

File No. 140353

Committee Item No. 5

Board Item No. \_\_\_\_\_

# COMMITTEE/BOARD OF SUPERVISORS

## AGENDA PACKET CONTENTS LIST

Committee: Rules

Date May 1, 2014

Board of Supervisors Meeting

Date \_\_\_\_\_

### Cmte Board

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| <input type="checkbox"/>            | <input type="checkbox"/> | Legislative Digest                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Budget and Legislative Analyst Report        |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Introduction Form                            |
| <input type="checkbox"/>            | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
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| <input type="checkbox"/>            | <input type="checkbox"/> | Grant Information Form                       |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Draft First and second Quarterly Report</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Draft Standard of Care Annual Report</u>    |
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Completed by: Alisa Miller Date April 25, 2014

Completed by: \_\_\_\_\_ Date \_\_\_\_\_



City and County of San Francisco

# Shelter Monitoring Committee

## *Draft First and Second Quarterly Report, July through December 2013-Version 2 Executive Summary*

### ***Shelter Site Visits***

The inspection teams conducted 21 of the 27 assigned visits (78%) in the first and second quarter, from July 1 to December 31, 2013.

### ***Standards of Care (SOC)***

There were 62 Standard of Care complaints forms filed from July 1 to December 31, 2013. There were 16 complaints filed by the Committee and 46 complaints filed by individual clients. The majority of the complaints were regarding staff followed by facility and access issues. Over 30% of clients were satisfied with the site response; 13% were not satisfied and the majority of clients, 56%, did not follow up on their complaint or did not have contact information. All of the complaints generated by the Committee were closed based on satisfaction with the response from the sites.

### ***Policy Recommendations***

Imminent Danger- The Committee examined the application of the eligibility policy of "imminent danger" in the family shelter system. Specifically, the current policy requiring providers to deny services to a victim and his/her family after a domestic violence incident or threat of violence, leaving the victim's family vulnerable and unable to access HSA funded shelters.

Case Management- Committee staff is currently reviewing the literature on case management models, measurement tools, and costs. A policy brief will be presented at the next Policy Subcommittee meeting.

Training- The Committee continues to stress the need for all sites to be in compliance with each training component required under the Standards of Care. There continues to be < 70% compliance for training components throughout the shelter system for the majority of the ten training areas.

Tokens-The Committee continues to explore methods to ensure sites receive tokens in a timely basis for distribution.

### ***Membership***

The Committee has struggled with Membership retention.

### ***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*

## Draft First and Second Quarter Report, July 1 through December 31, 2013

### Site Inspections

The inspection teams conducted 21 of the 27 assigned visits (78%) in the first and second quarter, from July 1 to December 31, 2013. The Committee is mandated by legislation to conduct a minimum of four site inspections per site annually. As of this reporting period, the Committee is currently behind in its inspections at 11 of the 17 sites it is charged to inspect. Eleven of the sites have been inspected less than two times in the first two quarters of the fiscal year. The Committee notes this lapse based on staffing challenges.

The Committee had been operating with one staff since December 2012. In August 2013, the Committee hired an additional staff at the same time existing staff went out on leave for five months. Based on recommendations made by the Committee, the number of inspections was lowered to ensure that the Committee could meet the minimum legislative responsibility of the four inspections per site annually and focused on client and staff surveys to provide more interaction with both populations. The Committee has scheduled additional site inspections over the upcoming quarters to ensure that all sites receive, at minimum, four inspections. Additionally, the Committee continues to focus more on sites that receive the larger number of complaints.

### A Woman's Place Drop In

This site was not inspected during the first two quarters.

### Compass

This site was inspected once and the Committee noted the lack of personal protective gowns for staff; no emergency exit signage posted; and the lack of signage for facility problems. The site corrected the violations immediately.

### Dolores Street Community Services-Santa Ana

The Committee noted extensive mold on the ceiling; no defibrillator present; and no emergency plan posted during the one inspection it conducted. The site corrected the violations, with the exception of the mold. The mold has been present at the site for a year and the site is trying to locate funding to remedy the problem.

### Dolores Street Community Services-Santa Marta/Santa Maria

During one inspection, the Committee noted facility and access violations regarding signage and linen availability. The inspection in the second quarter noted the linen violation again. The site provides one sheet as opposed two based on laundry costs but does provide additional blankets. The linen issue remains on-going but all other violations were resolved.

### First Friendship Emergency Family Shelter

To focus more on client experiences, the Committee focused on staff and client interviews during both site inspections over this time period. Both times the site did not have tokens for clients and during one inspection staff was unsure of the date of the last drill. Tokens are provided to clients but based on client use, at times, the site does not have tokens available.

Hamilton Family Residences and Emergency Shelter

The Committee conducted one site visit during this time and noted facility and access violations, including the lack of bilingual staff for the Emergency Shelter. The site remedied all issues.

Hospitality House

There were no violations noted during the one site inspection at this site.

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. During the one site inspection, the Committee noted access violations regarding mat proximity and the lack of tokens. Interfaith staff informed the Committee that they were not provided token through the Human Services Agency.

Lark Inn

This site was not inspected during the first two quarters.

Mission Neighborhood Resource Center

There were no violations noted during the inspection of this site.

MSC Drop In

Three inspections were conducted during the first two quarters of 2013-2014. The Committee noted violations, including broken bathroom equipment, dirty bathroom, and the lack of accommodation forms in Spanish. The site remedied all issues brought to its attention.

MSC South Shelter

During the two inspections, the Committee noted a broken hands-free option for the ADA shower, limited stocked first-aid kit, lack of staff personal protective equipment and CPR mask on the women's floor, staff without identification, and postings in English only. The site remedied all issues brought to its attention.

Next Door

Three inspections were conducted and the following violations were noted: dust/dirt on fourth floor, mold in fourth floor bathrooms, facility issues, including broken equipment, and no soap in the bathroom. The site remedied all issues brought to its attention.

Providence and Providence Emergency Family Shelter

This site was not inspected during the first two quarters.

Sanctuary

There was only one violation noted during the site inspection. There was less than 22" between sleeping units based on client property. The site continues to work with clients to ensure that safe and appropriate space is between sleeping units.

St. Joseph's Family Shelter

There were no violations noted during the one site inspection at this site.

United Council/Mother Brown's

During the one inspection conducted, the site noted the site did not have access to professional translation services or bilingual staff as well as the lack of toilet paper, soap, and paper towels in the bathroom. The site also lacked tokens and a fully stocked first aid kit. The site has not been provided funding for a Language Link service; does not have full-time bilingual staff; and keeps all toiletries out of the bathrooms and at a hygiene station. The Committee was satisfied to the site's response with the other violations.

Shelter and Resource Center	Number of Visits 2 <sup>nd</sup> Qtr. 2013-2013 October-December	Number of Visits 1st Qtr. 2013-2013 July-September	Total
A Woman's Place Drop In	0	0	0
First Friendship Family Shelter	1	1	2
Compass Family Shelter	1	0	1
Dolores Street Community Services-Santa Ana	1	0	1
Dolores Street Community Services-Santa Marta/Santa Maria	1	1	2
Hamilton Family Shelter	0	1	1
Hospitality House	0	1	1
Interfaith Winter Shelter <small>*operates to 2/22/13</small>	1	Not operating	1
Lark Inn Youth Shelter	0	0	0
Mission Neighborhood Resource Center	0	1	1
Multi Service Center South Drop In Center	2	1	3
Multi Service Center South Shelter	1	1	2
Next Door	1	2	3
Providence	0	0	0
Saint Joseph's Family Shelter	0	1	1
Sanctuary	1	0	1
United Council-Mother Brown's	1	0	1
<b>Total</b>	<b>11</b>	<b>10</b>	<b>21</b>
Assigned Number of Visits	15	12	27
Percentage of Compliance	73%	83%	78%

Table 1: Site Visit Tally for 1<sup>st</sup> and 2<sup>nd</sup> Quarters for 2013-2014

**Standard of Care**

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 Women's Place Drop In	5	0	5		Not Satisfied (1) No Contact (4)	1
Compass	1	1	0	Closed (1)	N/A	None
First Friendship	2	2	0	Closed (2)		
Hamilton Family Shelter	1	1	0	Closed (1)	N/A	None
Hamilton Family Emergency Shelter	1	0	1	N/A	No Contact (1)	None
Hospitality House	2	0	2	N/A	No Contact (2)	None
Interfaith	1	1	0	Closed (1)	N/A	None
Lark Inn	0	0	0	N/A	N/A	None
MSC South Drop In Center	4	3	1	Closed (3)	No Contact (1)	None
MSC South Shelter	13	2	11	Closed (2)	Not Satisfied (1) Closed (4) No Contact (6)	None
MNRC	0	0	0	N/A	N/A	None
Next Door	16	2	14	Closed (2)	Closed (7) No Contact (7)	None
Providence	1	0	1	N/A	No Contact (1)	None
St. Joseph's	0	0	0	N/A	N/A	None
Sanctuary	11	1	10	Closed (1)	Closed (3) No Contact (3) Not Satisfied (4)	4
Santa Ana	1	1	0	Closed (1)	N/A	None
Santa Marta/Santa Maria	2	1	1	Closed (1)	No Contact (1)	None
United Council	1	1	0	N/A	N/A	None
<b>Totals</b>	<b>62</b>	<b>16</b>	<b>46</b>	<b>Closed (16)</b>	<b>Not Satisfied (6) Closed (14) No Contact (26)</b>	<b>5</b>

Table 2: Standard of Care Complainants Tally Per Site for 1<sup>st</sup> & 2<sup>nd</sup> Quarter 2013-2014

There were 62 Standard of Care complaints forms filed from July 1 to December 31, 2013. The table above provides a breakdown of the number of complaints per site and the status of the complaints themselves. There were 16 complaints filed by the Committee and 46 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. There were 134 Standard of Care complaints. 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).



Chart I: Standard of Care Complaint Breakdown, 1<sup>st</sup> & 2<sup>nd</sup> Quarter, 2013-2014

Chart I, the *Standard of Care Complaint 1<sup>st</sup> & 2<sup>nd</sup> 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 disrespect by staff and non-adherence to site policies. There were 55 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 regarding lack of accommodations and inaccessible bathing facilities, particularly hands-free shower capacity. There were 18 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 lack of access to toiletries and allegations of unclean shelters. There were 23 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. Some examples of the facility and access complaints were allegations of the lack of 22" between sleeping units and no tokens for transportation. There were 38 separate complaints about 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.

### *Client Complaint Data*

The majority of complaints generated by clients were *No Contact*, i.e. the majority of clients did not return to review the site's response to their complaint, during this reporting period. This marks 56% of all complaints filed by the clients during this time period.

Over 30% of clients were satisfied with the site response and the remaining 13% were not satisfied. These six complainants had their allegations investigated by the Committee. For the Committee's findings, please refer to the **Investigation** section of this report.

