File No. 090258

Committee Item No. 2
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules **Date** 10/20/11

Board of Supervisors Meeting **Date** _____

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Completed by: Linda Wong **Date** 10/14/11
Completed by: _____ **Date** _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.

City and County of San Francisco

Shelter Monitoring Committee

Fourth Quarterly Report, April to June 2011
Executive Summary

Shelter Site Visits

The inspection teams conducted 31 of the 33 assigned visits (93%) in the fourth quarter, from April 1 to June 30, 2011. Every site was inspected at least once. The legislation requires that the Committee inspect a minimum of each site four times; the Committee exceeded this requirement for every site but one.

Standards of Care

There were 67 Standard of Care complaints filed in the fourth quarter. The Committee conducted two investigations and forwarded them to the Department of Public Health for investigation with documentation of Standard of Care violations.

Policy Recommendations

Access- Measuring vacancies and token distribution are based on improving access to the shelter system. The Committee believes that the type of vacancy 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. During this quarter, there was an average of 53 empty sleeping units a night. This quarter marked an improvement in token availability at sites; eight of the 17 sites inspected had tokens; this is an improvement. Of those nine who did not have tokens at the time of the inspection, four reported that they had just run out of token and were expecting more.

The Committee continues to advocate for vacancy data to make informed recommendations on how to best utilize the types of shelter beds. The Committee continues to advocate that all CHANGES reservation locations and shelters have tokens to provide transportation for clients.

Staffing-Training and case management are based on improving staffing and service availability to clients. This quarter the Committee requested training for the fiscal year for each site. The Standards require training for all staff in ten areas. The average level of compliance for all ten trainings amongst all sites was 49%. The Committee received the training information from the Human Services Agency and attempted to confirm the numbers with each site. Only five sites responded to the Committee's request to confirm the information, but the Committee will continue to do outreach to all site to determine what sites need to meet compliance.

The 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.

Membership

The Committee currently has four vacancies and is awaiting appointment for three seats by the Board of Supervisors, one which has been vacant for two years, and one seat by the Local Homeless Coordinating Board. The Committee needs Spanish-speaking Committee Members.

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Fourth Quarter Report, April to June 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 31 visits from April 1 to June 30, 2011. All sites were inspected at least once. The Committee is mandated to conduct four inspections annually per site. The Committee exceeded that mandate for 16 of the 17 sites inspected. The Committee sets its own goal for site visits each quarter based a combination of the number of clients utilizing the site; the number of complaints the Committee has received about the site; and to follow up on past inspections. This quarter the Committee inspected 31 of the 33 sites assigned for a 93% average, the highest average of the year. This improvement is based on two factors, 1) including Committee staff on inspection teams and 2) Committee Members floating among teams to maintain the required two Member minimum for site inspections.

The Committee is currently without a Spanish-speaking Committee Member or a Spanish-speaking staff person. The Committee has utilized an interpreter provided through Department of Public Health (DPH), when possible, to speak with clients at the predominately Spanish-speaking shelters, Dolores Street Community Services' Santa Ana and Santa Marta/Santa Maria as well as the Mission Neighborhood Resource Center. The Committee has informed the Board of Supervisors and the Local Homeless Coordinating Board, the appointing bodies charged with filling the current four vacancies, of the need for Spanish-speaking Members.

This quarter the Committee tallied inspection violations for three areas: Token Availability (Standard 26), Emergency Preparedness and Drills (Standard 23), and Access to Soap, Toilet Paper, and Towels (Standard 3).

Last quarter, January 1 to March 31, 2011, 14 of the 17 sites inspected did not have tokens for clients. Tokens are used to take a client to a shelter location from a reservation center or to provide transportation for a shelter client to a medical appointment or job interview. This quarter 9 of the 17 sites inspected did not have tokens; this is an improvement. Of those nine who did not have tokens at the time of the inspection, four reported that they had just run out of tokens and were expecting more.

This quarter 5 of the 17 sites did not have an emergency preparedness plan or had not conducted a drill within the last thirty days. The Committee has identified a community resource known as SF CARD that sites can utilize on their own, free of charge, to educate both staff and clients on what is needed during an emergency. The Committee is currently, with input from sites, drafting a training budget to insure implementation of training requirements under the Standards of Care.

Nine of the 17 sites did not have soap, toilet paper, or/and towels at the time of the inspection. Whenever possible, these facility violations are photographed and provided to the site so they have documentation and can follow up with their facility staff.

Shelter and Resource Center	Number of Visits 4th Qtr. 2010-2011 April-June	Number of Visits 3rd Qtr. 2010-2011 January-March	Number of Visits 2nd Qtr. 2010-2011 October-December	Number of Visits 1st Qtr. 2010-2011 July-September	Total
Bethel AME Winter Family Shelter * operates 5 months	Not operating	2	1	Not operating	3
Compass Family Shelter	2	2	0	3	7
Dolores Street Community Services-Santa Ana	2	1	1	1	5
Dolores Street Community Services-Santa Marta/Santa Maria	1	2	1	1	5
Hamilton Family Shelter	3	2	1	1	7
Hospitality House	3	2	1	2	8
Interfaith Winter Shelter *operates 4 months	Not operating	1	2	Not operating	3
Lark Inn Youth Shelter	1	2	1	2	6
Mission Neighborhood Resource Center	2	2	0	1	5
Multi Service Center South Drop In Center	2	2	1	1	6
Multi Service Center South Shelter	2	2	2	3	9
Next Door	3	1	3	1	8
Oshun Drop In Center	2	2	0	0	4
Providence	3	3	0	2	8
Saint Joseph's Family Shelter	1	1	1	2	5
Sanctuary	2	3	1	1	7
United Council-Mother Brown's	2	2	1	1	6
Completed Site Visits	31	32	17	22	102
Assigned Site Visits	33	36	30	35	134
Percentage of Site Visit Compliance	**93%**	**88%**	**56%**	**62%**	**76%**

Table 1: Site Visit Tally for 2010-2011

Standard of Care

There were 67 Standard of Care complaints filed in the past quarter from April 1 to June 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 or that the time has expired for a client to request further investigation by the Committee; 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; and 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.

Site	Number of Complaints	Status of SOC Complaint-Committee	Items Forwarded to DPH
Compass Family Shelter	2	1 Investigated/Forwarded 1 Closed	1
Hamilton Family Shelter	5	Closed	None
Hospitality House	2	Closed	None
Lark Inn	2	Closed	None
Mission Neighborhood Resource Center	1	Closed	None
MSC South Shelter	7	1 Pending 6 Closed	None
Next Door	19	1 Investigated/Forwarded 4 Pending 14 Closed	1
Oshun	4	Closed	None
Providence	3	Closed	None
Sanctuary	14	8 Investigated/Forwarded 4 Pending 2 Closed	8
Saint Joseph's	1	Closed	None
Santa Ana	2	Closed	None
Santa Marta/Santa Maria	1	Closed	None
United Council Drop In Center	3	Closed	None

Table 2: Standard of Care Complaints Tally Per Site for 4th Quarter 2010-2011

Committee Officers have requested that future reports more accurately distinguish what is meant by the status category Closed. This report and previous reports do not clearly indicate if Closed means the client was satisfied with the outcome or if the client was unable to meet the 90-day requirement to request an investigation from the Committee.

