

File No. 180342

Committee Item No. 4

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

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date October 3, 2018

Board of Supervisors Meeting

Date \_\_\_\_\_

#### Cmte Board

<input type="checkbox"/>	<input type="checkbox"/>	Motion
<input type="checkbox"/>	<input type="checkbox"/>	Resolution
<input type="checkbox"/>	<input type="checkbox"/>	Ordinance
<input type="checkbox"/>	<input type="checkbox"/>	Legislative Digest
<input type="checkbox"/>	<input type="checkbox"/>	Budget and Legislative Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Youth Commission Report
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Introduction Form
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Department/Agency Cover Letter and/or Report
<input type="checkbox"/>	<input type="checkbox"/>	Memorandum of Understanding (MOU)
<input type="checkbox"/>	<input type="checkbox"/>	Grant Information Form
<input type="checkbox"/>	<input type="checkbox"/>	Grant Budget
<input type="checkbox"/>	<input type="checkbox"/>	Subcontract Budget
<input type="checkbox"/>	<input type="checkbox"/>	Contract/Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Form 126 - Ethics Commission
<input type="checkbox"/>	<input type="checkbox"/>	Award Letter
<input type="checkbox"/>	<input type="checkbox"/>	Application
<input type="checkbox"/>	<input type="checkbox"/>	Form 700
<input type="checkbox"/>	<input type="checkbox"/>	Vacancy Notice
<input type="checkbox"/>	<input type="checkbox"/>	Information Sheet
<input type="checkbox"/>	<input type="checkbox"/>	Public Correspondence

#### OTHER

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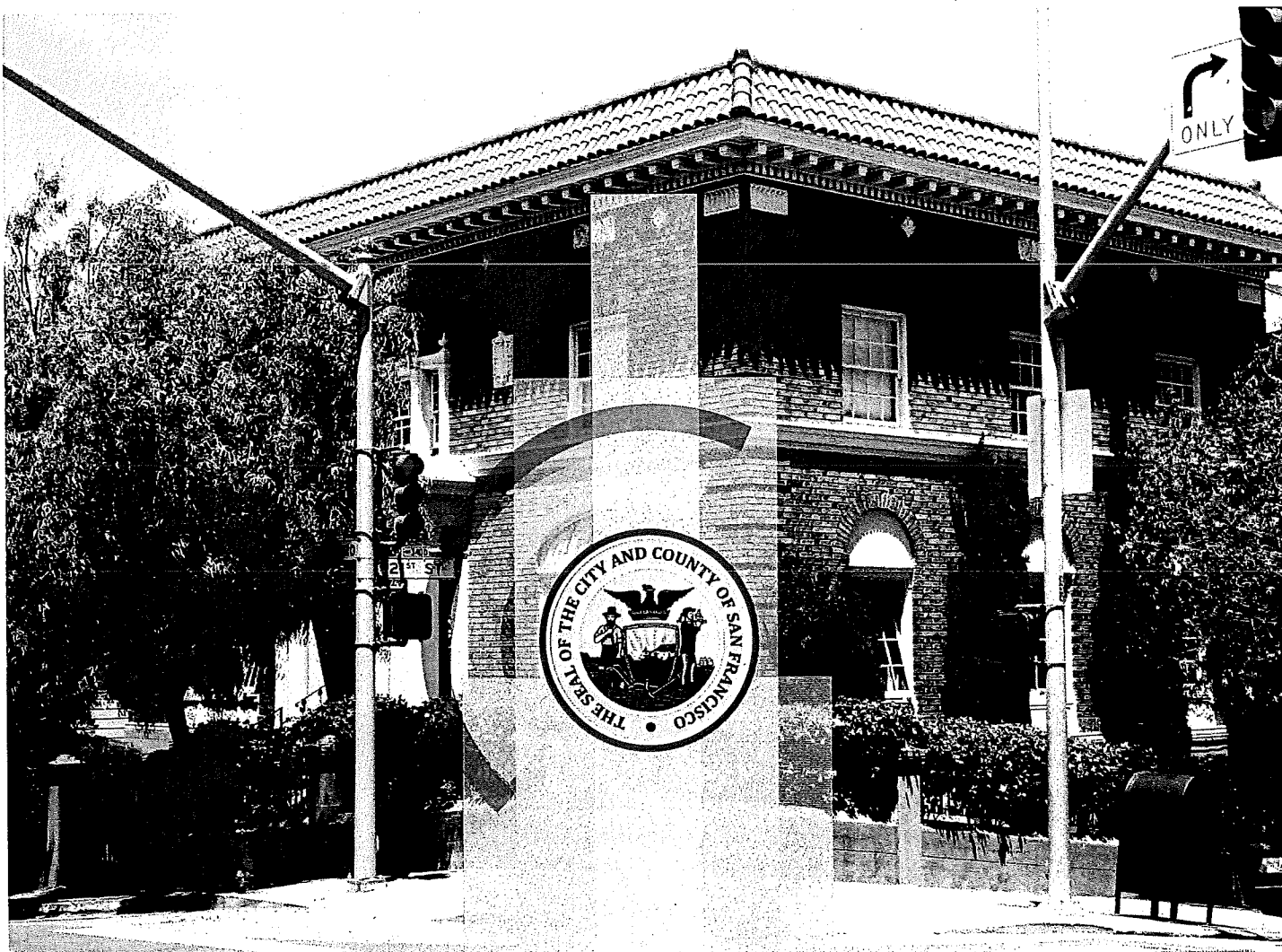
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Completed by: Victor Young

Date Sept.28, 2018

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

Date \_\_\_\_\_



# ANNUAL REPORT

SHELTER MONITORING COMMITTEE  
July 1, 2016 to June 30, 2017



## Committee Members



Mwangi Mukami - Chair



Gary McCoy - Vice Chair



Patrina Hall - Secretary



Loretta Gaines - Member



Lauren Kahn - Member



Traci Watson - Member



Gavin James - Member



Stephen Irwin - Member



Charlie Morimoto - member




Cindy Ward - Member



## FOREWORD



 Mwangi Mukami- Chair

It gives me distinct pleasure to foreword our second annual report under my chairmanship. When I was elected Chair three years ago, I embarked on an initiative to modify how we collected, examined and reported data about shelter clients and shelter operators.

The SMC's mandate continues to be pivotal in ensuring our city provides the best service to those who are in need of them the most. As this report demonstrates, we have made concrete progress in ensuring we target our efforts to provide information to providers while evaluating how such information assists them in complying with the Standards of Care.

We recognize the following providers for providing excellent service throughout the year: Compass Family Shelter, Hamilton Family Shelter, Lark Inn and the Interfaith Winter Shelter. Clients did not submit any complaints about these four shelters this past year. However, there was a significant increase in the number of complaints submitted about the Next Door shelter this year. The Committee has conducted an in-depth review of the complaints that were submitted about Next Door this year and have included those findings in this report. Furthermore, our quarterly reporting mechanisms have required us to begin a review of our complaint policies and procedures because some shelters' occupancy levels hinders their ability to comply.

As always, I am grateful to SMC staff, Howard and Jeff for working tirelessly the past year to ensure that we continue to uphold my vision for a new engagement. I am appreciative of the support we have received from the Department of Public Health, Department of Homeless and Supportive Housing, and from shelter providers when compiling this report.

Mwangi Mukami, Chair

## INTRODUCTION



Committee member Gavin James speaking to shelter supervisor Steven Reus during a site visit to Santa Ana

The Shelter Monitoring Committee (The Committee) was established in 2004 to provide the Mayor, the Board of Supervisors, the Local Homeless Coordinating Board, the public and any other government agencies with comprehensive information about shelter conditions, operations and any City policies that affect shelter operations or shelter clients. The Committee is also responsible for monitoring shelters and resource centers to ensure that they are complying with the 32 Standards of Care (The Standards), which are a set of shelter operating standards that were adopted by the Board of Supervisors in 2008.

## WHO WE ARE

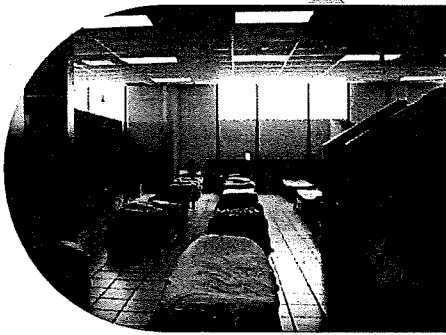
The Committee is comprised of 13 members who serve on a volunteer basis. 7 of the Committee's members are homeless or formerly homeless individuals, while the remaining 6 members are a mix of representatives from City agencies and other individuals with experience providing services to the homeless.

## WHAT WE DO

The Committee monitors the conditions of shelters and resource centers and their compliance with the Standard of Care by conducting site visits and taking client complaints. The Committee also offers Standard of Care trainings for shelter staff.

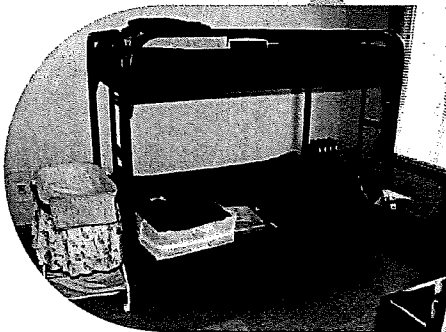
# San Francisco's Shelter System

San Francisco's shelter system consists of 12 single adult shelters, 5 family shelters and 4 reservation/resource centers. Together, these 21 sites are able to provide services for over 1100 homeless individuals and 60 homeless families each and every night. Homeless clients can access services at three different types of shelters:



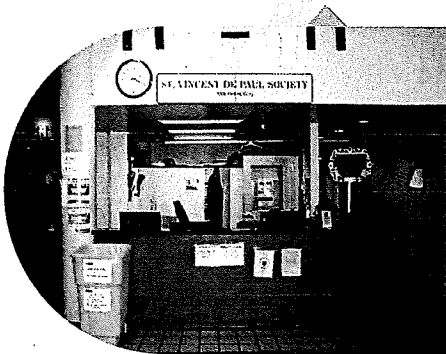
## 1. Single Adult Shelters

There are 12 single adult shelters in San Francisco that provide temporary shelter for homeless adults over the age of 18. Clients are able to stay at these single-adult shelters for up to 90 days, though one night and weekend stays are also available. These 12 single adult shelters have a total capacity of 1203 year round beds



## 2. Family Shelters

There are currently five emergency family shelters in San Francisco, many of which offer private rooms for individual families. The length of stay at family shelters varies from one night to six months depending on availability. San Francisco's family shelter system has a total capacity of 59 family units with an additional 116 emergency mats and beds.



