City and County of San Francisco

Shelter Monitoring Committee

Third Quarter Report, January through March 2016

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.

Executive Summary

The Shelter Monitoring Committee (The Committee) is responsible for documenting the conditions of shelters and resource centers to improve the health, safety, and treatment of clients, staff, and the homeless community. The Committee monitors the conditions of these shelters and resource centers through two primary methods: Conducting site visits and by taking client complaints. Individual Committee members form teams and conduct site visits to all shelters a minimum of 4 times per year, per site. In addition, at least one of these site visits must be announced in order to give shelter residents the opportunity to discuss shelter conditions with members of the Committee. These teams note any Standards of Care infractions that were identified during site visits and submit them to shelter management to be addressed. The Committee was able to complete site visits at 22 of 21 sites during the reporting period, or 105% of the total mandated site visits for the 3rd Quarter of this fiscal year. Due to the fact that the Committee did not conduct a site visit at the Sana Ana shelter during the 2nd quarter, the Committee visited the site twice in the 3rd Quarter.

Clients are able to submit complaints regarding their experiences at shelters and resources to the Committee by email, phone or in person. The Committee received 21 Standard of Care complaints during the reporting period (From January 1st to March 31st, 2016), which is significantly fewer than the number of complaints the Committee received in the 1st and 2nd quarters of this fiscal year (43 and 30 complaints respectively). The most frequent complaints received by the Shelter Monitoring Committee during the reporting period are staff related issues (70.6%), followed by health and hygiene issues (13.7%), facility and access issues (5.9%), and ADA (9.8%). Of the 21 complaints submitted by clients this quarter, 10 (47.6%) were closed due to a lack of response from clients, 7 complaints (33.3%) were closed as a result of clients being satisfied with the site response. There are no complaints that are currently open but there are 2 complaints (9.5%) pending a response from the client. The Committee also received 2 responses (9.5%) that were not satisfactory for the client and required an investigation. These two complaints were investigated by Committee staff during the reporting period. Additional
information on the investigations conducted this quarter can be found on Pages 14-15 in this report.

**Policy Recommendations**
The Shelter Monitoring Committee does not have any new Policy Recommendations for this reporting period.

**Trainings**
The Shelter Monitoring Committee conducted five Standards of Care trainings at the following sites during the reporting period: A Woman’s Place, A Woman’s Place Drop-In, Santa Ana, Santa Marta/Maria and Jazzie’s Place. There were no Shelter Health trainings conducted by the Committee during the 3rd Quarter.

**Site Visits**
The inspection teams conducted 22 of the 21 assigned visits in the 3rd Quarter of this Fiscal Year, from January 1 to March 31, 2016. During the reporting period, the Interfaith Emergency Winter Shelters were active, which kept the total number of shelters the Committee must inspect this quarter at 21. The Committee is mandated by legislation to conduct a minimum of four site inspections per site annually, visiting each of the sites once per quarter.

### A Woman’s Place Shelter
*Site Visit infractions submitted to site: 2/17/16  
Site responded: 2/24/16  
The Committee conducted one inspection during the reporting period and noted the following Standards of Care infractions:*

- No AED on site - **Resolved**
- ID badges not worn by staff - **Resolved**
- Broken hand sanitizer dispensers - **Resolved**
- City and Shelter printed materials not all available in English and Spanish - **Resolved**

### A Woman’s Place Drop In
*Site Visit infractions submitted to site: 3/10/16  
Reminder sent: 3/17/16  
Site responded: 3/20/16  
The Committee conducted one inspection during the reporting period and noted the following Standards of Care infractions:*

- Smoking prohibited signs not posted in English and Spanish - **Resolved**
- No Language Link – **Ongoing due to lack of funding**
- Staff not wearing ID badges - **Resolved**
- No tokens (HSA does not supply) – **Ongoing due to lack of funding**
- No masks - **Resolved**
• No signage posted informing clients where to go for laundry services - Resolved

Bethel AME
Site Visit infractions submitted to site: 3/28/16
Site responded: 3/29/16
The Committee conducted one inspection during the reporting period and noted the following Standards of Care infractions:
• No sheets provided to clients – Ongoing due to issues related to laundering sheets
• No Language Link or other professional translation service – Ongoing due to lack of funding

