

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES



Office of Program Review,
Monitoring and Investigation

February 19, 2013

Dean

This is to inform you that I will be conducting a Monitoring Inspection and Case Management of [redacted] April 24, 2013 at 9:00 am to evaluate compliance with the HOMELESS SERVICES REFORM ACT of 2005 (HSRA), as amended the American with Disabilities Act (ADA) and to gather information regarding quality of life conditions and facility operations via interviews with clients and staff. To this end, I will:

- Review a sample of personnel files
- Review a sample of case records
- Conduct interviews with staff and clients
- Observe conditions of the facility

An entrance conference will be conducted with you and your staff prior to the inspection. Please arrange to have one of your staff tour the facility with me to answer questions and provide access to restricted areas, if necessary. I will also conduct an exit conference to discuss any preliminary findings or concerns. Information gathered during the inspection will be documented in a Monitoring Inspection Report, which will be provided to you 30 days after the inspection.

Your cooperation is appreciated. If you have any questions or need additional information, please feel free to contact me at (202) 671-4361 or via email at

Sincerely,

Investigator/Compliance Monitor
Homeless Services Monitoring Unit



Monitoring Inspection

Provider: _____		Grant Number: _____
Address: _____		
Program Type: _____	Date of Review: 24-Apr-13	Compliance Monitor: _____

Interviews Conducted

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- Twenty-nine(29) random clients of the 365 clients in the facility
- Five (5) Staff members of the Twenty-Nine (29) Staff assigned.

A. Requirements for All Providers

Confidentiality

1. Does the provider [28, 60]:

- a. Store client data and information, including case records, in a secure place? Yes No
- b. Train staff and volunteers on confidentiality requirements related to client data and information? Yes No

Document the evidence used to reach this conclusion.
 Files located in locking file cabinets in a locked file room. Keys are kept by the Senior Residential Counselor on duty. Case managers have access to files. Case Management (CM) files are maintained in the CM office. Only the CM(s) have access to this area.

Staff observed by DHS Monitor entering data in HMIS by using a mobile computer that is then returned to a secure area after daily intake is completed. Computer determined to be password protected by DHS Monitor. Confidential requirements of client information documented by signed statement in personnel files. Training conducted as part of orientation.

Records Storage Training Log

Communication with Clients

2. Does the provider[36, 65, 67]:

- a. Post Program Rules in an accessible location? Yes No
- b. Provide written notice of Program Rules to new clients Yes No
- c. Provide notice of Program Rules to clients with special needs? Yes No

Document the evidence used to reach this conclusion.
 Program Rules posted on bulletin board in lobby area and in secondary locations on both levels of the facility.

DHS Monitors randomly reviewed thirty-three (33) client files containing signed copies of Program Rules. Updated 2013 Program Rules were signed by clients as they entered the facility and placed in client files.

Clients with Special Needs are provided information including having the information read to clients, use of language line, or other means to ensure clients understanding. Clients with special needs identified by third party, or asked directly.

Posting of Program Rules Client and Provider Procedure

3. Does the provider:



- a. Provide printed materials describing services within the Continuum of Care to clients? Yes No
- b. Inform clients of the services for which they qualify [53, 56]? Yes No

Document the evidence used to reach this conclusion.

Printed materials are posted throughout facility that include information on Job Fairs, Drug and Alcohol Abuse Counseling, and other services within Continuum of Care.

New clients are interviewed during intake and provided a package that contains information on resources and services. Clients are not automatically referred to the CM staff and must request to see a CM according to the CM(s) and staff interviewed. A number of the random clients interviewed by the Monitors indicated they had not received CM services or ever met with the CM staff.

Client and Provider

- c. Notify clients of requirements for accessing a new placement, if transferred to another provider [107]? Yes No

CM staff indicated that clients transferring to other programs are provided with an assessment prior to the transfer and there is coordination between the programs. A release of Information is obtained from the client prior to communication with the receiving program. Random CM files reviewed contained some assessments and notes on clients transferring to other programs.

Client Case Record

Client Input

4. Does the provider:

- a. Enable and receive input and feedback from clients to improve services through at least one of the following mechanisms? [31, 51] (Check one)
 - Client Satisfaction Survey
 - Suggestion Box
 - Meeting (one-on-one, or group)
 - Other: Grievance Box
- b. Hold regularly scheduled meetings at least monthly for staff and clients [51]? Yes No

Document the evidence used to reach this conclusion.

Biannual surveys are completed and submitted to TCP for assessment. Clients have an Elected Resident Council whose meetings are held once per month. Notices are posted throughout the facility. Additional meetings held based on input from Security Meeting and policy changes as published.

Meetings are held one on one with clients to address their individual needs and concerns, with case managers or other staff.

Regular staff meetings occur at least twice per month according to both management and the random sample of the five employees that were interviewed. DHS Monitors reviewed notes from staff meetings.

