



City and County of San Francisco

# Shelter Monitoring Committee

*First Quarterly Report, July to September 2011  
Executive Summary*

## ***Shelter Site Visits***

The inspection teams conducted 21 of the 29 assigned visits (73%) in the first quarter, from July 1 to September 30, 2011. Each site with an occupancy rate of 100 or larger was inspected at least two times. Four sites were not inspected during this quarter.

## ***Standards of Care***

There were 59 Standard of Care complaints filed in the first quarter. The Committee conducted one investigation and forwarded it to the Department of Public Health for investigation with documentation of Standard of Care violations. The Committee continues to have challenges in completing inspections within the legislated 10 days allotted. One complainant will wait more than five months for the investigation of her/his complaint to be finalized. To ensure that investigations are handled in a more timely fashion, Committee Members are being trained on conducting investigations to increase the pool of individuals who can conduct investigations, with an emphasis on bi-lingual Members.

## ***Policy Recommendations***

Access- Measuring vacancies and token distribution are based on improving access to the shelter system. The Committee believes that a break down on types of vacancies would provide information on the types of beds not being utilized on a daily basis, e.g. Resource Center beds, Care Not Cash beds, etc. and that information would be helpful in ensuring the shelter stock was being best utilized. There continues to be a lack of tokens at sites. The Committee believes token availability, specifically at CHANGES locations, will ensure clients who receive a reservation will utilize that reservation.

Staffing-The Committee is recommending a system-wide method of tracking training for shelter staff and sites. The Committee recognizes that sites need additional resources to meet training Standards and is advocating for those resources. The Committee is recommending a system to better track case management use, which will help illustrate if there is additional need.

## ***Membership***

The Committee currently has two vacancies. Local Homeless Coordinating Board Seat 2 requires the applicant to have experience providing direct service to the homeless through a community setting and be formerly homeless. Local Homeless Coordinating Board Seat 4 requires the applicant to be homeless or formerly homeless and selected from a list of candidates that are nominated by community agencies that provide behavioral health, housing placement, or other services to homeless individuals.

## **Draft First Quarter Report, July to September 2011**

### **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.*

### **Site Inspections**

The inspection teams conducted 21 visits from July 1 to September 30, 2011. All large sites were inspected more than one time, including MSC South, Next Door, Sanctuary, Providence, and Hamilton, the family shelter that also provides emergency beds to families. Four sites were not inspected, two of which have a predominately Spanish-speaking population. During this quarter, the Spanish-speaking staff was out the whole three months and the Committee did not have access to a Spanish staff or Committee Member to conduct visits. While utilizing Department of Public Health assigned interpreters for some visits and to meet with clients, the absence of staff and the lack of bilingual Committee Members were more apparent this quarter than previous quarters. Based on extensive outreach by the Committee, two of the newest Members appointed in November are bilingual Spanish speakers.

### *Strategies for Site Visit Coverage*

The Committee Officers have expanded the second quarter site visits to ensure that each site is inspected at minimum once and that sites that were previously missed are visited and that community outreach is done at the sites. By continuing to exceed legislative requirements for conducting site visits, the Committee hopes to hone the site visits as tools to record any need for resources at sites; document best practices being utilized; and provide an opportunity to outreach to clients.

During this quarter, the Committee had seven active Members [out of 13 Members] and was still able to inspect over 70% of the assigned visits. By utilizing staff on inspection teams, when needed and by floating Members among the assigned three inspection teams, the Committee was able to conduct visits at the majority of the shelters with an emphasis on the shelters with the largest populations.

### *Access to Hygiene*

One of the issues that spurred the Standard of Care discussion and later legislation was the documented lack of access to toilet paper, soap, and paper towels for clients at shelters. During this quarter, 12 of the 21 inspections noted that the site being inspected had toilet paper in stalls, soap, and paper towels. Eight of the inspections noted that the sites did not have one or all of the items listed. One site visit consisted of staff and client interviews and did not include a site inspection. One site stated that they were unable to provide toilet paper in the stalls due to plumbing issues. The Committee continues to document these types of violations and when possible photographs the facility issue alerting the shift supervisor of the violation before leaving the site and including the photographs in the site inspection reports sent to the site supervisor.