## 3. Resource/Reservation Stations

Homeless individuals are also able to access a variety of different services at San Francisco's four reservation stations and resource centers. Resource centers offer services on a drop-in basis and provide chairs for clients to sit in as well as access to services such as showers, laundry facilities, meals and snacks. Reservation stations allow clients to make shelter reservations at single-adult shelters as well as offering some of the amenities that are also available at resource centers. There are four resource centers and reservation stations in San Francisco that can seat 256 clients at one time.

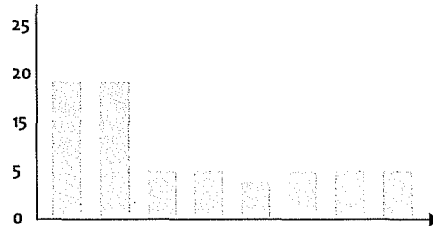
# 2016 - 2017 FACTS & FIGURES

## SITE VISITS



109  
out of  
123

## SITE VISIT INFRACTIONS



Compass  
Hamilton Emergency Shelter  
Hamilton Family Shelter  
Hospitality House  
Jazzie's Place  
MSC South Drop-In  
Sanctuary  
St. Joseph's



A Woman's Place Shelter  
United Council

19  
each

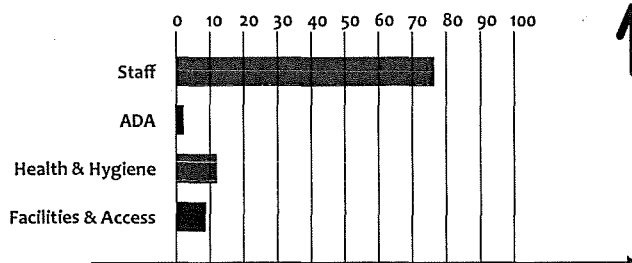
## STATUS OF CLIENT COMPLAINTS



## Top six site infractions

- STANDARD 3 ..... 28 infractions for insufficient hygiene supplies, dirty restrooms or broken restroom amenities
- STANDARD 12 ..... 18 infractions for insufficient bedding and linens
- STANDARD 21 ..... 17 infractions for lack of translation services
- STANDARD 17 ..... 16 infractions for insufficient maintenance signage
- STANDARD 6 ..... 10 infractions for insufficient health supplies
- STANDARD 25 ..... 10 infractions for staff not wearing ID Badges

## CLIENT COMPLAINTS CATEGORIES



## IN SUMMARY

- 5654 total unduplicated clients served
- 219 total complaints filed by 133 unduplicated clients
- 123 Client Complaints at Next Door Shelter
- 0 Complaints at Compass, Hamilton Family Shelter, Lark Inn, Interfaith Winter Shelter

# YEAR IN REVIEW 2016 - 2017

## ACCOLADES



### SITE VISITS

10 shelters were cited for 4 or fewer infractions during site visits this year. These 10 sites in order of least to most infractions were:

- |                                |                 |
|--------------------------------|-----------------|
| 1. Compass Family Shelter      | (0 infractions) |
| 2. Hamilton Emergency Shelter  | (1 infraction)  |
| 2. Hamilton Family Shelter     | (1 infraction)  |
| 2. Jazzie's Place              | (1 infraction)  |
| 5. Hospitality House           | (2 infractions) |
| 5. Santa Ana                   | (2 infractions) |
| 5. Sanctuary                   | (2 infractions) |
| 8. St. Joseph's Family Shelter | (3 infractions) |
| 8. MSC South Drop In           | (3 infractions) |
| 10. Santa Marta/Maria          | (4 infractions) |



### CLIENT COMPLAINTS

10 shelters received fewer than 4 total client complaints this year. These 10 sites in order of least to most complaints were:

- |   |                |
|---|----------------|
| 1. Compass Family Shelter               | (0 complaints) |
| 1. Hamilton Family Shelter              | (0 complaints) |
| 1. Interfaith Winter Shelter            | (0 complaints) |
| 1. Lark Inn                             | (0 complaints) |
| 5. Mission Neighborhood Resource Center | (1 complaint)  |
| 5. Santa Ana                            | (1 complaint)  |
| 7. Hamilton Emergency Shelter           | (2 complaints) |
| 7. St. Joseph's Family Shelter          | (2 complaints) |
| 7. United Council                       | (2 complaints) |
| 10. Santa Marta/Maria                   | (3 complaints) |

## NEED IMPROVEMENT



### SITE VISITS

A Woman's Place Shelter and United Council received the most site visit infractions this year with 19 infractions each.

Committee staff conducted intensive site visit training for shelter management at both sites in the 4th Quarter of this fiscal year. These trainings included mock site visits where Committee staff walked through each site and highlighted issues that could be potential infractions as well as sharing best practices from other sites. The Committee will continue to monitor how these two sites perform on site visits and will offer additional technical assistance when needed.



The site that received the most client complaints this year was Next Door with 123 total complaints.

This represents an increase of 94 complaints when compared to the number that Next Door received in 2015-2016.

It is to be noted that Next door is a 24 hour shelter and has the highest capacity out of any shelter at 334.

Please refer to page 11 of this report for an in-depth look at the types of complaints that Next Door received this year.



## COMPARISON TO 2015-2016

The Committee focused on three main areas when reviewing how San Francisco's shelter system is performing when compared to last year:

1. Conditions inside shelters
2. Treatment and Personal Experience of Shelter Clients
3. Adequacy of Policies

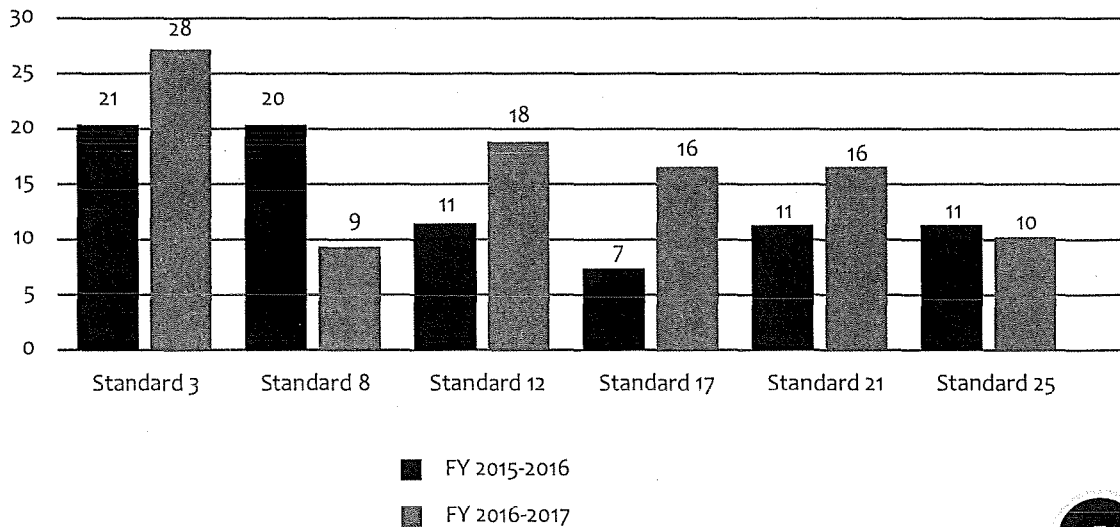
By reviewing each of these subject areas, the Committee is able to have a more comprehensive understanding of how San Francisco's shelter system is performing. The Committee found that shelters were doing a better job of ADA compliance this year, as there was a significant reduction in number of Standard 8 infractions that the Committee noted during site visits. In addition, the number of Standard 8 complaints stayed the same as last year even though there were significant increases in the total number of complaints submitted this year about almost every other Standard.

In comparison, the Committee found that shelters are having a harder time cleaning, maintaining and stocking shelter facilities this year. This is supported by the fact that the number of complaints about Standard 3 and the number of infractions both increased when compared to last year

### Conditions inside shelters

Committee teams monitor conditions inside shelters and note Standard of Care infractions during quarterly site visits. The Committee noted 154 total site visit infractions this year, 10 fewer than the year before. The table below provides an overview of which specific Standards received the most infractions from site visits over the past two years:

FY 15-16 and FY 16-17  
Top Site Visit Infractions



## COMPARISON TO 2015-2016

Four of the five Standards that received the most site visit infractions remained the same as last year, which indicates a need for shelters to improve in those areas. Those four Standards were:

- ❖ **Standard 3:** Facilities must be clean, maintained and stocked with hygiene supplies
- ❖ **Standard 12:** Provide clients with sheets, blankets, pillows and a pillowcase
- ❖ **Standard 21:** Communicate with clients in their primary language or have access to professional translation services
- ❖ **Standard 25:** Require all shelter staff to wear ID badges

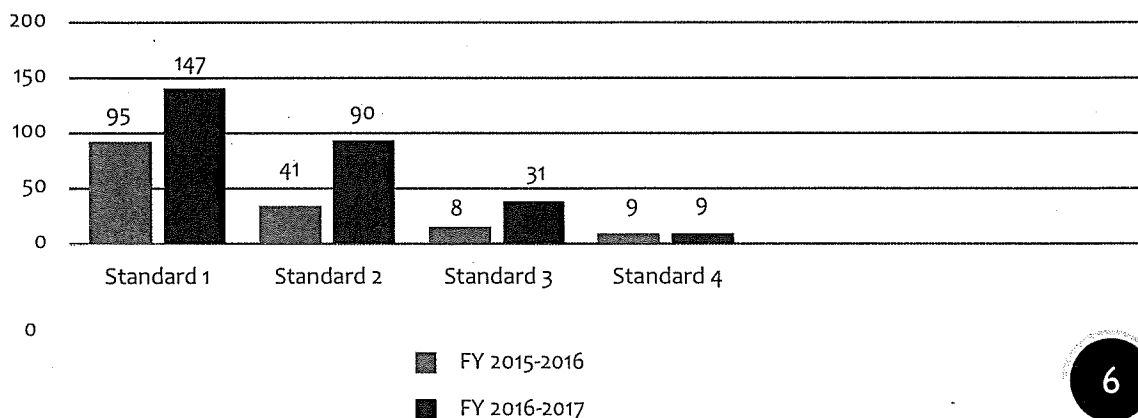
The number of infractions the Committee noted for three of those four Standards increased when compared to last year, which indicates that shelters are having a harder time complying with those Standards than the year before.

