



City and County of San Francisco

Shelter Monitoring Committee

Third and Fourth Quarter Report, January through June 2015

Mission Statement of the Shelter Monitoring Committee

The Shelter Monitoring Committee is an independent vehicle charged with documenting the conditions of shelters and resource centers to improve the health, safety, and treatment of residents, clients, staff, and the homeless community. The Committee's mission is to undertake this work recognizing individual human rights and promoting a universal standard of care for shelters and resource centers in the City and County of San Francisco

Executive Summary

The Shelter Monitoring Committee (The Committee) is responsible for documenting the conditions of shelters and resource centers to improve the health, safety, and treatment of clients, staff, and the homeless community. The Committee is responsible for processing client complaints regarding alleged violations of the Standards of Care as well as conducting site visits to identify unreported violations (violations are logged as Standard of Care complaints). The Committee received 80 Standard of Care complaints during the reporting period, one less than the previous reporting period (July 1st – December 31st 2014). However, the number of complaints received by the Committee has steadily increased each month during the reporting period, with the 6 complaints received in January increasing to 26 complaints received in June of 2015. The most frequent complaints received by the Shelter Monitoring Committee during the reporting period are staff related issues (47%), followed by facility and access issues (31%), health and hygiene (17%) and ADA (3%).

After adding four additional members and one additional staff person, the Committee was able to complete 35 of 36 assigned visits (97%) during the reporting period. This reflects the efforts of the Committee to increase the frequency of site visits in order to meet the amount mandated by the City and County of San Francisco. While the Committee was only able to complete 7 site visits during the 2nd Quarter, 14 visits were completed during the 3rd Quarter and 21 were completed during the 4th Quarter.

Consistent Standard of Care Violations

The Committee has identified sites that consistently violate specific Standards of Care during the reporting period. The majority of emergency shelters provide two blankets instead of one blanket and a pair of sheets; this is an ongoing issue that is a result of these sites not receiving sufficient funding to purchase additional linens. The two sites with that consistently violate other Standards of Care are:

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(415) 255-3642 (phone)
(415) 255-3629 (fax)
shelter.monitoring@sfgov.org

A Woman's Place

This site did not have an AED or reasonable accommodation forms in Spanish available throughout the site visits conducted during the reporting period. After a brief investigation by HSA, the Committee and shelter staff, it was determined that there was an AED being stored on site that staff were unaware of. The AED was moved to the staff station and the site is now in compliance.

United Council – Mother Brown's

This site did not have reasonable accommodation forms, toilet paper in the restrooms or a bilingual English/Spanish staff member on duty during the site visits conducted during the reporting period.

Policy Recommendations

Due to the vacancies on the Shelter Monitoring Committee, the Committee was unable to fill the seats on the Policy Subcommittee for the majority of the 3rd and 4th Quarters of the fiscal year. As a result, there are no policy recommendations from the Committee for this reporting period. However, the Policy Subcommittee was formed in May and held the first meeting on June 8th, 2015.

Site Inspections

The inspection teams conducted 35 of the 36 assigned visits (97%) in the third and fourth quarters, from January 1 to June 30, 2015. The Committee is mandated by legislation to conduct a minimum of four site inspections per site annually, visiting each of the 18 sites once per quarter. The Committee was able to completed 14 of 18 assigned visits (78%) in the third quarter while training new members on inspection procedures, but was able to complete 21 of 18 (116%) of the assigned site visits in the fourth quarter of the reporting period. The only two sites that were not visited during the fourth quarter were the Interfaith Winter Shelter (closed during the reporting period) and Santa Marta/Santa Maria (undergoing major construction to prepare for the opening of Jazzie's Place LGBT shelter).

A Woman's Place Shelter

The Committee conducted one inspection during the reporting period, noting violations including a lack of posted English and Spanish signage providing information on where to go for laundry services, shower times, case management availability and accessibility. The inspection team also noted that there was no AED available on site and that staff did not consistently wear ID badges. The Committee is still waiting for a response from the site regarding the Standards of Care violations noted during the inspection.

A Woman's Place Drop In

The Committee conducted two inspections during the reporting period. The Committee noted violations including a lack of incontinence supplies and personal protective equipment for staff (gowns and masks). The site has remedied all violations noted during the site inspections.