Categories
The 67 individual Standards of Care complaints are divided into four categories: Staff, ADA, Health & Hygiene, and Facility & Access. Twenty-six of these complaints were generated by the Committee during its site inspection process and of the 41 remaining complaints, 33 were from individual clients and two separate clients submitted complaints on six and two occasions, respectively. For a complete list of the Standards of Care methodology, please refer to Appendix 1.

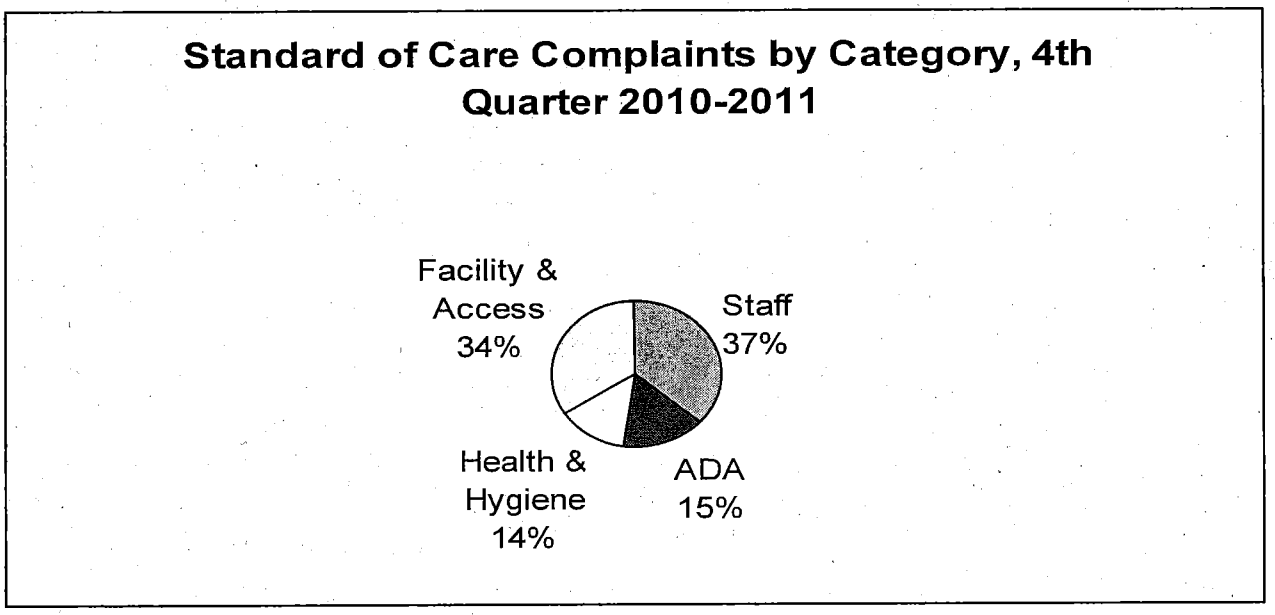

Chart 1:Complaint Breakdown, 4rd Quarter 2010-2011

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 verbally assaulting clients; allegations of staff being disrespectful to clients by speaking in a demeaning and disparaging manner; and the application of shelter rules in an unfair manner. There were 46 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: the lack of bilingual postings of required information, including hours of operation, how to access case management and services provided; the lack of access to electrical outlets for medical equipment and the lack of a change from a upper bunk to a lower bunk. There were 19 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 17 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; the lack of Spanish-speaking staff on duty; and access to free local calls during non-sleeping hours. There were 43 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 two investigations during this quarter. The investigations were conducted at Next Door and Sanctuary. Each inspection conducted found a minimum of one Standard violation. Both sites provided thorough responses and documentation to the violations; however for both sites, the same type of facility violations that have been documented for the past two years were found during both investigations. The Department of Public Health (DPH) found each site to be in compliance during its own independent investigation. To date, DPH has never found a site out of compliance when conducting an investigation. The Committee has begun the process of writing responses to DPH regarding their investigations and outlining any patterns of non-compliance the Committee has documented during site visits and previous investigations.

The legislation requires the Committee to conduct investigations within ten days of a client requesting one. The Committee has been unable to meet this requirement based on staffing. In addition, there has been an increase in clients refusing to participate in Committee survey's or questions during site visits as client report that the Committee "doesn't do anything" and "it doesn't help when I tell you what's wrong-nothing changes." The current Committee Officers are working on strategies to meet the legislation requirements and outreach plans to educate clients about the scope of the Committee.

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 believes that the type of vacancy 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. The Committee has requested a breakdown on the types of vacancies from the Human Services Agency and has been told by HSA, "This report does not identify vacancies by type. It would be problematic for the system to track vacancies by bed type, because some beds fall into more than

one category" and "that the data was not available." During this quarter, there was an average of 53 empty sleeping units a night, which is 5% of the total single adult sleeping units available. However, the 2010-2011 Turn Away report found that during its count, during the third quarter, January through March, that of the 303 clients seeking shelter, less than 50% (149) were provided a reservation. The information in the Turn Away report measured all clients attempting to access a reservation whereas the data provided monthly by HSA shows the actual clients who were able to successfully obtain a reservation. The vacancy data may provide a clearer understanding of gap between clients who report there are unable to obtain a shelter reservation, the Turn Away data, and the nightly vacancies in the shelters, the vacancy reports issued monthly by HSA.

This quarter marked an improvement in token availability at sites. During the 2010-2011 Turn Away count, the Committee noted that two of the three CHANGES reservation centers had token availability, an improvement from the last two Turn Away counts. However, the 2011 Homeless Count conducted by the Local Homeless Coordinating Board reported that 60.2% of homeless client surveys stated they were not provided a travel token at time of their reservation. Of the remaining clients surveyed, 27.5% stated that they sometimes received tokens, while only 12.3% stated that there were provided a travel token at the time of their reservation. The Committee will continue to track token availability during site visits, but wanted to acknowledge the improvement in the past quarter.

Shelter Staffing
The Standards of Care legislation requires that all staff, including management, part-time staff, and on-call staff, most complete trainings in nine areas. 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.

Determining Compliance
Once the Committee received the completed training logs from HSA, letters were drafted to each site with a chart stating the number of staff which attended the nine training and the percentage of compliance. These letters along with the data that HSA provided were sent out and any changes or corrections to the data were requested to be submitted back to the Committee. Six shelters responded to the letter, Hospitality House, Lark Inn, Interfaith, Next Door, Sanctuary, & St. Josephs. The Committee also requested any resources needed by sites to meet the training required under the Standards of Care.

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 example, Hospitality House has 100% compliance in all training areas as each of the nine staff completed all nine training areas. Committee officers also allowed sites to count chapters in the Shelter Training Manual towards Standard 31 (iv): safe and appropriate intervention with violent or aggressive shelter clients, including training on the harm reduction model in dealing with substance abuse and Standard 31 (v): safe and appropriate interaction with shelter clients who

suffer from mental illness or substance abuse. Examples of other shelters average compliance are Lark Inn with an average over 90% compliance with all trainings.

