Staff  | In Compliance | Ask staff working near the laundry room to monitor area for potential conflicts between clients |
| Next Door | Standard 15 ¹⁰ | Facility & Access  | In Compliance | N/A |
| Next Door | Standard 28 ¹¹ | Facility & Access  | In Compliance | Update laundry room signage to state status of laundry room repairs |
| MSC South | Standard 15 ¹⁰ | Facility & Access  | In Compliance | N/A |
| Santa Marta/Maria | Standard 1 ⁸ | Staff  | Out of Compliance | Review all comments from client surveys; Have staff review Shelter Training Manual Ch. 2: Customer Service and Professionalism |

III. TRAININGS

Shelter Monitoring Committee staff conducted Standard of Care trainings for staff at three sites during the 3rd Quarter of this fiscal year:

- Bethel AME
- First Friendship
- Providence

⁸ Standard 1: Treat clients equally, with respect and dignity, including in the application of shelter policies and grievance process

⁹ Standard 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

¹⁰ Standard 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

¹¹ Standard 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

IV. MEMBERSHIP

2017-2018 Shelter Monitoring Committee



Mwangi Mukami
Chair
LHCB Seat #3
Appointed July 11, 2016



Gary McCoy
Vice Chair/Policy Subcommittee Chair
Mayor's Seat #1
Appointed January 4, 2017



Patrina Hall
Secretary
BOS Seat #1
Appointed January 24, 2017



Loretta Gaines
BOS Seat #2
Appointed January 24, 2016



Lauren Kahn
BOS Seat #4
Appointed January 24, 2017



Traci Watson
BOS Seat #6
Appointed July 24, 2016



Gavin James
LHCB Seat #2
Appointed July 11, 2016



Stephen Irwin
LHCB Seat #4
Appointed July 11, 2016



Cindy Ward
Mayor's Seat #2
Appointed December 21, 2016



Charlie Morimoto
Mayor's Seat #3
Appointed December 21, 2016

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 |

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