Shelter and Resource Center	Number of Visits 1st Qtr. 2011-2012 July-September
<b>Bethel AME Winter Family Shelter *</b> operates 5 months	Not operating
<b>Compass Family Shelter</b>	0
<b>Dolores Street Community Services- Santa Ana</b>	0
<b>Dolores Street Community Services- Santa Marta/Santa Maria</b>	0
<b>Hamilton Family Shelter</b>	2
<b>Hospitality House</b>	0
<b>Interfaith Winter Shelter *operates 4 months</b>	Not operating
<b>Lark Inn Youth Shelter</b>	1
<b>Mission Neighborhood Resource Center</b>	2
<b>Multi Service Center South Drop In Center</b>	3
<b>Multi Service Center South Shelter</b>	3
<b>Next Door</b>	2
<b>Oshun Drop In Center</b>	1
<b>Providence</b>	2
<b>Saint Joseph's Family Shelter</b>	1
<b>Sanctuary</b>	2
<b>United Council-Mother Brown's</b>	2
<b>Completed Site Visits</b>	21
<b>Assigned Site Visits</b>	29
<b>Percentage of Site Visit Compliance</b>	<b>73%</b>

Table 1: Site Visit Tally for 1<sup>st</sup> Quarter 2011-2012

### **Standard of Care**

There were 59 Standard of Care complaints filed from July 1 to September 30, 2011. The table below provides a breakdown of the number of complaints per site and the status of the complaints themselves. There are four status categories for complaints: 1) *Closed*, which indicates that the client or the Committee inspection team who initiated the complaint agrees with the site's response; 2) *Investigated*, which indicates that the client or the Committee inspection team who initiated the complaint did not agree with the site's response and the Committee conducted its own investigation of the alleged violations; 3) *Pending*, which indicates that an investigation has been requested by the client or Committee inspection team who conducted initiated the complaint or that the Committee is awaiting a response from the client on the site's response; 4) *Forwarded*, which indicates that an SOC Committee investigated complaint(s) has been forwarded to the Department of Public Health (DPH) per the legislation. DPH conducts its own investigation and forwards its findings back to the Committee after 30 days; and 5) *No Contact*, which indicates that the contact information the client provided at the time of the initial complaint is no longer valid or the client did not have contact information when making the initial complaint and has not returned the 90-day requirement to review the site's response.

**Shelter Monitoring Committee  
Shelter Monitoring Committee December 6, 2011  
Draft 1st Quarter Report**

<b>Site</b>	<b>Number of Complaints</b>	<b>Status of SOC Complaint-Committee</b>	<b>Items Forwarded to DPH</b>
Hamilton Family Shelter	4	3 Closed 1 Investigated/Forwarded	1
Lark Inn	1	Closed	None
Mission Neighborhood Resource Center	3	2 Closed 1 Investigated/Forwarded	1
MSC South Drop In Center	3	1 Closed 2 No Contact	None
MSC South Shelter	5	2 Closed 1 Pending 1 No Contact 1 Investigated	<i>The investigation is still open and nothing has been forwarded to DPH</i>
Next Door	19	8 Investigated 4 Pending 14 Closed	<i>The investigation is still open and nothing has been forwarded to DPH</i>
Oshun	3	1 Closed 1 Pending 1 No Contact	None
Providence	2	1 Closed 1 No Contact	None
Sanctuary	17	7 No Contact 5 Investigated/Forwarded 1 Pending 4 Closed	5
Saint Joseph's	1	Closed	None
Santa Marta/Santa Maria	1	Investigated/Forwarded	1

Table 2: Standard of Care Complaints Tally Per Site for 1<sup>st</sup> Quarter 2011-2012