Below is a chart listing the trainings and site compliance for single adult and family shelter staff:

Standard of Care Training Requirement	Percentage of Staff Attending Training
Standard 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	34%
Standard 31 (i): hand washing requirements and other communicable disease prevention	25%
Standard 31 (ii): proper food handling and storage	39%
Standard 31 (iii): emergency procedures in case of disaster, fire, or other urgent health or safety risk, including but not limited to CPR requirements	64%
Standard 31 (iv): safe and appropriate intervention with violent or aggressive shelter clients, including training on the harm reduction model in dealing with substance abuse	68%
Standard 31 (v): safe and appropriate interaction with shelter clients who suffer from mental illness or substance abuse	63%
Standard 31 (vi): On-the-job burn-out prevention	45%
Standard 31 (vii): requirements under the ADA, in collaboration with the Mayor's Office on Disability and the City Attorney's Office	66%
Standard 31 (viii): policies and procedures explained in shelter training manuals Chapter 1: Ethics & Boundaries Chapter 2: Customer Service & Professionalism Chapter 3: Effective Communication Chapter 4: Mental Health	43%

Chapter 5: Substance Abuse Chapter 6: Interventions v[illegible] Escalating Clients Chapter 7: Homeless Seniors Chapter 8: Cultural Competency/Diversity Chapter 9: Supervision for Supervisors and Trainees Chapter 10: CPR	
Standard 31 (ix): 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	57%

The percentages above reflect an average of all sites. For a breakdown of each site, please refer to Appendix 2.

Challenges in Interpreting Training Data

Based on attrition, the number of staff at site may vary. However to determine compliance, the Committee used the numbers provided by HSA for each site. Two sites who responded to the Committee's request for information provided different staffing numbers than those provided by HSA. There needs to be an agreed upon staff number.

Another challenge is capturing training data completed by sites. One site who responded stated that they had only included training data that they had completed on-site and believed the Human Services Agency had tracked trainings it had provided to sites. The site gave the following suggestions for improving the data collection, "*My input for the future would be that perhaps HSA is better able to provide information on the trainings they provide. Shelter staff have to attend CHANGES trainings, Grievance trainings, ADA trainings, and other trainings provided by the city. Since these are standard parts of the orientation process, I'd hope we can come up with a less labor-intensive method than having individual Shelters have to track and report the data.*"

Site Requested Training Needs

One site stated that based on the lack of funding and the lack of staff coverage it was unable to meet the training Standards. Another site submitted a thorough needs request:

- *"Increased Funding: to pay staff as they attend needed trainings. We have to pay either overtime or at least 4 hours or more for every training staff attend. With 96 staff at any given time this cost becomes prohibitive."*
- *"Training Videos: since increased funding probably won't happen, videotapes of needed staff trainings along with hard-copy training materials would give us the ability to "meet the staff where they are at" meaning we could spend some of the daily Shift Change Meetings having staff view videotaped trainings. Pre & post-tests would be a great assessment tool for each video."*

Chapter 5: Substance Abuse Chapter 6: Interventions with Escalating Clients Chapter 7: Homeless Seniors Chapter 8: Cultural Competency/Diversity Chapter 9: Supervision for Supervisors and Trainees Chapter 10: CPR	
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- *"Shelter Staff Support Group: perhaps a group facilitated by a clinician outside of individual shelters & agencies where workers can go to share their work experiences, challenges, frustrations, etc. in a safe, private setting safeguarded by confidentiality."*
- *"Bureau of Identified Experts: a resource list of experts in SF in the mental health, substance abuse field who could provide trainings at no cost to the agency."*
- *"Research on Best Practices: research relevant to the work that shelter staff perform and the population we are serving, disseminated in a way that workers can easily read, refer to and implement in their daily work."*
- *"Staff Development Across the Shelter System: partner with area colleges to offer a low-to-no cost certificate or degree program relevant to our shelter work. Perhaps a number of scholarships for each shelter's staff could be awarded."*
- *"Scholarships to Conferences on Homelessness (both locally and nationally): for identified shelter workers doing an exceptional job serving our folks"*

The Committee is advocating for funding for sites to meet training needs. The Committee will do further outreach to sites to get feedback on what sites needs to meet these Standards. Additionally, the Committee would like to receive training information directly from the sites to better track compliance and determine needs.

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 aided when they mover 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 four vacancies. Board of Supervisors Seat 1 requires the applicant to be homeless or formerly homeless within a three years period prior to appointment and living with their homeless child under age 18; this seat has been vacant since November 2009. Board of Supervisors Seat 3 requires the applicant to have experience providing direct services to the homeless through a community setting; this seat has been vacant since November 2009. Board of Supervisors Seat 4 requires the applicant to be selected from a list of candidates that are nominated by community agencies that provide behavioral health, housing placement, or other services to the homeless; this seat has been vacant since September 2011. 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. The Committee needs Spanish-speaking Committee Members and has done outreach to shelter providers, community members, and service providers who work with Spanish-speaking clients.

APPENDIX I

Standards of Care Inspection Methodology

Standard	Type of Standard	Verifying Compliance	Example
1. Treat clients equally, with respect and dignity, including in the application of shelter policies and grievance process	STAFF	Utilizing the Shelter Training Manual, the Committee, especially team captains, will review Chapter 2 as it relates to "respect". Site inspectors should be able to view shelter policies [rules] posted in English and Spanish. Site should have a form on site posted and available for handout on clients' rights and responsibilities when they receive a denial of service (DOS).	Site inspectors will interview clients based on but not limited to, how staff treat clients, in tone and attitude, if a client's privacy is protected, concern for client's belongings, if a client receives reprimand in front of others, including clients. Site inspectors must receive a majority of complaints regarding more than one staff person to find the site in non-compliance. The number of clients spoken to [approximately 10%}, the names of staff mentioned, and the type of allegations must be listed on the Standard of Care form.
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	Utilizing the Shelter Training Manual, the Committee, especially team captains, will review Chapter 2.	Site inspectors will ask staff leading questions to determine if they are familiar with de-escalation techniques and have a familiarity with ensuring safety protocol adherence. For example, a site inspector may ask a staff person what they would do if they heard two clients arguing loudly in the kitchen line. Site inspectors will also speak to clients to determine if clients feel the environment at the shelter is safe and if

			not, why. The number and names of staff will be included in the Standard of Care form as well the number of clients [approximately 10%] and their specific comments.
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	Site inspectors must physically verify that the site has soap, towels, hand sanitizers, toilet paper, bath towels (24"x48") [if the site provides showers], the cleanliness of the entire site, and verify with staff the frequency of janitorial cleaning at the site-if a log is available, note the times and days cleaning has been done at the site and by which staff. Soap dispensers shall be filled and if soap dispensers are no available, clients should have access to wrapped bar soap or small packets of individual liquid soap.	Site inspectors should check each bathroom on each floor and note if there is something missing, e.g. the lack of soap, and on which floor and which stall.
4. Provide feminine hygiene and incontinence supplies	HEALTH	Site inspectors must physically verify that the site has feminine hygiene and incontinence products. *There are only four sites that are not required to provide feminine hygiene products: Santa Ana, Santa Maria, Santa Marta, and Hospitality House.*	Site inspectors must see the products themselves before noting the site is in compliance. If you are at the BC shelter and staff Bernice tells you that she knows they have them, but they are in the case manager's office-the site inspectors could note Bernice's comments, but at the date and time of the

			inspection, the site would be in non-compliance.
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	Each quarter Committee staff shall request the last extermination and pest inspection conducted at the site and should indicate which company conducted the inspection and or extermination. Shelter staff may not know the chemical components utilized by the company, and as such, the Committee site inspectors would be unable to determine the toxicity of any chemicals as outlined in Section 302 and 303 in the Integrated Pest Management Code and instead, should focus on Section 304. Committee staff will ask for the site's procedure for informing clients when pesticides products are used: 1) a bilingual (English and Spanish) must be placed at each entry/exit point at the site three days before the application and left up to four days after the application and 2) the signs should include the name of the pesticide used; however, if the staff on duty does not know, this area will be left blank and noted. Committee staff will follow up with the appropriate site staff at least once a quarter. **AND** On an annual basis, the Committee staff will send out a questionnaire to determine compliance with the Preferable Purchase Ordinance and shall request	Site inspectors shall use the area in Standard 5 to note if clients or staff complain about chemical odors within this section of the report.