### No Contact Complaints

The Officers have requested that following 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 of all complaints within the No Contact category were regarding disrespectful staff and the lack of ADA accommodation. These are two areas that the Committee already measures at each site during the inspection process. To better address the other areas: inequitable treatment by staff; non-responsiveness by staff; retaliation by staff when complaints are generated; absent staff; and the lack of client property protocols at some sites, the Committee will edit the surveying tools to measure client satisfaction areas at the sites in question.



### *Committee Complaint Data*

All of the complaints generated by the Committee, 16, were closed based on satisfaction with the response from the sites.

### **Investigations**

Three investigations have been conducted. There were six outstanding client complaints regarding three sites that had not been investigated when policy staff was out on leave. The Committee is legislated to conduct investigations within ten days after a client states that s/he is not satisfied with site's response. The average response time was 135 days, with one complainant waiting 179 days (approximately six months) for the Committee to investigate. This delay was based on staffing shortages. To remedy this problem, Committee staff is working with two specific Committee Members to conduct investigations and those Members will take lead on all future investigations. For the calendar year, there is currently one outstanding complaint to be investigated.

### MSC South

One client alleged that s/he was not treated equitably and was not provided priority case management based on her/his disability. The Committee surveyed clients and interviewed staff and determined no finding.

### Sanctuary

Four clients were dissatisfied with the site's response to their complaints of disrespectful staff, unequal application of rules, lack of healthy food, lack of access to eight hours of sleep, unsecure storage, and staff without identification. The Committee determined the site was out of compliance with Standard 13, make the shelter facility available to shelter clients for sleeping at least 8 hours per night, and Standard 15, provide shelter clients with pest-free, secure property storage inside each shelter. The investigation was forwarded to the Department of Public Health for follow up

### A Woman's Place Drop In

One client alleged that the drop-in bathrooms were dirty and that staff were rude and unprofessional. The Committee determined that the site was out of compliance with Standard 3 and the investigation was forwarded to the Department of Public Health for follow up.

### **Shelter System Policy Recommendations**

The Committee convened a Policy Subcommittee during this reporting period to review its policy recommendations. Committee staff is still doing research and the Policy Subcommittee will reconvene in April to discuss the final implementation recommendations.

### Imminent Danger

The Committee examined the application of the eligibility policy of "imminent danger" in the family shelter system. Specifically, the current policy requiring providers to deny services to a victim and his/her family after a domestic violence incident or threat of violence, leaving the victim's family vulnerable and unable to access HSA funded shelters. The Committee researched other national family shelter models and has reached out to the domestic violence providers in the Bay Area for additional information. The Committee will make recommendations to the

Human Services Agency (HSA) after its review. The purpose of this review is to ensure that each member of families, particularly children, have access to safe and appropriate shelter as needed.

Case Management- The Committee would like to see a City & County definition of “case management” implemented and to clearly outline “units of measurement.” Committee staff is currently reviewing the literature on case management models, measurement tools, and costs. A policy brief will be presented at the next Policy Subcommittee meeting.

Language Services-For the third consecutive year, the Committee is advocating for a \$10,000 for the shelters and resource centers to have access to a professional translation language phone line that they can use to meet the diverse language needs of the shelter population. Sites that are able to comply with this Standard use their own funds and those unable to state it is cost prohibitive. The Committee further recommends that a universal number utilized by all service providers could measure both need and usage for the shelter system as a whole.

The Committee will be following up on previous Committee recommendations in the following manner:

#### *Tokens*

The Committee has recommended to the Human Services Agency that tokens be distributed monthly to service providers at the Shelter Managers meeting. The Committee is still researching the best tool to measure client transportation needs.

#### *Training*

The Committee continues to stress the need for all sites to be in compliance with each training component required under the Standards of Care. There continues to be < 70% compliance for training components throughout the shelter system. As noted in the previous Standard of Care complaint section, the largest number of complaints is based on staff and staff responses. Additionally, training would provide staff with the skills in dealing with the complex issues surrounding homelessness.

Based on a series of Information Requests made to the Human Services Agency, the Committee was provided with a training spreadsheet for the 2012-2013 for all sites. For purposes of this report, all training dates that did not fall within the July 1, 2012 to June 30, 2013 time period were removed. Please see Appendix 1. The Human Services Agency requested that training compliance for sites only be measured for staff that were in the employ of the site for the entirety of the fiscal period. As Central City Hospitality House and Compass Family Shelter reported having only one employee for the entirety of the fiscal year, they are not included in the information below nor is A Woman’s Place Drop In Center.

#### Highlights

- For shelter staff system wide:
  - ✓ 22% received training Cal-OSHA training, which includes injury & illness prevention
  - ✓ 63% received training in hand-washing and communicable disease prevention
  - ✓ 65% received training in proper food handling and storage

- ✓ 71% received training in Emergency Procedures, including CPR
  - ✓ 65% received training in safe & appropriate intervention with clients
  - ✓ 59% received training in safe & appropriate interactions with clients w/mental illness or substance abuse
  - ✓ 72% received training in on-the-job burnout
  - ✓ 27% received ADA training
  - ✓ 61% received training on the Shelter Training Manual<sup>1</sup>
  - ✓ 57% received training in one or more areas of Cultural Humility, including sensitivity training towards LGBTQ and women
- Smaller sites, like Dolores Street Community Services, Lark Inn, and Mission Neighborhood Resource Center provided some training topics multiple times to staff in areas like Safe & Appropriate Interactions with Clients and Cultural Humility.
  - Sites such as Lark Inn and Hamilton had a high average compliance score across all nine areas > 90% and > 70%
  - Five of the sites provided on the job burnout training to > 90% of their staff

Training has been a policy recommendation for the past four years. For 2013-2014, the Shelter Monitoring Committee has made training a priority and had dedicated time of its staff to work with a roving Shelter Health team to provide training in health-related topics to all shelters and their staff. The Committee had designated a section of its web-site for training materials. In addition, for this fiscal year, the Committee has scheduled speakers on related topics and contact materials to providers for additional information in the area of TB, emergency planning and violence prevention. The Committee will utilize future quarterly reports to provide updates on any progress made in this area.

### **Membership**

During this reporting period, there was only one Committee staff. The Committee had been operating with one staff since December 2012. In August 2013, the Committee hired an additional staff at the same time existing staff went out on leave for five months. There are currently two vacancies on the Committee, Board of Supervisors Seat 5, candidates must be nominated by non-profit agencies that provide advocacy or organizing services to homeless people and be homeless or formerly homeless, and Local Homeless Coordinating Board Seat 1, candidates shall have experience providing direct service to the homeless through a community setting.

The Committee continues to struggle with retaining Members. Those Members who resign continually cite the enormous unpaid work load that the position requires, specifically site inspections, multiple meetings participation and the lack of full funding for the Standards of Care.

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<sup>1</sup> The Shelter Training Manual was developed in 2004 for single adult shelters; the family shelters and resource center do not necessarily use this Manual.



## City and County of San Francisco

# Shelter Monitoring Committee

### Version 3-Draft Standard of Care Annual Report 2012-2013 Executive Summary

#### **Overview**

The Standards of Care legislation was passed by the Board of Supervisors and signed by Mayor Gavin Newsom in March of 2008. Within the legislation, the Shelter Monitoring Committee ["Committee"] is charged with taking and issuing Standard of Care complaints, notifying the site of the complaint, tracking the site's response, and if the client is dissatisfied with the response, conducting an investigation and forwarding its findings to the Department of Public Health. The first section of the report provides a comprehensive look at the complaints, complainants' outcomes, and recommendations on how to improve the process. The second section of the report provides the same information but on a site by site basis. The report provides the reader with compiled complaint data, including the number and types of complaints filed, the types of complainants, the outcomes of the complaints, and the outcomes of the investigations.

#### **Terminology**

Terminology includes descriptions of the status and description of each complaint; types of complaints; an overview of each site; applicable staff complaint data and client site data.

#### **Complaints**

- The Committee issued 64 complaints and closed all 64
- Approximately a fifth of all client-generated complaints were forwarded on for investigation (19%)
- 7% of the client-generated complaints were closed as the client was satisfied with the site's response
- The majority of clients, approximately 72%, did not provide contact information or did not follow up on their complaint

#### **Clients**

- There were 128 client complaints filed by individuals and families
- The majority of complaints were from single adult shelter users, specifically females
- Approximately 10% of clients who filed complaints stated they had a disability

#### **Recommendations**

- Better methods to track and forecast training needs of sites
- Applicable data analysis to provide sites and contracting agencies with specific improvement areas

#### **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.*

## **Terminology**

### **Status of Complaints**

There are four status groups for complaints: 1) *Closed*, which indicates that the client or the Committee inspection team who initiated the complaint agrees with the site's response; 2) *Investigated*, which indicates that the client or the Committee inspection team who initiated the complaint did not agree with the site's response and the Committee conducted its own investigation of the alleged violations 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 after 30 days ; 3) *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; and 4) There is a fourth category, *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. However, for purposes of this final report, no complaint is pending as the 45-day requirement has elapsed.

### **Clients Generated Complaints**

Clients<sup>1</sup> filed complaints 128 times in 2012-2013. Seventy-two percent of clients who filed complaints with the Committee had their responses classified as *No Contact*. This classification meant one of three things for the Committee: 1) when the client filed the initial complaint, they did not have contact information and did not follow up with the Committee after their complaint had been submitted to the site; 2) the contact information the client provided to the Committee when the complaint was generated was no longer valid when the Committee attempted to provide the client with the site's response; and 3) the Committee contacted the client and the client did not respond. The Committee continues to discuss how to better represent and follow up on the large category *No Contact*. Beginning in 2013-2014, the Committee conducts site inspections to follow up on complaints listed as No Contact in the previous quarter.

Nineteen percent of all client-generated complainants were forwarded on for investigation by the clients. This indicated that the client was not satisfied with the site's response to their initial complaint.

Seven percent of the client-generated complaints were closed as the client was satisfied with the site's response.

### **Types of Complainants**

Standard of Care complaints can be generated by the Committee or by a client. The Committee tracks the gender of clients and whether the client is single adult or part of a family, utilizing family services within the shelter system. The Committee notes the clients disability, senior, or LGBTQQ status through the information provided by the client during the complaint process.

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<sup>1</sup> There were 129 individual complainants as at some sites, MSC South, Next Door, Providence, and Sanctuary, one or more clients filed more than one complaint. Please review the individual shelter breakdowns for more information. For one complaint, two males, who did not identify as a family, filed a complaint which makes the number of complaints, 128, but the number of individual complainants 129.

In some cases, a client may have filed more than one complaint at a site. If that is the case, the Committee counts the client as one complainant, but counts each complaint individually. This information is broken down in the second section of the report. The *Status of Complaints* table provides a list of all complaints filed with the site, while the *Types of Complainants* table provides a breakdown of the type of individual complainants who filed complaints.