Client and Provider Meeting Minutes

5. How does the provider utilize client input [51]?:

- a. Incorporate in service improvement process Yes No
- b. Consider for changes in policies or procedures Yes No
- c. Other: _____

Please describe how the provider utilizes client input. Document the evidence used to reach this conclusion.

Input from clients is evaluated on a case by case basis for incorporation in service improvement process. Ex: Changing the intake process to improve the flow at the security checkpoint was a previous recommendation that was acted on.

Input from the clients is evaluated and accessed to determine if recommendations are feasible using the criteria of cost and overall impact on program.

Client and Provider Meeting Minutes



Notice – Right to Appeals and Fair Hearings

6. Does the provider inform the client of their right to appeal [38]?

Yes No

Document the evidence used to reach this conclusion.

Signed Documentation of Clients' Right to Appeal are documented in Rights and Responsibility signed documentation in thirty-three (33) randomly reviewed client case files. The one file that did not contain the Rights and Responsibility had a separate Notice of Right to Appeal in the file.



Client and Provider

Staffing and Training

7. How does the provider identify training needs for each position [47]?

Position	a. Employee Feedback	b. Review of Credentials	c. Review of District or Federal Requirements	d. Performance Evaluation
Case Manager	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Counselor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intake Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential Monitor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessment Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OtherAdministrative Assistant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OtherData Entry	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



Training Log, Certificates, Employee Personnel Files

8. Are front line staff (excluding maintenance staff) trained on [47]:

- a. CPR Yes No
- b. First Aid Yes No
- c. ADA Yes No
- d. Section 504 of Rehabilitation Act Yes No
- e. Diversity Yes No
- f. HIPAA Yes No

And one training in each of the following categories:

- g. Sensitivity Yes No
- h. Health and Safety Yes No
- i. Crisis Intervention Yes No

Document the evidence used to reach this conclusion.

Reviewed Learning Plan Details matrix for seven (7) employees which detailed courses completed with the date of completion. Referenced courses have been completed include HIPAA, Health and Safety and First Aid/CPR, Crisis Intervention and mental health 101, and Preventing and Responding to Abuse and Neglect of People with Mental Health. The training matrix does not document Training in the area of ADA or Section 504 of the Rehabilitation Act.



Training Log, Certificates, Employee Personnel Files

9. Do personnel files, or other documentation, indicate or include [47]:

- a. Performance evaluation within the past 12 months? Yes No
- b. When performance improvement is necessary? Yes No
- c. Confirmation of Tuberculosis tests? Yes No

Document the evidence used to reach this conclusion.

Randomly reviewed three (3) personnel files documenting current evaluations with the exception of one employee, who was employed for less than six months and was not due for an evaluation.

Randomly reviewed three (3) personnel files documenting current TB tests.



Training Log, Certificates, Employee Personnel Files

10. Are client advocates and case management staff trained on additional services information and discuss with each client, as applicable [54]?



Yes No

Document the evidence used to reach this conclusion.

Documented evidence and interviews with CM staff indicate that the staff has training on additional services and information that can be disseminated to the clients. Revised Information packages provided to new clients at intake contain additional information on other services and resources. However, all of the clients in the randomly reviewed CM files, who are not in the Work Program, show little or no documentation of discussion of other services or referrals for other services. Facility has no client advocates assigned.

Training Log, Certificates

Program Rules – Statement

11. Do the provider and client sign a statement acknowledging the client's receipt of the written notice of Program Rules [66]?

Yes No

Document the evidence used to reach this conclusion.

Randomly reviewed thirty-three (33) client files. Client files reviewed have signed documentation of Program Rules.

Client Case Record

Unusual Incident Report

12. In the past 12 months, did the provider submit reports of Unusual Incidents as required [68]?

Yes No

Document the evidence used to reach this conclusion.

Confirmation of numerous UIR(s) received by DHS/IAD in the past twelve (12) months. Provider documents UIR(s) in Incident Log Book.

Reported UIRs Client and Provider

Discrimination and Treatment

13. In the past 12 months, has a client alleged that the provider engaged in an action that was [23, 24, 26, 39, 58]:

- a. Discriminatory? Yes No
- b. Verbally or emotionally abusive? Yes No
- c. Sexually or physically abusive? Yes No
- d. Financially exploitative? Yes No
- e. Retaliatory (for exercising a client right)? Yes No

If a complaint was received, what corrective action did the provider take?

DHS/OPRMI records indicate that there have been complaints alleging discrimination by the provider. All of the complaints can be attributed to issues regarding the enforcement of Program Rules. These complaints were investigated by the Monitors assigned to the HSMU and either determined to be unfounded or resolved to the satisfaction of the complainant. None of the complaints were determined to be acts of discrimination or retaliatory in nature.

Complaints Received

Family Composition

14. For any family that no longer meets the criteria for family due to the removal of child(ren), did the provider transfer the parent to an individual adult shelter or program that assists with reunification [98, 99]?

Yes No N/A

Document the evidence used to reach this conclusion.

Client Case Record

→ If "Yes", how many transfers did the provider make in the past year [98, 99]? _____

15. For families that re-applied after a decision to allow reunification, did the provider give the families priority [98, 99]?