		a list of cleaning supplies utilized by the site.	
6. Ensure that first aid kits, CPR masks, and disposable gloves are available to staff at all times and make Automatic External Deliberators (AED) available to staff in compliance with all regulatory requirements of state and local law relating to the use and maintenance of AEDs.	HEALTH	Site inspectors must physically verify that the site has stocked first aid kits, CPR masks, disposable gloves, in various sizes, and an AED.	Site inspectors must see the products themselves before noting the site is in compliance. Please note there should be a stocked first aid kit, CPR masks, and disposable gloves, in various sizes, on every floor of the site, If you are at the BC shelter and staff Bernice tells you that she knows they have them, but they are in the case manager's office-the site inspectors could note Bernice's comments, but at the date and time of the inspection, the site would be in non-compliance.
7. Supply shelter clients with fresh cold or room temperature drinking water at all times during normal operating hours	HEALTH	Site inspectors must physically verify the accessibility of the water.	If the BC shelter provides a water fountain, please verify that it is in working order.
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	ADA	Site inspectors should ask staff for the name of the ADA coordinator and ask where that information is posted. Site inspectors must physically verify that information is posted. As with Standard 3, the site inspectors should inspect the bathroom to ensue the ADA shower(s) and toilet(s) are in working order. The site inspectors must determine if the elevator used for clients who use wheelchairs is functioning. Site inspectors	If staff at the BC shelter does not know the name of the ADA coordinator; and/or, if the ADA toilet and shower are not working fully, including a hook for the shower head to ensure hands-free bathing; and/or, if the elevator is not functioning; and/or, if the site does not have a policy on meal delivery for clients unable to queue; and/or if the site

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		should ask staff if meals are delivered to clients who are unable to queue for meals. Site inspectors should ask to see an accommodation form and ask how long the site takes to determine if an accommodation can be made for requesting client. Site inspectors shall ask for written information provided to clients who receive services at the site. The information should be in English and Spanish. These materials should be given to all clients who are staying at the shelter for one night or more. The information should include, but is not limited to: • hours of operation • meal times • check-in times • laundry services-if these services are not available it should be noted where clients can wash their clothes • shower times • case management availability and accessibility • if case management is not available, clients should be provided with outside referrals Site inspectors should view the log that shows how often orientation is provided to clients and if that orientation is provided verbally, in which languages, and how individuals with disabilities could access the orientation, e.g. ASL	inspector determines through observation or a client interview that the site is not compliant with an ADA issue, the site would be in non-compliance. Site inspectors should speak to staff and ask leading questions regarding how clients can request and accommodation and how a site works to meet that client's needs. Please note the area on site where medication can be stored. Please note that the site may only be in non-compliance with one of the components listed above, but the site inspectors would note on the form non-compliance for Standard 8.

access to shelter clients with disabilities without regard to whether they accept auxiliary aids.			
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	Site inspectors must note if a menu is posted for sites that serve meals. Please note that resource centers, with the exception of United Council, do not serve meals. The Committee will inform site inspectors before their inspection if the nutritionist has worked with the site on meal development.	If menus are not posted at the BC shelter, the site would not be in compliance with Standard 9.
10. Make dietary modifications to accommodate request from clients based on religious beliefs and practices; health or disability reasons	HEALTH	Site inspectors shall ask kitchen staff, if available, what type of accommodations are made for clients seeking alternate meal choices as listed within Standard 10.	If site inspectors are inspecting during meal time, they should ask to see what the vegetarian option is for the meal and note it in their notes. Site inspectors shall ask kitchen staff or other staff leading question to determine how client can request an accommodation. If the Committee is unable to locate a vegetarian or another individual person who asked for a meal accommodation, the site inspectors should ask additional "what if" questions to the staff. If the site is unable to provide vegetarian options and/or unable to detail how an accommodation could be made/requested, the site would not be in compliance.
11. Comply with	HEALTH	Site inspectors shall note if	Staff should note on the

Article 19F of the San Francisco Health Code that prohibits smoking in homeless shelters.		there is any smoking inside a shelter. Smoking is not allowed inside and must be, at minimum, taken to the curb outside.	inspection form if there is smoking inside the shelter.
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	Site inspectors must physically see the one blanket, two sheets, and pillow to determine compliance. The site inspectors shall ask staff for the cleaning procedure of the blankets, sheets, pillows, mattresses, and mats between client use and/or on a weekly basis and that information shall be noted in the report.	If a site does not provide a blanket, two sheets, and a pillow, the site is not in compliance. The site should also have a cleaning schedule for bed linens and beds themselves and that schedule should be known by staff. If the schedule is not known by staff, the site would not be in compliance.
13. Make the shelter facility available to shelter clients for sleeping at least 8 hours per night	HEALTH	Site inspectors shall ask for the lights on and lights off schedule for the site.	If the time period between lights on and lights off is 8 hours, the site is in compliance. However, site inspectors may note non-compliance if a percentage (10% of the clients) state that they cannot sleep due to staff and/or client noise and the site may be found in non-compliance.
14. Provide daytime access to beds in all 24-hour shelters	FACILITY	Site inspectors shall ask for the site's policy on daytime access and how a client can request bed-rest.	*Please note that thee is no daytime access to single adult shelters in the 2010-2011 fiscal year, without a medical note.*
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	FACILITY	Site inspectors shall ask staff what storage options are available to clients, including but not limited to lockers, bags, off-site options.	Compliance is based on staff response and if possible client response. Each site must have a storage option for clients and clients should be able to bag their items before entering the site.

