



**DC Department of Human Services
Office of Program Review, Monitoring and
Investigation**

**Homeless Services Monitoring Unit
2012 Annual Report**

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Introduction

The mission of the District of Columbia Department of Human Services (DHS), in collaboration with the community, is to assist low-income individuals and families to maximize their potential for economic security and self-sufficiency.

In order to carry out this mission DHS contracts The Community Partnership for the Prevention of Homelessness (TCP). In turn, TCP contracts with various homeless service providers to provide a continuum of services that serves approximately 15,000 individuals and families who are homeless or at risk of homelessness, so that they can obtain and/or maintain improved housing.

The Department of Human Services' (DHS') Office of Program Review, Monitoring and Investigation (OPRMI) is responsible for investigating allegations of suspected public assistance benefit fraud related to the Supplemental Nutrition Assistance Program (SNAP, formerly known as the Food Stamps Program), Temporary Assistance for Needy Families (TANF) and Medicaid, and referring substantiated cases for prosecution or program disqualification. OPRMI is comprised of four divisions; Fraud Investigation, Internal Affairs, and Quality Control, as well as **the Homeless Services Monitoring Unit (HSMU)**. The purpose of this report is to provide a summary of the work of the Homeless Services Monitoring Unit (HSMU) for the calendar year of 2012.

The HSMU, formerly known as the Office of Shelter Monitoring is located in the office of the OPRMI Chief, and the office is primarily responsible for monitoring District of Columbia programs and services within the homeless services continuum that are covered under the DC Homeless Services Reform Act (HSRA) of 2005. In addition to conducting annual monitoring visits, the HSMU also investigates complaints regarding the following types of programs/services:

- Low Barrier Shelter
- Temporary Shelter
- Severe Weather Shelter
- DHS Permanent Supportive Housing Program
- Youth Services
- Transitional Housing
- Rapid ReHousing
- Street Outreach
- Transportation

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The HSMU was initially established in the Family Services Administration, and was later transferred to OPRMI in fiscal year 2010 in an effort to ensure accountability. Additionally, the monitoring tools used to assess the homeless programs were revised to better capture information from the monitoring visits. During the transition, the OPRMI Chief left the agency and the monitors were reassigned to work on other critical issues. In early 2011, the Office of the Inspector General (OIG) conducted a Special Evaluation of the HSMU and noted the following findings:

- Lack of resources to monitor homeless shelters;
- Lack of comprehensive policies and procedures;
- No automated systems to analyze complaints and track deficiencies;
- All required monitoring visits were not conducted from 2009 – 2011; and
- Findings not disseminated timely.

Shortly after his arrival, the DHS Director restructured the unit. The restricted unit presently consists of four (4) monitors and a supervisor. During the transition, the priority of the unit was to complete the monitoring visits that were not previously completed. Additionally, in an effort to allow monitors to get acclimated to their new roles, the supervisor handled the complaints that were received. As a result of these efforts, HSMU was able to complete 101 monitoring visits, and the OIG discontinued its special evaluation of the unit citing that DHS' efforts to revamp the unit, and the planned efforts moving forward were sufficient.

Monitoring Process

The HRSA requires the HSMU to conduct one annual comprehensive review of each program¹ in the homeless services continuum of care. The objectives of program monitoring are to provide oversight to ensure compliance with the HSRA, monitor facilities to determine if basic health and safety standards are met, monitor compliance with other legal mandates, and determine if corrective actions are needed and are completed expeditiously. During the process, monitors utilize various tools that help to track results and progress (please see attachments A-E).

To initiate the process, providers receive a site notification letter advising that a review will take place on a designated date; additionally the letter advises that HSMU will review the following:

- a. Sample of personnel records at Human Resource Department
- b. Sample of case management records
- c. Interview with staff and clients
- d. Observe safety features and condition of the facility

Monitoring reviews take a minimum of two (2) days and last no more than five (5) days, depending on size of facility. The monitor conducts an entrance conference advising of how the monitoring process will be conducted. During the review, monitors review at least 10% of case management records and personnel records to ensure compliance as it pertains to the HSRA and DC laws and regulations. They also interview clients and staff to determine if there are any concerns and/or needs for improvement. The facility review consists of compliance with facility requirements in the contract and relevant HSRA and DC laws and regulations. Once the monitoring review has been completed the monitor conducts, an exit interview with the Program Director or designee. During the exit interview, the monitor advises of any deficiencies or concerns to be addressed.

Monitoring schedules are developed every quarter by the supervisor, and monitors are always flexible regarding times to visit a program to ensure that clients are available. To ensure that thorough monitoring visits are conducted, the larger providers are reviewed by all monitors. In calendar year 2013 monitors will review the same providers as the previous year; this will allow the monitors to have a familiarity with the programs and facilities.