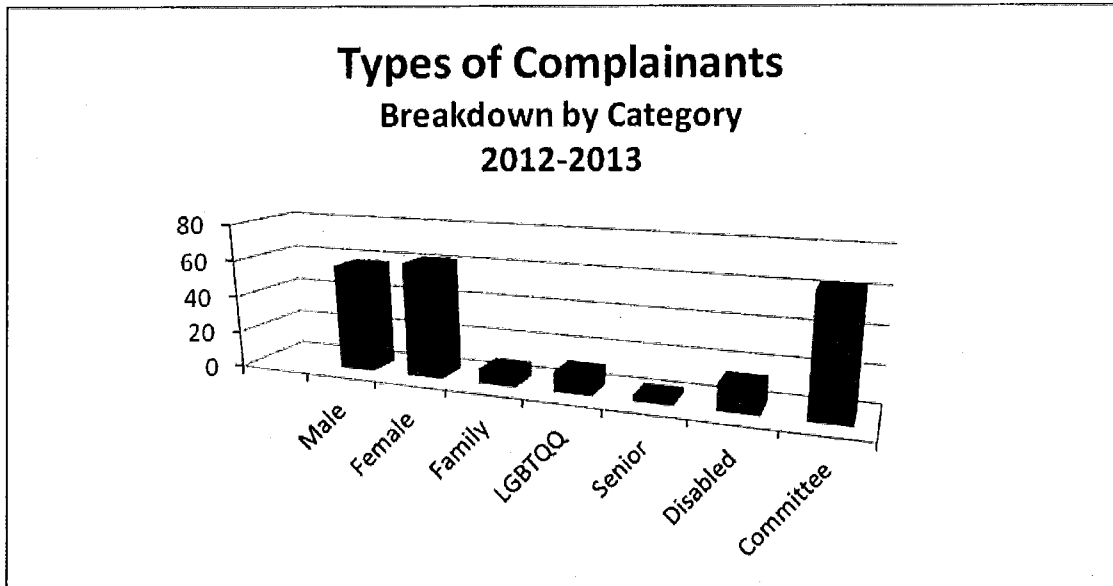


Chart I: Complainants, Breakdown by Category

The Committee and females made up the largest categories of complainants. Each group filed 64 complaints, followed by males, who submitted 57 complaints. Finally, there were eight families that filed complaints.

**Categories of Complaints**

The Standards of Care are divided into four categories: *Staff*, *Americans with Disabilities Act (ADA)*, *Health & Hygiene*, and *Facility & Access*. Please note that a complaint can file a complaint against a site which includes a complaint against disrespectful staff (a violation of Standard 1) and the lack of a posted menu (a violation of Standard 9). The Committee counts the complaint filed as one complaint against the site and within this report provides a breakdown of the types of complaints.

For 2012-2013, there were at total of 192 complaints from both individual clients and the Committee filed that contained 531 Standard of Care allegations of violation. This reporting period marks the first time in the four-year history of the Standards of Care that the number of Facility and Access complaints was greater than those of Staff, the category which historically has the most complaints.

The chart below provides a breakdown of the Standard of Care category of complaint-type. This chart includes all complaints, including those where no investigation was conducted or that were closed.

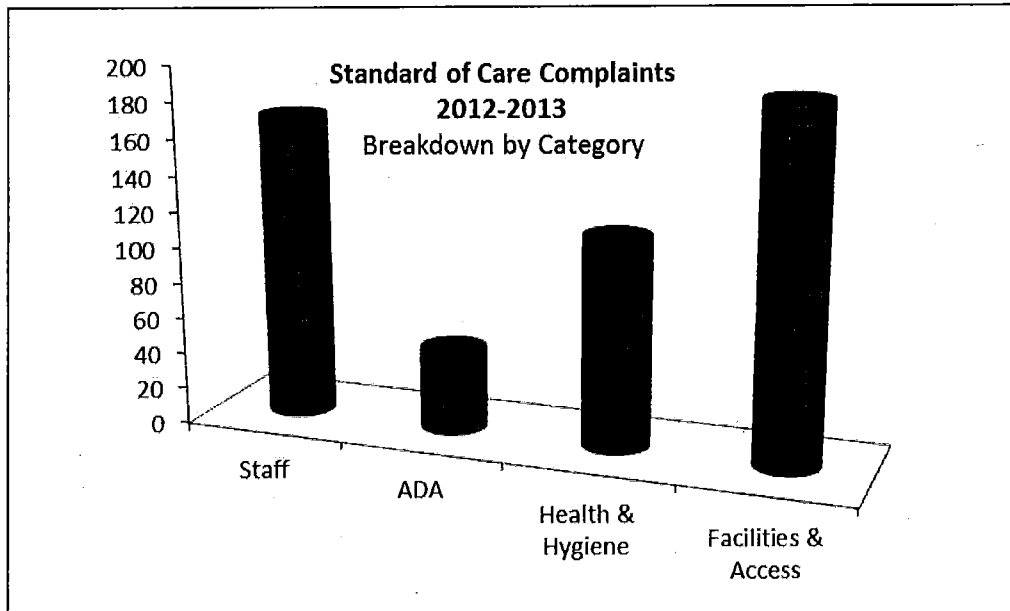


Chart II: Breakdown of SOC Complaints by Category

### *Staff*

The staff category refers to four Standards [1, 2, 25 & 31] that focus on how the client is treated at the site and by staff, including how staff identifies themselves through the use of photo identification or name tags and the amount of training they have received.

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

The ADA category refers to Standard 8 and the majority of complaints in this category focus on either a lack of or a denial of access through an accommodation request or a facility problem, including a non-operational ADA shower or a broken elevator.

### *Health & Hygiene*

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

### *Facility & Access*

Sixteen Standards make up this category. Some examples of the facility and access complaints include allegations of the lack of Spanish-speaking staff on duty and no tokens for transportation. The 16 Standards include Standards 12, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 26, 27, 28, 29, and 32.

### **Overview**

The Overview section within each shelter description highlights the types of complaints generated at the site. It gives a description and describes outcomes of the investigations conducted by the Committee and is forwarded on to the Department of Public Health (DPH).

### **Staff Complaints**

When there are sufficient complaints against staff [at least five] at a site, the Committee has provided the number of individual complaints against staff, the number of staff named within the complaints, and a breakdown of the percentage of complaints received by staff.

### **Complaints**

The first part of this report provides a breakdown of all the complaints received and generated by the Committee [see Chart I]. In each section in the second part of the report, there is a breakdown of the number of complaints that were satisfactorily closed or investigated.

### **Committee Generated Complaints**

The Committee issued 64 Standard of Care complaints in 2012-2013. The Committee was satisfied with all the responses issued by the sites.

### **Client Generated Complaints**

Clients<sup>2</sup> filed complaints 128 times in 2012-2013.

### **Types of Complaints**

In the Shelter Section of this report, there is a site by site breakdown of the types of Standard of Care complaints.

### **Clients**

The Committee identifies each complainant by their gender, family category, sexual orientation, and senior status based on how the client identifies. When applicable to the complaint, that information is also included in the complaint.

### **Recommendations**

#### *Reporting*

In order to provide the contracting City and County agencies, the Department of Public Health and the Human Services Agency, with timely and up-to-date information regarding client complaints and site inspections conducted by the Shelter Monitoring Committee, there is a monthly Standard of Care report circulated to both agencies, highlighting issues and concerns raised by the Committee and clients. Additionally, the Committee continues to meet with both agencies on a regular basis to identify avenues to make the data collected by the Committee more helpful. As part of the 2013-2014 reporting cycle, the Committee is conducting site visits to address complaints lodged by clients who either did not follow up after the site responded or did not have contact information. If the Committee identifies through these site visits any Standard violations they will report to the contracting agency. The Committee recommends that the collaboration between the City and County agencies continue and that better reporting methods are recommended and shared amongst the stakeholders.

#### *Training*

The Committee continues to stress the need for all sites to be in compliance with each training component required under the Standards of Care. There continues to be < 40% compliance for

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<sup>2</sup> There were 129 individual complainants as at some sites, MSC South, Next Door, Providence, and Sanctuary, one or more clients filed more than one complaint. Please review the individual shelter breakdowns for more information.



training components throughout the shelter system. As noted in the previous Standard of Care complaint section, the largest number of complaints is based on staff and staff responses. Additionally, training would provide staff with the skills in dealing with the complex issues surrounding homelessness.

Based on a series of Information Requests made to the Human Services Agency, the Committee was provided with a training spreadsheet for the 2012-2013 for all sites. For purposes of this report, all training dates that did not fall within the July 1, 2012 to June 30, 2013 time period were removed. The Human Services Agency requested that training compliance for sites only be measured for staff that were in the employ of the site for the entirety of the fiscal period. As Central City Hospitality House and Compass Family Shelter reported having only one employee for in employ for the entirety of the fiscal year, they are not included in the information below nor is A Woman's Place Drop In Center.

### Highlights

- For shelter staff system wide:
  - ✓ 22% received training Cal-OSHA training, which includes injury & illness prevention
  - ✓ 63% received training in hand-washing and communicable disease prevention
  - ✓ 65% received training in proper food handling and storage
  - ✓ 71% received training in Emergency Procedures, including CPR
  - ✓ 65% received training in safe & appropriate intervention with clients
  - ✓ 59% received training in safe & appropriate interactions with clients w/mental illness or substance abuse
  - ✓ 72% received training in on-the-job burnout
  - ✓ 27% received ADA training
  - ✓ 61% received training on the Shelter Training Manual<sup>3</sup>
  - ✓ 57% received training in one or more areas of Cultural Humility, including sensitivity training towards LGBTQ and women
- Smaller sites, like Dolores Street Community Services, Lark Inn, and Mission Neighborhood Resource Center provided some training topics multiple times to staff in areas like Safe & Appropriate Interactions with Clients and Cultural Humility.
- Sites such as Lark Inn and Hamilton had a high average compliance score across all nine areas > 90% and > 70%
- Five of the sites provided on the job burnout training to > 90% of their staff

The Shelter Monitoring Committee has made training a priority and had dedicated a percentage of staff time to work with a roving Shelter Health team to provide training in health-related topics to all shelters and their staff. The Committee had designated a section of its web-site for training materials. In addition, for this fiscal year, the Committee has scheduled speakers on related topics and contact materials to providers for additional information in the area of TB, emergency planning and violence prevention.

Below are tables that breakdown compliance for each training Standard per site.

<sup>3</sup> The Shelter Training Manual was developed in 2004 for single adult shelters; the family shelters and resource center do not necessarily use this Manual.