Although Standard 8 received the second most infractions of any Standard last year, the Committee only noted 9 instances of non-compliance this year. This indicates that shelters are now doing a better job of complying with Standard 8, which requires that shelters provide services in compliance with the ADA. There was an increase in the number of Standard 17 infractions this year, which is the Standard that requires sites to post signs in common areas whenever there is a maintenance or facility issue.

### Treatment and Personal Experience of Shelter Clients

The Committee monitors client complaints to gather information on the treatment and personal experience of shelter clients. The Committee received 219 complaints submitted by 133 shelter clients this year (out of the 5654 individual clients and 291 families served by San Francisco's shelter system). This represents an 81.0% increase in complaints and a 38.5% increase in clients filing complaints compared to last year. The table below shows which Standards clients submitted the most complaints about over the past two years:

FY 15-16 and FY 16-17  
Top Allegedly Violated Standard of Care Client Complaints





## COMPARISON TO 2015-2016

As was the case in FY15-16, clients submitted the most complaints about unprofessional behavior from staff (Standard 1) followed by complaints about unsafe shelter environments (Standard 2). Although there were increases in the number of complaints that the Committee received about several Standards, there was a significant increase in the number of complaints submitted about facilities that were unclean, not being maintained or not being stocked with hygiene supplies (Standard 3).

### Adequacy of Policies

The Committee is also responsible for reviewing City policies that can impact shelter clients in addition to monitoring shelter conditions and the personal treatment of shelter clients. Last year, the Committee produced a set of recommended changes for the Department of Homelessness and Supportive Housing's Domestic Violence/Imminent Danger policy and reviewed policies that regulate how clients can access MUNI tokens and other transportation services in San Francisco shelters.

This year, the Committee has been focused on issues that impact shelter access. The Committee has been reviewing policies that dictate how clients can apply for a late pass and how clients can access certain set-aside beds (such as CAAP beds, senior set-aside beds, SF HOT beds and VA beds).

# REPORT OF FINDINGS

## I. Site Visits

The Shelter Monitoring Committee completed 109 out of 123 site visits, or 88% of the mandated total for the fiscal year. The Committee completed the same amount of unannounced site visits as they did the previous year, but were able to complete twice as many announced site visits than they did in 2015-2016 <sup>1</sup>. The Committee noted 154 total infractions this year, 10 fewer than were noted the previous year. The five Standards that shelters had the most difficulty meeting this year were:



### STANDARD 3 (Health and Hygiene)

28 infractions: A Woman's Place Shelter, A Woman's Place Drop In, Bethel AME, Compass, Hamilton Family Shelter, Interfaith Winter Shelter, Lark Inn, Mission Neighborhood Resource Center, MSC South, MSC South Drop In, Next Door, Providence, Sanctuary, Santa Marta/Maria, United Council



### STANDARD 12 (Facilities & Access)

18 infractions: Bethel AME, First Friendship, Interfaith Winter Shelter, MSC South, Next Door, Providence, Santa Ana, Santa Marta/Maria



### STANDARD 17 (Facilities & Access)

16 infractions: A Woman's Place Shelter, A Woman's Place Drop In, Bethel AME, Hamilton Family Shelter, Lark Inn, MSC South, MSC South Drop In, Next Door, Providence, Sanctuary, Santa Marta/Maria, United Council



### STANDARD 21 (Facilities & Access)

17 infractions: A Woman's Place Shelter, Bethel AME, First Friendship, Lark Inn, Providence and United Council



### STANDARD 25 (Staff)

10 infractions: A Woman's Place Shelter, Bethel AME, Hospitality House, Interfaith Winter Shelter, Lark Inn, MSC South Drop In, Next Door, St. Joseph's Family Shelter and United Council

1. 2015-2016: 94 total site visits, 79 unannounced and 15 announced.  
2016-2017: 109 total site visits, 79 unannounced and 30 announced.

# REPORT OF FINDINGS

## Explanations of Infractions



### STANDARD 3

#### Lack of hygiene kits

With 28 infractions this year, Standard 3 continues to receive the most infractions out of any Standard. The Committee noted Standard 3 infractions when shelters did not have required hygiene supplies, when restroom amenities were not properly maintained and if restrooms needed addition cleaning.



### STANDARD 12

#### Insufficient bedding and linens

Sites received Standard 12 infractions if they did not provide all clients 2 sheets, 1 blanket, 1 pillow and 1 pillowcase. 13 of these infractions were noted at emergency shelters who do not have the capability launder sheets on-site. The Committee approved a set of recommended changes to the Standards of Care legislation last year that included a change to Standard 12 that allows emergency shelters to provide two blankets instead of 1 pair of sheets. The City Attorney's Office is currently working on a new draft of the Standards of Care legislation that includes this change to Standard 12.



### STANDARD 17

#### Insufficient signage noting maintenance issues

Standard 17 requires that shelters post signs noting any maintenance issues at the site as well as the status of repairs. The Committee noted Standard 17 infractions if the inspection team discovered a maintenance issue and the shelter did not have appropriate signage posted.



### STANDARD 21

#### No Language Link or other professional translation service

Standard 21 requires that shelters have access to Language Link or another professional translation service. Three of the sites that received Standard 21 infractions (Bethel AME, First Friendship, Providence) have access to translators that are proficient in Spanish, Mandarin, Cantonese and Tagalog but do not offer translation services in other languages.



### STANDARD 25

#### Staff not wearing ID badges

The Committee noted Standard 25 infractions if the site visit team saw any shelter staff that were not wearing an ID badge at the time of the site visit.

## REPORT OF FINDINGS

### 2. Client Complaints

The Committee received 219 Standard of Care complaints filed by 133 unduplicated clients this year (out of over 5,654 individual clients and 291 families served). This represents an 81.0% increase in the number of complaints and a nearly 40% increase in the number of unduplicated clients filing complaints when compared to the previous fiscal year<sup>2</sup>.

Standard of Care	Category	# of complaints alleging violations of this Standard	# of unduplicated complainants submitting complaints	# sites receiving complaints about this Standard
<b>Standard 1:</b> Treat clients equally, with respect and dignity, including in the application of shelter policies and grievance process	STAFF	146	82	16
<b>Standard 2:</b> Provide shelter services in an environment that is safe and free from physical violence; by ensuring safety protocols are in place that include training to shelter staff regarding de-escalation techniques	STAFF	90	55	13
<b>Standard 3:</b> Provide: Soap, Paper / Hand Towels, hand sanitizers, and hire janitors staff to clean shelters on a daily basis	HEALTH & HYGIENE	33	23	10

Please note that each complaint can include alleged violations of more than one Standard or multiple alleged violations of the same Standard.

## SHELTER IN REVIEW - NEXT DOOR

Next Door was chosen as the site for review because it had the highest increase in the number of complaints compared to the previous year. Clients submitted 123 complaints to the Committee this year about Next Door, an increase of 324.1%<sup>3</sup>. The majority of Next Door's complaints were about unprofessional staff behavior, unsafe shelter conditions and restroom facilities that needed to be cleaned, repaired or restocked with hygiene supplies. Although Next Door was able to resolve 110 client complaints, clients were not satisfied with responses to 15 complaints and requested a Committee investigation. The Committee confirmed that Next Door was out of compliance with the Standards of Care in two investigations conducted this year.

After reviewing Next Door's complaints, the Committee determined that the increase in complaints could not be attributed to a few problem staff as no individual shelter employee was named in more than 2 complaints in one month or more than 6 complaints for the year. As a result, the Committee believes that the increase in complaints is a site-wide issue and not a matter of individual staff.

The Committee also determined that a large percentage of Next Door's complaints were submitted by a few individual clients. There were five clients in particular who submitted 59 complaints about Next Door, 48% of all complaints the site received last year. Though the majority of these complaints were unsubstantiated, there were 26 complaints where Next Door acknowledged merit to at least one of the client's allegations and took corrective action.

### Individual Shelter Staff

Due to the magnitude of Next Door's client complaints, the Committee has been monitoring the complaints in an attempt to identify any specific shelter staff that multiple clients have reported having issues with. Any shelter employees that are named in three or more complaints in one month have their information forwarded to shelter management and the HSH contract monitor. However, the Committee has yet to receive more than two complaints about specific shelter staff in one month or more than six total complaints about specific shelter employee in this year. The Committee has determined that the increase in client complaints is site issue and cannot be attributed to any individual employees. The Committee will continue to monitor client complaints in order to identify individual staff that are consistently involved in alleged Standard of Care violations.

### Clients Submitting Multiple Complaints

After reviewing the complaints submitted about Next Door, the Committee has determined that a few clients were responsible for submitting a disproportionate number of complaints about the shelter. There were five clients in particular who submitted 59 complaints about Next Door, 48% of all

complaints submitted about Next Door this year. 26 of the complaints filed by these clients were substantiated while 33 were unsubstantiated. The table below shows the number complaints that each of these five clients filed and if the shelter was able to substantiate any of their allegations or not:

<b>CLIENT A</b>	<b>29 Complaints</b>	Substantiated 16 Unsubstantiated 13
<b>CLIENT B</b>	<b>13 Complaints</b>	Substantiated 4 Unsubstantiated 9
<b>CLIENT C</b>	<b>9 Complaints</b>	Substantiated 3 Unsubstantiated 6
<b>CLIENT D</b>	<b>4 Complaints</b>	Substantiated 0 Unsubstantiated 4
<b>CLIENT E</b>	<b>4 Complaints</b>	Substantiated 3 Unsubstantiated 1
<b>TOTALS</b>	<b>59 Complaints</b>	<b>Substantiated 26 Unsubstantiated 33</b>

## Review of Complaints

Next Door's complaints by category this year were:

- ❖ Standard 1: Unprofessional staff behavior/unequal application of shelter rules and policies: 72 complaints
- ❖ Standard 2: Unsafe shelter conditions: 60 complaints
- ❖ Standard 3: Restroom facilities being dirty, broken or need additional hygiene supplies: 19 complaints
- ❖ Standard 15: Not providing secure property storage: 11 complaints
- ❖ Standard 17: Insufficient signage for facility repairs: 7 complaints
- ❖ Standard 8: ADA violations: 5 complaints
- ❖ Standard 13: Shelter not available for sleeping at least 8 hours per night: 4 complaints
- ❖ Standard 21: No professional translation services available: 3 complaints
- ❖ Standard 25: Staff not wearing ID badges: 2 complaints
- ❖ Standard 28: Site not providing free laundry services: 2 complaints
- ❖ Standard 31: Staff not receiving mandatory trainings: 1 complaint

(Please note: Each complaint can contain allegations of multiple Standard of Care violations)

\* Substantiated: Shelter acknowledged that there was merit to at least one of the allegations listed in the complaint and took corrective action. Unsubstantiated: Shelter denied all allegations listed in the complaint.