Compass Family Shelter
Site Visit infractions submitted to site: 3/18/16
Site Responded: 3/22/16
The Committee completed one inspection of the site during the reporting period and did not note a single Standard of Care infraction.
• Empty hand sanitizer dispensers in kitchen and upstairs hallway office area - Resolved

Dolores Street Community Services-Santa Marta/Santa Maria/Jazzie’s Place
Site Visit infractions submitted to site: 4/4/16
Site responded: 4/6/16
The Committee completed one inspection of the site during the reporting period and noted the following Standards of Care infractions:
• Menus not posted in English or Spanish - Resolved
• No signage posted telling clients where to access TTY - Resolved
• Last emergency drill not within 30 days - Resolved

Dolores Street Community Services-Santa Ana
Site Visit infractions submitted to site: 3/2/16
Site responded: 3/9/16
The Committee completed one inspection of the site during the reporting period and noted the following Standards of Care infractions:
• No MUNI tokens available - Resolved
• Emergency disaster plan not posted - Resolved

First Friendship Emergency Family Shelter
Site Visit infractions submitted to site: 3/28/16
Site responded: 3/29/16
The Committee completed one inspection of the site during the reporting period and noted the following Standards of Care infractions:
• No sheets – Ongoing due to laundry related issues
• No Language Link – Ongoing due to lack of funding
• No ADA compliant beds – Ongoing (Site is an emergency shelter that broken down each night and returned to the property owner)
- Some (mats) were less than 22 inches apart, side by side - Resolved

**Hamilton Family Residences**  
*Site Visit infractions submitted to site: 5/2/16 (Delayed due to technical difficulties)*  
The Committee conducted one visit to this site during the reporting period and did not note any Standard of Care infractions.

**Hamilton Emergency Shelter**  
*Site Visit infractions submitted to site: 5/2/16 (Delayed due to technical difficulties)*  
*Site responded: Pending*  
The Committee conducted one visit to this site during the reporting period and noted the following Standards of Care infractions:
  - Signage about water fountain repairs needed to be updated to reflect current state of repairs – Pending site response  
  - First aid kit needed band aids – Pending site response  
  - Emergency drill not held within last 30 days – Pending site response

**Hospitality House**  
*Site Visit Date: 3/31/16*  
*Site Visit infractions submitted to site: 5/2/16 (Delayed due to technical difficulties)*  
*Site responded: Pending*  
The Committee conducted one visit to this site during the reporting period and noted the following Standards of Care infractions:
  - Insufficient meals and vegetarian options - Pending

**Interfaith Emergency Winter Shelters**  
*Site Visit infractions submitted to site: 3/1/16*  
*Site responded: 3/2/16*  
The Committee conducted one site visit to this site during the reporting period and noted the following Standards of Care infraction:
  - Not a minimum of 22 inches between mats - Resolved

**Lark Inn**  
*Site Visit infractions submitted to site: 3/16/16*  
*Site responded: 3/24/16*  
The Committee conducted one visit to this site during the reporting period and noted the following Standards of Care infractions:
  - No menus posted in English or Spanish - Resolved  
  - Staff not wearing ID badges - Resolved  
  - No signage on where to access case management services - Resolved  
  - Women’s restroom needed cleaning - Resolved  
  - Clogged toilet in Men’s restroom - Resolved  
  - Broken ADA shower in Men’s restroom - Resolved  
  - No signage noting the status of repairs - Resolved
Mission Neighborhood Resource Center
The Committee conducted one visit to this site during this reporting period and did not note a single Standards of Care infractions.

MSC South Drop-In
Site Visit infractions submitted to site: 3/17/16
Site responded: 3/24/16
The Committee conducted one visit to this site during this reporting period and noted the following Standards of Care infractions:
- Signage not posted in Spanish regarding:
  - Check-in and exit times - Resolved
  - Hours of operation - Resolved
  - Shower times - Resolved
  - Case management availability and accessibility - Resolved

MSC South Shelter
Site Visit infractions submitted to site: 3/1/16
Site responded: 3/7/16
The Committee visited this site once during the reporting period and noted the following Standards of Care infractions:
- No MUNI tokens available - Resolved

Next Door
Site Visit infractions submitted to site: 3/10/16
Site responded: 3/15/16
The Committee visited this site once during the reporting period and noted the following Standards of Care infractions:
- First aid kit at front desk was not fully stocked - Resolved
- Resident notice regarding daily floor closures is posted in English but not Spanish - Resolved

