



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

**Homeless Services Monitoring Unit
2013 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.

DHS serves approximately 240,000 customers annually, with a \$391M operating budget comprised of federal and local funding. Additionally the agency currently employs approximately 845 staff members.

DHS is divided into multiple operating units:

Agency Management Program- The Agency Management Program which includes the Office of the Director provides administrative and operational support in order to achieve the programmatic results and goals of the agency.

Economic Security Administration (ESA)- The Economic Security Administration (ESA) determines eligibility for benefits under the Temporary Cash Assistance for Needy Families (TANF), Medical Assistance, Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Child Care Subsidy, Burial Assistance, Interim Disability Assistance and Refugee Cash Assistance programs.

Family Services Administration (FSA)- The Family Services Administration provides protection, intervention and social services to meet the needs of vulnerable adults and families to help reduce risk and promote self-sufficiency.

The largest program in FSA is Homeless Services. In order to deliver the majority of homeless services DHS contracts with The Community Partnership for the Prevention of Homelessness (TCP). In turn, TCP engages various homeless service contractors 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.

OPRMI/HSMU

The DHS Office of Program Review, Monitoring and Investigation (OPRMI), which is a part of the Office of the Director is responsible for addressing allegations and incidents of fraud, abuse, and waste in DHS programs by investigating and referring for criminal prosecution or program disqualification of persons accused of committing fraud, abuse and or waste in the subsidized child care, Food Stamp, TANF, and Medicaid social service programs. OPRMI assures implementation of state-level quality assurance/control for all departmental programs, specifically Medicaid and Food Stamps and conducts investigations into unusual incidents received in the form of Unusual Incident Reports (UIRs) involving employees, vendors, contractors, providers, clients, and others, which compromise the integrity of the Department or which threaten the health and safety of those DHS serves.

OPRMI is comprised of four divisions that include Fraud Investigation, Internal Affairs, Quality Control, and the **Homeless Services Monitoring Unit (HSMU)**. The purpose of this report is to provide a summary of the work performed by HSMU during calendar year 2013.

The HSMU, formerly known as the Office of Shelter Monitoring is comprised of a compliance and monitoring officer and four (4) compliance monitors. The unit is primarily responsible for monitoring the District of Columbia's 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
- Permanent Supportive Housing Program
- Youth Services
- Transitional Housing
- Rapid Rehousing
- Street Outreach
- Transportation
- Specialized Services
 - Food Contractors
 - Clinics
 - Domestic Violence Shelters
 - Day Care Centers
 - Employment and Training Programs

Monitoring Process

The HSRA 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 to determine if corrective actions are needed and are completed in established timeframes. During the process, staff members utilize various monitoring tools and documents and review relevant information that assists in tracking results and progress (see attachments A-J).

In order to prepare for a site visit, monitors complete multiple tasks that include:

- Review of current and prior year service provider contracts
- Review of prior year monitoring report along with complaints and prior corrective actions (if applicable).

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

- Review of prior year corrective actions (if applicable)
- Review of specific program rules

To initiate the monitoring process, providers receive a site notification letter advising that a review will take place on a designated date and time. The letter advises providers that the HSMU will review the following:

- a. Personnel Records (see attachment F)
 - a. Review a random sample of safety sensitive positions to ensure criminal background checks have been completed
 - b. Training records to ensure staff participation in mandated TCP trainings
 - c. Ensure annual employee evaluations are current or are complaint with the personnel requirements for said provider
 - d. Ensure current CPR and First Aid certifications are obtained;
 - e. Ensure current tuberculosis tests are on file
- b. Case Management Records (see attachment G)
 - a. Eligibility documentation, if applicable
 - b. Application/Intake Information, if applicable
 - c. Program Rules
 - d. Rights and Responsibilities
 - e. Release of Information
 - f. Assessment(s)
 - g. Case Management Plan, if applicable
 - h. Subsequent Documented Re-Assessments, if applicable
 - i. Case Notes
- c. Interview with staff and clients (See attachments H & I)
 - a. Randomly select staff and clients
 - b. Clients are advised that they can remain anonymous
- d. Observe safety features and condition of the facility (See attachment B)
 - a. Inspect fire extinguishers for current tags to ensure they are charged
 - b. Visually confirm that fire alarm system is working
 - c. Test smoke detectors and inspect fire drill log
 - d. Visually inspect walls, doors, windows, outlets, bathrooms
 - e. Test water to ensure water is hot and cold
 - f. Randomly flush toilets to ensure they work properly
 - g. Gather inspection reports, i.e., fire
 - h. If applicable, ensure food handlers licenses are current
 - i. Ensure Certificate of Occupancy has been issued
 - j. Randomly test heating and air conditioning, if possible Ensure evacuation plans and exit signs are properly posted

Monitoring reviews take a minimum of two (2) days and last no more than five (5) days, depending on size of facility. The monitors conduct an entrance conference with the provider to outline how the monitoring process will be conducted. During the review, monitors review at least 10% of case management and personnel records to ensure compliance with the HSRA and other DC laws and regulations.