Yes No

Document the evidence used to reach this conclusion.

N/A

Client Case Record

Eligibility

16. Was eligibility for homeless services accurately determined [1]?

- a. Proof of homelessness or imminent risk of homelessness Yes No
- b. Proof of DC residency Yes No

Document the evidence used to reach this conclusion.

Provider operates Low Barrier Shelter and not required to verify proof of residency or homelessness. Client files contain documented evidence of attempt to confirm DC residency or self certification of imminent homelessness in randomly reviewed thirty-three (33) case files.

Client Application

Client Property

17. Does the provider assist clients in the relocation of the client's property during transfers [115]?

Yes No

Document the evidence used to reach this conclusion.

Clients property is held in lockers for up to 30 days after client leaves the facility. Lockers are checked on a monthly basis to identify property that has been abandoned. Every effort is made to contact the client and return the property to the client.

Client and Provider

Complaints Received

18. In the past 12 months, has DHS received a complaint that the provider has not:

- a. Permitted clients to engage in or abstain from religious activities? Yes No
- b. Enabled clients to communicate with attorneys, advocates, clergy, and physicians? Yes No
- c. Allowed reasonable privacy to clients when caring for personal needs? Yes No
- d. Allowed clients to conduct their own financial affairs? [29, 35, 45, 46] Yes No

Were all complaints resolved? If "No", what is the timeline for resolution?

Clients meet with the Legal Clinic, attorneys, clergy, and Unity Health Clinic on a regular basis to address their issues and concerns.

Clients are afforded opportunity to use phones in CM office as needed to address personal business when necessary.

Complaints Received

19. In the past 12 months, has DHS received a complaint that the provider has not delivered culturally competent services to clients of different ethnicities and nationalities, including language assistance [57]?

Yes No

If "Yes", document the evidence used to reach this conclusion.

DHS/OPRMI and OCTO databases were searched, and there were no records of complaints in this category for the proceeding 12 month period found.

Complaints Received

20. In the past 12 months, has DHS received a complaint that the provider has not:

Were all complaints resolved? If "Yes", what is the timeline for resolution?

- a. Notified clients of inspections of living quarters [43]? Yes No Low Barrier Men's Shelter
- b. Allowed an adult family member to be present during inspection [44]? Yes No N/A

 Complaints Received

21. In the past 12 months, has DHS received a complaint that the provider has not:

- a. Disseminated the name and job title of staff when requested by a client [30]? Yes No
 Were all complaints resolved? If "No", what is the timeline for resolution?
 DHS/OPRMI and OCTO databases were searched, and there were no records of complaints in this category for the proceeding 12 month period found.
- b. Notified clients that information about receipt of services is included in HMIS [61]? Yes No
 DHS/OPRMI and databases were searched, and there were no records of complaints in this category for the proceeding 12 month period found.
- c. Provided information regarding laundry facilities [55]? Yes No
 Information on laundry services posted in facility. ADA Clients use laundry facility on site.

 Complaints Received

22. Does the provider subject clients to drug and alcohol testing outside the scope of their Service Plan and the service provider's program guidelines [34]?

- Yes No
 If "Yes", document the evidence used to reach this conclusion.
 Provider limits testing to only clients in the Program that volunteer to participate in such testing as part of their Service Plan.

 Complaints Received

Basic Needs

23. Do clients receive [70, 71]:

- a. A clean bed and clean linens each day? Yes No
 Document the evidence used to reach this conclusion.
 New clients are provided clean linen. Returning clients have linen replaced on a regular basis when submitted for cleaning.
- b. Basic needs including food, clothing and supportive services? Yes No
 One meal is provided by DC Central Kitchen each day. Other basic needs are provided upon request.

 Distribution Logs

Notice – Closure

24. In the past 12 months, did the provider notify clients at least 15 days prior to the closure of the shelter [112, 113]?

- Yes No
 Document the evidence used to reach this conclusion.
 No closures within the past year. Seven days a week Low Barrier Shelter.

 Client Case Record



Additional Questions for Family Shelters
(Required by the Child and Youth, Safety and Health Omnibus Amendment Act of 2004)

Drug and Alcohol Testing for Safety-Sensitive Positions

25. Does the program have a policy for a drug-free workplace, and for drug and alcohol testing for safety-sensitive positions?

Yes No

Document the evidence used to reach this conclusion.
N/A - Program is not classified as a Child and Youth, Safety Sensitive Program as defined by the Act; however the Program does have a clearly stated policy in the employee handbook and the offer letters to the employee at the time of hire that the Program is a drug-free workplace.

Personnel Handbook Provider Complaints Received

26. For applicants and employees in safety-sensitive positions, do personnel files confirm that the provider:

a. Tested or arranged for testing for drug and alcohol use? Yes No

b. Employees Only: Gave at least 30 days notice and one opportunity to seek treatment before requiring the test? Yes No

Document the evidence used to reach this conclusion.
N/A - Program is not classified as a Child and Youth, Safety Sensitive Program as defined by the Act; however employees of the program are subject to drug and alcohol testing.