Providence and Providence Emergency Family Shelter
Site Visit infractions submitted to site: 3/10/16
Site responded: 3/21/16
The Committee conducted one visit to this site during this reporting period and noted the following Standards of Care infractions:
- ADA information not posted - Resolved
- Men’s restroom needed cleaning – Resolved
- No Language Link or other professional translation service - Resolved

Sanctuary
Site Visit infractions submitted to site: 2/3/16
Site responded: 2/5/16
The Committee conducted one visit to this site during this reporting period and noted the following Standards of Care infractions:
- No signage posted for three broken machines in laundry room - **Resolved**
- Debris on floor of 2nd floor ADA bathroom - **Resolved**
- Smoking prohibited signs not posted in Spanish - **Resolved**

**St. Joseph’s Family Shelter**
The site was inspected once during the reporting period and the Committee did not note any Standards of Care infractions.

**United Council – Mother Brown’s**
*Site Visit infractions submitted to site: 12/28/15*
*Site responded: 2/17/16*
The Committee conducted one visit to this site during this reporting period and noted the following Standards of Care infractions:
- Restroom issues:
  - No soap or hand sanitizer - **Resolved**
  - No hand dryer or paper towels - **Resolved**
  - No toilet paper in bathroom – **Ongoing**, toilet paper is available for clients at the staff station but not kept inside the bathrooms
- No CPR mask available – **Resolved**
- No gowns or masks available – **Resolved**
- No tokens (ran out) – **Resolved**
- No Language Link – **Ongoing due to lack of funding**
- No bilingual Spanish speaking staff on duty – **Ongoing**
- 2nd floor staff not wearing ID badge – **Resolved**
Table 1: Site Visit Tally for 3rd QTR FY 2015-2016

<table>
<thead>
<tr>
<th>Shelter and Resource Center</th>
<th>Number of Visits 1st Qtr. 2015-2016</th>
<th>Number of Visits 2nd Qtr. 2015-2016</th>
<th>Number of Visits 3rd Qtr. 2015-2016</th>
<th>Total 2015-2016 FY</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Woman’s Place</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>AWPD</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Bethel AME</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Compass</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>First Friendship</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Hamilton Emergency Shelter</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Hamilton Family Shelter</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Hospitality House</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Interfaith</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>*seasonal shelter that operates from November through February</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jazzie’s Place</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Lark Inn</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>MSC South Drop In</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>MSC South Shelter</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>MNRC</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Next Door</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Providence</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Sanctuary</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Santa Ana</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Santa Marta/Santa Maria</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>St. Joseph’s</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>United Council</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>17</td>
<td>22</td>
<td>59</td>
</tr>
<tr>
<td>Assigned Number of Visits</td>
<td>20</td>
<td>21</td>
<td>21</td>
<td>62</td>
</tr>
<tr>
<td>Percentage of Compliance</td>
<td>100%</td>
<td>81%</td>
<td>105%</td>
<td>95% Compliance for Q1-Q3</td>
</tr>
</tbody>
</table>
Standards of Care Complaints

There were 21 Standard of Care complaints filed by clients from January 1 to March 31, 2016. The table below provides a breakdown of the number of complaints per site and the status of the complaints themselves. A complaint can include allegations of non-compliance for one Standard or multiple Standards. In addition, each complaint can contain multiple allegations of violations of the same Standard of Care. For example, a client alleged the staff did not have their identification (Standard 25), a lack of soap (Standard 3), a lack of paper towels (Standard 3) and lack of a pillow (Standard 12). The Standards of Care complaints fall into four areas of compliance that are depicted below:

There are five status categories for complaints:

*Open* – Indicates that the site has yet to respond to the complaint filed by the client. Of the 21 complaints submitted by clients this quarter, none remain open.

*Closed* – Indicates that the client who initiated the complaint agrees with the site’s response. Of the 21 complaints submitted by clients this quarter, 7 of the complaints (33.3%) have been closed.

*Not Satisfied* – Indicates that the client who initiated the complaint did not agree with the site’s response. Responses that are not satisfactory for the client are investigated by the Committee. The Committee’s investigation reports are provided to the client, HSA and shelter management. Of the 21 complaints submitted by clients this quarter, 2 (9.5%) received responses that were not satisfactory for the client that required investigations by the Committee. Additional information on investigations conducted by the Committee can be found in the “Investigations” section of this report.