Client Interviews

During the overall monitoring process clients are interviewed by a HSMU monitor using a Satisfaction Survey (See Attachment H), monitors record all of the information provided by the client and enter the information into the survey tool. All interviews are conducted in a private setting and clients are informed that the survey is confidential, and their feedback will not be shared with the facility staff. Clients are also informed that the only exception to this will occur if the information provided by them is so egregious that it requires a different type of response and both the Client and the Monitor will reach that understanding together. If the information provided is egregious then the response becomes a complaint. In this case, clients are informed that the information will be entered into a complaint database and processed accordingly. Additionally, clients are also notified that if the Satisfaction Survey is subject to a FOIA or court subpoena, then their name and identifying information will be redacted prior to the release.

Facility Reviews

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 notifies providers of any deficiencies or concerns that must be addressed immediately. The full list of deficiencies or corrective actions will be outlined in the final report.

Monitoring Schedules

Monitoring schedules are developed every quarter by the compliance and monitoring officer, and monitors are always flexible regarding times to visit a program to guarantee that clients are available. To ensure that thorough monitoring visits are conducted, the larger providers are reviewed by all monitors. In calendar year 2013 the decision was made that monitors would review the same providers as the previous year; this allowed the monitors to have a familiarity with the providers' 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 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. Corrective actions are maintained in the official file by the provider as well as the monitors.

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. Additionally, the HSMU will revisit the program to determine if the deficiency has been resolved. For example, if a provider does not have an evacuation plan posted during the time of a visit that would be included in the Corrective Action Plan, and in the future (within 30 days) a monitor would return to the facility to determine if the plans had been posted.

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.

Unannounced Visits

In 2013, the HSMU conducted unannounced visits; these visits are extremely important because they provide the unit with a chance to review programs and facilities without prior notification or preparation time. Additionally, if the HSMU receives repeated complaints regarding a specific program or service an unannounced visit will take place.

