



City and County of San Francisco

Shelter Monitoring Committee

First and Second Quarter Report, July through December 2014

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

Shelter Site Visits

The inspection teams conducted 22 of the 38 assigned visits (58%) in the First and Second Quarters of the 2014-2015 Fiscal Year, from July 1 to December 31, 2014.

Standards of Care (SOC) Complaints

There were 81 Standard of Care complaints forms filed from July 1 to December 31, 2014. There were 15 complaints filed by the Committee and 66 complaints were filed by individual clients.

Membership

At the start of the reporting period, the Committee had 7 members and 6 vacancies. As a result of these vacancies, the Committee was unable to hold meetings due to a lack of quorum and was unable to complete the assigned number of site visits with only two teams. One staff member also vacated their position in December of the reporting period. However, the Committee filled two vacancies during the reporting period and several more during the 3rd quarter. There are now currently 12 members on the Committee with one vacancy remaining. There are 9 new members and 3 carryover members from the 2014-2015 term.

Policy Recommendations

Due to the vacancies on the Shelter Monitoring Committee, the Committee was unable to fill the seats on the Policy Subcommittee. As a result, there are no policy recommendations from the Committee for this reporting period.

Site Inspections

The inspection teams conducted 22 of the 38 assigned visits (58%) in the first and second quarters, from July 1 to December 31, 2014. The Committee is mandated by legislation to conduct a minimum of four site inspections per site annually, visiting each of the 19 sites once per quarter. However due to the lack of staff (one vacancy) and members (six vacancies in 1st Quarter) for the majority of the fiscal year, the Committee did not have the capacity to complete the assigned site visits. Instead, the Committee prioritized inspecting the largest shelter sites and those that received the most Standards of Care complaints from clients.

A Woman's Place Drop In

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shelter.monitoring@sfgov.org

The Committee conducted two inspections during the reporting period. The Committee noted violations including a broken washing machine, lack of TTY and signage regarding where clients can access TTY, no Language Link language translation service, a lack of transportation tokens, no "Reasonable Accommodation" forms in Spanish and no signage in English and Spanish listing when the next community meeting will be held. The site remedied all issues brought to its attention.

Dolores Street Community Services-Santa Ana

This site was inspected once during this reporting period. The one violation noted by the Committee was the lack of signs in English and Spanish announcing the next community meeting. The Committee also noted that the site provides one sheet as opposed two based on laundry costs but does provide additional blankets and pillows/pillow cases upon request. The linen issue remains on-going but the other violation was resolved.

Dolores Street Community Services-Santa Marta/Santa Maria

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

First Friendship Emergency Family Shelter

The Committee conducted two inspections during this reporting period. The Committee noted violations such as not all city and shelter materials were available in English and Spanish, no menu available in Spanish, no storage available for clients, no ADA compliant beds, the lack of 22 inches of space between beds, no bath towels provided, no cleaning log posted in men's room and the site only provides one sheet. The linen issue remains on-going but all other violations were resolved.

Hamilton Family Residences and Emergency Shelter

The Committee conducted two site visits during the reporting period and noted the lack of a cleaning log posted in restrooms, one broken ADA compliant toilet, that only one sheet was provided to clients and one room where the walking path was blocked off by debris. The site remedied all violations noted.

Hospitality House

There was one site visit during this reporting period and the Committee 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**. The site was inspected once during this reporting period. The Committee noted the lack of English and Spanish menus, pillowcases and sheets for clients. The site remedied all issues to the satisfaction of the Committee.

Lark Inn

The site was inspected one time during this reporting period. The Committee noted that there was no bilingual English/Spanish staff member on site at the time of the inspection, a lack of TTY, a broken ADA compliant showerhead and a lack of signage noting the problem. The site has since remedied all of the violations.

Mission Neighborhood Resource Center

The Committee conducted one site visit during this reporting period and did not note any violations.

MSC Drop In

The Committee completed two inspections of this site during the reporting period and noted no violations for either inspection.

MSC South Shelter

The Committee completed two inspections of this site during the reporting period. The Committee did not note any violations during the first visit, but noted the lack of a First Aid kit and CPR masks for staff during the second visit. The site remedied all issues brought to its attention.