Standard 30: Training regarding Cal-OSHA Industry Safety Orders regarding Bloodborne Pathogens and Injury & Illness Prevention Program

Site	Percentage of Compliance
Dolores Street Community Services <sup>4</sup>	0%
Episcopal Community Services (ECS) <sup>5</sup>	41%
Hamilton Family & Emergency Shelter	91%
Lark Inn	0%
Mission Neighborhood Resource Center	0%
Providence <sup>6</sup>	13%
St. Joseph's Family Center	0%
St. Vincent de Paul (SVDP) <sup>7</sup>	0%
United Council	0%

Table I: 2012-2013 Standard of Care Training Data for Standard 30

Standard 31 (i): Hand-washing & Communicable Disease Prevention

Site	Percentage of Compliance
Dolores Street Community Services	0%
Episcopal Community Services (ECS)	48%
Hamilton Family & Emergency Shelter	91%
Lark Inn	100%
Mission Neighborhood Resource Center	90%
Providence	100%
St. Joseph's Family Center	50%
St. Vincent de Paul (SVDP)	64%
United Council	81%

Table II: 2012-2013 Standard of Care Training Data for Standard 31(i)

Standard 31 (ii): Proper Food Handling & Storage

Site	Percentage of Compliance
Dolores Street Community Services	0%
Episcopal Community Services (ECS)	74%
Hamilton Family & Emergency Shelter	91%
Lark Inn	100%
Mission Neighborhood Resource Center	81%
Providence	6%
St. Joseph's Family Center	50%
St. Vincent de Paul (SVDP)	64%
United Council	81%

Table III: 2012-2013 Standard of Care Training Data for Standard 31(ii)

<sup>4</sup> Dolores Street Community Services staffs the Santa Ana and Santa Marta/Santa Maria shelters.

<sup>5</sup> ECS staffs Next Door, Sanctuary and the Interfaith shelters.

<sup>6</sup> Providence staffs the Providence shelter, which includes services for families, and the First Friendship Family shelter

<sup>7</sup> SVDP staffs the MSC Drop In and the MSC Shelter

**Standard 31 (iii): Emergency Procedures: Disaster, Fire, Urgent Health or Safety Risk, CPR**

Site	Percentage of Compliance
Dolores Street Community Services	0%
Episcopal Community Services (ECS)	57%
Hamilton Family & Emergency Shelter	95%
Lark Inn	100%
Mission Neighborhood Resource Center	90%
Providence	100%
St. Joseph's Family Center	100%
St. Vincent de Paul (SVDP)	66%
United Council	93%

Table IV: 2012-2013 Standard of Care Training Data for Standard 31(iii)

**Standard 31 (iv): Safe & appropriate intervention w/violent & aggressive clients**

Site	Percentage of Compliance
Dolores Street Community Services	46%
Episcopal Community Services (ECS)	38%
Hamilton Family & Emergency Shelter	95%
Lark Inn	100%
Mission Neighborhood Resource Center	100%
Providence	100%
St. Joseph's Family Center	57%
St. Vincent de Paul (SVDP)	66%
United Council	90%

Table V: 2012-2013 Standard of Care Training Data for Standard 31(iv)

**Standard 31 (v): Safe & appropriate intervention w/clients w/mental illness or substance abuse**

Site	Percentage of Compliance
Dolores Street Community Services	53%
Episcopal Community Services (ECS)	38%
Hamilton Family & Emergency Shelter	0%
Lark Inn	100%
Mission Neighborhood Resource Center	90%
Providence	100%
St. Joseph's Family Center	85%
St. Vincent de Paul (SVDP)	66%
United Council	90%

Table VI: 2012-2013 Standard of Care Training Data for Standard 31(v)

**Standard 31 (vi): On the job burnout prevention**

Site	Percentage of Compliance
Dolores Street Community Services	0%
Episcopal Community Services (ECS)	100%
Hamilton Family & Emergency Shelter	0%
Lark Inn	100%
Mission Neighborhood Resource Center	100%
Providence	0%
St. Joseph's Family Center	0%
St. Vincent de Paul (SVDP)	100%
United Council	90%

Table VII: 2012-2013 Standard of Care Training Data for Standard 31(vi)

Standard 31 (vii): Requirements under the ADA

Site	Percentage of Compliance
Dolores Street Community Services	0%
Episcopal Community Services (ECS)	74%
Hamilton Family & Emergency Shelter	0%
Lark Inn	100%
Mission Neighborhood Resource Center	0%
Providence	13%
St. Joseph's Family Center	28%
St. Vincent de Paul (SVDP)	0%
United Council	0%

Table VIII: 2012-2013 Standard of Care Training Data for Standard 31(vii)

Standard 31 (viii): Shelter Training Manual

Site	Percentage of Compliance
Dolores Street Community Services	53%
Episcopal Community Services (ECS)	77%
Hamilton Family & Emergency Shelter	95%
Lark Inn	100%
Mission Neighborhood Resource Center	0%
Providence	6%
St. Joseph's Family Center	100%
St. Vincent de Paul (SVDP)	100%
United Council	0%

Table IX: 2012-2013 Standard of Care Training Data for Standard 31(viii)

Standard 31 (ix): Cultural Humility

Site	Percentage of Compliance
Dolores Street Community Services	53%
Episcopal Community Services (ECS)	37%
Hamilton Family & Emergency Shelter	73%
Lark Inn	100%
Mission Neighborhood Resource Center	90%
Providence	100%
St. Joseph's Family Center	57%
St. Vincent de Paul (SVDP)	87%
United Council	0%

Table X: 2012-2013 Standard of Care Training Data for Standard 31(ix)

**Appendices**

The following appendices are broken into three sections: Family Shelters, Resource and Drop In Centers, and Single Adult Shelters. Each shelter and resource center inspected by the Committee is found in the appendices with a breakdown of Standard of Care information

## **FAMILY SHELTERS**

**First Friendship Family Winter Shelter**

First Friendship, operated by the Providence Foundation, began providing emergency shelter to families in October 2012. The site has 50-person occupancy. Services included two meals a day, referral to services, and case management.

There were 16 separate allegations of Standard of Care violations at this site within four submitted complaints.

*Status of Complaints*

Complainant	Number of Complaints	Status
Client	1	No Contact
Committee	3	Closed

Table XI: Status of Complaints for First Friendship

*Types of Complainants*

Committee	Individual Complainants	Male	Female	Families	Senior	Disabled	LGBTQQ
3	1			1			

Table XII: Types of Complainants for First Friendship

*Category of Complaints*

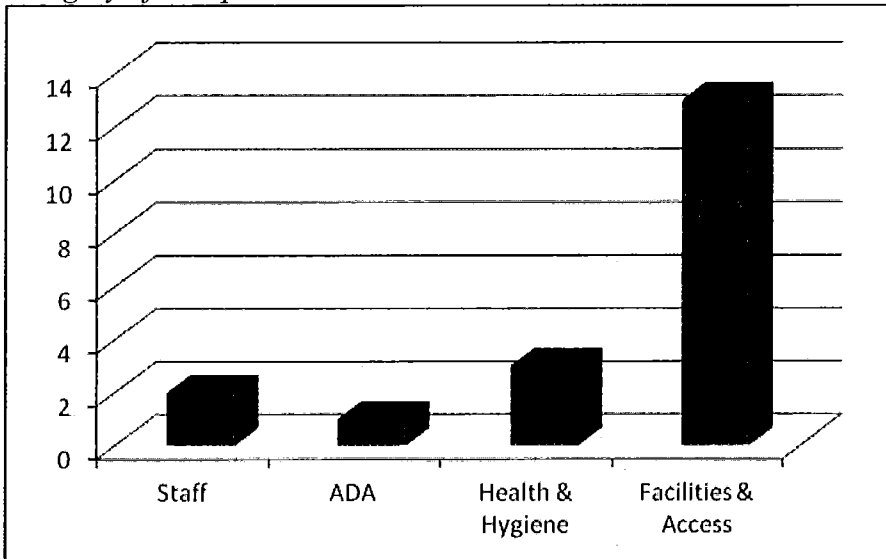


Chart III: SOC Breakdown for First Friendship

*Overview*

The majority of complaints focused on the lack of sheets and no tokens.

*Staff Complaints*

There is no breakdown of information on staff complaints at this site based on the low number of client generated complaints.

### Compass Family Shelter

Compass Family Shelter provides shelter for three to six months for 22 families. There are extensive case management services available on-site, including money management, housing referrals, and supportive services. Clients have access to a community kitchen to prepare their own meals. The site is operated by Compass Family Services.

There were six separate allegations of Standard of Care violations made by the Committee during its four site inspections. All complaints were closed based on the satisfaction of the site's response.

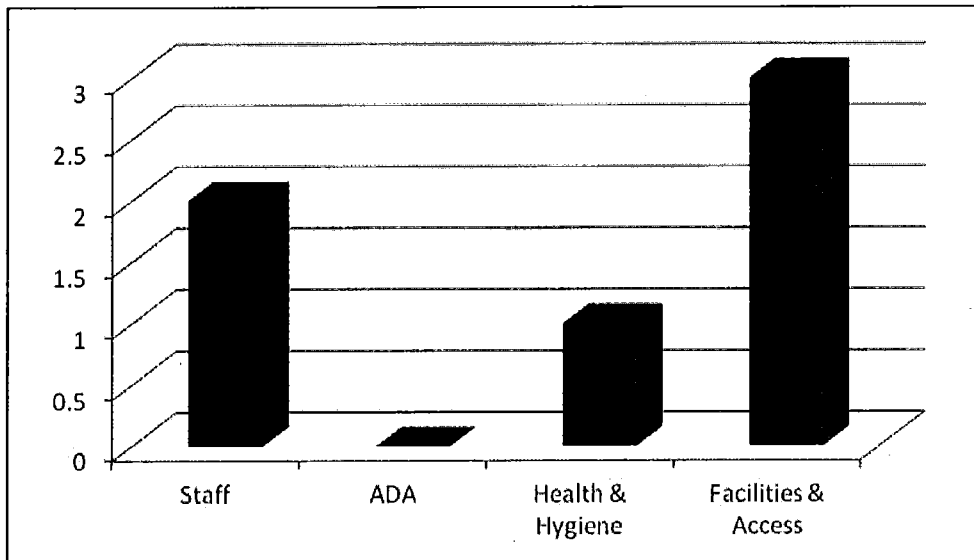


Chart IV: SOC Breakdown for Compass

#### Overview

There were no client complaints and based on site inspections, four Committee-generated complaints during this time period. The areas of alleged violation were the lack of identification for staff and the lack of required postings.

#### Staff Complaints

There is no breakdown of information on staff complaints as there were no staff complaints for this site.

**Hamilton Family Shelter**

Hamilton Family Shelter provides shelter for three to six months for 27 families. There are extensive case management services available on-site, including money management, housing referrals, and supportive services. All clients at Hamilton are provided three meals a day prepared on-site by kitchen staff. The site is operated by the Hamilton Family Center.

There were 12 separate allegations of Standard of Care violations at this site within eight submitted complaints.