*Pending* – Indicates that the site has responded to the complaint and that the Committee is waiting for the client to indicate whether or not they agree with the site’s response. Of the 21 complaints submitted by clients this quarter, 2 (9.5%) are awaiting a client’s response.

*No Contact* – Indicates that the contact information the client provided at the time of the initial complaint is no longer valid or the client did not have contact information when making the initial complaint and has not returned within the 45-day requirement to review the site’s response. Of the 21 complaints submitted by clients this quarter, 10 complaints (47.6%) were closed due to a lack of response from clients.
Table 2: Standard of Care Complaints Tally Per Site for 3rd Quarter 2015-2016

<table>
<thead>
<tr>
<th>Site</th>
<th># of Complainants</th>
<th># of Complaints filed</th>
<th>Status of Complaints</th>
<th>Investigations</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Woman’s Place</td>
<td>1</td>
<td>1</td>
<td>Closed (1)</td>
<td>None</td>
</tr>
<tr>
<td>A Woman’s Place Drop In</td>
<td>2</td>
<td>3</td>
<td>Closed (1)</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No Contact (2)</td>
<td></td>
</tr>
<tr>
<td>Bethel AME</td>
<td>2</td>
<td>2</td>
<td>Closed (1)</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No Contact (1)</td>
<td></td>
</tr>
<tr>
<td>Compass</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>None</td>
</tr>
<tr>
<td>First Friendship</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>None</td>
</tr>
<tr>
<td>Hamilton Emergency Shelter</td>
<td>1</td>
<td>1</td>
<td>No Contact (1)</td>
<td>None</td>
</tr>
<tr>
<td>Hamilton Family Shelter</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>None</td>
</tr>
<tr>
<td>Hospitality House</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>None</td>
</tr>
<tr>
<td>Interfaith *seasonal shelter that operates from November through February</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>None</td>
</tr>
<tr>
<td>Jazzie’s Place</td>
<td>2</td>
<td>2</td>
<td>Not Satisfied (1)</td>
<td>Completed (1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No Contact (1)</td>
<td></td>
</tr>
<tr>
<td>Lark Inn</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>None</td>
</tr>
<tr>
<td>MSC South Drop In</td>
<td>1</td>
<td>1</td>
<td>No Contact (1)</td>
<td>None</td>
</tr>
<tr>
<td>MSC South Shelter</td>
<td>2</td>
<td>2</td>
<td>No Contact (2)</td>
<td>None</td>
</tr>
<tr>
<td>MNRC</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>None</td>
</tr>
<tr>
<td>Next Door</td>
<td>5</td>
<td>5</td>
<td>Closed (3)</td>
<td>Completed (1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Not satisfied (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No Contact (1)</td>
<td></td>
</tr>
<tr>
<td>Providence</td>
<td>2</td>
<td>2</td>
<td>Pending (1)</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No Contact (1)</td>
<td></td>
</tr>
<tr>
<td>Sanctuary</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>None</td>
</tr>
<tr>
<td>Santa Ana</td>
<td>1</td>
<td>1</td>
<td>Closed (1)</td>
<td>None</td>
</tr>
<tr>
<td>Santa Marta/Santa Maria</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>None</td>
</tr>
<tr>
<td>St. Joseph’s</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>None</td>
</tr>
<tr>
<td>United Council</td>
<td>1</td>
<td>1</td>
<td>Pending (1)</td>
<td>None</td>
</tr>
<tr>
<td>Totals</td>
<td>20</td>
<td>21</td>
<td>Closed (7)</td>
<td>Complaints requiring investigation (2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No Contact (10)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Not Satisfied (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pending (2)</td>
<td></td>
</tr>
</tbody>
</table>
Chart I, the Standard of Care Complaint 3rd Quarter Breakdown, provides an overview of the type of complaints that were filed with the Committee. This chart does not provide the outcomes of each complaint. Instead, it provides an overview of the types of complaints received in the quarters. At the end of each fiscal year, there is a report that breaks down the types of complaints generated at each site and the outcome of each of that site’s specific complaints. The quarterly reports are intended to provide an overview of the type of complaint received. Table II, Standard of Care Complaints Tally Per Site, on 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.

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

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

**Facility & Access**
Sixteen Standards make up this category. The Standards that make up this area are 12, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 26, 27, 28, 29, and 32.
A Woman’s Place
This site received one complaint submitted by a client during the reporting period:

- Client #1:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Complaint is closed due to the client’s satisfaction with the site’s response.