Employees Personnel Files

Criminal Background Checks

27. Is the program considered a "covered child or youth services provider"?

Yes No

Document the evidence used to reach this conclusion.
N/A

Provider

28. If "Yes", do personnel files for applicants, employees or unsupervised volunteers in the program contain a:

a. Yes No

b. Written notice of possible denial or termination of employment based on the outcome of the criminal background check Yes No

c. Traffic record check if they are or may be required to drive a motor vehicle to transport children as part of their duty? Yes No

Document the evidence used to reach this conclusion.
N/A

Personnel Files



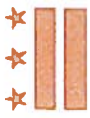
29. **Facility Review** (How does the provider ensure that facilities are safe, clean, and sanitary [48]?)

Maintenance Logs and Receipts: Inspection Reports Facility

Security Company: Professional 50 States, Inc. (Pro50) Is there a current Certificate of Occupancy [48]? CO 83498

Area of Assessment	Acceptable		Comments
	Yes	No	
a. Client access to toilet facilities (check if they are functioning properly; 24 hour ¹ access if operating in publicly-owned facility [72])	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Multiple restrooms located near each dorm. Toilets were randomly flushed during the inspection. One bathroom is located on the first floor reception area and available 24 hours a day as required by the DHS contract.
b. Client access to cool water [73]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provider distributes bottle water to clients and uses bottle water dispensers stationed in various parts of the building. Water served with meals.
c. Heating and Cooling System (check if it is functioning properly [74])	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heating and cooling systems functioning properly and no complaints were received from the clients that were interviewed. All parts of the building were found to be climate controlled. Provider has backup cooling units on site in the event the A/C fails.
d. Lighting and Electrical Outlets (check for exposed outlets or electrical wires [48])	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All of the electrical outlets and switches were properly covered during the inspection on April 24-25, 2013.
e. Smoke Detectors (indicate location of smoke detectors, and if they are operational)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Smoke detectors located in all dorm rooms and every major room in the facility. Smoke detectors were upgraded and hard wired into the Fire Alarm System. Portable battery operated smoke detectors are located in each dorm and major area of the facility.

¹24-hour access to toilet facilities is only available at severe weather shelters.



GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Department of Human Services
 Office of Program Review, Monitoring
 and Investigations

Area of Assessment	Acceptable		Comments
	Yes	No	
f. Fire Extinguishers (indicate last date of service for each fire extinguisher)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All fire extinguishers serviced and properly charged on April 24-25, 2013. Last date of service tagged February 2013.
g. Posted Evacuation Plans (indicate location of posters, and if they are legible)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Evacuation placards are posted in each hallway of the building on each end of the hallway. Evacuation placards are prepared in color and can be observed from at least ten feet away. Each dorm room contains at least one placard near the exit door.
h. Exit Signs (indicate if exist signs are posted, and if they are lit)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exit signs are posted in each hallway of the building on each end of the hallway. Exit signs are lit and can be observed from at least ten feet away.
i. Fire Alarm System (indicate if a fire alarm exists, and if it is operational)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Alarm system is operational and appears to be functioning properly.
j. Fire Drill Log (indicate if fire drills are conducted, and date of last fire drill)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Last fire drill conducted on Tuesday March 13, 2013, 4:30 pm.

Area of Assessment	Acceptable		Comments
	Yes	No	
k. Foyer Area or Lobby	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(For each room, check the condition of the furniture, fixtures, wall, door, lock, window, screen, ceiling and floor, check for visible evidence of rodents or pests (48J)) Area acceptable.
l. Offices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Facility contains offices for the management and administrative staff on one wing and additional offices for the Case Managers in a secluded area that provide privacy for meeting with clients.
m. Kitchen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The kitchen area was clean and acceptable to the follow up visit on August 28, 2012. The kitchen contains stove and equipment for food preparation but is only used to serve meals that are delivered from DC Central Kitchen. There was evidence of rodent control with the use of approved traps. The facility has



Area of Assessment	Acceptable		Comments
	Yes	No	
			(For each room, check the condition of the furniture, fixtures, wall, door, lock, window, screen, ceiling and floor; check for visible evidence of rodents or pests [48]) at least one licensed Food Handler that works during the week starting at 6:00 PM.
n. Dining Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The Dining area contains multiple large folding tables to serve the clients. The dining area also has a television and is used as lounge areas when meals are not being served.
o. Lounge or Sitting Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dining area is the only lounge area in the facility.
p. Sleeping Accommodations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There are sixteen dorms located on the first and second level of the facility, with an additional six two man rooms. Two man rooms are identified are used for ADA clients or those requiring medical isolation.
q. Restrooms and Showers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Multiple rest rooms and showers located near each dorm. Three showers were identified as needing repairs. Provider provided work orders documenting the repair request and copies of emails.
r. Other (indicate type of area, e.g., day room, exercise room)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The Laundry room is located on the basement level. Identified ADA and work program residents are permitted to use the laundry for personal clothes. Other clients are provided information on outside facilities.
s. General Accessibility/Elevator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No elevator in the facility. ADA accommodations are all located on the first floor. Specific dorms are identified as ADA compliant. ADA clients enter the facility using the main entrance.