Once a monitoring visit is completed, monitors gather information from the visit and include it in a Monitoring Report (please see attachments F and G). These reports note positive aspects of the visit and identify areas of deficiency and/or contract violations. For those sites that have

¹ A team approach is utilized for larger sites (Ex: DC General)

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deficiencies, a Corrective Action Plan is included in their Monitoring Report. The Corrective Action Plan outlines the deficiencies in accordance with either the HSRA or the specific contract, along with associated due dates to resolve the deficiencies.

Follow Up/Corrective Action Plan Process

Once a Corrective Action Plan is completed by a provider, the plan is reviewed by the HSMU Chief to determine if the information submitted resolves the deficiency. If it does not, the provider is advised that the submission is not adequate and further information and/or documentation is required. Each Corrective Action Plan requires a response within 30 days of receipt unless a different due date is specified.

If additional follow-up is required the DHS Contracting Officer is informed as well as (TCP), if appropriate. These parties ensure that necessary actions are taken that result in the providers' compliance.

Collaboration

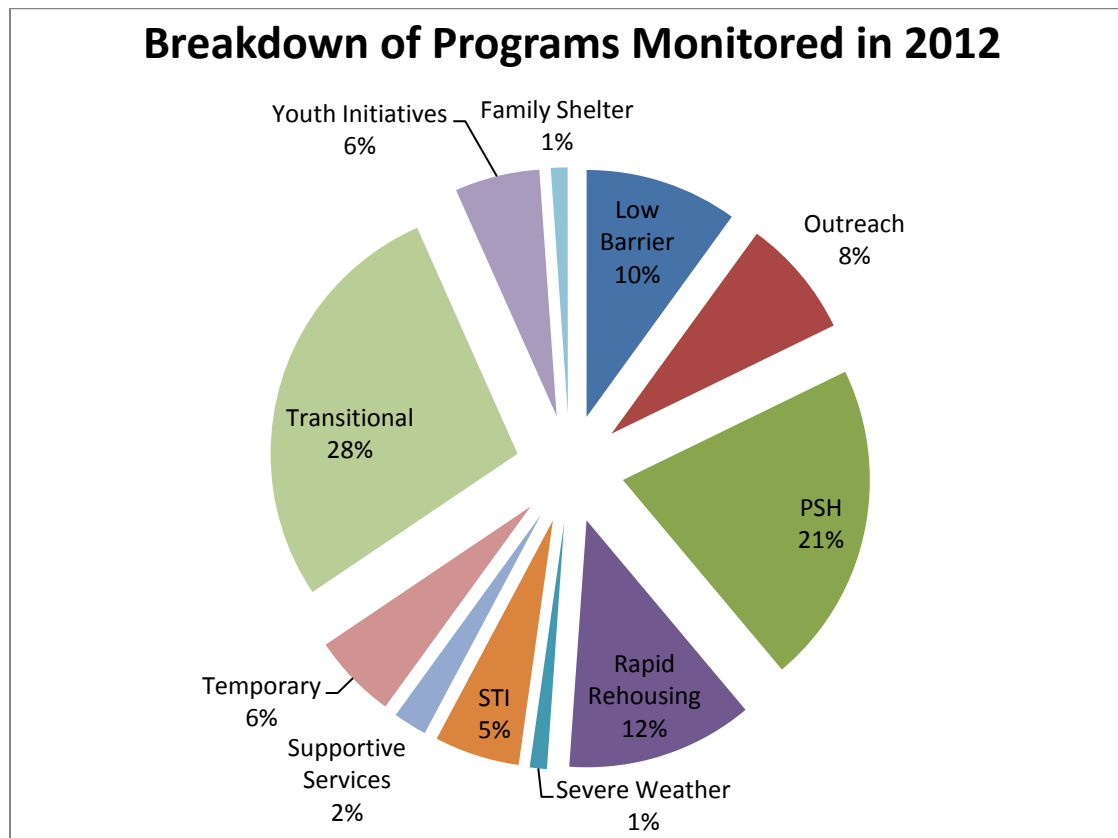
In addition to TCP, the HSMU collaborates with various internal DHS offices to carry out the objectives of the unit. These offices include (but are not limited to):

- Family Services Administration- Homeless Services
- Office of Capital Operations
- Office of Attorney General
- Office of Administrative Review
- Office of Emergency Management

2012 Monitoring Results

In 2012, as a direct result of identifying a unit supervisor and staffing, HSMU monitored a total of 101 programs.

See below a breakdown of the programs that were monitored in 2012.



Of the 101 homeless service programs that were monitored in 2012, a majority of the violations fell into four main categories (ranked in order):

1. Minor health and safety violations;
2. Facility physical plant;
3. Case management; and
4. Contract specific violations (not covered by HSRA).