A Woman’s Place Drop-In
This site received three complaints submitted by two different clients during the reporting period:

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

- Client #1, Complaint #2
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Complaint is closed due to No Contact from the client.

- Client #2:
  - Standard 17: Note in writing and post in a common area in the shelter when a maintenance problem will be repaired and note the status of the repair – 1 allegation
  - Complaint is closed due to the client’s satisfaction with the site’s response.

Bethel AME
This site received two complaints submitted by two separate clients during the reporting period:
• Client #1:
  o Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  o **Complaint is closed due to No Contact from the client.**

• Client #2:
  o Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  o **Complaint is closed due to client satisfaction with the site’s response.**

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

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

**Hamilton**
This site received one complaint submitted by a client during the reporting period:
  • Client #1:
    o Standard 1: Treat clients equally, with respect and dignity – 1 allegation
    o Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
    o **Complaint is closed due to No Contact from the client.**

**Interfaith Winter Shelter**
This site did not receive any Standards of Care complaints during this reporting period.

**Jazzie’s Place**
This site received two complaints submitted by two separate clients during the reporting period:
  • Client #1:
    o Standard 1: Treat clients equally, with respect and dignity – 1 allegation
    o Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
    o **Complaint is closed due to No Contact from the client.**
  • Client #2:
    o Standard 1: Treat clients equally, with respect and dignity – 1 allegation
    o Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
    o Standard 26: Ensure all clients receive appropriate and ADA-compliant transportation to attend medical, permanent housing, substance abuse treatment…etc. – 1 allegation
    o 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 – 1 allegation
    o **The client was not satisfied with the response to the complaint, leading to an investigation. Additional information about the investigation can be found in the “Investigations” section of this report on page 14.**

**MSC South Drop-In**

Page 12 of 20
Revised on 11/16/15
This site received one complaint submitted by a client during the reporting period:

- Client #1:
  - Standard 9: Engage a nutritionist who shall develop all meal plans, including meal plans for children and pregnant women; and post menus on a daily basis – 1 allegations
  - Complaint is closed due to No Contact from the client

**MSC South Shelter**

This site received two complaints submitted by two separate clients during the reporting period:

- Client #1:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 8: Provide shelter services in compliance with the Americans with Disabilities Act (ADA), including but not limited to…reasonable modifications to shelter policies, practices, and procedures…
  - Complaint is closed due to No Contact from the client

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

**Mission Neighborhood Resource Center**

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

**Next Door**

This site received five complaints submitted by five separate clients during the reporting period:

- Client #1:
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegations
  - Complaint is closed due to client satisfaction with the site’s response.

- Client #2
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegations
  - Complaint is closed due to client satisfaction with the site’s response.

- Client #3
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
  - The client was not satisfied with the response to the complaint, leading to an investigation. Additional information about the investigation can be found in the “Investigations” section of this report on page 14.

- Client #4
  - Standard 2: Provide shelter services in an environment that is free and safe of physical violence – 1 allegation
  - Standard 3: …hire janitorial staff to clean shelters on a daily basis – 1 allegation
  - Complaint is closed due to No Contact from the client

- Client #5
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
Standard 8: Provide shelter services in compliance with the Americans with Disabilities Act (ADA), including but not limited to…reasonable modifications to shelter policies, practices, and procedures…

Standard 15: Provide shelter clients with pest-free, secure property storage inside each shelter…

**Complaint is closed due to client satisfaction with the site’s response.**

**Providence**

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

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

- **Client #2:**
  - Standard 1: Treat clients equally, with respect and dignity – 3 allegation
  - Standard 2: Provide shelter services in an environment that is free and safe from physical violence – 1 allegation
  - Standard 3: …hire janitorial staff to clean shelters on a daily basis – 1 allegation
  - **Complaint is open pending a response from the client.**

**Sanctuary**

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

**Santa Ana:**

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

- **Client #1:**
  - Standard 1: Treat clients equally, with respect and dignity – 1 allegation
  - Standard 2: Provide shelter services in an environment that is safe and free from physical violence – 1 allegation
  - **Complaint is closed due to client satisfaction with the site’s response.**

**United Council**

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

- **Client #1:**
  - Standard 2: Provide shelter services in an environment that is safe and free from physical violence – 1 allegation
  - **Complaint is open pending a response from the client.**
Investigations

There were two investigations conducted during this reporting period, one involving a client staying at Jazzie’s Place and one involving a client staying at Next Door:

**Jazzie’s Place**

** Investigation #1:**

In the original complaint, the complainant stated that the site did not provide MUNI tokens or laundry services for clients. The complainant also alleged that two shelter employees were unprofessional and did not treat clients with respect.