This is the first quarter in which the Committee has added the category, *No Contact*, in order to better

**Categories**

The 59 individual Standards of Care complaints are divided into four categories: Staff, ADA, Health & Hygiene, and Facility & Access. Ten of these complaints were generated by the Committee during its site inspection process and of the 49 remaining complaints, 33 were from individual clients. Of those 33, four individual clients submitted multiple complaints to one site. Client A submitted two complaints regarding Sanctuary; Client B submitted two complaint regarding Sanctuary; Client C submitted five complaints regarding Sanctuary; and Client D submitted seven complaints regarding Next Door.

## Standard of Care Complaints 1st Quarter 2011-2012-By Category

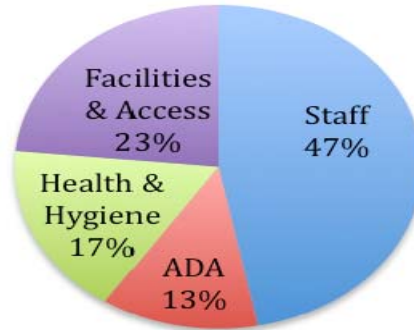


Chart 1: Complaint Breakdown, 1<sup>st</sup> Quarter 2011-2012

### *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. This quarter the complaints received included allegations of staff not wearing identification; allegations that staff did not respond appropriately to a client threatening another client in front of staff; and that a staff raised his voice at a client. There were 60 separate complaints against staff this quarter.

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

The ADA category refers to Standard 8 and the majority of complaints in this category focus on either a lack of or a denial of access through an accommodation request or a facility problem. Some examples of complaints received this quarter were: broken ADA shower stools; not accommodating a medical need and request for a lower bunk; and the lack of accommodation forms in English and Spanish. There were 16 separate complaints of the lack of adherence to Standard 8 this quarter.

### *Health & Hygiene*

This category refers to 11 Standards focusing on meals, access to toiletries, and stocked first aid kits. Some of examples of complaints received this quarter were allegations of the lack of soap, toilet papers, and towels in bathrooms; the lack of a meal accommodation; and the lack of protective equipment for staff. There were 22 separate complaints of the lack of adherence to the health and hygiene requirements within the Standards of Care. The 11 Standards include Standards 3, 4, 5, 6, 7, 9, 10, 11, 13, 19, and 30.

### *Facility & Access*

Sixteen Standards make up this category. Some examples of the facility and access complaints were allegations of the lack of access to secure storage-six individual clients made this allegation; the lack of Spanish-speaking staff on duty; and access to tokens for transportation. There were 30 separate complaints of the lack of adherence to the facilities and access requirements within the Standards of Care. The 16 Standards include Standards 12, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 26, 27, 28, 29, and 32.

## **Investigations**

The Committee conducted one investigation during this quarter. The legislation requires that investigations are initiated within ten days of a client expressing dissatisfaction with the site response.

This quarter the investigation was conducted at Mission Neighborhood Resource Center. The investigation was completed over 35 days after the client stated s/he was dissatisfied with the response. In addition, the investigation was conducted 90 days before the findings were forwarded to the site and DPH. However, during this quarter four individuals expressed dissatisfaction with a site's response(s). In October, one investigation was completed over 40 days after the client stated s/he was dissatisfied with the response. In addition, this investigation was conducted 60 days before the findings were forwarded to the site and DPH. In November the Committee conducted an investigation in which the client expressed dissatisfaction with the site's responses on September 6 and September 23 and the investigation took place over 60 days later. There are currently two pending investigations which include complainants from the first quarter; these investigations should be completed by December 16, 2011. One of the individuals included in one of the investigation lodged a complaint in July 2011.

For the past three quarters, the Committee has been unable to meet the legislated requirement of conducting investigations within 10 days based on staffing. This past month, two new Members have received training on conducting investigations and will continue to shadow during investigations so that Committee Members will be trained on both site visits and Standard of Care investigations. With additional support, the Committee is working towards meeting the 10-day goal within the second quarter of 2011-2012.