*Status of Complaints*

Complainant	Number of Complaints	Status
Client	1	Closed
Client	5	No Contact
Committee	2	Closed

Table XIII: Status of Complaints for Hamilton

*Types of Complainants*

Committee	Individual Complainants	Male	Female	Families	Senior	Disabled	LGBTQQ
2	6			6			

Table XIV: Types of Complainants for Hamilton

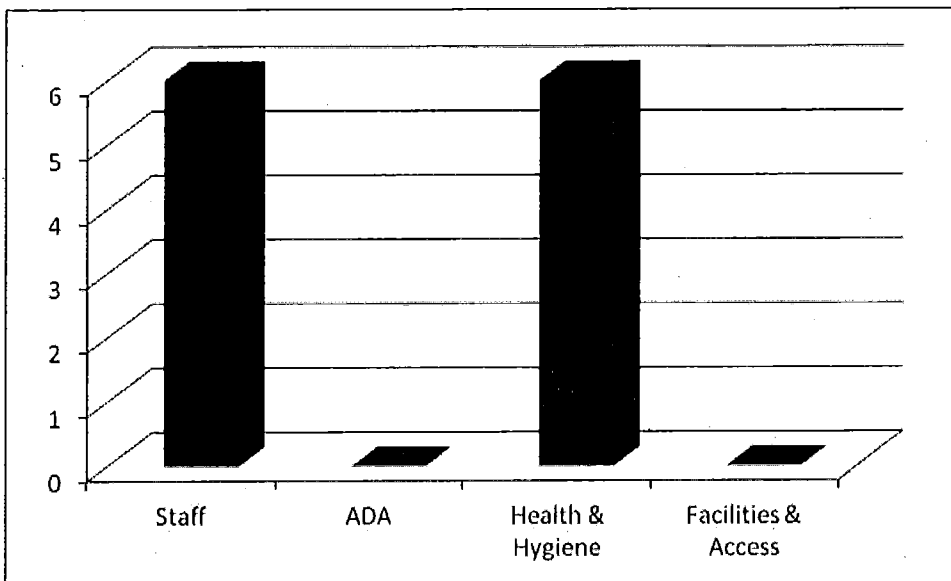


Chart V: SOC Breakdown for Hamilton

*Overview*

The majority of complaints focused on allegations of disrespectful staff and cleanliness of the bathroom.

*Staff Complaints*

There is no breakdown of information on staff complaints at this site based on the low number of client generated complaints.



**Hamilton Emergency Shelter**

The Hamilton Emergency Shelter, which operates at the same site as the Hamilton Family Shelter, has 46 emergency beds in a dorm setting. All clients at Hamilton are provided three meals a day prepared on-site by kitchen staff. The site is operated by the Hamilton Family Center.

There was only one client-generated complaint regarding the inequitable application of rules by staff. The client did not respond to the site's response; therefore the complaint is categorized as *No Contact*.

*Staff Complaints*

There is no breakdown of information on staff complaints at this site based on the low number of client generated complaints.

**St. Joseph's Family Shelter**

St. Joseph's provides shelter for three to six months for 10 families. There are extensive case management services available on-site, including money management, housing referrals, and supportive services. All clients at St. Joseph's are provided three meals a day prepared on-site by kitchen staff. The site is operated by Catholic Charities CYO.

There were no SOC complaints generated for this site for 2012-2013.

## **RESOURCE AND DROP IN CENTERS**

**A Woman’s Place Drop In Center**

A Woman’s Place Drop In Center provides drop in services to women 24 hours a day, 7 days a week and to families between 8:00 am to 3:00 pm, 7 days a week. The site is operated by the CATS (Community Awareness Treatment Services, Inc). The services offered at this site include case management assistance with referrals to primary care, behavioral health, entitlements and housing, access to toiletries and laundry services. The site has the capacity to provide services to 50 individuals.

There were 67 separate allegations of Standard of Care violations at this site within nine submitted complaints.

*Status of Complaints*

Complainant	Number of Complaints	Status
Client	3	No Contact
Committee	6	Closed

Table XV: Status of Complaints for AWPDI

*Types of Complainants*

Committee	Individual Complainants	Male	Female	Families	Senior	Disabled	LGBTQQ
6	3		3				

Table XVI: Types of Complainants for AWPDI

*Category of Complaints*

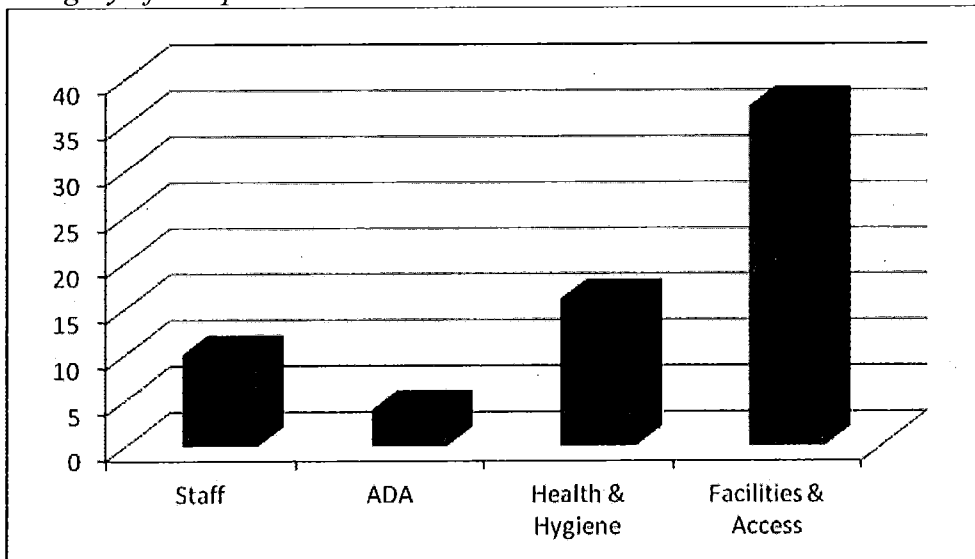


Chart VI: SOC Breakdown for AWPDI

*Overview*

The majority of allegations focused on the lack of postings by the site in English and in Spanish; token availability for clients; broken bathroom facilities, and inequitable treatment by staff.

*Staff Complaints*

There is no breakdown of information on staff complaints at this site based on the low number of client generated complaints.

**Multi-Service Center (MSC) South Drop In Center**

MSC South operates a 24-hours drop in center and a shelter at its 525 5<sup>th</sup> Street location. The drop in center provides clients with access to showers, toiletries, shelter reservations and information about additional services. The program is operated by St. Vincent de Paul Society.

There were 27 separate allegations of Standard of Care violations at this site within eight submitted complaints.

*Status of Complaints*

Complainant	Number of Complaints	Status
Client	4	No Contact
Committee	4	Closed

Table XVII: Status of Complaints for MSCDI

*Types of Complainants*

Committee	Individual Complainants	Male	Female	Families	Senior	Disabled	LGBTQQ
4	4	3	1				1

Table XVIII: Types of Complainants for MSCDI

*Category of Complaints*

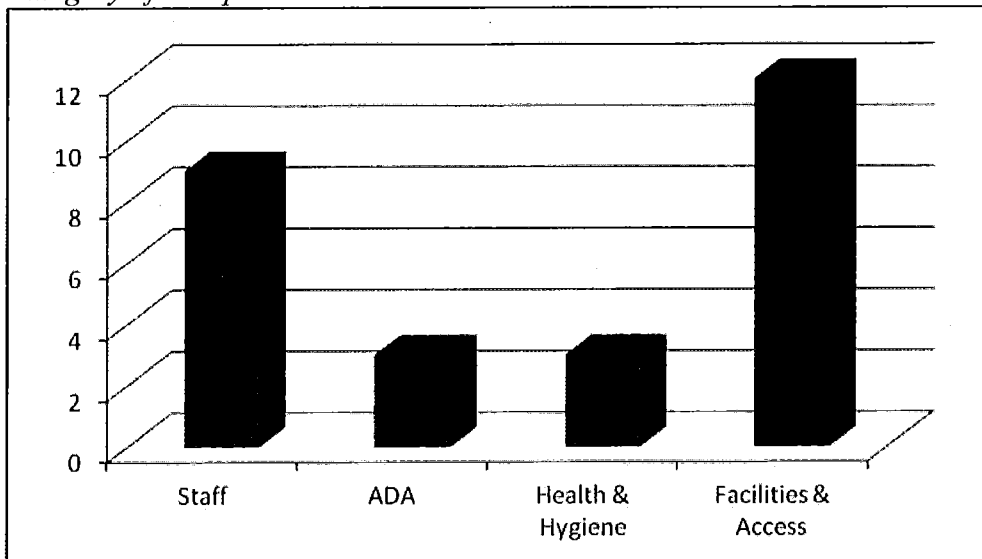


Chart VII: SOC Breakdown for MSCDI

*Overview*

The majority of allegations focused on disrespectful staff or staff applying rules inequitably and the lack of proper posting of required information.

*Staff Complaints*

There is no breakdown of information on staff complaints at this site based on the low number of client generated complaints.

**Mission Neighborhood Resource Center (MNRC)**

MNRC operates a drop in center six days a week, Monday-Saturday. The drop in provides extensive case management, health clinic, laundry, toiletries, storage, shelter reservations, and special programs. MNRC is operated by the Mission Neighborhood Health Center

There were ten separate allegations of Standard of Care violations at this site within five submitted complaints.

*Status of Complaints*

Complainant	Number of Complaints	Status
Clients	1	Closed
Committee	4	Closed

Table XIX: Status of Complaints for MNRC

*Types of Complainants*

Committee	Individual Complainants	Male	Female	Families	Senior	Disabled	LGBTQQ
4	1	1					

Table XX: Types of Complainants for MNRC

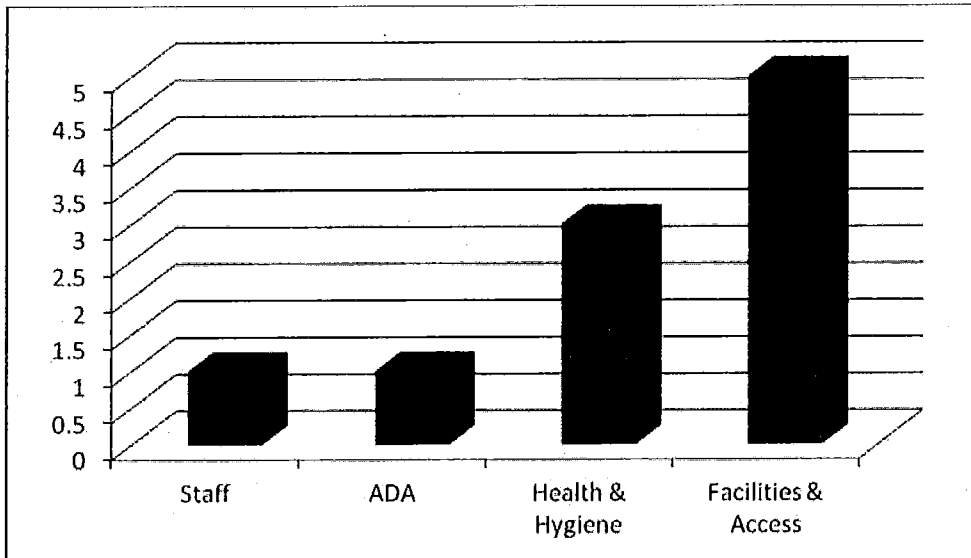


Chart VIII: SOC Breakdown for MNRC

*Overview*

The majority of complaints focused on the bathing towels that don't meet the required size and the lack of required postings.