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			
16. Provide shelter clients with access to electricity for charging cell phones; and other durable medical equipment for clients with disabilities	FACILITY	Site inspectors must physically determine outlet accessibility to clients by checking to see if there are outlets in the client areas.	Compliance is based on site inspectors' determination of outlets in the client areas.
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	Site inspectors must note in their report if something is in disrepair at the site and if so, if the site has posted the problem and listed repair dates.	If the BC shelter's ADA shower's head's hook is broken and there is no signage, the site would be in non-compliance with Standard 17 and Standard 8.
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	Site inspectors must note the phone clients can use during the lights on hours of operation at the shelter.	If the staff at the BC shelter state that clients can use the case manager phone and the case manager's hours are 8:00 AM to 5:00 PM, but the site's light on hours are from 7:00 AM to 10:00 PM, the site would not be in compliance.
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	Site inspectors must physically determine if the sleeping units are 22 inches apart.	If the mats at the BC shelter are 5 inches apart head to toe and 23 inches apart side to side, the site is in compliance. The 22 inches applies to side to side.
20. Provide all printed materials produced by the City and shelters in	FACILITY	Site inspectors must physically determine if any notice posted by the site on	If staff at the BC shelter cannot provide a copy of the rules 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		their letterhead or on City letterhead is in English and Spanish.	Spanish, the site would not be in compliance.
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	Site inspectors must determine if the staff would be able to communicate to a client speaking a language other than English, including Spanish, American Sign Language, Shona, Turkish, etc.	The site must have a plan on site and known by staff on how they would access language link services for a client, including if a client appeared after business hours. A response of "I would ask my supervisor" or "I would call my manager at home" would require the staff to do so and get a response from said supervisor. The response must include how the client's language need would be met. If the site is unable to provide a plan, they would not be in compliance. Any plan they do provide will be written on the Standards of Care form and if needed, verified by Committee staff.
22. Provide at least one front line staff at each site that is bilingual in English and Spanish	FACILITY	Site inspectors should ask which staff on duty speaks Spanish and write the staff person's name on the Standard of Care form. The site inspectors must speak with said staff as well.	To be in compliance, there must be a staff on duty at the time of the inspection that speaks Spanish. If there is not a Spanish speaking staff person on duty, the site inspectors may ask the staff leading questions on how they

			would accommodate a mono-lingual Spanish speaking client and that plan should be included.
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	Site inspectors should ensure that an emergency disaster plan is posted at each exit at the site and note the last monthly drill.	If the site does not have plans posted at each exit and has not had a monthly drill within the last 31 days, the site is not in compliance.
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	Site inspectors should ask staff what there policy is on locating a unit for clients.	Compliance is based on staff response and if possible client response.
25. Require all staff to wear a badge that identifies the staff person by name and position badges	STAFF.	Site inspectors must physically determine that each staff member has a badge that is facing forward and visible to clients.	If a staff member does not have a badge at the time of the inspection, the site inspector should note it and the site would be in non-compliance.
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	Site inspectors should ask staff how clients are transported to appointments and how a client requests a transport.	The site inspectors will ask how a client can receive transportation to an approved appointment as listed within Standard 26 and if needed ask staff leading questions, such as "Are tokens available to clients who have a substance abuse treatment appointment? If so, how does a client access tokens from the

			site?" If the staff on site are unable to provide a plan, be it providing a token or otherwise, on how a client can receive transportation to the needed service, the site would be found not in compliance.
27. Provide public notification at least 24 hours in advance of on-site, community meetings	FACILITY	Site inspectors should determine the date of the last community meeting and ask staff how clients were and when they were notified	Compliance is based on staff response and if possible client response.
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	Site inspectors should see the laundry policy and physically verify that the machines are in working order. If the site only offers free laundry at a certain time, that should be noted	Compliance is based on staff response and if possible client response.
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	Site inspectors should ask who on site can provide a client with an extension and how/when the client can access that extension.	Site inspectors shall speak to staff to determine are aware of current 2010-2011 extension policies and that the site has a system for client to extend their reservations as allowed within said policy. Compliance is based on staff response and if possible client response.
30. Agree to comply with the California Department of Industrial Relations, Division of Occupational Safety and Health (Cal-OSHA) General Industry regarding	HEALTH	Site inspectors must physically verify that the site has gowns, masks, gloves, in various sizes, and a exposure control plan [a what to do in case there is blood/chemicals/an unknown substance on site-DPH will be providing a	Site inspectors must see the products and policy themselves before noting the site is in compliance. If you are at the BC shelter and staff Bernice tells you that she knows they have them, but they are

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,		check sheet for the Committee and sites and until that information is provided, the site cannot be held out of compliance]	in the case manager's office-the site inspectors could note Bernice's comments, but at the date and time of the inspection, the site would be in non-compliance.
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,	STAFF	Compliance will be verified annually based on training rosters.	Compliance will be verified annually based on training rosters.
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.			
32. Maximize the space for sleeping in the shelter to the fullest extent possible.	FACILITY	Compliance will be verified by site providing the certificate of occupancy issued by the Department of Building Inspection or the San Francisco Fire Department on an annual basis.	Compliance will be verified by site providing the certificate of occupancy issued by the Department of Building Inspection or the San Francisco Fire Department on an annual basis.

APPENDIX II

Dolores Street Community Services Training Log 2010-2011

Standard of Care Training Requirement	Number of Staff Attending Training	Compliance-based on a staff count of 18	Please indicate the reason for non-compliance, e.g. lack of funding; lack of staff coverage, other OR use the column to correct any discrepancy
Standard 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	0	0	
Standard 31 (i): hand washing requirements and other communicable disease prevention	0	0	
Standard 31 (ii): proper food handling and storage	0	0	
Standard 31 (iii): emergency procedures in case of disaster, fire, or other urgent health or safety risk, including but not limited to CPR requirements	2	11%	
Standard 31 (iv): safe and appropriate intervention with violent or aggressive shelter clients, including training on the harm reduction model in	13	72%	

dealing with substance abuse			
Standard 31 (v): safe and appropriate interaction with shelter clients who suffer from mental illness or substance abuse	13	72%	
Standard 31 (vi): On-the-job burn-out prevention	0	0	
Standard 31 (vii): requirements under the ADA, in collaboration with the Mayor's Office on Disability and the City Attorney's Office	18 Exceeded-36 units of training completed	100%	
Standard 31 (viii): policies and procedures explained in shelter training manuals Chapter 1: Ethics & Boundaries Chapter 2: Customer Service & Professionalism Chapter 3: Effective Communication Chapter 4: Mental Health Chapter 5: Substance Abuse Chapter 6: Interventions with Escalating Clients Chapter 7: Homeless Seniors Chapter 8: Cultural Competency/Diversity Chapter 9: Supervision for Supervisors and Trainees Chapter 10: CPR	13* Average number attending training	72%	
Standard 31 (ix): cultural humility, including sensitivity training regarding homelessness, the lesbian, bisexual, gay, and transgender communities, people with visible and invisible	11*	61%	

disabilities, youth, women, and trauma victims			

Hamilton Family Shelter Training Data 2010-2011 Fiscal Year

Standard of Care Training Requirement	Number of Staff Attending Training	Compliance-based on a staff count of 36	Please indicate the reason for non-compliance, e.g. lack of funding; lack of staff coverage, other OR use the column to correct any discrepancy
Standard 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	24	66%	
Standard 31 (i): hand washing requirements and other communicable disease prevention	0	0	
Standard 31 (ii): proper food handling and storage	6	16%	
Standard 31 (iii): emergency procedures in case of disaster, fire, or other urgent health or safety risk, including but not limited to CPR requirements	45+	100%	
Standard 31 (iv): safe and appropriate	6	16%	

intervention with violent or aggressive shelter clients, including training on the harm reduction model in dealing with substance abuse			
Standard 31 (v): safe and appropriate interaction with shelter clients who suffer from mental illness or substance abuse	3	8%	
Standard 31 (vi): On-the-job burn-out prevention	44+	100%	
Standard 31 (vii): requirements under the ADA, in collaboration with the Mayor's Office on Disability and the City Attorney's Office	0	0	
Standard 31 (viii): policies and procedures explained in shelter training manuals Chapter 1: Ethics & Boundaries Chapter 2: Customer Service & Professionalism Chapter 3: Effective Communication Chapter 4: Mental Health	0	0	
Chapter 5: Substance Abuse Chapter 6: Interventions with Escalating Clients Chapter 7: Homeless Seniors Chapter 8: Cultural Competency/Diversity Chapter 9: Supervision for Supervisors and Trainees Chapter 10: CPR			
Standard 31 (ix): cultural humility, including sensitivity training	41+	100%	

regarding homelessness, the lesbian, bisexual, gay, and transgender communities, people with visible and invisible disabilities, youth, women, and trauma victims			