Bethel AME

The Committee inspected this site twice during the reporting period. The Committee noted violations including a lack of incontinence supplies, AED, menus not being posted in English and Spanish. There were no pillowcases offered to clients due to the fact that pillows are built

into the sleeping mats. The lack of an AED and incontinence supplies are ongoing issues but other violations have been resolved.

Compass Family Shelter

The Committee completed three inspections of the site during the reporting period and did not note any Standard of Care violations.

Dolores Street Community Services-Santa Ana

This site was inspected twice during this reporting period and there were no violations noted by the Committee. There were no pillowcases offered to clients due to the fact that pillows are built into the sleeping mats.

Dolores Street Community Services-Santa Marta/Santa Maria

The site was only inspected once during the reporting period due to ongoing construction to prepare for Jazzie's Place LGBT Shelter. The Committee did not note any violations, although there were no pillowcases offered to clients due to the fact that pillows are built into the sleeping mats.

First Friendship Emergency Family Shelter

The Committee conducted two inspections during this reporting period. The Committee noted violations such as not having reasonable accommodation forms in English and Spanish, not having ADA information posted, not having "No Smoking" signs posted in English and Spanish, not having bilingual English and Spanish staff on duty, not having signs saying clients can access TTY and the site only provides one sheet and two blankets instead of two sheets. The linen issue remains on-going but all other violations were resolved.

Hamilton Family Residences and Emergency Shelter

The Committee conducted one visit to this site during the reporting period and noted that "Smoking Prohibited" signs were not posted in English and Spanish.

Hospitality House

The Committee visited this site once during the reporting period and did not note any violations.

Interfaith Emergency Winter Shelters

Please note that the Interfaith system is operated out of different volunteer churches by Episcopal Community Services and operated from **November 16, 2013 to February 22, 2014**. As a result, this site was not inspected during the reporting period.

Lark Inn

The site was inspected two times during the reporting period. The Committee noted during one of the visits that there was not a bilingual English/Spanish staff member on duty.

Mission Neighborhood Resource Center

The Committee conducted two visits to this site during this reporting period and did not note any violations.

MSC South Drop-In

The Committee completed two inspections of this site during the reporting period and noted that the Men's restrooms needed additional cleaning. All violations have since been resolved.

MSC South Shelter

The Committee completed two inspections of this site during the reporting period. The Committee noted that two of the stalls in the Women's restroom were out of toilet paper. All violations have since been resolved.

Next Door

The Committee conducted two site inspections at this site during the reporting period. Committee members noted a number of different violations including no Spanish language "Smoking Prohibited" signs, elevators were broken with no alternative method of moving between floors available for wheelchair using clients, a broken ADA toilet with no signage explaining when it would be repaired, a lack of protective gowns and masks for staff, some staff were not wearing ID badges, debris and dirty vents in the sleeping areas, dirty bathrooms and a lack of English/Spanish signage explaining when the next community meeting would be held. The site remedied all issues brought to its attention.

Providence and Providence Emergency Family Shelter

The site was inspected three times during the reporting period. The Committee noted that not all staff wore ID badges, clients were provided two blankets instead a blanket and a bed sheet and a lack of hand dryers/paper towels and toilet paper in the restrooms. The linen issue remains on-going but all other violations were resolved.

Sanctuary

The site was inspected two times during the reporting period. The Committee noted that there were no paper towels/dryer in the 2nd floor ADA bathroom and that there was not a Spanish language Shelter Matrix posted.

United Council – Mother Brown's

This site was inspected three times during the reporting period. The Committee noted violations including City and Shelter materials not being posted in English and Spanish, the lack of a posted Emergency Exit plan, no information posted on where to access TTY, empty hand sanitizer dispensers, no reasonable accommodation forms available, no toilet paper in the restrooms, lack of signage describing case management availability and accessibility and the fact that there were no bilingual English/Spanish staff on duty.

St. Joseph's Family Shelter

The site was inspected twice during the reporting period and the Committee did not note any violations.