## INVESTIGATIONS

Of the 123 complaints submitted about Next Door, 15 received responses did not satisfy the client. Committee staff completed investigations for those 15 complaints and found the site was out of compliance with the Standards of Care in two of those complaints:

In the first investigation, Committee staff found that Next Door was not complying with Standard 3 after inspecting the shelter and finding that Next Door was not providing required hygiene supplies and maintaining restroom facilities. Committee staff made a follow-up visit after the investigation and confirmed that the restrooms had been restocked with hygiene supplies and that repairs had been completed.

In the second investigation, Committee staff surveyed shelter clients and found that Next Door was out of compliance with Standard 1 when a significant portion of survey responders indicated that shelter staff showed favoritism towards/retaliated against certain clients, but were unable to determine if the site was in compliance with Standard 2. Committee staff recommended that shelter staff review Ch. 1 of the Shelter Training Manual: Ethics and Boundaries.

There was one other complaint where the Committee could not conclusively determine compliance with the Standards of Care and four complaints where the findings were split between Inconclusive and In Compliance. Next Door was found to be in compliance with the Standards of Care in the remaining 8 investigations.

### Client Complaint Investigations

There were 24 investigations conducted this year resulting from site responses that were not satisfactory for the complainants. There are four categories for Investigation results:

**In Compliance** – Committee staff found sufficient evidence to determine that the site is in full compliance with the Standards of Care that were listed in the original client complaint.

**Not in Compliance** – Committee staff found sufficient evidence to determine that the site was not fully complying with the Standards of Care and recommended corrective action.

**Inconclusive** – Committee staff were unable to find sufficient evidence to conclusively determine if the site was or was not fully complying with the Standards of Care listed in the original client complaint.


**Split** – The original complaint contained multiple allegations that the site was not complying with the Standards of Care. The Split category indicates that Committee staff determined that the investigation results differed depending on each individual allegation.

## 2016 -2017 INVESTIGATIONS RESULTS

SITE	INVESTIGATIONS	FINDINGS	SPLIT INVESTIGATION FINDINGS
A Woman's Place Drop In	1	In Compliance (1)	N/A
Bethel AME	1	Inconclusive (1)	N/A
Jazzie's Place	1	In Compliance (1)	N/A
Next Door	15	In Compliance (8) Out of Compliance (1) Inconclusive (1) Split (5)	<b>INVESTIGATION #1</b> Standard #1: Out of Compliance Standard #2: Inconclusive  <b>INVESTIGATION #2</b> Standard #15: In Compliance: 1 Allegation Inconclusive 1 Allegation  <b>INVESTIGATION #3</b> Standard #1: Inconclusive Standard #25: In Compliance  <b>INVESTIGATION #4</b> Standard #1: In Compliance: 2 Allegations Inconclusive: 4 Allegations  <b>INVESTIGATION #5</b> Standard #1: In Compliance Standard #2: Inconclusive
MSC South	1	In Compliance (1)	N/A
MSC South Drop in	2	In Compliance (1) Split (1)	<b>INVESTIGATION #1</b> Standard #1: Out of Compliance Standard #2: Inconclusive Standard #25: In Compliance
Sanctuary	1	In Compliance (1)	N/A
Santa Marta / Maria	1	Split (1)	<b>INVESTIGATION #1</b> Standard #1: Out of Compliance Standard #2: In Compliance
United Council	1	In Compliance (1)	N/A
Total	24	In Compliance (14) Inconclusive (2) Split (7) Out of Compliance (1)	Total Split Investigations (7)



# APPENDICES



# APPENDICES

SHELTER MONITORING COMMITTEE

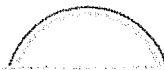


## APPENDIX A

### STANDARDS OF CARE

STANDARD	TYPE OF STANDARD
1. Treat clients equally, with respect and dignity, including in the application of shelter policies and grievance process	STAFF
2. Provide shelter services in an environment that is safe and free of physical violence; by ensuring safety protocols are in place that include training to shelter staff regarding de-escalation techniques	STAFF
3. Provide, liquid soap with a dispenser permanently mounted on the wall in the restrooms; small individual packets of liquid soap, or small bar soap for use by one individual only, paper/hand towels, hand sanitizers, at least one bath-size (24"x48") towel to shelter clients and staff in each bathroom; if hand-dryers are currently installed they shall be maintained in proper working condition; in addition, shelters shall provide toilet paper in each bathroom stall and hire janitorial staff clean shelters on daily basis	HEALTH
4. Provide feminine hygiene and incontinence supplies	HEALTH
5. Comply with current City policy set forth in the San Francisco Environment Code, including the requirements set forth in Chapter 3 (the Integrated Pest Management Code) and Chapter 2 (the Environmentally Preferable Purchasing Ordinance) to ensure that shelter operators use products that are least harmful to shelter clients, staff, and the environment	HEALTH
6. Ensure that first aid kits, CPR masks, and disposable gloves are available to staff at all times and make Automatic External Defibrillators (AED) available to staff in compliance with all regulatory requirements of state and local law relating to the use and maintenance of AEDs.	HEALTH
7. Supply shelter clients with fresh cold or room temperature drinking water at all times during normal operating hours	HEALTH
8. Provide shelter services in compliance with the Americans with Disabilities Act (ADA), including but not limited to: (i) appropriate and secure storage of medication, (ii) the provision of accessible sleeping, bathing and toileting facilities in previously designated as accessible shall comply with federal and state law requiring a minimum of 36 inches between sleeping units and sleeping surface height between 17-19 inches above the finished floor. In consultation with the contracting City department, and based on a history of previous usage, shelter operators shall designate an adequate number of accessible sleeping units to meet the needs of shelter clients requiring such facilities due to a mobility disability; and (iii) reasonable modifications to shelter policies, practices, and procedures; (iv) In addition, shelters shall provide orientation to new shelter clients that includes information on shelter rules and how to access case management services, and shall ensure case management services go to those shelter clients most in need of case	ADA

management services. This information shall be made accessible to shelter clients with disabilities through the use of appropriate auxiliary aid and/or services, such as large print for clients with visual impairments or ASL interpreting for Deaf clients. The City shall provide equal access to shelter clients with disabilities without regard to whether they accept auxiliary aids.	
9. Engage a nutritionist, who shall develop all meal plans, including meal plans for children and pregnant women; and post menus on a daily basis.	HEALTH
10. Make dietary modifications to accommodate request from clients based on religious beliefs and practices; health or disability reasons	HEALTH
11. Comply with Article 19F of the San Francisco Health Code that prohibits smoking in homeless shelters.	HEALTH
12. Provide shelter clients with one clean blanket, two clean sheets, and one pillow enclosed in a plastic or vinyl sleeve with a clean pillowcase; sheets shall be cleaned at least once per week and upon client turnover	FACILITY
13. Make the shelter facility available to shelter clients for sleeping at least 8 hours per night	HEALTH
14. Provide daytime access to beds in all 24-hour shelters	FACILITY
15. Provide shelter clients with pest-free, secure property storage inside each shelter. Shelter staff shall provide closable bags to clients for storage purposes. If storage inside a shelter is unavailable, the shelter operator may provide free, pest-free storage off-site as long as the off-site storage is available to the shelter client up until the time of evening bed check	FACILITY
16. Provide shelter clients with access to electricity for charging cell phones; and other durable medical equipment for clients with disabilities	FACILITY
17. Note in writing and post in a common areas in the shelter when a maintenance problem will be repaired and note the status of the repairs	FACILITY
18. Provide access to free local calls during non-sleeping hours; including TTY access and amplified phones for clients who are deaf and hearing-impaired	FACILITY
19. Provide a minimum of 22 inches between the sides of sleeping units, excluding the designated ADA-accessible sleeping units and sleeping units separated by a wall	HEALTH
20. Provide all printed materials produced by the City and shelters in English and Spanish and other languages upon and ensure that all written communications are provided to clients with sensory disabilities in alternate formats such as large print, Braille, etc., upon request	FACILITY
21. Communicate with each client in the client's primary language or provide professional translation services; including but not limited to American Sign Language interpretation; however, children or other clients may be asked to translate in emergency situations	FACILITY
22. Provide at least one front line staff at each site that is bilingual in English and Spanish	FACILITY
23. Ensure that each shelter has an emergency disaster plan that requires drills on a monthly basis and that, in consultation with the Mayor's Office on	FACILITY



Disability, includes specific evacuation devices and procedures for people with disabilities	
24. Locate alternate sleeping unit for a client who has been immediately denies services after 5:00 PM, unless the denial was for acts or threats of violence	FACILITY
25. Require all staff to wear a badge that identifies the staff person by name and position badges	STAFF
26. Ensure all clients receive appropriate and ADA-compliant transportation to attend medical, permanent housing, substance abuse treatment, job-search, job interview, mental health, shelter services (etc)	FACILITY
27. Provide public notification at least 24 hours in advance of on-site, community meetings	FACILITY
28. Provide clients with access to free laundry services with hot water and dryer that reaches a temperature between 120-130 degrees Fahrenheit, on or off site	FACILITY
29. To the extent not inconsistent with Proposition N, passed by the voters on November 5, 2002, ensure all single adult shelter reservations be for a minimum of 7 nights.	FACILITY
30. Agree to comply with the California Department of Industrial Relations, Division of Occupational Safety and Health (Cal-OSHA) General Industry regarding Blood borne Pathogens (8 CCR 5193) and its injury and illness Prevention Program (8CCR 3203), including but not limited to applicable requirements regarding personal protective equipment, universal precautions, and the development of an exposure control plan, as defined therein,	HEALTH
31. 31. Annual all-staff mandatory trainings: (1) hand washing requirements and other communicable disease prevention; (2) proper food handling and storage; (3) emergency procedures in case of disaster, fire, or other urgent health or safety risk, including but not limited to CPR requirements; (4) safe and appropriate intervention with violent or aggressive shelter clients, including training on the harm reduction model in dealing with substance abuse; (5) safe and appropriate interaction with shelter clients who suffer from mental illness or substance abuse; (6) On-the-job burn-out prevention; (7) requirements under the ADA, in collaboration with the Mayor's Office on Disability and the City Attorney's Office; (8) policies and procedures explained in shelter training manuals; (9) cultural humility, including sensitivity training regarding homelessness, the lesbian, bisexual, gay, and transgender communities, people with visible and invisible disabilities, youth, women, and trauma victims.	STAFF
32. Maximize the space for sleeping in the shelter to the fullest extent possible.	FACILITY