Compass Family Shelter Training Data 2010-2011 Fiscal Year

Standard of Care Training Requirement	Number of Staff Attending Training	Compliance-based on a staff count of 15	Please indicate the reason for non-compliance, e.g. lack of funding; lack of staff coverage, other OR use the column to correct any discrepancy
Standard 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,	0	0	
universal precautions, and the development of an exposure control plan, as defined therein			
Standard 31 (i): hand washing requirements and other communicable disease prevention	0	0	
Standard 31 (ii): proper food handling and storage	7	46%	
Standard 31 (iii): emergency procedures in case of disaster, fire, or other urgent health or	0	0	

safety risk, including but not limited to CPR requirements			
Standard 31 (iv): safe and appropriate intervention with violent or aggressive shelter clients, including training on the harm reduction model in dealing with substance abuse	8	53%	
Standard 31 (v): safe and appropriate interaction with shelter clients who suffer from mental illness or substance abuse	0	0	
Standard 31 (vi): On-the-job burn-out prevention	9	60%	
Standard 31 (vii): requirements under the ADA, in collaboration with the Mayor's Office on Disability and the City Attorney's Office	0	0	
Standard 31 (viii): policies and procedures explained in shelter training manuals Chapter 1: Ethics & Boundaries Chapter 2: Customer Service & Professionalism Chapter 3: Effective Communication Chapter 4: Mental Health Chapter 5: Substance Abuse Chapter 6: Interventions with Escalating Clients Chapter 7: Homeless Seniors Chapter 8: Cultural Competency/Diversity Chapter 9: Supervision for Supervisors and	0	0	

Trainees Chapter 10: CPR			
Standard 31 (ix): 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	7* avergage	46%	

United Council Training Data 2010-2011 Fiscal Year

Standard of Care Training Requirement	Number of Staff Attending Training	Compliance-based on a staff count of 15	Please indicate the reason for non-compliance, e.g. lack of funding; lack of staff coverage, other OR use the column to correct any discrepancy
Standard 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	0	0	
Standard 31 (i): hand washing requirements and other communicable disease prevention	0	0	
Standard 31 (ii): proper food handling and storage	0	0	

Standard 31 (iii): emergency procedures in case of disaster, fire, or other urgent health or safety risk, including but not limited to CPR requirements	21	100%	
Standard 31 (iv): safe and appropriate intervention with violent or aggressive shelter clients, including training on the harm reduction model in dealing with substance abuse	0	0	
Standard 31 (v): safe and appropriate interaction with shelter clients who suffer from mental illness or substance abuse	0	0	
Standard 31 (vi): On-the-job burn-out prevention	0	0	
Standard 31 (vii): requirements under the ADA, in collaboration with the Mayor's Office on Disability and the City Attorney's Office	43	100%	
Standard 31 (viii): policies and procedures explained in shelter training manuals Chapter 1: Ethics & Boundaries Chapter 2: Customer Service & Professionalism Chapter 3: Effective Communication Chapter 4: Mental Health Chapter 5: Substance Abuse Chapter 6: Interventions with Escalating Clients Chapter 7: Homeless Seniors	0	0	

Chapter 8: Cultural Competency/Diversity Chapter 9: Supervision for Supervisors and Trainees Chapter 10: CPR			
Standard 31 (ix): 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	0	0	

Mission Neighborhood Resource Center Training Data 2010-2011 Fiscal Year

Standard of Care Training Requirement	Number of Staff Attending Training	Compliance-based on a staff count of 15	Please indicate the reason for non-compliance, e.g. lack of funding; lack of staff coverage, other OR use the column to correct any discrepancy
Standard 30: Agree to comply with the California Department of Industrial Relations, Division of Occupational Safety and Health (Cal-OSHA) General Industry regarding Blood borne	0	0	
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			
Standard 31 (i): hand washing requirements and other communicable	0	0	

disease prevention			
Standard 31 (ii): proper food handling and storage	18	100%	
Standard 31 (iii): emergency procedures in case of disaster, fire, or other urgent health or safety risk, including but not limited to CPR requirements	0	0	
Standard 31 (iv): safe and appropriate intervention with violent or aggressive shelter clients, including training on the harm reduction model in dealing with substance abuse	18+	100%	
Standard 31 (v): safe and appropriate interaction with shelter clients who suffer from mental illness or substance abuse	16	100%	
Standard 31 (vi): On-the-job burn-out prevention	18	100%	
Standard 31 (vii): requirements under the ADA, in collaboration with the Mayor's Office on Disability and the City Attorney's Office	14	93%	
Standard 31 (viii): policies and procedures explained in shelter training manuals Chapter 1: Ethics & Boundaries Chapter 2: Customer Service & Professionalism Chapter 3: Effective Communication Chapter 4: Mental Health Chapter 5: Substance Abuse	0	0	

Chapter 6: Interventions with Escalating Clients Chapter 7: Homeless Seniors Chapter 8: Cultural Competency/Diversity Chapter 9: Supervision for Supervisors and Trainees Chapter 10: CPR			
Standard 31 (ix): 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	18+	100%	

Providence Training Data 2010-2011 Fiscal Year

Standard of Care Training Requirement	Number of Staff Attending Training	Compliance-based on a staff count of 23	Please indicate the reason for non-compliance, e.g. lack of funding; lack of staff coverage, other OR use the column to correct any discrepancy
Standard 30: Agree to comply with the California Department of Industrial Relations,	0	0	
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			
Standard 31 (i): hand washing requirements and other communicable disease prevention	0	0	
Standard 31 (ii): proper food handling and storage	0	0	
Standard 31 (iii): emergency procedures in case of disaster, fire, or other urgent health or safety risk, including but not limited to CPR requirements	10	43%	
Standard 31 (iv): safe and appropriate intervention with violent or aggressive shelter clients, including training on the harm reduction model in dealing with substance abuse	22	95%	
Standard 31 (v): safe and appropriate interaction with shelter clients who suffer from mental illness or substance abuse	22	95%	
Standard 31 (vi): On-the-job burn-out prevention	0	0	
Standard 31 (vii): requirements under the ADA, in collaboration with the Mayor's Office on Disability and the City Attorney's Office	42	100%	
Standard 31 (viii): policies and procedures explained in shelter training manuals Chapter 1: Ethics & Boundaries Chapter 2: Customer Service & Professionalism Chapter 3: Effective	22	95%	

Communication Chapter 4: Mental Health Chapter 5: Substance Abuse Chapter 6: Interventions with Escalating Clients Chapter 7: Homeless Seniors Chapter 8: Cultural Competency/Diversity Chapter 9: Supervision for Supervisors and Trainees Chapter 10: CPR			
Standard 31 (ix): 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	0	0	