In the response, Jazzie’s Place stated that they do have MUNI tokens available but they frequently run out. In addition, Jazzie’s Place stated that they do not have laundry facilities on site but do have signage posted regarding where clients can go to access free laundry services. The site also stated in their response that the bother shelter staff named in the complaint were appropriately enforcing shelter policies by denying the complainant services for breaking shelter rules (smoking after lights out, verbally abusing staff, taking photographs or making audio/video recordings inside the shelter).

The complainant stated that he was not satisfied with Jazzie’s Place’s response because he disputed the site’s claim that MUNI tokens were available for clients and that signage regarding where to access laundry services was posted. The complainant also stated that he disputed the portion of the site’s response to his allegations of staff misconduct.

Shelter Monitoring Committee staff visited the Jazzie’s Place to determine whether or not the site had MUNI tokens and appropriate signage for laundry services. Committee staff also reviewed staff training records to determine if the two staff named in the complaint. Committee staff were able to verify the availability of MUNI tokens and signage for laundry services during the investigation at Jazzie’s Place. Committee staff visually verified that MUNI tokens are kept in a cabinet at the 1st floor staff station. In addition, Committee staff also visually verified that signage regarding where clients can access free laundry services is posted on a poster board set up on a table near the entrance. After examining the training records for both staff named in the complaint, Committee staff determined that both had received the mandatory annual trainings on customer service and de-escalation.

Based on these findings, Committee staff determined that Jazzie’s Place was in compliance with Standards 1, 2, 26 and 28 of the Standards of Care.

**Next Door**

**Investigation #2:**

The complainant submitted a complaint that an individual (who is not a resident of Next Door) was able to get past security and shelter staff to confront and harass the complainant inside the shelter. The complainant stated that he did not feel safe at the shelter and that his confidentiality had been violated.

In the response, Next Door stated that the individual who was let in to the site was a former client and that security and staff did not realize that his reservation had run out. In addition, Next Door also stated that there have been a number of similar incidents being reported since the site had begun operating a Pop-Up shelter. As a response, the site instituted a new set of procedures
in February that required Service Coordinators to make rounds every 15 minutes and document their observations. Shelter staff are also required to note any issues that come up during rounds in an Incident Log. Finally, supervisors were asked to make at least one round per shift and note any incidents in a Night Floor Shift Walk Through report which were to be submitted to the Site Manager on a daily basis.

The complainant stated that he was not satisfied with Next Door’s response because he did not believe that Service Coordinators were doing rounds every 15 minutes and that Supervisors were doing rounds once per shift.

Shelter Monitoring Committee staff met with Diana Almanza (Site Manager) to discuss the new staff patrol procedures and to examine the logs to determine if staff were actually making the rounds at designated times.

During the course of the investigation, Committee staff discovered that the 1st Floor (Phase 1) Service Coordinator had left his post at the 1st Floor staff station and was socializing with the Service Coordinator on the 2nd Floor and did not have another shelter employee to cover his post. In addition, Committee staff discovered that staff at the first floor were not consistently noting rounds and observations, particularly during the late night shifts.

While the new policies were being enforced on Floors 2-4, the inconsistent log entries at the 1st Floor and the fact that a Service Coordinator had left his post during his shift indicated that these new safety protocols were not being enforced at the 1st Floor sleeping area. Based on these findings, Committee staff determined that Next Door was not in compliance with Standards 1 and 2 of the Standards of Care.

**Recommendations**

Committee staff recommended that shelter management review the new policy on staff rounds with all Service Coordinators, especially those on the Swing shifts, Graveyard shifts and stationed at the 1st Floor sleeping area. Committee staff also suggested implementing a new peer-review policy where Service Coordinators should verify that the logs from the previous shift have been properly filled out prior to starting their own shift.
Membership

Mayor’s Seat 1 (individual that is currently or formerly homeless) was filled during the reporting period with the appointment of Committee Member Gary McCoy. The Committee now consists of 11 members with two vacancies that still need to be filled. The requirements for the two open seats are:

- Board of Supervisors Seat 1: Seat must be filled by a candidate that is currently homeless that is the legal guardian of a child under the age of 18 [Appointment Pending]
- Board of Supervisors Seat 3: Seat must be filled by a candidate that has experience providing direct services to the homeless through a community setting.