30. If a health, fire or building inspection was conducted in the past 12 months [48]:

	What deficiencies were identified?	Were deficiencies resolved?	Comments
a. Health/Safety Inspection	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Fire Inspection	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Building Inspection	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	



B. Additional Standards – Severe Weather Shelter

Discrimination and Treatment

1. Is intake conducted on a first come, first served basis [2]?

Yes No

Document the evidence used to reach this conclusion.

Intake Client and Provider

Guarantee Bed

2. How does the provider reallocate beds when an individual leaves [3]?

30-min. grace period after lights out

Provide another bed within same facility or transport to a different shelter

Client and Provider

C. Additional Standards – Low Barrier Shelter

Discrimination and Treatment

1. Is intake conducted on a first come, first served basis [4, 5, 6]?

Yes No

Document the evidence used to reach this conclusion.

With the exception of the Work Program, ADA and those working with prior approval, beds are not held for clients. Clients may request same bed and staff will try to accommodate the request, but not guaranteed, according to the staff and management interviewed.

With the exception of the Work Program, ADA and those working with prior approval, beds are not held for clients. Clients may request same bed and staff will try to accommodate the request, but not guaranteed, according to the staff and management interviewed.

Intake Client and Provider

2. If "Yes", is an exception to the first come, first served policy given to [4, 5, 6]:

a. Returning clients? Yes No

b. Clients with a work, medical or other necessary obligation? Yes No

Document the evidence used to reach this conclusion.

Clients may request same bed and staff will try to accommodate the request, but not guaranteed
Clients in the Work Program, those that work and are not in the Work Program, or those with documented ADA are granted an exception with prior approval.

Document the evidence used to reach this conclusion.
Clients may request same bed and staff will try to accommodate the request, but not guaranteed
Clients in the Work Program, those that work and are not in the Work Program, or those with documented ADA are granted an exception with prior approval.

Intake Client and Provider

Facility Review

3. Do clients have access to clean, hot shower facilities [76]?

Yes No

Document the evidence used to reach this conclusion.

Multiple rest rooms and showers located near each dorm. Random test of hot and cold water tested in each bathroom.

Document the evidence used to reach this conclusion.
Multiple rest rooms and showers located near each dorm. Random test of hot and cold water tested in each bathroom.

Showers Maintenance Logs



Basic Needs

4. Does the provider distribute personal hygiene supplies [77]?

Yes No

Document the evidence used to reach this conclusion.
Individual soap issued to client. Toilet paper currently obtained from Service desk. Provider is installing new units that manage toilet paper consumption and prevent the theft of toilet paper rolls.

Distribution Logs

Guarantee Bed

5. How does the provider reallocate beds when an individual leaves [7]?

Clients may request same bed and staff will try to accommodate the request, but not guaranteed. If client is not in bed at bed count, the bed is given to the next person on the intake list. If the original client returns, he is given another bed in the facility or transported to another facility.

Client and Provider

Eligibility

6. Does the provider place clients on a waiting list when there's a lack of capacity [10]?

Yes No

Document the evidence used to reach this conclusion.
Every effort is made to accommodate each client at the facility. If over capacity, UPO van is called immediately with exact numbers requesting transfer. In some cases cots are set up in the conference room if after transport hours. Intoxicated or belligerent individuals are allowed to remain in the vestibule if behavior is disruptive to the facility.

Client and Provider

D. Additional Standards – Temporary Shelter and Supportive Housing

Facility Review

1. Do clients have access to clean, hot shower facilities [76]?

Yes No

Document the evidence used to reach this conclusion.
N/A

Showers Maintenance Logs

2. Are clients provided access to laundry facilities [82]?

Yes No

Document the evidence used to reach this conclusion.
N/A

Laundry Facilities

Basic Needs

3. Does the provider distribute personal hygiene supplies [77]?

Yes No

Document the evidence used to reach this conclusion.
N/A

Distribution Logs



Case Management Review

Provider:		Grant Number:	
Address:			
Program Type: Low Barrier	Date of Review: 24-Apr-13	Compliance Monitor:	

Interviews Conducted

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- Thirty-three (33) Clients files were reviewed representing approximately 10% of Client population of 365.
- Twenty-nine (29) random Clients of the total population of 365.

A. Requirements for All Providers

1. Does the provider enable clients to provide input and feedback in developing their Service Plan[33]:

Yes No

Document the evidence used to reach this conclusion.

Client files of thirty-three (33) clients reviewed representing 10 % of the client population. Those that have Service Plans were developed in conjunction with the clients and with their input according to CM Washington and the forty random clients interviewed. Clients in work program have detailed Service Plans and case records. Very limited or no documentation of CM in the case files of clients not in the Work Program. CM Washington stated that the CM(s) have been instructed not to prepare case notes on clients not in the Work Program.