Lark Inn Training Data 2010-2011 Fiscal Year

Standard of Care Training Requirement	Number of Staff Attending Training	Compliance-based on a staff count of 13	Please indicate the reason for non-compliance, e.g. lack of funding; lack of staff coverage, other OR use the column to correct any discrepancy
Standard 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	10	76%	Correction- 10 staff completed training held on 4/13/2011 @ 869 Ellis Street training was facilitated by K. Di Silva

protective equipment, universal precautions, and the development of an exposure control plan, as defined therein			
Standard 31 (i): hand washing requirements and other communicable disease prevention	10	76%	**Correction- 10 staff completed training held on 4/13/2011 @ 869 Ellis Street training was facilitated by K. Di Silva**
Standard 31 (ii): proper food handling and storage	10	76%	**Correction- 10 staff completed training held on 4/13/2011 @ 869 Ellis Street training was facilitated by K. Di Silva**
Standard 31 (iii): emergency procedures in case of disaster, fire, or other urgent health or safety risk, including but not limited to CPR requirements	13	100%	**Correction- additional 4 staff completed training on 3/13/2011 @ 869 Ellis**
Standard 31 (iv): safe and appropriate intervention with violent or aggressive shelter clients, including training on the harm reduction model in dealing with substance abuse	13	100%	**Correction- additional 5 staff completed training on or before June 6,2011 @ 869 Ellis**
Standard 31 (v): safe and appropriate interaction with shelter clients who suffer from mental illness or substance abuse	13	100%	**Correction- additional 5 staff completed training on or before 4/25/2011 @ 869 Ellis**
Standard 31 (vi): On-the-job burn-out prevention	13	100%	**Correction- additional 9 staff completed training on or before April 1,2011 @ 869 Ellis/1150 sutter st.**
Standard 31 (vii): requirements under the ADA, in collaboration with the Mayor's Office on Disability and the City Attorney's Office	13	100%	**Correction- As of July 1, 2011 all staff (13) had completed required ADA training within 30 days of hire in compliance with WRAP lawsuit settlement.**

Standard 31 (viii)10 policies and procedures explained in shelter training manuals Chapter 1: Ethics & Boundaries Chapter 2: Customer Service & Professionalism Chapter 3: Effective Communication Chapter 4: Mental Health Chapter 5: Substance Abuse Chapter 6: Interventions with Escalating Clients Chapter 7: Homeless Seniors Chapter 8: Cultural Competency/Diversity Chapter 9: Supervision for Supervisors and Trainees Chapter 10: CPR		76%	**Correction- 10 staff completed training on or before February 28, 2011 @ 869 Ellis**
Standard 31 (ix): cultural humility, including sensitivity training regarding homelessness, the lesbian, bisexual, gay, and transgender communities, people with visible and invisible disabilities, youth,	13	100%	**Correction- all staff completed training on or before July 1,2011 @ 869 Ellis/1150 Sutter St**
women, and trauma victims			

Hospitality House Training Data 2010-2011 Fiscal Year

Standard of Care Training Requirement	Number of Staff Attending Training	Compliance- based on a staff count of 6	Please indicate the reason for non-compliance, e.g. lack of funding; lack of staff coverage, other OR use the column to correct any discrepancy
Standard 30: Agree to comply with the California Department of Industrial Relations,	6	100%	Relevant training provided during First Aid, CPR, and Overdose Prevention Trainings as listed: 6/8/09,

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			5/16/11, 6/20/11
Standard 31 (i): hand washing requirements and other communicable disease prevention	6	100%	Standard training provided during CCHH new employee orientation process. Dates vary.
Standard 31 (ii): proper food handling and storage	6	100%	Staff were trained by Nutritionist Kathleen DaSilva; food handling and storage procedure was modified accordingly. We did not track the dates of our meetings.
Standard 31 (iii): emergency procedures in case of disaster, fire, or other urgent health or safety risk, including but not limited to CPR requirements	6	100%	
Standard 31 (iv): safe and appropriate intervention with violent or aggressive shelter clients, including training on the harm reduction model in dealing with substance abuse	6	100%	
Standard 31 (v): safe and appropriate interaction with shelter clients who suffer from mental illness or substance	6	100%	

abuse			
Standard 31 (vi): On-the-job burn-out prevention	6	100%	
Standard 31 (vii): requirements under the ADA, in collaboration with the Mayor's Office on Disability and the City Attorney's Office	6	100%	All Shelter staff attended mandatory ADA trainings provided by HSA; we did not record the dates but received attendance confirmation from HSA.
Standard 31 (viii): policies and procedures explained in shelter training manuals Chapter 1: Ethics & Boundaries Chapter 2: Customer Service & Professionalism Chapter 3: Effective Communication Chapter 4: Mental Health Chapter 5: Substance Abuse Chapter 6: Interventions with Escalating Clients Chapter 7: Homeless Seniors Chapter 8: Cultural Competency/Diversity Chapter 9: Supervision for Supervisors and Trainees Chapter 10: CPR	6	100%	Shelter Training Manual trainings provided on 3/23/09, 7/13/09, 7/27/09, 3/8/10, 4/26/10, 8/16/10, 12/27/10, 2/7/11
Standard 31 (ix): 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	6	100%	CCHH Provided relevant trainings: Elimination of Transgender Workplace Bias (9/21/09), Cultural Competency for Serving Transgender Clients (10/19/09), Cultural Competency & Effective Communication (6/21/10), Cultural Competence (3/4/11)

St. Joseph's Family Shelter Training Data 2010-2011 Fiscal Year

Standard of Care Training Requirement	Number of Staff Attending Training	Compliance-based on a staff count of 20	Please indicate the reason for non-compliance, e.g. lack of funding; lack of staff coverage, other OR use the column to correct any discrepancy
Standard 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	0	0	
Standard 31 (i): hand washing requirements and other communicable disease prevention	10	50%	We were trained on hand washing when we were trained on proper food handling. Only half of the staff were trained because they are the ones who handle food. It is difficult to get all of our on call staff to trainings.
Standard 31 (ii): proper food handling and storage	10	50%	
Standard 31 (iii): emergency procedures in case of disaster, fire, or other urgent health or safety risk, including but not limited to CPR requirements	27	100%	
Standard 31 (iv): safe and appropriate	3	11%	Three staff attended a training on Crisis

intervention with violent or aggressive shelter clients, including training on the harm reduction model in dealing with substance abuse			Intervention for family members.
Standard 31 (v): safe and appropriate interaction with shelter clients who suffer from mental illness or substance abuse	20	100%	
Standard 31 (vi): On-the-job burn-out prevention	0	0	
Standard 31 (vii): requirements under the ADA, in collaboration with the Mayor's Office on Disability and the City Attorney's Office	0	0	
Standard 31 (viii): policies and procedures explained in shelter training manuals Chapter 1: Ethics & Boundaries Chapter 2: Customer Service & Professionalism Chapter 3: Effective Communication Chapter 4: Mental Health	0	0	
Chapter 5: Substance Abuse Chapter 6: Interventions with Escalating Clients Chapter 7: Homeless Seniors Chapter 8: Cultural Competency/Diversity Chapter 9: Supervision for Supervisors and Trainees Chapter 10: CPR			
Standard 31 (ix): cultural humility, including sensitivity training	27	100%	

regarding homelessness, the lesbian, bisexual, gay, and transgender communities, people with visible and invisible disabilities, youth, women, and trauma victims			