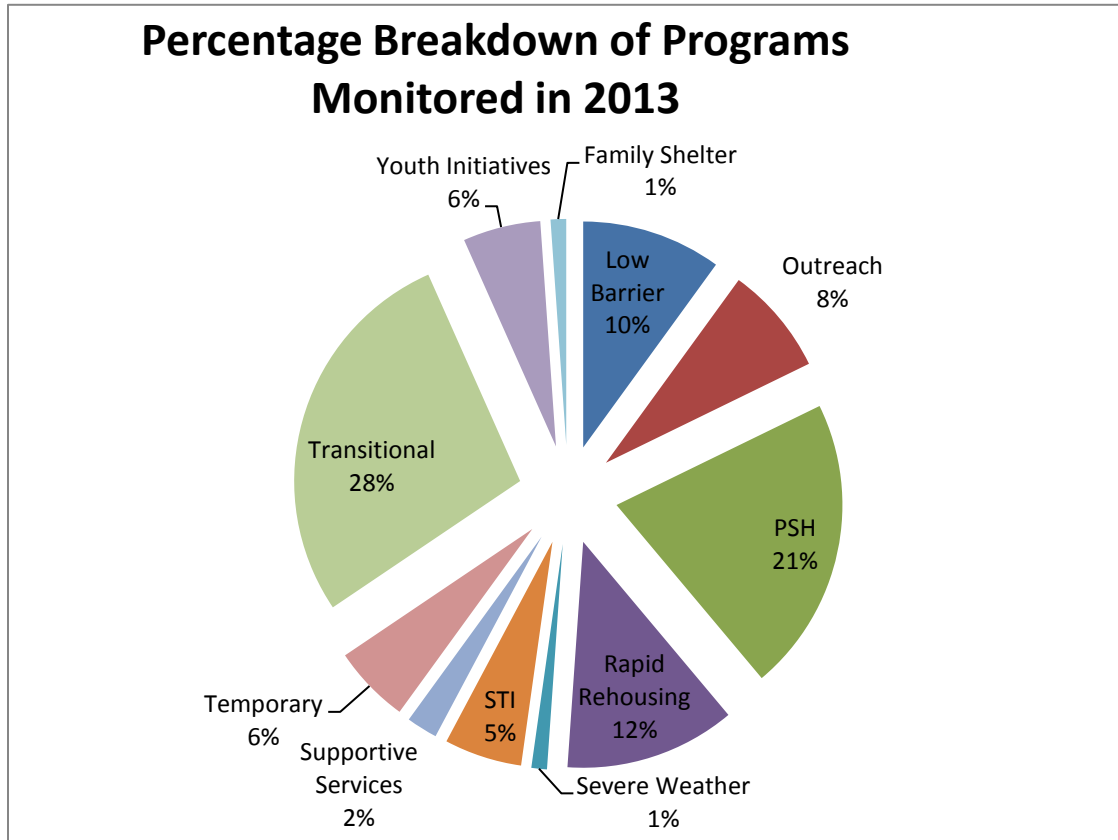
Collaboration

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):

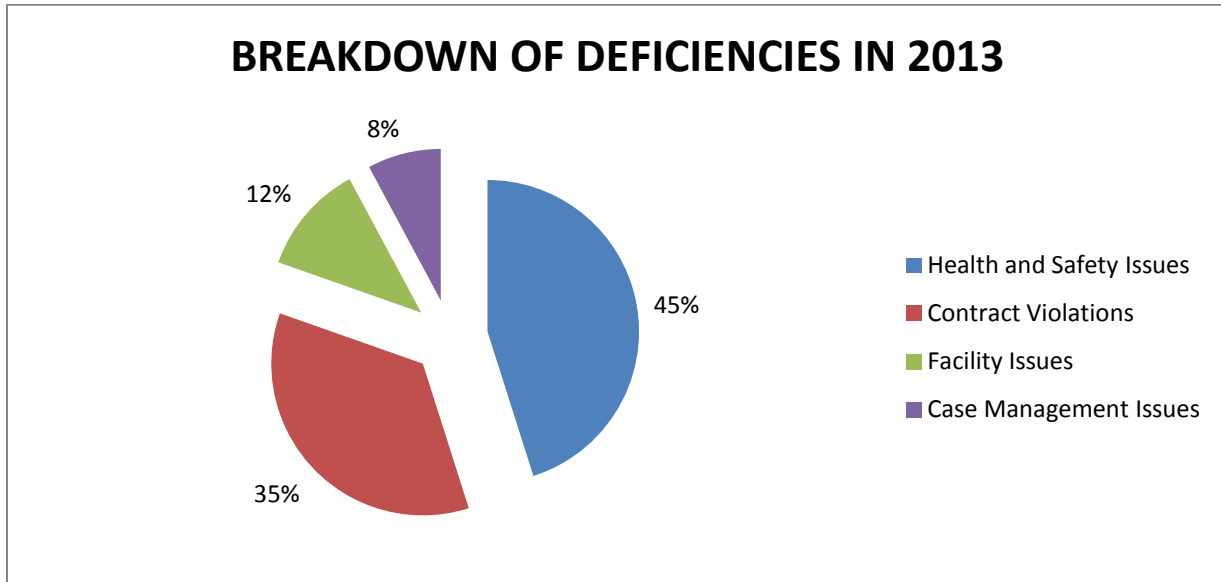
- Family Services Administration- Homeless Services
- Office of Capital Operations
- Office of the Attorney General
- Office of Administrative Review
- Office of Emergency Management

2013 Monitoring Results

In 2013 HSMU monitored a total of 111 programs. A breakdown of the programs that were monitored in 2013 is detailed in the chart below.



Of the 111 homeless service programs that were monitored in 2013, a majority of the deficiencies fell into four main categories



1. Health and Safety Violations*

Examples included:

- Proof of Bi-annual fire inspection not provided
- Failure to provide current first aid/CPR certification for essential staff
- Fire extinguisher annual inspection
- Fire Alarm system not fully functional
- Failure to post emergency evacuation plan; and
- Failure to provide criminal background results for required positions

*Health and Safety violations identified during a monitoring visit require immediate (within a 24 hour timeframe) corrective action. In 2013, there was only one provider that needed emergency follow up due to low decibel levels in the smoke alarm system.