Client and provider

2. Does the provider collaborate and coordinate with other service providers to meet the needs of clients that are identified in their Service Plan [50]?

Yes No

Document the evidence used to reach this conclusion.

Client files of thirty -three (33) clients randomly reviewed representing 10 % of the client population. Those that have Service Plans showed documentation of referrals for other services. Limited documentation of referrals in CM records for those that do not have Service Plans. Twenty-nine random clients were interviewed and the majority indicated that they had not received referrals from CM for other services.

Provider Service Plan

3. Are the referrals to other service providers made within five (5) business days?

Yes No

Document the evidence used to reach this conclusion.

Client records of thirty-three (33) clients reviewed representing 10% of the client population. Those that have Service Plans showed documentation of referrals for other services within five days when identified. Limited documentation of referrals in CM records for those that do not have Service Plans. Twenty-nine (29) random clients were interviewed and the majority indicated that they had received very limited referrals from CM for other services and referrals were made within five days of need. There exist very little documentation or proof of referrals by the CM(s) for those not in the Work Program because CM files are not normally maintained on clients not in Work Program or serviced as veterans by CM Washington,

Provider Service Plan

4. If "Yes", is follow-up conducted to confirm clients received services from other service providers?

Yes No

Document the evidence used to reach this conclusion.

Client records of thirty-three (33) clients reviewed representing 10 % of the client population. Those that have Service Plans showed documentation of referrals for other services within five days when identified. Little or no documentation of referrals in CM records for those that do not have Service Plans. Twenty-nine (29) random clients were interviewed and the majority indicated that they had received referrals from CM for other services and referrals were made within five days of need. Of the (33) thirty-three client files randomly reviewed, only three contained



documentation of referrals for service. Only one client file reviewed contained documentation of Case Notes.

Additional Questions for Family Shelters

5. Does the case manager work with the family to develop a Service Plan that includes [20, 21, 22]:

- a. Family's strengths and challenges Yes No
- b. Goals and milestones Yes No
- c. Exit Plan Yes No

Document the evidence used to reach this conclusion.

N/A
N/A
N/A

Client Case Record

6. Does the case manager reassess the family's Service Plan, as indicated in the Plan [20, 21, 22]?

- Yes No

Document the evidence used to reach this conclusion.

N/A

Client Case Record

7. Does the case manager [20, 21, 22]:

- a. Assist the family in achieving its goals. Yes No
- b. Make referrals Yes No
- c. Coordinate and ensure family's connection to services. Yes No
- d. Monitor progress at least once a month Yes No
- e. Update Service Plan at least every ninety (90) days Yes No

Document the evidence used to reach this conclusion.

N/A
N/A
N/A
N/A
N/A

Client Case Record

B. Low Barrier Shelter

8. For all clients, does the provider offer [8, 9, 75]:

- a. Assessment services? Yes No
- b. Case management services? Yes No

Document the evidence used to reach this conclusion.
The provider offers assessment services and case management for all clients in that there are two Case Managers assigned to the facility. However, in practice based on interviews with the Supervisory Social Worker and other monitoring staff, and random clients interviewed, the CM staff does not seek out clients and are only available at the request of the clients.

The Senior Program Manager reiterated that the CM staff does not report directly to him but reports instead to the [redacted]. After discussions during the exit interview with the Senior Program Manager, an additional document was inserted into the package given to all new Clients at intake informing the clients of the availability of case management Services on April 24, 2013.

Client and provider Client Case Record

C. Temporary Shelter

9. For all clients, does the provider offer [8, 9, 75]:

- a. Assessment interviews Yes No
- b. Case management services Yes No

Document the evidence used to reach this conclusion.
N/A

Client and provider Client Case Record

10. Does each client receive an assessment by a trained, qualified and supervised case manager [78]?

Minimum qualifications for case managers:

- a. Either: Bachelor's degree in social work, psychology, sociology, counseling or other related social service/science discipline; OR
Certification and/or licensure in a relevant discipline (e.g., Certified Addictions Counselor); AND
- b. Two (2) years experience providing case management services.

Document the evidence used to reach this conclusion.
N/A

Client Case Record

11. Do all clients participate in assessment and case management services [11]?

- Yes No

Document the evidence used to reach this conclusion.
N/A

Client Client Case Record

12. Does the provider refer clients to appropriate support services to enable them to satisfy their Service Plan [79]?

Document the evidence used to reach this conclusion.



12. Does the provider refer clients to appropriate support services to enable them to satisfy their Service Plan [79]?

Yes No

Document the evidence used to reach this conclusion.

N/A



Client



Client Case Record

13. Are clients given the opportunity to establish a savings or escrow account [84]?

Yes No

Document the evidence used to reach this conclusion.

N/A



Escrow Log

D. Transitional Housing

14. For all clients, does the provider offer [8, 9, 75]:

a. Assessment interviews

Yes No

b. Case management services

Yes No

Document the evidence used to reach this conclusion.