## APPENDIX B

### Total Client Complaints FY 2016-2017

SITE	SITE CAPACITY	TOTAL COMPLAINTS (16-17 FY)	COMPLAINTS PER 10 SHELTER CLIENTS
A Woman's Place Shelter	11 mats	4	3.64
A Woman's Place Drop In Center	63 chairs	10	1.59
Bethel AME	30 mats	14	4.67
Compass	22 families	0	0
First Friendship Family	25 families	3	1.20*
Hamilton Emergency	46 beds, 8 cribs	2	
Hamilton Family	27 families	0	N/A
Hospitality House	30 beds/mats	7	2.33
Interfaith Winter Shelter	60-100 mats depending on the site	0	N/A
Jazzie's Place	24 beds	7	2.92
Lark Inn	40 beds	0	N/A
Mission Neighborhood Resource Ctr.	70 chairs	1	0.14
MSC South Shelter	340 beds	19	0.56
MSC South Drop In Center	75 chairs	7	0.93
Next Door	334 beds	123	3.68
Providence	110 mats	5	0.45
Sanctuary	200 beds	9	0.45
Santa Ana	28 beds	1	0.36
Santa Marta/Maria	beds	3	0.54
St. Joseph's	10 families	2	2.00*
United Council	48 chairs	2	0.42
Total	Single adult: 1203 beds/mats Interfaith: 60-100 mats Resource Centers: 256 chairs Family: 84 family rooms, 46 beds and 8 cribs	219	

\*Calculated based on the number of complaints per 10 families



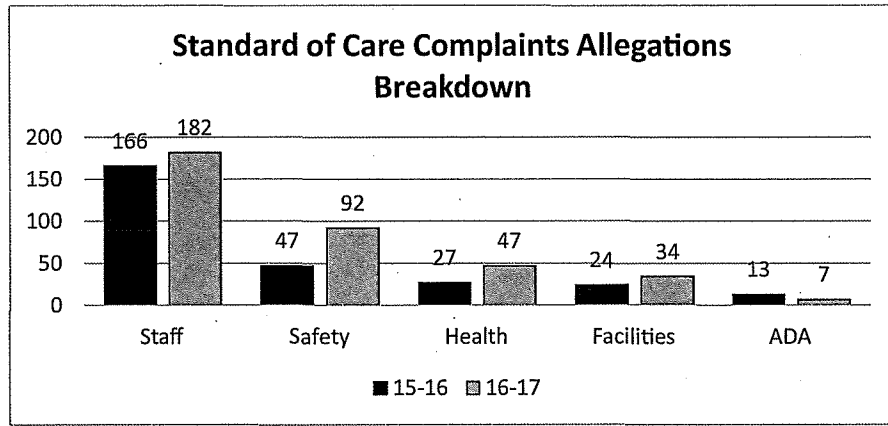
# APPENDIX C

## Standard of Care Complaints Tally per Site 2016 -2017

Site	# of Complainants	# of Complaints filed	Status of Complaints	Investigations
A Woman's Place Shelter	3	4	Satisfied (1) No Contact (3)	N/A
A Woman's Place Drop In	9	10	Satisfied (1) Not Satisfied (1) No Contact (8)	Completed (1)
Bethel AME	10	14	Satisfied (1) Not Satisfied (2) No Contact (11)	Completed (2)
Compass	0	0	N/A	N/A
First Friendship	3	3	Satisfied (2) No Contact (1)	N/A
Hamilton Emergency Shelter	2	2	Satisfied (1) No Contact (1)	N/A
Hamilton Family Shelter	0	0	N/A	N/A
Hospitality House	5	7	No Contact (7)	N/A
Interfaith Winter Shelter (Open from Nov. through Feb.)	0	0	N/A	N/A
Jazzie's Place	4	7	Not Satisfied (1) No Contact (6)	Completed (1)
Lark Inn	0	0	N/A	N/A
MSC South Drop In	5	7	Satisfied (2) Not Satisfied (2) No Contact (3)	Completed (2)
MSC South Shelter	17	19	Satisfied (5) Not Satisfied (1) No Contact (13)	Completed (1)
MNRC	1	1	No Contact (1)	N/A
Next Door	52	123	Satisfied (36) Not Satisfied (15) No Contact (72)	Completed (15)
Providence	5	5	No Contact (5)	N/A
Sanctuary	9	9	Satisfied (2) Not Satisfied (1) No Contact (6)	Completed (1)
Santa Ana	1	1	No Contact (1)	N/A
Santa Marta/Santa Maria	3	3	Satisfied (1) Not Satisfied (1) No Contact (1)	Completed (1)
St. Joseph's	2	2	Satisfied (1) No Contact (1)	N/A
United Council	2	2	Satisfied (1) Not Satisfied (1)	Completed (1)
<b>Totals</b>	<b>133</b>	<b>219</b>	<b>Satisfied (54), Not Satisfied (24), No Contact (142)</b>	<b>Completed (24)</b>

SHELTER MONITORING COMMITTEE

## APPENDIX D



FY16-17 total allegations: 362

FY15-16 total allegations: 277

The *Standard of Care Complaint Allegations Breakdown* chart provides an overview of the types of complaints that were filed with the Committee over the past two fiscal years. There are four Standard of Care complaint categories:



### **Staff**

The staff category refers to three Standards (1, 25 & 31) that focus on how the client is treated at the site. This category includes complaints alleging staff being unprofessional, not applying shelter policies equally to all clients and not receiving required trainings.



### **Safety**

This category refers to Standard 2, which requires that shelter services be provided in environment that is safe and free from physical violence.



### **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.



### **Health & Hygiene**

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



### **Facility & Access**

The sixteen Standards in this category focus on whether shelter facilities are accessible and providing clients with items and services such as property storage, bedding and transportation. 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.

# SHELTER MONITORING COMMITTEE

## 2nd Quarter Report

*October 1, 2017 through December 30, 2017*



## 2<sup>nd</sup> Quarter Facts and Figures

### SITE VISITS

Completed 19 of 21 site visits, 90% of mandated total

Sites with 0 infractions 

Compass | Mission Neighborhood Resource Center

Site with most infractions:

First Friendship

5 total infractions  
(3 resolved, 2 ongoing)

### Top 5 Site Visit Infractions

Insufficient hygiene supplies



Staff not wearing ID badges



ADA access



Insufficient linens and bedding



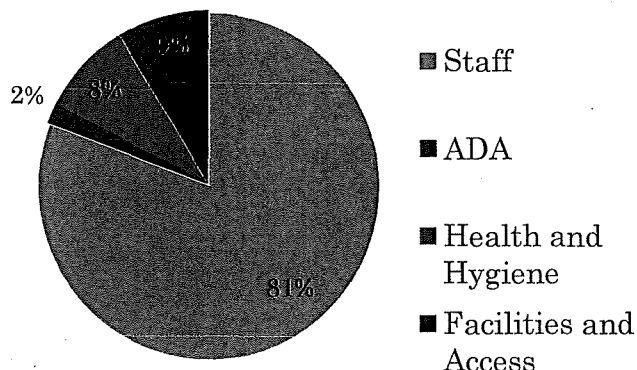
No professional translation services



### CLIENT COMPLAINTS

44 total complaints filed by  
29 unduplicated clients

### Client Complaint Categories



### Status of Complaints

8 Satisfied

10 Not Satisfied

26 No Contact

# INTRODUCTION

## ***Who We Are***

The Shelter Monitoring Committee (The Committee) is a governmental agency established by the Board of Supervisors to document the conditions and operations of shelters that are publicly funded. Established by Board of Supervisor's Ordinance 283-04, the Committee is composed of thirteen voluntary members drawn from a wide spectrum of stakeholders including shelter providers, formerly homeless individuals, shelter employees and representatives of DSHS, and the Mayor's office. The Committee is supported by two full-time staff from the Department of Public Health.

## ***What We Do***

The Committee is responsible for documenting the conditions of San Francisco shelters and resource centers with the aim of providing the Mayor, the Board of Supervisors, the Local Homeless Coordinating Board, the public and other appropriate agencies with accurate, comprehensive information about the conditions and operations of shelters. The Committee reviews San Francisco's city policies that have an impact on shelter clients or affect shelter operations to recommend changes and/or best practices in the provision of shelter service. Additionally, the Committee monitors shelters to ensure they are complying with the Standards of Care (The Standards), a set of 32 shelter operating standards adopted by the Board of Supervisors in 2008.

## ***How We Do It***

### **Unannounced and Announced Site Visits**

The Committee conducts four unannounced visits per shelter and/or resource centers (sites) per year to verify compliance with the Standards of Care. During a site visit, Committee teams note and submit Standard of Care infractions to shelter management who are given 7 days to investigate and resolve the infractions. The Committee also makes two announced site visits each year to conduct shelter surveys and provide shelter clients an opportunity to discuss shelter conditions with the Committee.

### **Investigation of Client complaints**

The Committee investigates all Standards of Care violations in the shelters and/or resource center. Clients can submit shelter complaints to Committee staff by email, phone or in person. Committee staff submit client complaints to shelter management, who have 7 days to investigate the allegations and respond to the client's complaint in writing. Clients not satisfied with the site's response can request an independent investigation by Committee staff. Staff investigate the client's allegations and determines if the site follows the Standards of Care. Committee staff then submit their findings the client, the site and the Department of Homelessness and Supportive Housing along with any recommendations for corrective action.

### **Shelter Trainings**

The Committee conducts Standard of Care trainings for shelter staff which provide an overview of the Standards of Care as well as how the Committee monitors shelter programs for compliance with the Standards through site visits and client complaints.