2. Facility Violations

Examples included:

- Toilet and/or Shower that require repair
- Doors that require panic bars installed
- Missing and/or water damaged floor tiles
- Leaking pipes; and
- Weakened flooring in bathroom area

3. Case Management Violations

Examples included:

- Client files without case management assessments included;
- Failure to document referrals were made within five (5) days; and
- Failure to update service plan at least every 90 days, if applicable

4. Contract Violations

Examples included:

- Personnel files do not contain reference checks, criminal background or annual performance evaluations; 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. The HSMU attempts to interview 10% of the clients which based on the current population during the time of the monitoring visit. In 2013 over 200 client surveys were administered.

Listed below is feedback from the interviews:

- Food that is provided is not appetizing
- Early wake up times
- Some staff members treat clients like kids or as if they are in jail
- Some of the clients bring their personal issues into the program which are a distraction
- Clients that fail to take advantage of the opportunity in the program
- Problems with pest control
- A lot of mental health issues going on
- Unfair Curfew times
- Staff is caring, they are concerned
- The program is great because it pays a portion of the rent

- The staff provide services for us during difficult times and are very supportive but tough
- The service is primo, positive, offers a lot of therapy and treatment
- More employment opportunities needed
- Staff inability to deal with clients
- Additional time needed at the transitional sites
- Nice, clean and safe environment
- Good counseling services are provided; and
- Additional group therapy sessions needed

The themes that emerged from client feedback 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 rules of facilities are needed
- There is an 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 2013 visits, many recommendations have been provided to programs by the HSMU. Some of the recommendations are as follows:

- Properly document that all appropriate staff have current First Aid and CPR certifications Develop and submit written protocols to ensure that appropriate staff receive the TCP mandated training and personnel files are documented accordingly
- Develop and submit written protocols to ensure that employees in safety sensitive positions have criminal background checks and personnel files are documented accordingly
- Develop and submit written protocols to HSMU staff and TCP to ensure that bi-annual fire inspections are completed

- Develop and submit written protocols to ensure that fire drills are conducted every thirty (30) to (60) sixty days
- Complete work orders and confirm submission and receipt to ensure showers are functioning properly

Complaint Process

The complaint process is a mechanism used to express dissatisfaction with a DHS homeless service provider or service and may also include a request for relief. Information on how to file a complaint is located throughout all of the homeless service facilities.

Complaints can be submitted twenty-four (24) hours a day by:

- Completing and submitting a Suggestion and Complaint Form online via the DHS Internet site at dhs.dc.gov/complaint;
- Emailing a description of the suggestion or complaint to OPRMI@dc.gov;
- Faxing a description of the suggestion or complaint to (202) 671-4409;
- Calling the Complaint Hotline at (202) 673-4464; and
- Mailing a Suggestion and Complaint Form to DHS Office of Program Review, Monitoring and Investigation Accountability, 64 New York Avenue NE, 6th Floor, Washington, DC 20002.

When a complaint is filed the complaint must contain sufficient detail for it to be deemed actionable and subsequently assigned to a Compliance Monitor for resolution. The complaint at a minimum must contain the following:

- Name (Complaints maybe submitted anonymously)
- Date
- Time
- Narrative Description; (which can be provided verbally)
- Provider or Program Name; and
- Location