N/A



Client and provider



Client Case Record

15. Does each client receive an assessment by a trained, qualified and supervised case manager [78]?

Minimum qualifications for case managers:

a. Either: Bachelor's degree in social work, psychology, sociology, counseling or other related social service/science discipline; OR

Yes No

Certification and/or licensure in a relevant discipline (e.g., Certified Addictions Counselor); AND

Yes No

b. Two (2) years experience providing case management services.

Yes No

Document the evidence used to reach this conclusion.

N/A



Client Case Record

16. Does the provider refer clients to appropriate support services to enable client to satisfy the client's Service Plan [79]?

Yes No

Document the evidence used to reach this conclusion.

N/A



Client



Client Case Record

17. Are clients given the opportunity to establish a savings or escrow account [84]?

Yes No

Document the evidence used to reach this conclusion.

N/A



Escrow Log

18. Does the provider offer follow up services to clients for at least six months [86]?

Yes No

Document the evidence used to reach this conclusion.

N/A



Client Case Record

E. Permanent Supportive Housing

19. For all clients, does the provider offer [8, 9, 75]:

- a. Assessment interviews Yes No
- b. Case management services Yes No

Document the evidence used to reach this conclusion.
N/A

Client and provider Client Case Record

20. Does each client receive an assessment by a trained, qualified and supervised case manager [78]?

Minimum qualifications for case managers:

- a. Either: Bachelor's degree in social work, psychology, sociology, counseling or other related social service/science discipline; **OR**
Certification and/or licensure in a relevant discipline (e.g., Certified Addictions Counselor); **AND**
- b. Two (2) years experience providing case management services.

Document the evidence used to reach this conclusion.
N/A

N/A

N/A

Client Case Record

21. Does the provider refer clients to appropriate support services to enable them to satisfy their Service Plan [79]?

- Yes No

Document the evidence used to reach this conclusion.
N/A

Client Client Case Record

22. Are clients given the opportunity to establish a savings or escrow account [84]?

- Yes No

Document the evidence used to reach this conclusion.
N/A

Escrow Log



GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Department of Human Services
 Office of Program Review, Monitoring and Investigation

Corrective Action Plan

The DHS Compliance Monitor conducted a monitoring inspection/case management review of [redacted]. The chart below identifies (1) deficiencies documented during or subsequent to that review, (2) prescribed corrective actions and (3) due dates for resolving the deficiencies.

Name of facility: _____

Date of review: April 24, 2013

Address: _____

Name of provider: _____

Requirement	Deficiency	Corrective Action	Due date	Progress	
				Date	Action
29 DCMR 2515.2, Provider staff shall be trained qualified and supervised.	Provider lacks documentation in personnel files indicating that staff has attended TCP mandated training in the areas of: -Reasonable Accommodation HSRA Reasonable Accommodation	Develop and submit a written protocol to ensure that all staff attends training provided by TCP in accordance with the contract.	04/28/2014	4 / 25 / 14	Effective immediately, applicable staff will attend all mandatory trainings as identified by TCP. Certificates of completion will be maintained in program site personnel files as well as in Human Resources personnel files for record.
29 DCMR 2515.5, states in part; Collaborate and coordinate with other service providers to meet the client's needs.	Very little documentation of proof of referrals for other services.	Develop and submit a written protocol to ensure that referral for services are made to other providers as needed and that the referrals are tracked in both the client files and HMIS.	04/28/2014	4 / 25 / 14	Effective immediately, all case management staff will receive HMIS data entry training. Effective May 30, 2014, all client referrals will be input into the HMIS system.

* Progress Indicator: (C) Complete; (P) In Progress; (NA) Not Addressed

Compliance Monitor

Date

[Program Manager/Director]

Date

Chief Accountability Officer

March 21, 2014

Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICESOffice of Program Review,
Monitoring and Investigation

MAR 26 2014

Enclosed are the Monitoring Inspection/Case Management Review Reports containing findings of the review conducted on April 24, 2013, at [REDACTED] center. Information for these reports was obtained through site visit, a review of a sample of personnel files and case management records, interviews with staff and clients, and an observation of the conditions of the facility.

Based on the results of this review, [REDACTED] demonstrated strong points as they relate to the requirements of the Homeless Services Reform Act of 2005 (HSRA), as amended. The areas of compliance include:

- Documentation that case management services are provided for the work program participants

During this review, two (2) deficiencies were also identified. These deficiencies, as well as, references to applicable HSRA requirements and/or contract terms, are identified in the enclosed Corrective Action Plan. The Corrective Action Plan also contains instructions and timelines for completion. You may contest the validity of the deficiencies or timelines for completing the corrective actions by submitting a written request to the Office of Program Review, Monitoring and Investigation within five (5) business days. Requests can be submitted to [REDACTED] Compliance and Monitoring Officer, at [REDACTED]

Copies of completed corrective action plans, including appropriate documentation, should also be forwarded to [REDACTED]. If there is any question about the type of documentation that will be accepted to show compliance, please contact [REDACTED] directly for assistance. [REDACTED] may be reached at [REDACTED]

DHS will conduct a follow-up review to assess the resolution of each deficiency not resolved within the specified timeframes. Please be advised that failing to correct the deficiency will be reported to The Community Partnership for the Prevention of Homelessness (TCP) and the DHS Contracting Officer's Technical Representative (COTR).