Episcopal Community Services Training Data 2010-2011 Fiscal Year

Standard of Care Training Requirement	Number of Staff Attending Training	Compliance-based on a staff count of 127	Please indicate the reason for non-compliance, e.g. lack of funding; lack of staff coverage, other OR use the column to correct any discrepancy
Standard 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	*96*	*76%*	
protective equipment, universal precautions, and the development of an exposure control plan, as defined therein			
Standard 31 (i): hand washing requirements and other communicable disease prevention	0 *Please note that staff did take this training in the 2011-2012 fiscal year*	*0*	*It was too cost-prohibitive to call a 2nd Shelter All Staff meeting for the 16 staff that were either on vaca/sick or no-showed. Our Food Service Manger in collaboration with Kathleen DaSilva, DPH Nutritionist now has the training in hard-*

			copy to give to the 16 staff who didn't attend. We need to develop a post-test to ensure they reviewed the materials.
Standard 31 (ii): proper food handling and storage	0 ***Please note that staff did take this training in the 2011-2012 fiscal year***	***0***	***(see comments above)***
Standard 31 (iii): emergency procedures in case of disaster, fire, or other urgent health or safety risk, including but not limited to CPR requirements	Includes Monthly Fire Drills; MonthlyEvacuChair Trainings; Fire Marshall Training ***138***	***100%***	
Standard 31 (iv): safe and appropriate intervention with violent or aggressive shelter clients, including training on the harm reduction model in dealing with substance abuse	Chapter 5 (Substance Abuse) & Chapter 6 (Intervention with Escalating Clients) of Shelter Training Manual ***94*** + ***11*** (de-escalation II) + ***2*** Crucial Conversations ***107***	***84%***	***(please see note #2 below)***
Standard 31 (v): safe and appropriate interaction with shelter clients who suffer from mental illness or substance abuse	Chapter 4 (Mental Health) & Chapter 5 (Substance Abuse) 94 + 2 Acc Phys/Mntl Disab ***96***	***76%%***	***(please see note #2 below)***
Standard 31 (vi): On-the-job burn-out prevention	Yoga for the workplace ***4***	3%	***We are out of compliance since the Shelter Leadership Team have spent the last year getting all staff current with mandated trainings. We did address taking care of ourselves during our Shelter Training Manual training and how to***

			identify when you might be burning-out. We are discussing the following ideas in order to accomplish this goal for FY12: ► *Do EAP (Employee Assistance Program) presentations at swing shift meetings to let staff know this is one of their benefits;* ► *Consider transferring Service Coordinator staff who need a break from Next Door to Sanctuary* ► *Finding a curriculum on how to identify & deal with staff burn-out*
Standard 31 (vii): requirements under the ADA, in collaboration with the Mayor's Office on Disability and the City Attorney's Office	*133* HSA ADA Training;	*100%+*	
Standard 31 (viii): policies and procedures explained in shelter training manuals Chapter 1: Ethics & Boundaries Chapter 2: Customer Service &	*94*	*74%*	*(please see note #2 below)* *We are out of compliance by 2 staff that did not attend the training. We did not follow-up with those 2 staff as we should have. We are now having*
Professionalism Chapter 3: Effective Communication Chapter 4: Mental Health Chapter 5: Substance Abuse Chapter 6: Interventions with Escalating Clients Chapter 7: Homeless Seniors Chapter 8: Cultural Competency/Diversity Chapter 9: Supervision for Supervisors and			*all Supervisors review the Shelter Training Manual during their Shift Change Meetings. Service Coordinators are then required to complete the test and submit to their Site Manager.*

Trainees Chapter 10: CPR			
Standard 31 (ix): 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	*94* Chapter 8 (Cultural Competency) + *25* Transgender Sensitivity + *5* Learning Disabilities = *124*	*74%*	*(please see note #2 below)*

MSC South Training Data 2010-2011 Fiscal Year

Standard of Care Training Requirement	Number of Staff Attending Training	Compliance-based on a staff count of 66	Please indicate the reason for non-compliance, e.g. lack of funding; lack of staff coverage, other OR use the column to correct any discrepancy
Standard 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	10	15%	
but not limited to applicable requirements regarding personal protective equipment, universal precautions, and the development of an exposure control plan, as defined therein			
Standard 31 (i): hand washing requirements and other communicable disease prevention	0	0	
Standard 31 (ii): proper food handling and storage	52	78%	

Standard 31 (iii): emergency procedures in case of disaster, fire, or other urgent health or safety risk, including but not limited to CPR requirements	14	21%	
Standard 31 (iv): safe and appropriate intervention with violent or aggressive shelter clients, including training on the harm reduction model in dealing with substance abuse	294* took all or a portion of STM	100%	
Standard 31 (v): safe and appropriate interaction with shelter clients who suffer from mental illness or substance abuse	294* took all or a portion of STM	100%	
Standard 31 (vi): On-the-job burn-out prevention	52	78%	
Standard 31 (vii): requirements under the ADA, in collaboration with the Mayor's Office on Disability and the City Attorney's Office	70	100%	
Standard 31 (viii): policies and procedures explained in shelter	294* took all or a portion of STM	100%	
training manuals Chapter 1: Ethics & Boundaries Chapter 2: Customer Service & Professionalism Chapter 3: Effective Communication Chapter 4: Mental Health Chapter 5: Substance Abuse Chapter 6: Interventions with Escalating Clients Chapter 7: Homeless Seniors			

Chapter 8: Cultural Competency/Diversity Chapter 9: Supervision for Supervisors and Trainees Chapter 10: CPR			
Standard 31 (ix): 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	77* took at least one of the areas required under this item	100%	

Oshun Training Data 2010-2011 Fiscal Year

Standard of Care Training Requirement	Number of Staff Attending Training	Compliance-based on a staff count of 10	Please indicate the reason for non-compliance, e.g. lack of funding; lack of staff coverage, other OR use the column to correct any discrepancy
Standard 30: Agree to comply with the California Department of Industrial Relations, Division of Occupational Safety and Health (Cal-OSHA) General Industry	7	70%	
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			
Standard 31 (i): hand washing requirements	7	70%	

and other communicable disease prevention			
Standard 31 (ii): proper food handling and storage	0	0	
Standard 31 (iii): emergency procedures in case of disaster, fire, or other urgent health or safety risk, including but not limited to CPR requirements	9	90%	
Standard 31 (iv): safe and appropriate intervention with violent or aggressive shelter clients, including training on the harm reduction model in dealing with substance abuse	9	90%	
Standard 31 (v): safe and appropriate interaction with shelter clients who suffer from mental illness or substance abuse	0	0	
Standard 31 (vi): On-the-job burn-out prevention	0	0	
Standard 31 (vii): requirements under the ADA, in collaboration with the Mayor's Office on Disability and the City Attorney's Office	0	0	
Standard 31 (viii): policies and procedures explained in shelter training manuals Chapter 1: Ethics & Boundaries Chapter 2: Customer Service & Professionalism Chapter 3: Effective Communication Chapter 4: Mental Health Chapter 5: Substance	0	0	

Abuse Chapter 6: Interventions with Escalating Clients Chapter 7: Homeless Seniors Chapter 8: Cultural Competency/Diversity Chapter 9: Supervision for Supervisors and Trainees Chapter 10: CPR			
Standard 31 (ix): 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	0	0	