Table 1: Site Visit Tally for 3rd and 4th Quarters for 2014-2015

Shelter and Resource Center	Number of Visits 3rd Qtr. 2014- 2015 January-March	Number of Visits 4th Qtr. 2014- 2015 March-July	Total
A Woman's Place	0	1	1
A Woman's Place Drop In	1	1	2
Bethel AME	1	1	2
Compass Family Shelter	1	2	3
Dolores Street Community Services-Santa Ana	1	1	2
Dolores Street Community Services-Santa Marta/Santa Maria	1	0	1
First Friendship Family Shelter	1	1	2
Hamilton Family & Emergency Shelter	0	1	1
Hospitality House	0	1	1
Interfaith Winter Shelter *operates to 2/22/13	0	0	0
Lark Inn Youth Shelter	1	1	2
Mission Neighborhood Resource Center	1	1	2
Multi Service Center South Drop In Center	1	1	2
Multi Service Center South Shelter	1	1	2
Next Door	1	1	2
Providence	1	2	3
Saint Joseph's Family Shelter	0	2	2
Sanctuary	1	1	2
United Council-Mother Brown's	1	2	2
Total	14	21	35
Assigned Number of Visits	18	18	36
Percentage of Compliance	78%	116%	97%

Shelter Monitoring Committee
July 17, 2015
3rd & 4th 2014-2015 Qtr Report Draft

Table 2: Standard of Care Complainants Tally Per Site for 3rd & 4th Quarter 2014-2015

Site	# of Complaints	# of Complaints Generated by Committee	# of Client Complainants	Status of Complaint-Committee Generated	Status of Complaint-Client Generated	Items Forwarded to DPH
A Woman's Place	2	1	1	Closed (1)	Pending (1)	None
A Woman's Place Drop In	5	2	3	Closed (1) Pending (1)	Pending (2) No Contact (1)	None
Compass	1	0	1	N/A	No Contact (1)	None
First Friendship	4	2	2	Closed (2)	Pending (2)	None
Hamilton	3	1	2	Closed (1)	Pending (2)	None
Hospitality House	2	0	2	N/A	Closed (1) Not Satisfied (1)	None
Bethel AME	5	3	2	Closed (2) Pending (1)	Pending (2)	None
Lark Inn	1	1	0	Closed (1)	N/A	None
MSC South Drop In Center	8	1	7	Pending (1)	Closed (6) Pending (1)	None
MSC South Shelter	10	1	9	Pending (1)	Closed (5) No Contact (2) Pending (2)	None
MNRC	1	1	0	Closed (1)	N/A	None
Next Door	25	2	23	Closed (2)	Pending (2) No Contact (15) Closed (5) Not Satisfied (2)	Forwarded to HSA(2)
Providence	7	2	5	Pending (2)	Closed (1) Pending (4)	None
St. Joseph's	0	0	0	N/A	N/A	None
Sanctuary	3	1	2	Pending (1)	Closed (2)	None
Santa Ana	1	1	0	Closed (1)	N/A	None
Santa Marta/Santa Maria	0	0	0	N/A	N/A	None
United Council	2	1	1	Pending (1)	Closed (1)	None
Totals	80	20	60	Closed (12) Pending (8)	Pending (19) Closed (22) No Contact (19) Not Satisfied (2)	Forwarded to HSA(2)

Standards of Care Complaints

There were 80 Standard of Care complaints forms filed from January 1 to June 30, 2015. The table above provides a breakdown of the number of complaints per site and the status of the complaints themselves. There were 20 complaints filed by the Committee and 60 complaints filed by individual clients. 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) *Not Satisfied*, 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 which 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 within 30 days ; 3) *Pending*, which indicates that an investigation has been requested by the client or Committee inspection team who initiated the complaint or that the Committee is awaiting a response from the client on the site's response; and 4) *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 within the 45-day requirement to review the site's response.

A complaint can include allegations of non-compliance for one Standard or multiple Standards. . Each individual complaint form submitted to the sites averaged allegations of three Standard of Care violations. For example, a client alleged the staff did not have their identification (Standard 25), a lack of soap (Standard 3), and lack of a pillow (Standard 12). The Standards of Care complaints fall into four areas of compliance that are depicted below:

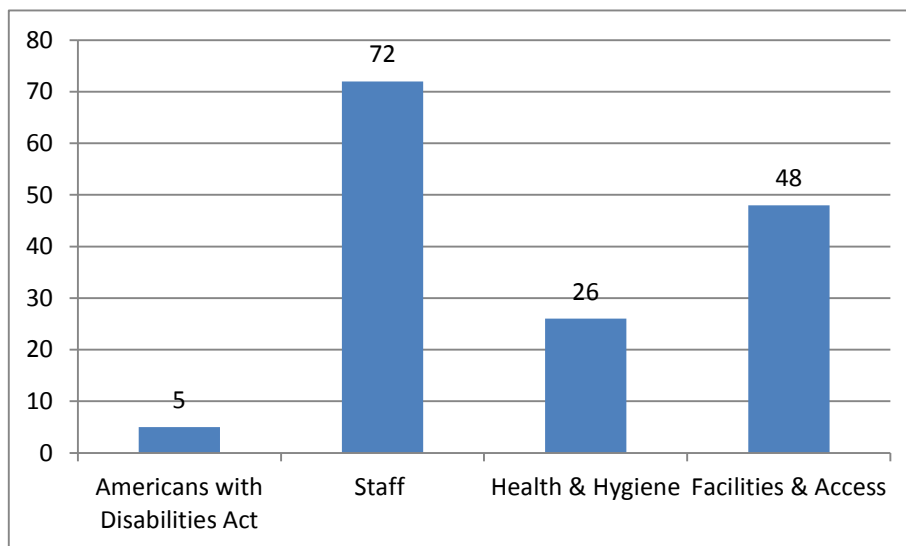


Chart I: Standard of Care Complaint Breakdown, 3rd & 4th Quarter, 2014-2015

Chart I, the *Standard of Care Complaint 3rd & 4th Quarter Breakdown*, provides an overview of the type of complaints that were filed with the Committee. This chart does not provide the outcomes of each complaint. Instead, it provides an overview of the types of complaints received in the quarters. At the end of each fiscal year, there is a report that breaks down the types of complaints generated at each site and the outcome of each of that site's specific complaints. The quarterly reports are intended to provide an overview of the type of complaint received. Table II,

Standard of Care Complaints Tally Per Site, on the preceding page, provides the outcomes of complaints generated by clients and the Committee.

Staff

The staff category refers to four Standards [1, 2, 25 & 31] that focus on how the client is treated at the site and by staff, including how staff identifies themselves through the use of photo identification or name tags and the amount of training they have received. In this reporting period as in past periods, the majority of complaints received in this category were allegations of inequitable treatment and disrespect by staff; not following procedures and the lack of identification. There were 72 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. The majority of complaints in this area were allegations that sites did not provide accommodations requested by clients. There were 5 separate complaints of the lack of adherence to Standard 8 this reporting period.

Health & Hygiene

This category refers to 11 Standards focusing on meals, access to toiletries, and stocked first aid kits. In this reporting period as in past periods, the majority of complaints in this area were unclean shelters and a lack of linens. There were 26 separate complaints alleging 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. These quarters the majority of complaints in this area were the lack of translations services and no bilingual staff. There were 48 separate complaints about the lack of adherence to the facilities and access requirements within the Standards of Care. The Standards that make up this area are 12, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 26, 27, 28, 29, and 32.

Client Complaint Data

A large percentage of complaints generated by clients were *No Contact*, i.e. the many of the clients did not return to review the site's response to their complaint, during this reporting period. This marks 32% of all complaints filed by the clients during this time period.

37% percent of clients were satisfied with the site response which resulted in the closing of their complaint cases. There was 1 complainant had their allegations investigated by the Committee. For the Committee' findings please refer to the **Investigation** section of this report.

No Contact Complaints

The Chair has requested that quarterly reports compare the *No Contact* data to site visit data and examine any similarities. The Committee compiled all *No Contact* complaints for this reporting period. The majority (89%) of all complaints within the No Contact category were regarding disrespectful staff and staff not adhering to rules in an equitable manner. In comparison, the majority of violations reported by Committee teams on site visits are related to health (32%) or facilities (56%).

Committee Complaint Data

55% (11 out of 20) Committee generated complaints were closed based on satisfaction with the response from the sites. The remaining complaints are awaiting responses from the sites. However, 5 of the 9 sites that have responses pending were inspected at the end of June and did not receive complaints generated by the visits until July of 2015.