### **Policy Subcommittee Update**

The Policy Subcommittee is responsible for monitoring any City policies that impact shelter clients and shelter operations as well as formulating policy recommendations that are then sent to the full Committee for approval. In the 1<sup>st</sup> Quarter of this fiscal year, Director Jeff Kositsky (HSH) proposed the establishment of a working group to determine how to apply the Standards of Care and Shelter Monitoring Committee oversight in the Navigation Centers. During the 2<sup>nd</sup> Quarter, the Policy Subcommittee identified the Standards of Care that they believed would apply to the unique program models of the Navigation Centers. These recommended Standards were approved by the full Committee on November 15<sup>th</sup>, 2017 and will be presented to the Navigation Center workgroup for discussion.

## 2<sup>nd</sup> QUARTER REPORT

### I. SITE VISITS

The Committee completed 19 out of 21 total unannounced site visits during the 2<sup>nd</sup> Quarter of this fiscal year, 90% of the mandated total for the reporting period. There were two visits where no Standards of Care infractions were noted by Committee teams. These visits were to Compass Family Shelter and the Mission Neighborhood Resource Center.

The five Standards that shelters had the most difficulty meeting this quarter were:

#### Standard 3<sup>1</sup> (Health and Hygiene)



5 sites: A Woman's Place Shelter, Bethel AME, First Friendship, Providence, United Council

#### Standard 25<sup>2</sup> (Staff)



4 sites: A Woman's Place Shelter, Jazzie's Place, Santa Ana, Santa Marta/Maria

#### Standard 8<sup>3</sup> (ADA)



3 sites: A Woman's Place Shelter, A Woman's Place Drop In, Sanctuary

#### Standard 12<sup>4</sup> (Facilities and Access)



3 sites: First Friendship, Lark Inn, Providence

#### Standard 21<sup>5</sup> (Facilities and Access)



3 sites: First Friendship, Providence, United Council

The Committee also surveyed shelter clients at eight different shelter programs during the 2<sup>nd</sup> Quarter: A Woman's Place Drop In, Bethel AME, First Friendship, Hamilton Emergency Shelter, Hamilton Family Shelter, Jazzie's Place, Next Door, Santa Marta/Maria and St. Joseph's. The client survey responses can be found on Appendix B on pages 3-5 of the Appendices section at the end of this report.

<sup>1</sup> Standard 3: Provide liquid soap with a dispenser permanently mounted on the wall in the restrooms; small individual packets of liquid soap, or small bar soap for use by one individual only, paper/hand towels, hand sanitizers, at least one bath-size (24"x48") towel to shelter clients and staff in each bathroom; if hand-dryers are currently installed they shall be maintained in proper working condition; in addition, shelters shall provide toilet paper in each bathroom stall and hire janitorial staff clean shelters on daily basis

<sup>2</sup> Standard 25: Require all staff to wear a badge that identifies the staff person by name and position

<sup>3</sup> Standard 8: Provide shelter services in compliance with the Americans with Disabilities Act...





<sup>4</sup> Standard 12: Provide shelter clients with one clean blanket, two clean sheets, and one pillow enclosed in a plastic or vinyl sleeve with a clean pillowcase; sheets shall be cleaned at least once per week and upon client turnover

<sup>5</sup> Standard 21: Communicate with each client in the client's primary language or provide professional translation services...

## II. CLIENT COMPLAINTS

The Committee received 44 Standard of Care complaints filed by 29 unduplicated clients in the 2<sup>nd</sup> Quarter. This represents a 4.4% decrease in the number of complaints and a 6.5% decrease in the number of unduplicated clients submitting complaints when compared to the previous quarter.<sup>6</sup> The Standards that came up in the most client complaints this quarter were Standards 1, 2, 3 and 15.

### Client Complaints – Top 4 Allegedly Violated Standards

Standard of Care	Category	# of complaints alleging violations of this Standard	# of unduplicated complainants submitting complaints	# sites receiving complaints about this Standard
Standard 1: Treat clients equally, with respect and dignity, including in the application of shelter policies and grievance process	Staff 	31	21	10
Standard 2: Provide shelter services in an environment that is safe and free from physical violence...	Staff 	13	11	5
Standard 3: Provide liquid soap...paper/hand towels...hand sanitizer...toilet paper in each bathroom stall and hire janitorial staff to clean shelters on a daily basis	Health and Hygiene 	6	5	3
Standard 15: Provide shelter clients with pest-free, secure property storage inside each shelter.	Facility 	5	4	4

Please note that each complaint can include alleged violations of more than one Standard or multiple alleged violations of the same Standard.

<sup>6</sup> Quarter 1 FY17-18: 46 total complaints submitted by 31 unduplicated clients

The table below provides a breakdown of the number of complaints per site and the status of the complaints themselves. A complaint can include allegations of non-compliance for one Standard or multiple Standards. The Standards of Care complaints fall into five status categories<sup>7</sup>: Open, Closed, Not Satisfied, Pending or No Contact.

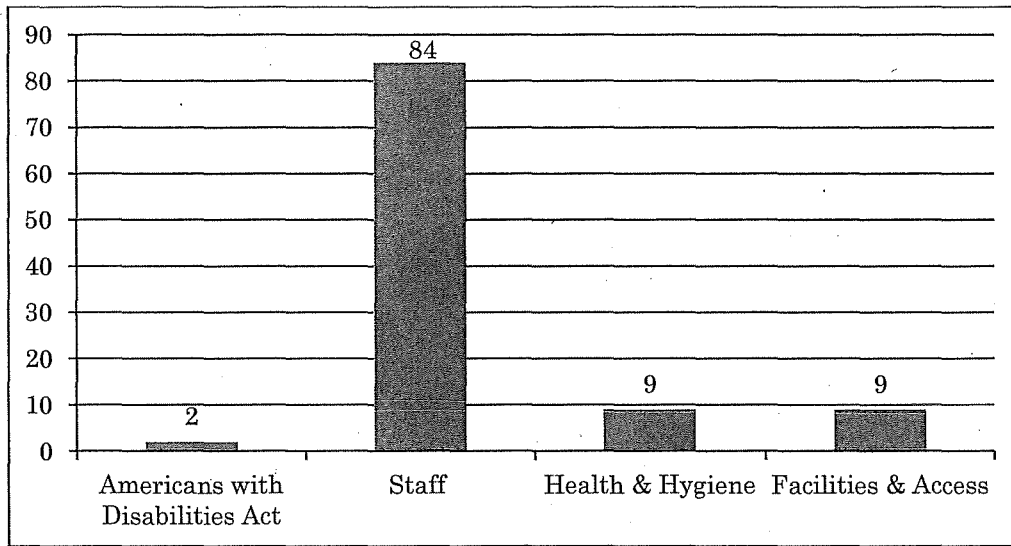
**Standard of Care Complaints Tally 2nd Quarter FY2017-2018**

Site	Site Capacity	# of Complainants	# of Complaints filed	Status of Complaints	Investigations
<b>A Woman's Place Drop In</b>	63 chairs	1	1	Not Satisfied (1)	Completed (1)
<b>Bethel AME</b>	30 mats	5	6	No Contact (4) Not Satisfied (1) Satisfied (1)	Pending (1)
<b>First Friendship</b>	50 mats	1	1	No Contact (1)	None
<b>Interfaith Winter Shelter – St. Mary's</b>	100 mats	1	1	No Contact (1)	None
<b>MSC South Drop In</b>	70 chairs	1	1	Not Satisfied (1)	Completed (1)
<b>MSC South Shelter</b>	340 beds	5	6	No Contact (3) Not Satisfied (2) Satisfied (1)	Completed (2)
<b>Next Door</b>	334 beds	9	13	No Contact (10) Not satisfied (2) Satisfied (1)	Completed (1) Pending (1)
<b>Providence</b>	110 mats	1	1	No Contact (1)	None
<b>Sanctuary</b>	200 beds	9	12	No Contact (6) Not Satisfied (2) Satisfied (4)	Completed (1) Pending (1)
<b>Santa Ana</b>	28 beds	1	1	No Contact (1)	None
<b>United Council</b>	48 chairs	1	1	No Contact (1)	None
<b>Totals</b>		<b>35</b> <b>(Unduplicated clients: 29)</b>	<b>44</b>	<b>No Contact (26)</b> <b>Not Satisfied (10)</b> <b>Satisfied (8)</b>	<b>Pending (3)</b> <b>Completed (6)</b>

<sup>7</sup> Complaint Status Categories: Open - Site has not responded to the complaint filed by the client; Satisfied: Client who filed the complaint is satisfied with the response; Not Satisfied – Client did not agree with the site response and has requested an investigation; Pending – Site had responded to the complaint and the Committee is waiting for the client to review the response; No Contact – Complaint closed because client has not reviewed the site's response within 45 days



### Standard of Care Complaint Allegations Breakdown, 2nd Quarter, 2017-2018



Total allegations: 104

The *Standard of Care Complaint Allegations Breakdown, 2nd Quarter 2017-2018*, provides an overview of the types of complaints that were filed with the Committee. There are four Standard of Care complaint categories:



#### **Staff**

The staff category refers to four Standards [1, 2, 25 & 31] that focus on how the client is treated at the site. This category includes complaints alleging staff being unprofessional, not maintaining a safe shelter environment or not receiving required trainings.