*Staff Complaints*

There is no breakdown of information on staff complaints at this site based on the low number of client generated complaints.

### United Council/Mother Brown's

United Council is a drop in center open 24 hours a day, 7 days a week. There are two respite rooms available to 74 clients from 7:00 pm to 7:00 am. It also offers showering facilities, laundry, storage lockers, case management and a community kitchen where meals are served daily. The drop in is operated by United Council of Human Services.

There were 13 separate allegations of Standard of Care violations at this site based on the two site inspections conducted by the Committee. There were no client complaints generated at this site.

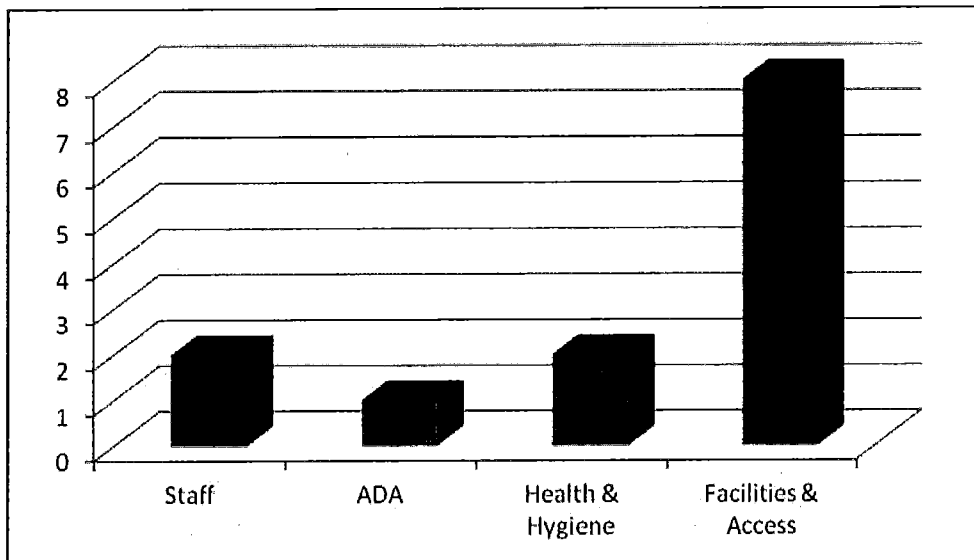


Chart IX: SOC Breakdown for United Council

#### Overview

The majority of complaints were regarding ADA accessible showers & toilets, proper identification for staff, and access to toiletries. The Committee was satisfied with the site's response to the complaints.

#### Staff Complaints

There is no breakdown of information on staff complaints at this site based on the low number of client generated complaints.

## **SINGLE ADULT SHELTERS**



**Hospitality House**

Hospitality House provides shelter for single adult males. There are case management services available on site. Clients are also provided two meals a day through a program with Glide. The site is operated by Central City Hospitality House

There were 16 separate allegations of Standard of Care violations at this site within eight submitted complaints.

*Status of Complaints*

Complainant	Number of Complaints	Status
Client	1	Closed
Client	2	No Contact
Committee	5	Closed

Table XXI: Status of Complaints for Hospitality House

*Types of Complainants*

Committee	Individual Complainants	Male	Female	Families	Senior	Disabled	LGBTQQ
5	3 <sup>8</sup>	3					

Table XXII: Types of Complainants for Hospitality House

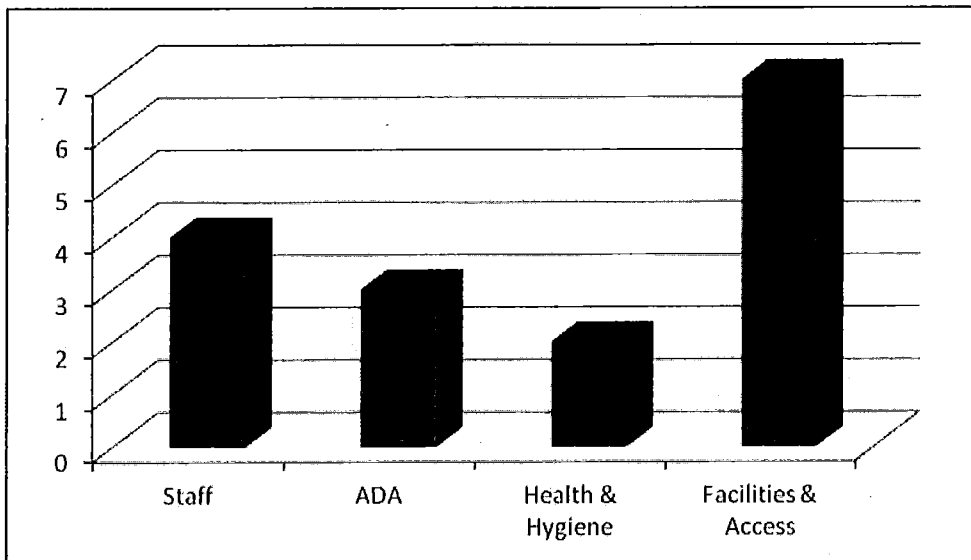


Chart X: SOC Breakdown for Hospitality House

*Overview*

The majority of complaints focused on the inequitable treatment by staff and the lack of postings.

*Staff Complaints*

There is no breakdown of information on staff complaints at this site based on the low number of client generated complaints.

<sup>8</sup> Individual complainants refers to the number of individuals who submitted a complaint. At times, the number of Individual complaints will differ from the number of client complaints.

**Interfaith**

The Interfaith Winter Shelter operated from November 2012 to February 2013. The shelters operated out of four different church sites and provided services to single adult men. Volunteer organizations provided dinner each night at the church locations. The sites were staffed and operated by Episcopal Community Services.

There were 19 separate allegations of Standard of Care violations at this site within four submitted complaints.

*Status of Complaints*

Complainant	Number of Complaints	Status
Client	1	No Contact
Committee	3	Closed

Table XXIII: Status of Complaints for Interfaith

*Types of Complainants*

Committee	Individual Complainants	Male	Female	Families	Senior	Disabled	LGBTQQ
3	1	1					

Table XXIV: Types of Complainants for Interfaith

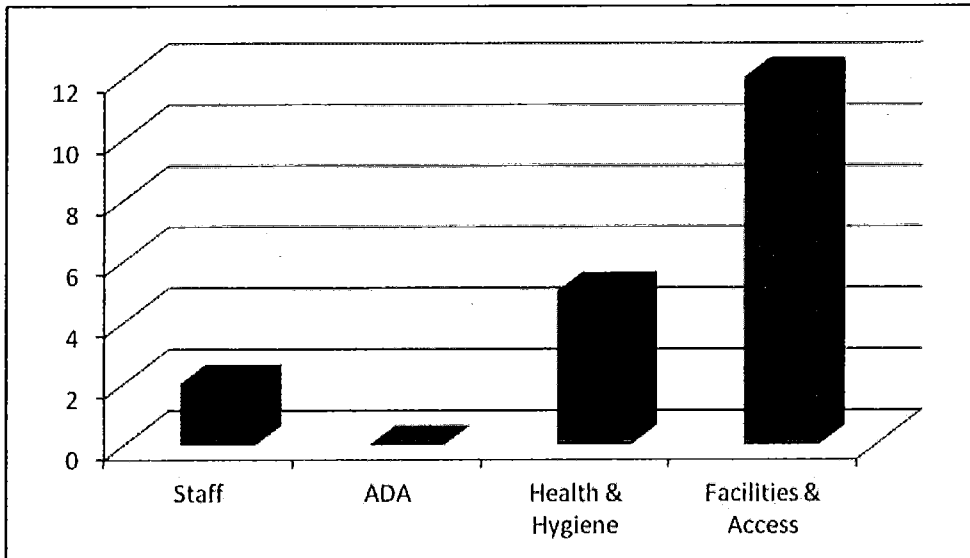


Chart XI: SOC Breakdown for Interfaith

*Overview*

The majority of complaints focused on the lack of sheets, tokens, and access to a phone and TTY line. It should be noted that the shelters operated out of churches.

*Staff Complaints*

There is no breakdown of information on staff complaints at this site based on the low number of client generated complaints.

**Lark Inn**

Lark Inn operates a shelter for young adults between the ages of 18 to 24. There are extensive case management services provided including money management, housing referrals, employment readiness, and links to further education. All clients are provided with three meals. The program is operated by Larkin Street Youth Services.

There were eight separate allegations of Standard of Care violations at this site within five submitted complaints.

*Status of Complaints*

Complainant	Number of Complaints	Status
Client	1	No Contact
Committee	4	Closed

Table XXV: Status of Complaints for Lark Inn

*Types of Complainants*

Committee	Individual Complainants	Male	Female	Families	Senior	Disabled	LGBTQQ
4	1		1				1

Table XXVI: Types of Complainants for Lark Inn

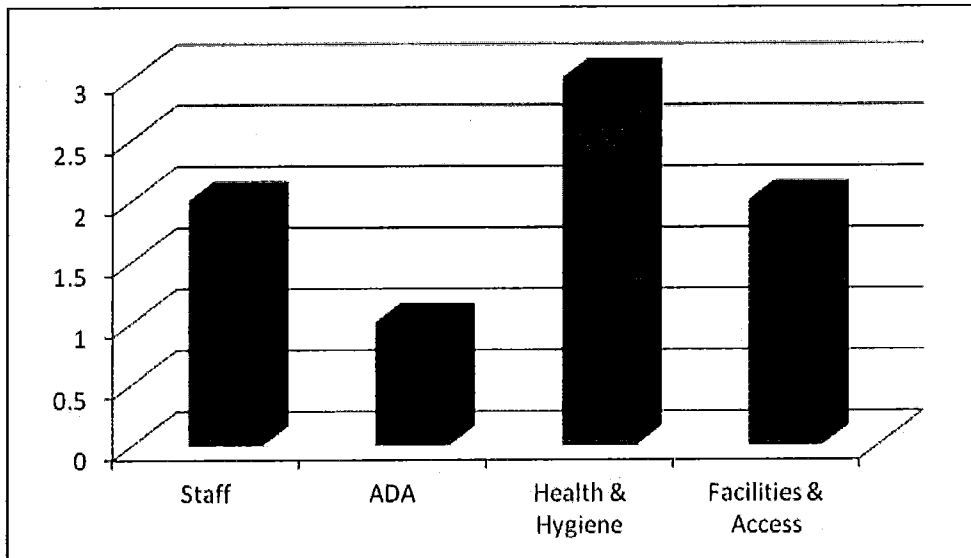


Chart XII: SOC Breakdown for Lark Inn

*Overview*

The majority of complaints focused on staff without identification; broken amenities in the bathrooms; and the lack of postings.