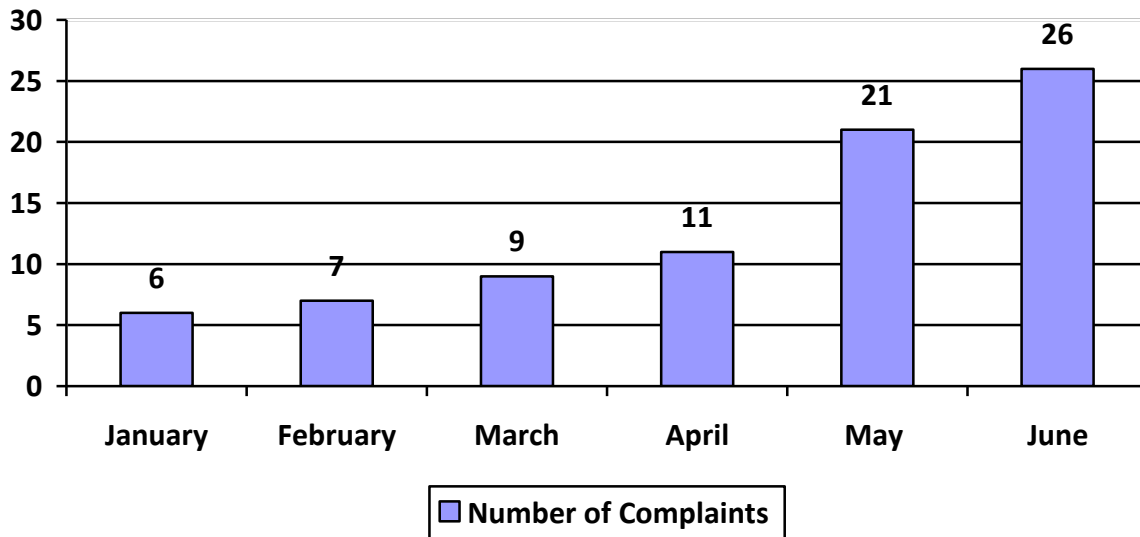


Chart II: Standard of Care Complaint Monthly Breakdown, 3rd & 4th Quarter, 2014-2015

Investigations

There were two investigations conducted during this reporting period, both of which involved the same client and the Next Door shelter site:

Next Door

The client alleged that staff refused to give her MUNI tokens even though she was eligible. The client alleges that staff stated they could not provide her with tokens due to token distribution policies. In the site response, Next Door stated that the client was correct and that she should have received tokens if they were available. The client was not satisfied with the response because staff were still denying her MUNI tokens even after site had acknowledged her eligibility in the response to the complaint. The Committee determined what the actual HSA token distribution policy was and provided a copy to Next Door’s management team. The client has now begun receiving tokens when they are available and is satisfied with the results of the investigation.

The second investigation conducted by the Shelter Monitoring Committee during this reporting period was related to the same complaint and client as the first investigation. The client felt that the site did not adequately address her concerns that an employee used disrespectful language when speaking to her. The Committee spoke to the client, the Shelter Manager and several employees that witnessed the incident listed in the complaint and was unable to conclusively determine whether or not the employee spoke to the client using disrespectful language. As a result of completing these two investigations, this complaint is now closed.

Membership

At the start of the 3rd Quarter, there were eight members of the Committee and one full time staff person. The Committee filled one vacancy during the 3rd Quarter with the appointment of Committee Member Jonathan Bonato. There were an additional three vacancies filled during the 4th Quarter with the appointments of Committee Members Mico Williams, Darcel Jackson and Anakh Sul Rama, resulting in 12 members on the Committee with one vacancy remaining. However, Committee Member Williams resigned during the 4th Quarter which brings the total number of Committee Members to 11. The hiring of Howard Chen during the 3rd Quarter filled the Policy Analyst staff vacancy, which brought the total number of full-time employees on staff to two. There are 5 new members that were brought on during the 2014-2015 term and 6 carryover members from the 2013-2014 term. The Policy Sub-Committee was also formed during this reporting period, consisting of Committee Members Mukami (Chair of the Sub-Committee), Amick, Steen and Bonato.

Through the creation of the Committee, the committee is required to submit quarterly and as-needed emergency reports to the Board of Supervisors and Mayor's office. To educate the Board of Supervisors, the Mayor's office and public and private stakeholders, including clients, the Committee provides monthly reports on the Standard of Care complaint process. These reports are discussed monthly at public meetings, provided to the contractors (Human Services Agency and Department of Public Health), and made available upon request to any individual. Committee officers are working on streamlining staff duties to ensure that required information is collected, captured and made public.