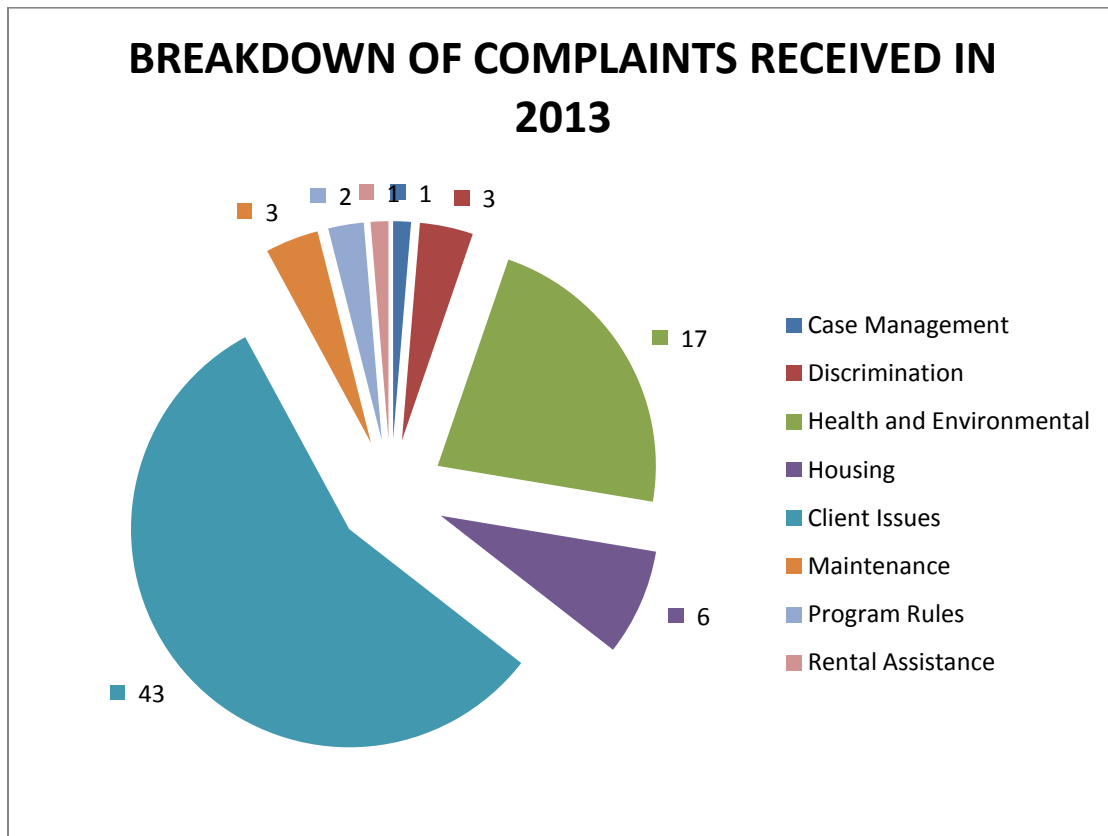
The compliance monitors review the complaint to ensure it meets the criteria identified above. If not, the compliance monitor will attempt to contact the complainant to get further information. The compliance monitor gathers relevant information to ensure that findings, conclusions and recommendations are factually supported. In particular the compliance monitor completes the following actions:

- Reviews the nature of the complaint;
- Reviews District regulations, and DHS policies to identify potential violations, ensure compliance with legal requirements, and determine appropriate corrective action(s);
- Identifies the name of facility, and name of related service provider, if applicable;
- Reviews relevant dates, such as date of incident resulting in complaint(s) and date complaint was reported to the Homeless Services Monitoring Unit;
- Determines any associated DHS program(s);
- Identifies complainant, relevant provider staff, person(s) involved, witness(es) and other collateral contact(s);
- Conducts interviews with complainant, relevant provider staff, person(s) involved, witness(es) and other collateral contact(s);
- Obtains documents and written statements;
- Documents specific findings; and
- Corrective Plan is developed, if applicable

Complaints will be closed when:

- The complaint results in no required corrective action; or
- Corrective actions are resolved within specified timeframe.

During calendar year 2013 the HSMU received 76 complaints. A breakdown of the complaints are detailed in the chart below:



- A majority of the complaints received this year fell under the Client Issues category. These consist of:
 - Terminations
 - Release of information
 - Denial of entry;
 - Complaints about staff
 - Stolen belongings
 - Harassment by other clients
 - Other clients making threatening remarks to other clients;
 - Mistreatment by staff

Of the total number of complaints received in 2013 only one (1) was submitted to the Office of Administrative Hearing for adjudication and the decision was upheld.

Status - Next Steps/Recommendations

COMPLETED

- Identified additional administrative for the unit
- Triaged complaints –Complaints are reviewed to determine appropriate area for response and to ensure complaints are responded to more timely
- Imminent Health and Safety Form was developed –Gives providers real time notice of immediate dangers that need to be addressed
- Implemented a sample size requirement for monitoring tools – Will assist in uniformity of monitoring reviews

IN PROGRESS

- Refining the monitoring tool(s) in order to improve the process;
- Increasing internal communication and coordination;
- Increasing collaboration with other District Agencies;

ONGOING

- Initiating alternate ways to consistently gain feedback from clients;
- Exploring technology supports to expedite monitoring reports and provide real time data;
- Increase the availability and accuracy of information from the contractor and providers;
- Upgrade the overall technological capability of the unit;
- Developing policy and procedures for Imminent Health and Safety Form
- Provide periodic staff training/refresher courses;

OPEN

- Work closely with the Office of Administrative Review to track complaints and trends;
- Coordinate with DHS Homeless Services to track complaints and trends;
- Ensure that providers are aware of expectations by scheduling periodic trainings and check-ins.

In conclusion, DHS is committed to continue to thoroughly review and monitor all homeless service programs in order to ensure that clients are receiving a high level of services that will allow all barriers to be addressed.