Next Door

The Committee conducted two site inspections at this site during the reporting period. Committee members noted a number of different violations in the restrooms, including no soap in one dispenser, no cleaning log or signage regarding facility issues, no toilet paper in certain stalls and several broken soap dispensers, toilets and sinks. The Committee also noted that there were no CPR masks available for staff, vents were not clear of dust/debris, dirty bath towels, unclean floors 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 once during the reporting period. The Committee noted a lack of an AED on site, no pillowcases, no hand sanitizer in sleeping areas, no vegetarian dining options and no bilingual English and Spanish staff on duty. All violations have since been resolved.

Sanctuary

The site was inspected two times during the reporting period. The Committee noted that there were no cleaning logs in the bathrooms and there was not a bilingual English/Spanish speaking staff member on duty. The site remedied all violations noted.

St. Joseph's Family Shelter

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

Table 1: Site Visit Tally for 1st and 2nd Quarters for 2014-2015

Shelter and Resource Center	Number of Visits 2 nd Qtr. 2014- 2015 October- December	Number of Visits 1st Qtr. 2014- 2015 July-September	Total
A Woman's Place	0	0	0
A Woman's Place Drop In	0	2	2
Bethel AME	0	0	0
Compass Family Shelter	0	0	0
Dolores Street Community Services-Santa Ana	0	1	1
Dolores Street Community Services-Santa Marta/Santa Maria	0	1	1
First Friendship Family Shelter	1	1	2
Hamilton Family & Emergency Shelter	1	1	2
Hospitality House	0	1	1
Interfaith Winter Shelter *operates to 2/22/13	1	0	1
Lark Inn Youth Shelter	0	1	1
Mission Neighborhood Resource Center	0	1	1
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	0	1
Saint Joseph's Family Shelter	0	1	1
Sanctuary	0	2	2
United Council-Mother Brown's	0	0	0
Total	7	15	22
Assigned Number of Visits	19	19	38
Percentage of Compliance	37%	78%	58%

Shelter Monitoring Committee
April 24, 2015
1st & 2nd 2014-2015 Qtr Report Draft

Table 2: Standard of Care Complainants Tally Per Site for 1st & 2nd 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	1	0	1	N/A	No Contact (1)	None
A Woman's Place Drop In	6	1	5	Closed (1)	No Contact (4) Closed (1)	None
Compass	0	0	0	N/A	N/A	None
First Friendship	3	2	1	Closed (2)	Closed (1)	None
Hamilton Family Shelter	4	2	2	Closed (2)	No Contact (2)	None
Hamilton Family Emergency Shelter	2	0	2	N/A	No Contact (2)	None
Hospitality House	5	0	5	N/A	No Contact (1) Closed (4)	None
Interfaith	1	1	0	Closed (1)	N/A	None
Lark Inn	3	1	2	Closed (1)	Closed (2)	None
MSC South Drop In Center	2	0	2	N/A	No Contact (1) Closed (1)	None
MSC South Shelter	9	2	7	Closed (1)	Closed (3) No Contact (4)	None
MNRC	4	0	4	N/A	No Contact (2) Closed (2)	None
Next Door	21	2	19	Closed (2)	Pending (2) No Contact (8) Closed (9)	None
Providence	6	1	5	Closed (1)	Closed (1) No Contact (4)	None
St. Joseph's	0	0	0	N/A	N/A	None
Sanctuary	11	2	9	Closed (2)	Closed (4) No Contact (5)	None
Santa Ana	1	1	0	Closed (1)	N/A	None
Santa Marta/Santa Maria	2	0	2	N/A	Closed (2)	None
United Council	0	0	0	N/A	N/A	None
Totals	81	15	66	Closed (15)	Closed (30) No Contact (34) Not Satisfied (2)	None

Standards of Care Complaints

There were 81 Standard of Care complaints forms filed from July 1 to December 31, 2014. The table above provides a breakdown of the number of complaints per site and the status of the complaints themselves. There were 15 complaints filed by the Committee and 66 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:

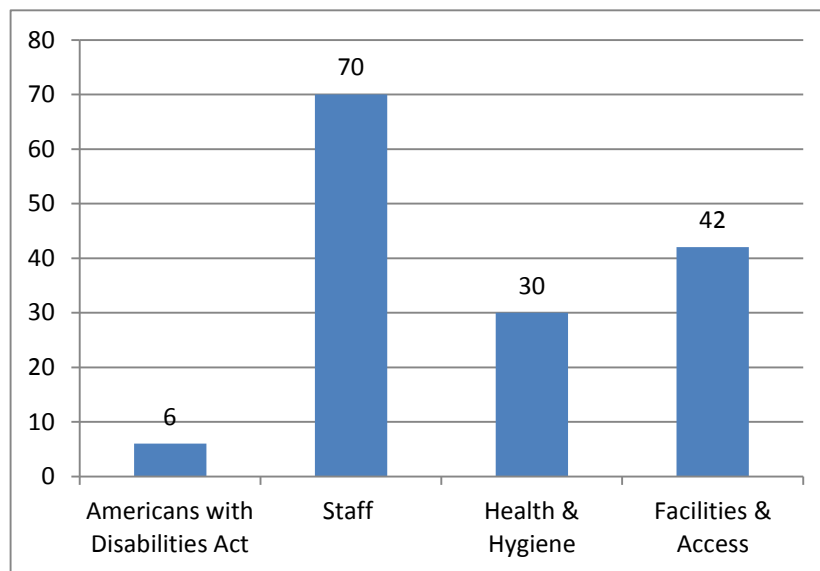


Chart I: Standard of Care Complaint Breakdown, 1st & 2nd Quarter, 2014-2015

Chart I, the *Standard of Care Complaint 1st & 2nd 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 by staff; not following procedures and the lack of identification. There were 70 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 6 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 30 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 42 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 71% of all complaints filed by the clients during this time period.

23% percent of clients were satisfied with the site response and the remaining 6% were not satisfied. These 2 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 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 (85%) 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 (39%) or facilities (53%).

Committee Complaint Data

All of the complaints generated by the Committee, 15, were closed based on satisfaction with the response from the sites.

Investigations

There were two investigations conducted during this reporting period. Both investigations involved the Next Door shelter site:

Next Door

The first client alleges that she was verbally and physically harassed by another client in front of shelter staff. The client states that she submitted a written complaint to the supervisor on duty regarding the harassment, but was later told that shelter staff did not have any record of her complaint regarding the incident. In the site response, Next Door states that the supervisor on duty during the incident is normally assigned to work at other shelters and was unaware of protocols requiring the staff to provide a written response to complaints by the end of the shift. The Committee investigated the types of training on shelter specific procedures that Next Door has in place whenever they have staff covering shifts that normally work for other sites and was satisfied with the policies Next Door has in place.

The second client alleges that a staff member was extremely rude to him when he requested a different set of sheets. As a result, the two got into a confrontation and had to be separated by another staff member. The client also alleges that he was verbally threatened by another client, but when he attempted to file a complaint was told that nothing could be done unless the incident happened in front of a staff member. The client states that shelter staff were extremely slow in processing his request for information about the client that threatened him. Finally, the client alleges that he was verbally and physically harassed by another staff member who he has filed a complaint about before. The client feels that shelter management needs to take threats of violence more seriously. In the response from the site, Next Door acknowledges that the staff member should have handled the client's request for sheets differently and have provided coaching on what to do in the future. The shelter acknowledges they should have resolved the incident involving the verbal threats from another client immediately, but stand by the policy that they cannot DOS anyone without staff actually witnessing the alleged threats. Finally, the Shelter Director reviewed camera footage but found no evidence of a staff member verbally or physically assaulting the client.

The Committee has investigated the allegations listed in this complaint and are satisfied with the coaching given to the staff member regarding the incident with the sheets and the examination of security footage showing that the other staff member did not harass the client on the listed date. The Committee has also interviewed staff regarding Next Door's policies regarding resolving incidents involving verbal threats and were satisfied with the policy that Next Door will provide an immediate response to any incidents that involve threats of violence. The Committee considers this investigation to be closed.

Membership

The Committee was unable to meet quorum for meetings and fulfill many responsibilities during the reporting period due to vacancies on staff and the Committee itself. At the start of the 1st Quarter, there was one vacancy on staff and six vacancies on the Committee. With only seven members at the start of the 1st Quarter, the Committee was unable to hold any meetings or complete all 19 assigned site visits. The Committee filled two vacancies during the reporting period with the appointments of Committee Members Moses Mukami and Terezie Boehner. There were an additional four vacancies filled after the reporting period, resulting in 12 members currently on the Committee with one vacancy remaining. One additional full-time staff member was brought on after the reporting period which brings the total number of full-time employees on staff to two.

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.