



Proposed changes for SMC Site Visit Requirements

Background Information

The Shelter Monitoring Committee (The Committee) was established in 2004 in order to provide the Mayor's office, the Board of Supervisors, the public and other appropriate agencies with accurate and comprehensive information about the conditions in and operations of shelters in San Francisco. The Committee is tasked with inspecting shelter and resource centers to verify their compliance with the Standards of Care (The Standards), a set of 32 shelter operating standards adopted by the Board of Supervisors in 2008. The Committee is also responsible for taking complaints from shelter clients and investigation alleged violations of the Standards of Care.

The number of duties and responsibilities the Committee is responsible for have only increased since the Committee was founded in 2004. On September 26, 2017, the Committee received a letter from Director Jeff Kositsky (HSH) stating the Department's interest in expanding the Committee's role to include monitoring of the Navigation Centers.

Proposed Changes

After careful consideration of this and other issues, the Committee decided to create a list of recommended changes for their legislated site visit requirements. The intention of changing the site visit requirements was to ensure that the time of Committee members is spent on the sites where there potentially may be more issues. For example, the largest shelters in San Francisco provide shelter for more than 300 adults in a 24-hour facility that spans several stories. In comparison, the smallest shelter in San Francisco has fewer than 30 total mats located inside a church. Historically, the Committee has received more client complaints and noted more Standard of Care infractions in the larger sites. **During FY16-17, large single-adult shelters had a median of 14 complaints and 9.5 site visit infractions compared to 4 complaints and 4 infractions at the smaller single-adult shelters¹.** However under the current requirements, the Committee must visit both sites six times per year (4 unannounced visits, 2 announced visits).

The Policy Subcommittee held a series of meetings on July 27th, August 23rd and October 10th of this year in order to seek input from providers, clients, HSH representatives and community activists on changing the site visit requirements. After discussing the issues and suggestions that were introduced in these meetings, the Policy Subcommittee has approved the following set of recommended changes to the Committee's site visit requirements (see "Recommended changes for SMC Site Visit Requirements").

These recommended changes to the Committee's site visit requirements were approved by the Policy Subcommittee on October 10, 2017 and introduced to the full Shelter Monitoring Committee on October 18, 2017. The recommendations were sent back so the Policy Subcommittee could create a document providing background information on why the Committee was proposing these changes. The recommended changes will be re-introduced to the full Committee with this document on February 21, 2018 for approval.

¹ Median is the middle value of a data set arranged in numerical order



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Single Adult Shelters:

- 100 units or more – 6 site visits per year (minimum)
- Fewer than 100 units – 4 site visits per year (minimum)

Family Shelters:

- Congregate Family Shelters – 6 site visits per year (minimum)
- Private or Semi-Private Family Shelters – 4 site visits per year (minimum)

Drop In Centers/Resource Centers:

- 6 site visits per year (minimum)

Interfaith Winter Shelter (Seasonal winter shelter open from November – February)

- 4 site visits per year (1 visit per site)

Under these new requirements, there will be at least 1 announced site visit at each site every year and at least 50% of all site visits must be unannounced. The Committee may conduct additional site visits if warranted by client complaints or infractions. The Policy Subcommittee believes that these changes will give the Committee the flexibility to focus their attention on the sites that may have more issues or difficulty meeting the Standards of Care.