*Staff Complaints*

There is no breakdown of information on staff complaints at this site based on the low number of client generated complaints.

**Multi-Service Center (MSC) South**

MSC South operates a 24-hours drop in center and a shelter at its 525 5<sup>th</sup> Street location. The shelter provides clients with laundry services, access to case management, and two meals. The program is operated by St. Vincent de Paul Society.

There were 75 separate allegations of Standard of Care violations at this site within 30 submitted complaints.

*Status of Complaints*

Complainant	Number of Complaints	Status
Clients	1	Closed
Clients	10	Investigated
Clients	15	No Contact
Committee	4	Closed

Table XXVII: Status of Complaints for MSC South

*Types of Complainants*

Committee	Individual Complainants	Male	Female	Families	Senior	Disabled	LGBTQQ
4	26	15	11			3	3

Table XXVIII: Types of Complainants for MSC South

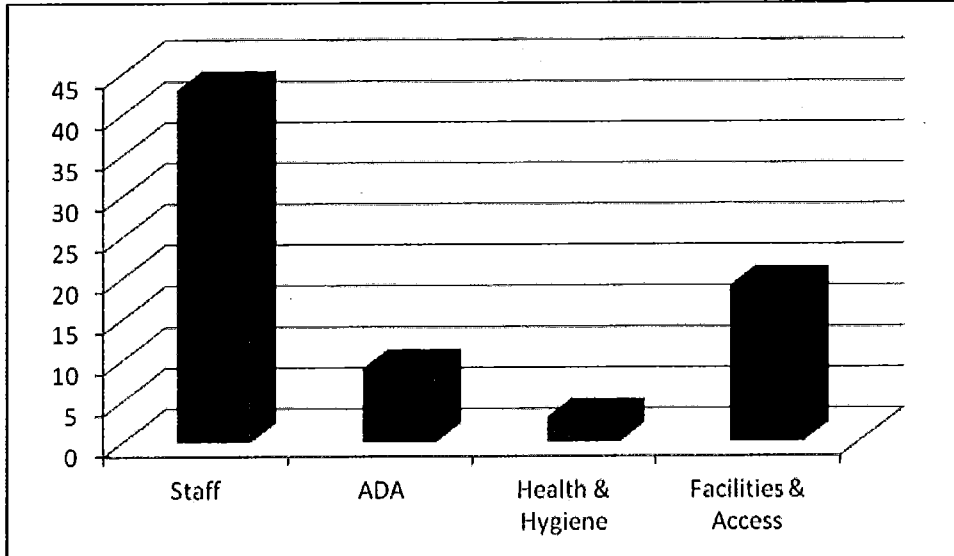


Chart XIII: SOC Breakdown for MSC South

*Overview*

The majority of complaints focused on allegations of staff applying rules inequitably and/or being disrespectful and the lack of required posted signage. For the second consecutive year, the largest single adult shelter in the City and County system had less than five complaints regarding health and hygiene.

Ten times a client indicated that they were not satisfied with the site's response to their initial complaint. The Committee conducted investigations of all the issues within the ten complaints. During the investigations, there were findings on four occasions. Four complainants stated that

staff either ignored their complaints or were disrespectful towards them; five complainants said that the staff does not apply rules equitably as well as stating that staff was disrespectful and/or abusive/rude; and three clients stated that the site did not provide a safe environment for clients. Based on surveying clients, the Committee determined that the site was out of compliance with Standard 1 and Standard 2, which require equitable treatment by staff and a safe environment, respectively. Two clients stated that the storage provided by the site was not secure and after the Committee reviewed the site's storage log, determined the site was out of compliance. All findings were forwarded to the Department of Public Health for follow up.

#### *Staff Complaints*

There were fifty complaints about specific staff. Of the 26 staff named within those complaints, Staff A received 14% of all complaints; Staff B received 8% of all complaints; and Staff C received 8% of all complaints. Thirty percent of all staff complaints were regarding these three staff.

**Next Door**

Next Door operates a shelter for single adult men and women. Services include access to laundry, toiletries, case management for selected clients, meals, and service referrals. The site is operated by Episcopal Community Services.

There were 113 separate allegations of Standard of Care violations at this site within 44 submitted complaints.

*Status of Complaints*

Complainant	Number of Complaints	Status
Client	2	Closed
Client	8	Investigated
Client	28	No Contact
Committee	6	Closed

Table XXIX: Status of Complaints for Next Door

*Types of Complainants*

Committee	Individual Complainants	Male	Female	Families	Senior	Disabled	LGBTQQ
6	38	16	22		3	7	3

Table XXX: Types of Complainants for Next Door

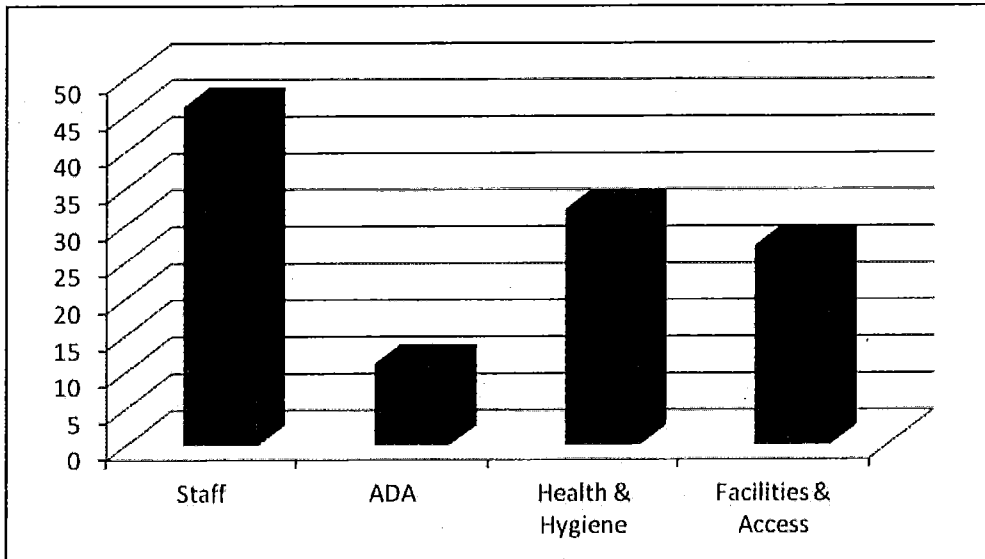


Chart XIV: SOC Breakdown for Next Door

*Overview*

The majority of complaints focused on staff. Clients stated that that staff treated them with disrespect; didn't provide a safe environment through deescalating challenging situations; or didn't enforce the rules in an equitable manner. Other complaints included the lack of a clean facility and the lack of posting regarding facility issues.

Eight clients stated that they were not satisfied with the site's response. On three separate occasions, three client complained there was dirt, dust, mold, or the lack of toiletries at the site. The Committee found the site out of compliance with Standard 3, which requires the site

provides toiletries and a clean shelter. One client stated that the fans on the first floor were not working and there was no signage posted on the status of the repair. The Committee found the site out of compliance with Standard 17, which requires that the sites post signage when there is a facility issue alerting clients of the break and provide an estimated time of repair. The Committee forwarded its findings to the Department of Public Health.

#### *Staff Complaints*

There were fifty-five complaints about specific staff. Of the 32 staff named within those complaints, Staff A received 10% of all complaints; Staff B received 11% of all complaints; and Staff C received 7% of all complaints. Twenty-five percent of all staff complaints were regarding these three staff.

**Providence**

Providence is a late night single adult shelter providing services to women and men as well as an emergency family shelter location. Providence is part of The Providence Foundation and provides case management services and referrals. Volunteers prepare and provide dinner for clients.

There were 43 separate allegations of Standard of Care violations at this site within 18 submitted complaints.

*Status of Complaints*

Complainant	Number of Complaints	Status
Client	6	No Contact
Committee	4	Closed

Table XXXI: Status of Complaints for Providence

*Types of Complainants*

Committee	Individual Complainants	Male	Female	Families	Senior	Disabled	LGBTQQ
4	6	4	2				

Table XXXII: Types of Complainants for Providence

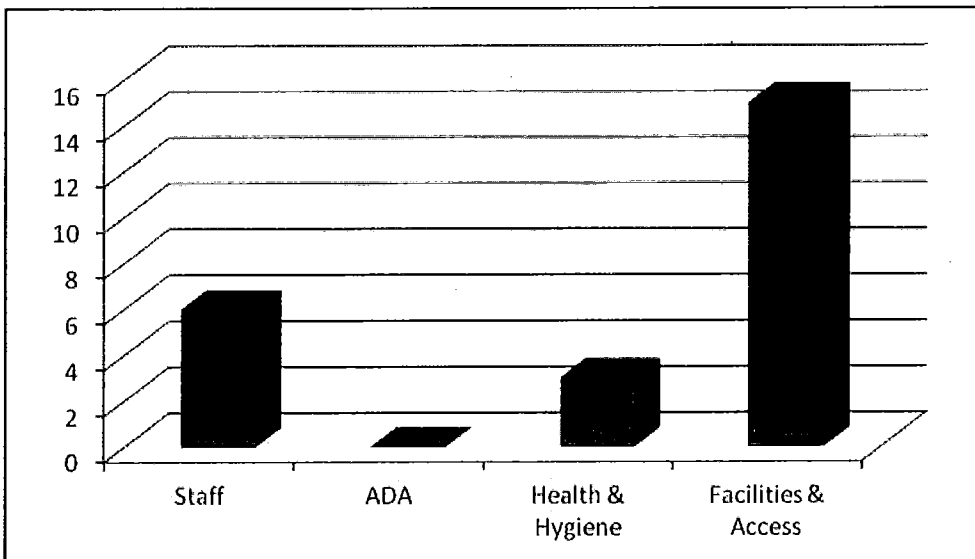


Chart XV: SOC Breakdown for Providence

*Overview*

The majority of complaints focused on staff in which clients cited that the rules were not enforced in an equitable way and that staff treated them with disrespect. The Committee noted the lack of sheets & pillows, no telephone for clients to use; and bilingual capacity.

*Staff Complaints*

There is no breakdown of information on staff complaints at this site based on the low number of client generated complaints.



**Sanctuary**

Sanctuary operates a shelter for single adult men and women. Services include access to laundry, toiletries, case management for selected clients, meals, and service referrals. The site is operated by Episcopal Community Services.

There were 91 separate allegations of Standard of Care violations at this site within 36 submitted complaints.