#### **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.



#### **Health & Hygiene**

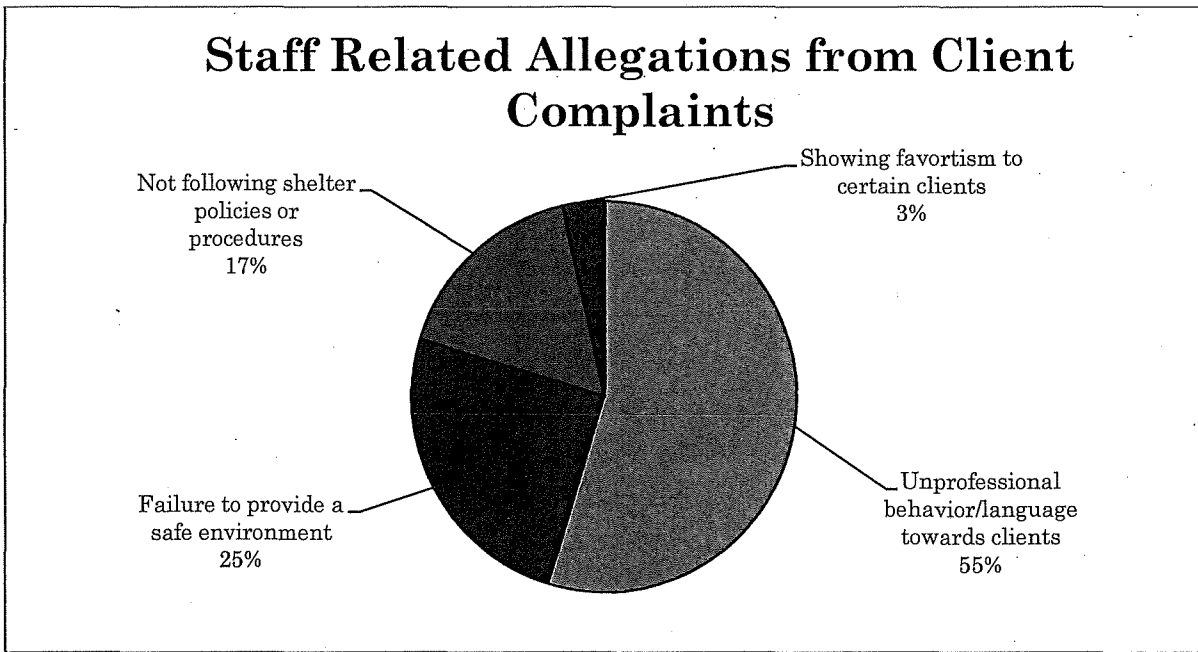
This category refers to 11 Standards focusing on meals; access to toiletries, shelter cleanliness and stocked first aid kits. The 11 Standards include Standards 3, 4, 5, 6, 7, 9, 10, 11, 13, 19, and 30.



#### **Facility & Access**

The sixteen Standards in this category focus on whether shelter facilities are accessible and providing clients with items and services such as property storage, bedding and transportation. 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.

Breakdown of Staff-related allegations from client complaints



Total number of Staff-related allegations: 84

Out of the four Standards of Care categories, the Staff category consistently receives the most client complaints and allegations. Chart II breaks down the Staff-related allegations in client complaints into more specific categories.

With 46 allegations this quarter, the most common allegation of staff misconduct listed in client complaints are allegations of unprofessional or disrespectful behavior or language towards shelter clients. This category contains allegations of staff speaking to clients using disrespectful language, sleeping while on duty or other unprofessional behavior.







The second most common allegation of staff misconduct is related allegations of staff failing to provide a safe environment for shelter clients. These include allegations of not properly addressing instances of verbal threats or physical violence taking place inside shelters. The Committee received 21 allegations of this type during the reporting period.

The third most common allegation of staff misconduct this quarter were allegations of staff not following shelter policies or procedures. Examples include allegations of staff not providing reasonable accommodations, late passes, laundry vouchers or MUNI tokens to eligible clients. The Committee received 14 allegations of this type this quarter.

The category with the fewest allegations of staff misconduct this quarter were complaints about staff showing favoritism towards or discriminating against clients. The Committee received 3 allegations of this type during the 2<sup>nd</sup> Quarter.

### Client Complaint Investigations

Clients who receive unsatisfactory responses to complaints can request a Committee investigation. Committee staff completed six investigations this quarter: Five for complaints from the 2<sup>nd</sup> Quarter FY17-18 and one for a complaint from the previous quarter. The following table provides an overview of the investigations that were conducted this quarter, including any findings and recommendations:

Site	Alleged Standard Violation	Category	Findings	Recommendations
A Woman's Place Drop In	Standard 2 <sup>8</sup>	Staff 	Inconclusive	N/A
MSC South	Standard 15 <sup>9</sup>	Facility & Access 	Inconclusive	N/A
MSC South	Standard 15	Facility & Access 	Out of Compliance	Committee staff to monitor client complaints to see if there are ongoing issues related to property storage at this site.
MSC South Drop In	Standard 1 <sup>10</sup> and Standard 2	Staff 	Inconclusive	N/A
Next Door	Standard 1	Staff 	Inconclusive	N/A
Sanctuary	Standard 3 <sup>11</sup>	Health and Hygiene 	In Compliance	N/A

<sup>8</sup> Provide shelter services in an environment that is safe and free from physical violence...

<sup>9</sup> Provide shelter clients with...secure property storage inside each shelter...

<sup>10</sup> Treat clients equally, with respect and dignity, including in the application of shelter policies and grievance process

<sup>11</sup> ...and hire janitorial staff to clean shelters on a daily basis...

## IV. MEMBERSHIP

### 2017-2018 Shelter Monitoring Committee



Mwangi Mukami  
Chair  
LHCB Seat #3  
Appointed July 11, 2016



Gary McCoy  
Vice Chair  
Mayor's Seat #1  
Appointed January 4, 2017



Patrina Hall  
Secretary  
BOS Seat #1  
Appointed January 24, 2017



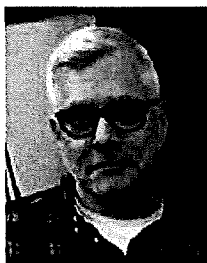
Loretta Gaines  
BOS Seat #2  
Appointed January 24, 2016



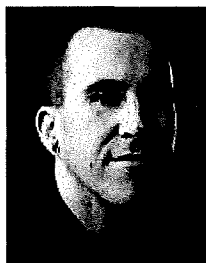
Lauren Kahn  
BOS Seat #4  
Appointed January 24, 2017



Traci Watson  
BOS Seat #6  
Appointed July 24, 2016



Gavin James  
LHCB Seat #2  
Appointed July 11, 2016



Stephen Irwin  
LHCB Seat #4  
Appointed July 11, 2016



Cindy Ward  
Mayor's Seat #2  
Appointed December 21, 2016



Charlie Morimoto  
Mayor's Seat #3  
Appointed December 21, 2016

## APPENDICES

**The Standards of Care**

1. Treat clients equally, with respect and dignity, including in the application of shelter policies and grievance process	STAFF
2. Provide shelter services in an environment that is safe and free of physical violence; by ensuring safety protocols are in place that include training to shelter staff regarding de-escalation techniques	STAFF
3. Provide, liquid soap with a dispenser permanently mounted on the wall in the restrooms; small individual packets of liquid soap, or small bar soap for use by one individual only, paper/hand towels, hand sanitizers, at least one bath-size (24"x48") towel to shelter clients and staff in each bathroom; if hand-dryers are currently installed they shall be maintained in proper working condition; in addition, shelters shall provide toilet paper in each bathroom stall and hire janitorial staff clean shelters on daily basis	HEALTH
4. Provide feminine hygiene and incontinence supplies	HEALTH
5. Comply with current City policy set forth in the San Francisco Environment Code, including the requirements set forth in Chapter 3 (the Integrated Pest Management Code) and Chapter 2 (the Environmentally Preferable Purchasing Ordinance) to ensure that shelter operators use products that are least harmful to shelter clients, staff, and the environment	HEALTH
6. Ensure that first aid kits, CPR masks, and disposable gloves are available to staff at all times and make Automatic External Defibrillators (AED) available to staff in compliance with all regulatory requirements of state and local law relating to the use and maintenance of AEDs.	HEALTH
7. Supply shelter clients with fresh cold or room temperature drinking water at all times during normal operating hours	HEALTH
8. Provide shelter services in compliance with the Americans with Disabilities Act (ADA), including but not limited to: (i) appropriate and secure storage of medication, (ii) the provision of accessible sleeping, bathing and toileting facilities in previously designated as accessible shall comply with federal and state law requiring a minimum of 36 inches between sleeping units and sleeping surface height between 17-19 inches above the finished floor. In consultation with the contracting City department, and based on a history of previous usage, shelter operators shall designate an adequate number of accessible sleeping units to meet the needs of shelter clients requiring such facilities due to a mobility disability; and (iii) reasonable modifications to shelter policies, practices, and procedures; (iv) In addition, shelters shall provide orientation to new shelter clients that includes information on shelter rules and how to access case management services, and shall ensure case management services go to those shelter clients most in need of case management services. This information shall be made accessible to shelter clients with disabilities through the use of appropriate auxiliary aid and/or services, such as large print for clients with visual impairments or ASL interpreting for Deaf clients. The City shall provide equal access to shelter clients with disabilities without regard to whether they accept auxiliary aids.	ADA
9. Engage a nutritionist, who shall develop all meal plans, including meal plans for children and pregnant women; and post menus on a daily basis.	HEALTH
10. Make dietary modifications to accommodate request from clients based on religious beliefs and practices; health or disability reasons	HEALTH
11. Comply with Article 19F of the San Francisco Health Code that prohibits smoking in homeless shelters.	HEALTH
12. Provide shelter clients with one clean blanket, two clean sheets, and one pillow enclosed in a plastic or vinyl sleeve with a clean pillowcase; sheets shall be cleaned at least once per week and upon client turnover	FACILITY
13. Make the shelter facility available to shelter clients for sleeping at least 8 hours per night	HEALTH
14. Provide daytime access to beds in all 24-hour shelters	FACILITY
15. Provide shelter clients with pest-free, secure property storage inside each shelter. Shelter staff shall provide closable bags to clients for storage purposes. If storage inside a shelter is unavailable, the shelter operator may provide free, pest-free storage off-site as long as the off-site storage is available to the shelter client up until the time of evening bed check	FACILITY