## **Shelter System Policy Recommendations**

For the past two years, the Committee has made the same four policy recommendations to the Mayor's Office and the Board of Supervisors: more case management, token distribution at sites, measuring vacancies, and training for shelter staff.

### *Access*

Measuring vacancies and token distribution are based on improving access to the shelter system.

The Committee continues to request a day-to-day, weekly, or monthly, vacancy breakdown of the types of sleeping units that are not being utilized in the single adult system. The Committee believes that the type of vacancies in the system would provide information on the types of beds not be utilized on a daily basis, e.g. Resource Center beds, Care Not Cash beds, etc. This information would be helpful in determining that the best use of shelter stock.

Both 2011 Homeless Count and the 2010-2011 Turn Away count state that clients receiving a reservation are not (always) provided a travel token at time of their reservation. Tokens, particularly from reservation sites such as Mission Neighborhood Resource Center, United Council, Glide, and Multi Service Center South Drop-in, are important for clients to get from the reservation site. For example, the Providence Shelter is approximately four miles one-way from the CHANGES reservation locations. Multi Service Center South is more than one mile one-way from Glide and Mission Neighborhood Resource Center. With the exception of Mission Neighborhood Resource Center CHANGES reservation center, the Dolores Street Community

Service shelters are one to two miles one-way from the CHANGES reservation locations. The San Francisco Municipal Transportation Agency, which operates the MUNI system, fines individuals \$75 riding MUNI without proof of payment. The Committee believes token availability will ensure clients who receive a reservation will utilize that reservation.

### *Shelter Staffing*

The Standards of Care legislation requires that all staff, including management, part-time staff, and on-call staff, most complete trainings in ten areas. For the last fiscal year, the Committee determined there was 57% by all sites in all ten training areas. This number was determined by averaging the percentage of compliance for all ten areas and dividing by ten. To determine compliance to each training area, the Committee averaged the number of staff reported to have completed a training area to the number of staff at the site.

For future counts, the Committee is working with the Human Services Agency to understand how it determines training compliance through contract monitoring and to aid in the development of a tracking mechanism that best reflects training compliance by both individual employees and sites.

In its September 2011 Quarterly Report to the Board of Supervisors and the Mayor's Office, the Committee advocated for additional resources for sites to meet the Standards for training compliance. In addition, the Committee is currently requesting mid-year funding to maintain the nutritionist for shelters. To In May 2011, the Committee submitted an Information Request to DPH and HSA requesting them to circulate a check list to the contracted agencies that would allow them to self-report the number of staff that had attended each of the nine required trainings. DPH submitted its response in July. HSA asked for an extension and submitted a response in mid-August. This response did not include the number of staff per site and at least one agency's training information was incomplete. HSA responded at the end of August with a list of training per site and the number of staff.

### *Case Managers*

Committee continues to advocate for case management to be embedded in each shelter and that there is enough case managers to meet the needs of the clients. The Committee continues to advocate for a tracking tool to track clients who are accessing case management so that these clients can continue to be aided when they move from shelter to shelter. In the May 2011 Shelter Monitoring Committee Quarterly Report, the Committee suggested that this data would provide the City & County of San Francisco with crucial data in ensuring clients have access to the services needed to move out of homelessness. Without data of this nature, it is challenging to make recommendations to meet a need when that need itself is not fully known.

### **Membership**

The Committee currently has two vacancies. Local Homeless Coordinating Board Seat 2 requires the applicant to have experience providing direct service to the homeless through a community setting and be formerly homeless; this seat has been vacant since August 2011. Local Homeless Coordinating Board Seat 4 requires the applicant to be homeless or formerly homeless and selected from a list of candidates that are nominated by community agencies that provide behavioral health, housing placement, or other services to homeless individuals; this seat has been vacant since November 2011.