Three officer’s positions were filled during the reporting period:
- Vice-Chair Jonathan Bonato took over the vacant Chair position
- Secretary Matthew Steen took over the vacant Vice-Chair position
- Committee Member Terezie Bohrer was elected to serve as Secretary.

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. 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.
<table>
<thead>
<tr>
<th>Site:</th>
<th>1st Quarter Trainings</th>
<th>2nd Quarter Trainings</th>
<th>3rd Quarter Trainings</th>
<th>FY15-16 Trainings to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Woman’s Place</td>
<td>Standards of Care</td>
<td>Standards of Care</td>
<td>Standards of Care</td>
<td>Standards of Care (2), Shelter Health (1)</td>
</tr>
<tr>
<td>A Woman’s Place Drop-In</td>
<td>Standards of Care</td>
<td>Standards of Care</td>
<td>Standards of Care</td>
<td>Standards of Care (2), Shelter Health (1)</td>
</tr>
<tr>
<td>Bethel AME</td>
<td>Standards of Care</td>
<td></td>
<td></td>
<td>Standards of Care (1)</td>
</tr>
<tr>
<td>Compass</td>
<td>Standards of Care</td>
<td></td>
<td></td>
<td>Standards of Care (1)</td>
</tr>
<tr>
<td>First Friendship</td>
<td>Standards of Care</td>
<td></td>
<td></td>
<td>Standards of Care (1)</td>
</tr>
<tr>
<td>Hamilton Emergency Shelter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hamilton Family Shelter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitality House</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interfaith</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jazzie’s Place</td>
<td>Standards of Care</td>
<td>Standards of Care</td>
<td>Standards of Care</td>
<td>Standards of Care (1)</td>
</tr>
<tr>
<td>Lark Inn</td>
<td>Standards of Care</td>
<td></td>
<td></td>
<td>Standards of Care (1)</td>
</tr>
<tr>
<td>MSC South Drop-In</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSC South Shelter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mission Neighborhood Resource Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Next Door</td>
<td>Shelter Health,</td>
<td></td>
<td>Standards of Care</td>
<td>Standards of Care (1), Shelter Health (1)</td>
</tr>
<tr>
<td>Providence</td>
<td>Standards of Care</td>
<td></td>
<td></td>
<td>Standards of Care (1)</td>
</tr>
<tr>
<td>Sanctuary</td>
<td>Shelter Health,</td>
<td></td>
<td>Standards of Care</td>
<td>Standards of Care (1), Shelter Health (1)</td>
</tr>
<tr>
<td>Santa Ana</td>
<td>Standards of Care</td>
<td></td>
<td>Standards of Care</td>
<td>Standards of Care (1)</td>
</tr>
<tr>
<td>Santa Marta/Maria</td>
<td>Standards of Care</td>
<td></td>
<td>Standards of Care</td>
<td>Standards of Care (1)</td>
</tr>
<tr>
<td>St. Joseph’s United Council</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please note that this table only tracks the trainings conducted by the Shelter Monitoring Committee and does not reflect the total number of trainings received by shelter staff.
Appendix A: Client Complaint Process Flowchart

Client Complaints

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

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

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

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

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

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

Committee staff will investigate the client’s allegations at the site and determine whether or not site is in compliance with the Standards of Care.
- If Committee staff are able to verify the client’s allegations, then the site is not in compliance
- If Committee staff are unable to verify the client’s allegations, then the site is in compliance

Committee staff will compile their findings in an Investigation Report (which includes any recommendations for corrective actions) which will be sent to the client, site management and HSA
Appendix B: Site Visit Infraction Process Flowchart

**Site Visit Infractions**

- The Committee notes any Standards of Care infractions during site visits and submits them to shelter management.
- Note: HSA is immediately notified for all incidents of violence, fraud, and/or assault that take place during a site visit.

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

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

  - If Committee staff are satisfied with the site’s response, the process stops here.
  - If Committee staff are not satisfied with the site’s response, the infractions will be investigated by Committee staff.

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

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

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