If a Health and Safety violation is identified during a monitoring visit, the DHS Contracting Officer and The Community Partnership are immediately notified and they in turn, provide an

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immediate plan of corrective action to address the deficiency within 24 hours. Additionally, a plan to ensure the safety of the clients during the time of abatement is submitted.

Other violations that are included in the Corrective Action Plan which requires a response within 30 days of receipt.

The breakdown of violations are as follows:

Health and Safety Violations

- Proof of Bi-annual fire inspection not provided;
- Failure to provide current first aid/CPR certification for essential staff;
- Failure to provide proof of staff annual TB tests;
- Fire extinguisher annual inspection;
- Fire Alarm system not fully functional;
- Failure to post emergency evacuation plan;
- Drug and Alcohol testing results are not present in employee files; and
- Failure to provide criminal background results in all employee files.

If a Health and Safety violation is identified during a monitoring visit, the DHS Contracting Officer and The Community Partnership are immediately notified and they in turn, provide an immediate plan of corrective action to resolve the deficiency within 24 hours. Additionally, a plan to ensure the safety of the clients during the time of abatement is submitted.

Facility Violations

- Broken faucet and/or sink;
- Damaged mattresses;
- Toilet and/or Shower that require repair;
- Panic doors that require panic bars installed;
- Missing floor tiles;
- Wall damage; and
- Inoperable kitchen appliances.

Case Management Violations

- Clients indicate that they have not been advised of services;
- Program rules not signed by client(s);
- Client files without assessments included;
- Failure to provide current program rules; and
- Failure to update service plan at least every 90 days, if applicable.

Contract Violations

- Personnel files do not contain reference checks, criminal background or annual performance evaluations;
- Failure to properly show evidence that fire drills are completed every 30 to 60 days;
- Failure to provide confirmation of drug and alcohol testing; and
- Failure to attend mandatory staff training.

Client Feedback

As a part of the monitoring process and/or site visit, monitors meet with select residents at each program to discuss their overall experience. Listed below is feedback from the interviews.

- Food that is provided is not appetizing;
- Lack of food options, quantity;
- The amount of time to obtain permanent supportive housing is too long;
- Staff in the low barrier sites are disrespectful ;
- Some staff members treat clients like kids or as if they are in jail;
- Problems with pest control;
- Better ventilation needed in rooms;
- Additional services needed at the TRP programs;
- Additional time needed to find employment at the work shelters;
- More employment opportunities needed;
- Staff inability to deal with clients;
- Additional programming options needed;
- In-depth case management required;
- Additional time needed to at the transitional sites;
- Nice, safe environment;
- Good counseling services are provided;
- Additional group therapy sessions needed;
- “The program is preparing me for the next level of housing”
- “This program provide me with a safe place to live”
- “I am being given a chance to get back on my feet”

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These current themes have resulted in the agency's current exploration of ways to ensure these issues are remedied and all residents are living in a safe productive environment.

Staff Feedback

As a part of the monitoring process and/or site visit, monitors meet with select staff members at each program to discuss their overall experience. Listed below is feedback from the interviews.

- Better enforcement of the program and facility rules;
- Implement an incentive program for residents;
- Provide clarity on program rules;
- Provide additional substance abuse programs;
- Compliance with the housekeeping needs of facilities is needed;
- There is a overall need for additional resources for clients;
- There needs to be an improvement on the staff turnover rate
- Additional training opportunities for staff members are needed

Recommendations to Providers

During the course of the 2012 visits, many recommendations have been provided to programs by the HSMU. Some of those recommendations are as follows: Add more examples.

- Develop protocol to ensure TB tests are completed annually;
- Develop protocol to ensure bi-annual fire inspections are conducted; and
- Ensure that a streamlined process is in place to submit facility requests.

Next Steps/Recommendations

Options identified to expand the HSMU's capabilities are as follows:

- Refining the monitoring tool in order to streamline the process;
- Identifying additional support needs;
- Initiating alternate ways to consistently gain feedback from clients;
- Enhancing the Complaint Database;
- Triaging complaints;
- Developing a Monitoring Review Database and an Imminent Health and Safety Form;
- Exploring technology supports to expedite monitoring reports and provide real time data;
- Increasing internal communication and coordination;
- Increasing collaboration with other District Agencies;
- Increase the availability and accuracy of information from the contractor and providers;
- Ensure that providers are aware of expectations by scheduling periodic trainings and check-ins;
- Coordinate with DHS Homeless Services to track complaints and trends;
- Provide periodic staff training/refresher courses;
- Ensure for the utilization of updated monitoring tools;
- Upgrade the overall technological capability of the unit;
- Implement a sample size requirement for monitoring tools;
- Work closely with the Office of Administrative Review to track complaints and trends