*Status of Complaints*

Complainant	Number of Complaints	Status
Client	4	Closed
Client	4	Investigated
Client	24	No Contact
Committee	5	Closed

Table XXXIII: Status of Complaints for Sanctuary

*Types of Complainants*

Committee	Individual Complainants	Male	Female	Families	Senior	Disabled	LGBTQQ
5	33 <sup>9</sup>	9	24			4	3

Table XXXIV: Types of Complainants for Sanctuary

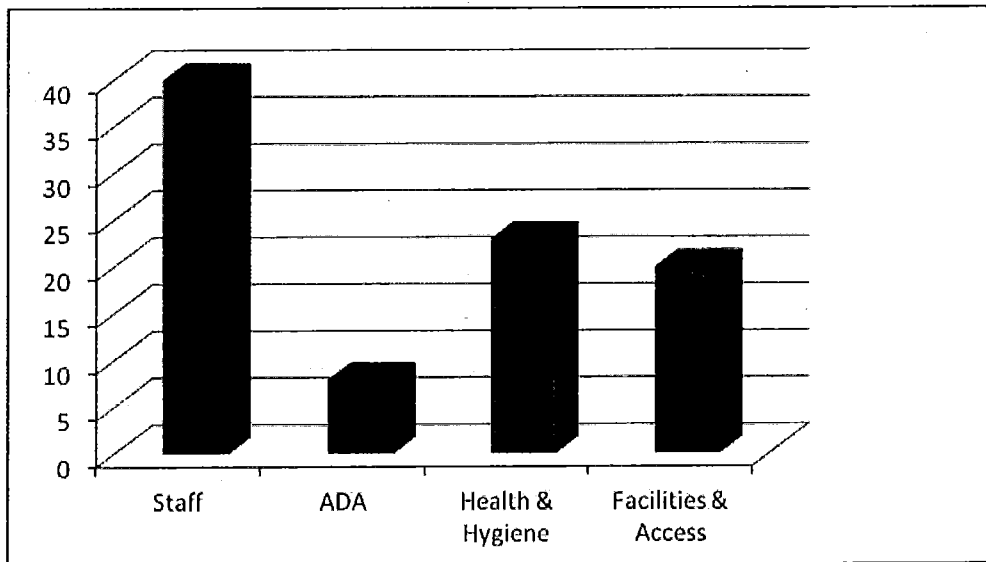


Chart XVI: SOC Breakdown for Sanctuary

*Overview*

The majority of complaints focused on staff. Clients alleged that staff were disrespectful and applied the rules in inequitable fashion. Clients complained that they were unable to access eight hours of sleep based on noise created by staff. There were allegations of unclean and un-stocked restrooms and the lack of required postings.

<sup>9</sup> In 2012-2013, two male clients co-submitted a complaint. There were 37 complaints but 38 complainants.

Four clients said that they were not satisfied with the site's response to their complaints. One complainant said that the bathrooms were dirty. The Committee found the site out of compliance with Standard 3, which requires sites to provide clean the shelter on a daily basis. One client alleged said that multiple clients had excessive property by the sleeping units. The Committee found the site out of compliance with Standard 19, which requires 22 inches between sleeping units. One complainant, who resides on the women's floor, said staff are loud and the noise from staff, including kitchen staff. Based on surveying, the client found the site out of compliance with Standard 13, which requires the site make its facility available for shelter clients to sleep eight hours. One complainant said there was signage up in English only at the site, on case management. Based on Committee observation, the site was found out of compliance with Standard 20, which requires printed materials produced by the site to be in English and Spanish.

#### *Staff Complaints*

There were 43 complaints about specific staff. Of the 21 staff named within those complaints, Staff A received 20% of all complaints and Staff B received 9% of all complaints. Thirty percent of all staff complaints were regarding these two staff.

**Santa Ana**

Santa Ana is a single adult shelter providing services to men. Services include case management, referrals to services, a clothing closet, and one meal. Santa Ana is operated by Dolores Street Community Services.

There were 15 separate allegations of Standard of Care violations at this site within five submitted complaints.

*Status of Complaints*

Complainant	Number of Complaints	Status
Client	1	No Contact
Committee	4	Closed

Table XXXV: Status of Complaints for Santa Ana

*Types of Complainants*

Committee	Individual Complainants	Male	Female	Families	Senior	Disabled	LGBTQQ
4	1	1					

Table XXXVI: Types of Complainants for Santa Ana

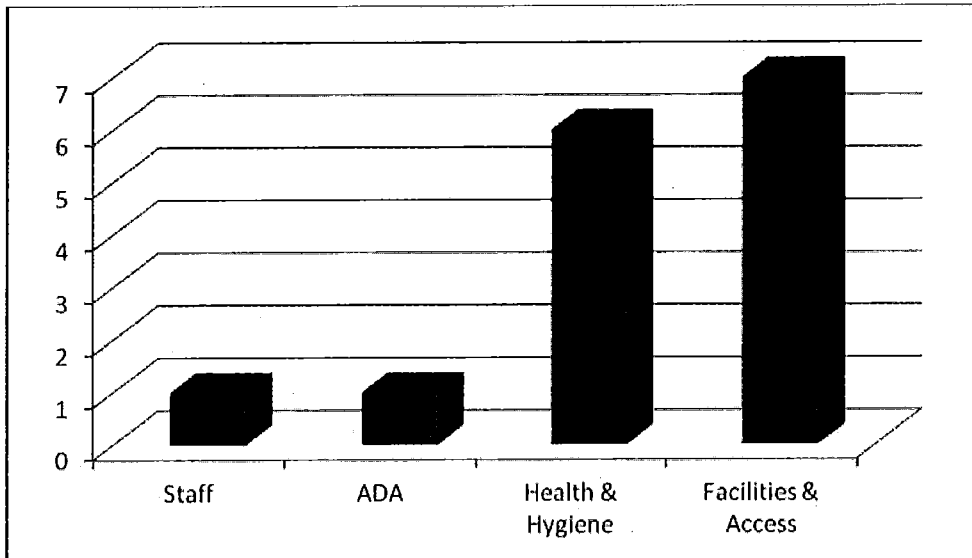


Chart XVII: SOC Breakdown for Santa Ana

*Overview*

The majority of complaints focused on facility and access, specifically the lack of tokens and written and posted policies and procedures and the lack of two sheets.

*Staff Complaints*

There is no breakdown of information on staff complaints at this site based on the low number of client generated complaints.

**Santa Marta/Santa Maria**

Santa Marta/Santa Maria are single adult shelters providing services to men. The shelters are on the same premises and include a church and service building. The site provides case management, referrals to services, a clothing closet, and one meal. Santa Marta/Santa Maria are operated by Dolores Street Community Services.

There were 16 separate allegations of Standard of Care violations at this site within eight submitted complaints.

*Status of Complaints*

Complainant	Number of Complaints	Status
Client	1	No Contact
Client <sup>10</sup>	3	Investigated
Committee	4	Closed

Table XXXVII: Status of Complaints for Santa Marta/Santa Maria

*Types of Complainants*

Committee	Individual Complainants	Male	Female	Families	Senior	Disabled	LGBTQQ
4	4	4					

Table XXXVIII: Types of Complainants for Santa Marta/Santa Maria

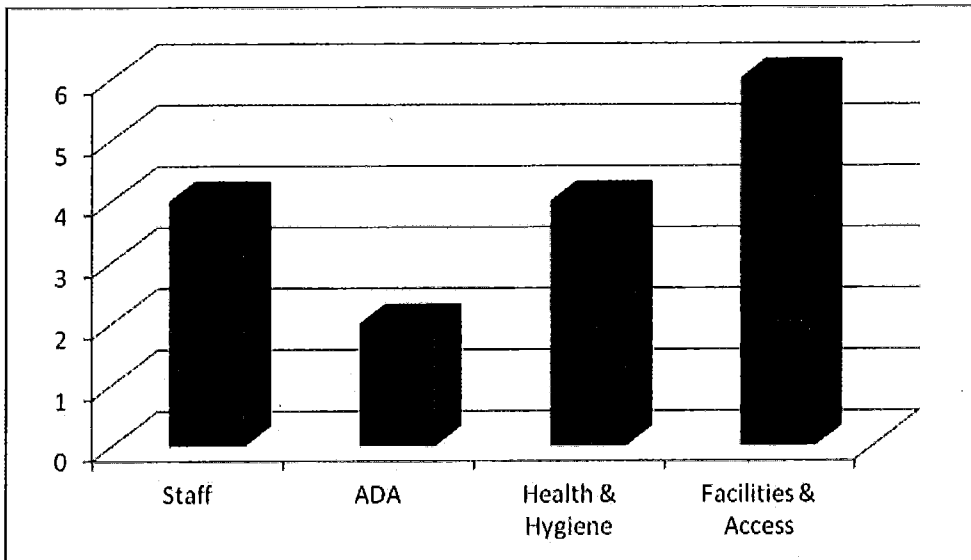


Chart XVIII: SOC Breakdown for Santa Marta/Santa Maria

*Overview*

The majority of complaints focused on facility and access, specifically the lack of tokens, space between mats and allegations that staff is disrespectful and do not apply rules in an equitable manner.

<sup>10</sup> All three of the complaints investigated were based on the complaints filed by one client.

One client filed three complaints and was not satisfied with the site's responses. The Committee conducted an investigation but found the site in compliance with the Standards.

*Staff Complaints*

There is no breakdown of information on staff complaints at this site based on the low number of client generated complaints.

Print Form

# Introduction Form

By a Member of the Board of Supervisors or the Mayor

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO

2014 APR -8 PM 12:43

Time stamp  
for meeting date

I hereby submit the following item for introduction (select only one):

- 1. For reference to Committee:
- An ordinance, resolution, motion, or charter amendment.
- 2. Request for next printed agenda without reference to Committee.
- 3. Request for hearing on a subject matter at Committee:
- 4. Request for letter beginning "Supervisor  inquires"
- 5. City Attorney request.
- 6. Call File No.  from Committee.
- 7. Budget Analyst request (attach written motion).
- 8. Substitute Legislation File No.
- 9. Request for Closed Session (attach written motion).
- 10. Board to Sit as A Committee of the Whole.
- 11. Question(s) submitted for Mayoral Appearance before the BOS on

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission
- Youth Commission
- Ethics Commission
- Planning Commission
- Building Inspection Commission

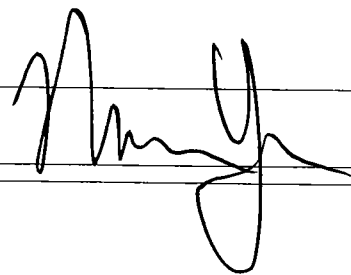
**Note: For the Imperative Agenda (a resolution not on the printed agenda), use a different form.**

**Sponsor(s):**

**Subject:**

**The text is listed below or attached:**

Signature of Sponsoring Supervisor: \_\_\_\_\_



For Clerk's Use Only:

140353