16. Provide shelter clients with access to electricity for charging cell phones; and other durable medical equipment for clients with disabilities	FACILITY
17. Note in writing and post in a common areas in the shelter when a maintenance problem will be repaired and note the status of the repairs	FACILITY
18. Provide access to free local calls during non-sleeping hours; including TTY access and amplified phones for clients who are deaf and hearing-impaired	FACILITY
19. Provide a minimum of 22 inches between the sides of sleeping units, excluding the designated ADA-accessible sleeping units and sleeping units separated by a wall	HEALTH
20. Provide all printed materials produced by the City and shelters in English and Spanish and other languages upon and endure that all written communications are provided to clients with sensory disabilities in alternate formats such as large print, Braille, etc., upon request	FACILITY
21. Communicate with each client in the client's primary language or provide professional translation services; including but not limited to American Sign Language interpretation; however, children or other clients may be asked to translate in emergency situations	FACILITY
22. Provide at least one front line staff at each site that is bilingual in English and Spanish	FACILITY
23. Ensure that each shelter has an emergency disaster plan that requires drills on a monthly basis and that, in consultation with the Mayor's Office on Disability, includes specific evacuation devices and procedures for people with disabilities	FACILITY
24. Locate alternate sleeping unit for a client who has been immediately denies services after 5:00 PM, unless the denial was for acts or threats of violence	FACILITY
25. Require all staff to wear a badge that identifies the staff person by name and position badges	STAFF
26. Ensure all clients receive appropriate and ADA-compliant transportation to attend medical, permanent housing, substance abuse treatment, job-search, job interview, mental health, shelter services (etc)	FACILITY
27. Provide public notification at least 24 hours in advance of on-site, community meetings	FACILITY
28. Provide clients with access to free laundry services with hot water and dryer that reaches a temperature between 120-130 degrees Fahrenheit, on or off site	FACILITY
29. To the extent not inconsistent with Proposition N, passed by the voters on November 5, 2002, ensure all single adult shelter reservations be for a minimum of 7 nights.	FACILITY
30. Agree to comply with the California Department of Industrial Relations, Division of Occupational Safety and Health (Cal-OSHA) General Industry regarding Blood borne Pathogens (8 CCR 5193) and its injury and illness Prevention Program (8CCR 3203), including but not limited to applicable requirements regarding personal protective equipment, universal precautions, and the development of an exposure control plan, as defined therein;	HEALTH
31. Annual all-staff mandatory trainings: (1) hand washing requirements and other communicable disease prevention; (2) proper food handling and storage; (3) emergency procedures in case of disaster, fire, or other urgent health or safety risk, including but not limited to CPR requirements; (4) safe and appropriate intervention with violent or aggressive shelter clients, including training on the harm reduction model in dealing with substance abuse; (5) safe and appropriate interaction with shelter clients who suffer from mental illness or substance abuse; (6) On-the-job burn-out prevention; (7) requirements under the ADA, in collaboration with the Mayor's Office on Disability and the City Attorney's Office; (8) policies and procedures explained in shelter training manuals; (9) cultural humility, including sensitivity training regarding homelessness, the lesbian, bisexual, gay, and transgender communities, people with visible and invisible disabilities, youth, women, and trauma victims	STAFF
31. Maximize the space for sleeping in the shelter to the fullest extent possible.	FACILITY

**Announced Site Visit Client Survey Results****A Woman's Place Drop In**

Site visit date: 10/17/17

Clients surveyed: 14

Survey Question	Yes	No
Do staff treat you with respect?	11	3
Do you feel discriminated against because of your age, disability, gender, race, religion, sexual orientation or transgender status?	10	4
Do you feel safe at this shelter?	12	2
Does staff de-escalate arguments and help to break up verbal fights between clients?	11	1

**Bethel AME**

Site visit date: 11/13/17

Clients surveyed: 17

Survey Question	Yes	No
Do staff treat you with respect?	15	2
Do you feel discriminated against because of your age, disability, gender, race, religion, sexual orientation or transgender status?	5	11
Do you feel safe at this shelter?	14	3
Does staff de-escalate arguments and help to break up verbal fights between clients?	12	4
Is the sleeping area quiet at night?	13	4

**First Friendship**

Site visit date: 12/28/17

Clients surveyed: 15

Survey Question	Yes	No
Do staff treat you with respect?	10	5
Do you feel discriminated against because of your age, disability, gender, race, religion, sexual orientation or transgender status?	3	12
Do you feel safe at this shelter?	11	4
Does staff de-escalate arguments and help to break up verbal fights between clients?	12	3
Is the sleeping area quiet at night?	9	6



**Hamilton Emergency and Family Shelters**

Site visit date: 10/5/17

Clients surveyed: 15

Survey Question	Yes	No
Do staff treat you with respect?	14	1
Do you feel discriminated against because of your age, disability, gender, race, religion, sexual orientation or transgender status?	1	14
Do you feel safe at this shelter?	11	4
Does staff de-escalate arguments and help to break up verbal fights between clients?	9	4
Is the sleeping area quiet at night?	9	6

**Next Door**

Site visit date: 11/6/17

Clients surveyed: 49

Survey Question	Yes	No
Do staff treat you with respect?	36	13
Do you feel discriminated against because of your age, disability, gender, race, religion, sexual orientation or transgender status?	11	38
Do you feel safe at this shelter?	33	16
Does staff de-escalate arguments and help to break up verbal fights between clients?	36	10
Is the sleeping area quiet at night?	29	20

**Santa Marta/Maria/Jazzie's Place**

Site visit date: 11/28/17

Clients surveyed: 15

Survey Question	Yes	No
Do staff treat you with respect?	15	0
Do you feel discriminated against because of your age, disability, gender, race, religion, sexual orientation or transgender status?	0	15
Do you feel safe at this shelter?	15	0
Does staff de-escalate arguments and help to break up verbal fights between clients?	13	1
Is the sleeping area quiet at night?	12	3

St. Joseph's  
 Site visit date: 11/8/17  
 Clients surveyed: 6

Survey Question	Yes	No
Do staff treat you with respect?	5	1
Do you feel discriminated against because of your age, disability, gender, race, religion, sexual orientation or transgender status?	1	5
Do you feel safe at this shelter?	6	0
Does staff de-escalate arguments and help to break up verbal fights between clients?	6	0
Is the sleeping area quiet at night?	6	0

**Client Complaint Process Flowchart**

• Committee staff screens complaint, and if valid, complaint is written up and emailed to site director and site manager

• Copy of the complaint given to client

Note: HSH is immediately notified of all allegations involving staff or incidents of violence, fraud, and/or assault



- Sites have 48 hours to acknowledge receipt of complaint
- Sites investigate complaints/allegations and are required to send a formal response to the Committee along with its findings 7 days after complaint is submitted to site



When the Committee receives site's response, the client is notified and is provided with a copy of the site's response for their review



If the client is satisfied with the site's response, the process stops here.



If the client is not satisfied with the site's response, the complaint is investigated by Committee staff. Clients must inform staff that they are not satisfied with the complaint within 45 days of receiving the site's response otherwise the complaint is closed.



Committee staff will investigate the client's allegations at the site and determine whether or not site is in compliance with the Standards of Care.

- If Committee staff are able to verify the client's allegations, then the site is not in compliance
- If Committee staff are unable to verify the client's allegations, then the site is in compliance

Committee staff will compile their findings in an Investigation Report (which includes any recommendations for corrective actions) which will be sent to the client, site management and HSH

**Site Visit Infraction Process Flowchart**

The Committee notes any Standards of Care infractions during site visits and submits them to shelter management

Note: HSH is immediately notified for all incidents of violence, fraud, and/or assault that take place during a site visit



- Sites have 48 hours to acknowledge receipt of the infractions
- Sites investigate infractions and are required to send a formal response to the Committee along with its findings and corrective actions 7 days after they are submitted to the site



- When the Committee receives site's response, Committee staff will review site's response and check for completion of corrective actions



If Committee staff are satisfied with the site's response, the process stops



If Committee staff are not satisfied with the site's response, the infractions will be investigated by Committee staff

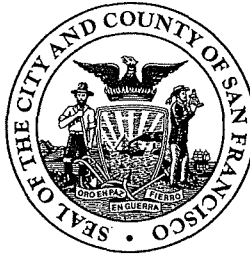


Committee staff will conduct an investigation at the site and determine whether or not the site has addressed the infractions.

- If the site has addressed the infractions, the site is now in compliance
- If the site has not addressed the infractions, the site is not in compliance

Committee staff will compile their findings in an Investigation Report (which includes any recommendations for corrective actions) which will be sent to site management and HSH

BOARD of SUPERVISORS



City Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco 94102-4689  
Tel. No. 554-5184  
Fax No. 554-5163  
TDD/TTY No. 554-5227

## MEMORANDUM

TO: Jeff Simbre, Committee Staff, Shelter Monitoring Committee

FROM: *el*  
*for* Alisa Somera, Legislative Deputy Director  
Rules Committee

DATE: April 10, 2018

SUBJECT: HEARING MATTER INTRODUCED

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The Board of Supervisors' Rules Committee has received the following hearing request, introduced by Supervisor Safai on April 3, 2018:

**File No. 180342**

**Hearing on the annual report of the Shelter Monitoring Committee; and requesting the Shelter Monitoring Committee to report.**

If you have any comments or reports to be included with the file, please forward them to me at the Board of Supervisors, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102.

c: Howard Chen, Shelter Monitoring Committee

**Introduction Form**

By a Member of the Board of Supervisors or Mayor

2010 MAR 21 PM 2:27

Time stamp  
or 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 [ ] inquiries"
- ☐ 5. City Attorney Request.
- ☐ 6. Call File No. [ ] from Committee.
- ☐ 7. Budget Analyst request (attached written motion).
- ☐ 8. Substitute Legislation File No. [ ]
- ☐ 9. Reactivate File No. [ ]
- ☐ 10. 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 the Imperative Form.**

Sponsor(s):

District 11 Supervisor Ahsha Safai

Subject:

Hearing - Shelter Monitoring Committee, Annual Report

The text is listed:

The Shelter Monitoring Committee shall present their Annual Report, in accordance with File 171171.

Signature of Sponsoring Supervisor: [ ]

For Clerk's Use Only

## BOS Referral: File No. 180342 - Hearing - Shelter Monitoring Committee Annual Report

Lew, Lisa (BOS)

Tue 4/10/2018 4:04 PM

To: Simbe, Jeff (DPH) <jeff.simbe@sfdph.org>;

Cc: Chen, Howard (DPH) <howard.c.chen@sfdph.org>; Somera, Alisa (BOS) <alisa.somera@sfgov.org>;

1 attachments (619 KB)

180342 FYI.pdf;

Hello,

The following request for hearing is being referred to your department:

**File No. 180342**

**Hearing on the annual report of the Shelter Monitoring Committee; and requesting the Shelter Monitoring Committee to report.**

Sent on behalf of Alisa Somera, Rules Committee. Please forward any comments or reports to Alisa Somera.

Regards,

**Lisa Lew**

Board of Supervisors

San Francisco City Hall, Room 244

San Francisco, CA 94102

P 415-554-7718 | F 415-554-5163

[lisa.lew@sfgov.org](mailto:lisa.lew@sfgov.org) | [www.sfbos.org](http://www.sfbos.org)