Letter to:
Page 2

Thank you for your cooperation and assistance during the monitoring process, and for your continued efforts and partnership to serve the homeless in the District of Columbia. If you need additional information, please contact

Sincerely,

Enclosures:

1. Corrective Action Plan
2. Monitoring Inspection Report
3. Case Management Review Report

cc:



Monitoring Instrument #6
Additional Requirements
Personnel Files Checklist

Date: [Click here to enter a date.](#)

Provider:	
Employee Name:	Position Title: Click here to enter text.
Salary/Percent Charged to Contract: Click here to enter text.	Compliance Monitor:
Yearly/Monthly/Hourly:	

1.

			Document the evidence used to reach this conclusion.
a. Position Listed in Contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
b. If not, was this change approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>

2.

Job Description	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Note: <input type="text"/>
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3.

			Click here to enter a date.
Orientation Conducted? (Enter Date of Orientation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Note: <input type="text"/>

4.

			Click here to enter a date.
Annual Employee Evaluation? (Enter Date of Evaluation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Note: <input type="text"/>

5.

			Click here to enter a date.
First Aid/CPR Certification? (Enter Date of Certification)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Note: <input type="text"/>

6.

				Click here to enter a date.
Confirmation of Drug & Alcohol Test? (Enter Date of Test)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Note: <input type="text"/>

7.

Confirmation of Training (Enter Training Dates)				
a. ADA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Click here to enter a date.	Note: [Redacted]
b. Section 504 of Rehabilitation Act	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Click here to enter a date.	Note: [Redacted]
c. Diversity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Click here to enter a date.	Note: [Redacted]
d. HIPAA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Click here to enter a date.	Note: [Redacted]
And one training in each of the following categories:				
e. Sensitivity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Click here to enter a date.	Note: [Redacted]
f. Health and Safety	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Click here to enter a date.	Note: [Redacted]
g. Crisis Intervention	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Click here to enter a date.	Note: [Redacted]

8.

Application/Resume?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify: [Redacted]
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9.

Reference Checks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify: [Redacted]
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10.

Confirmation of Criminal Background Check? (Enter Date of Background Check)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Click here to enter a date. Note: [Redacted]
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11.

Credentials, if applicable?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Specify: [Redacted]
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12.

Time Records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify: [Redacted]
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13.

Tuberculosis (TB) Test? (Enter Date of Test)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Click here to enter a date. Note: [Redacted]
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Monitoring Instrument #2




Client Case File Review Checklist

Provider: _____	
Resident ID: _____	Date of Entry: _____
Family Size: _____	Length of Stay: _____
Income and Sources: Yearly/Monthly/Hourly _____	Compliance Monitor: _____

General:

a. <input type="checkbox"/> Eligibility Documentation	Click here to enter a date.	Note: _____
b. <input type="checkbox"/> Application/Intake Information	Click here to enter a date.	Note: _____
c. <input type="checkbox"/> Resident Contract/Lease	Click here to enter a date.	Note: _____
d. <input type="checkbox"/> Program/House Rules	Click here to enter a date.	Note: _____
e. <input type="checkbox"/> Rights and Responsibilities	Click here to enter a date.	Note: _____
f. <input type="checkbox"/> Release of Information Consent	Click here to enter a date.	Note: _____
g. <input type="checkbox"/> Assessment Dated:	Click here to enter a date.	Note: _____
h. <input type="checkbox"/> Case Management Plan Dated:	Click here to enter a date.	Note: _____
i. <input type="checkbox"/> Subsequent Documented Re-Assessments Dated:	Click here to enter a date.	Note: _____
j. <input type="checkbox"/> Rent Amount, if applicable	Click here to enter text.	Note: _____
k. <input type="checkbox"/> Escrow Balance, if applicable	Click here to enter text.	Note: _____
l. <input type="checkbox"/> Case Notes Dated:	Click here to enter a date.	Note: _____
m. <input type="checkbox"/> DC Disability Rights Brochure	Click here to enter a date.	Note: _____

Contractor Services:

Identified Needs	Services Provided/Date	Status/As of Date
a. <input type="checkbox"/> Housing	 Click here to enter a date.	 Click here to enter a date.
b. <input type="checkbox"/> Health (Mental/Physical)	 Click here to enter a date.	 Click here to enter a date.
c. <input type="checkbox"/> Employment	 Click here to enter a date.	 Click here to enter a date.
d. <input type="checkbox"/> Education	 Click here to enter a date.	 Click here to enter a date.
e. <input type="checkbox"/> Case Management Contact	 Click here to enter a date.	 Click here to enter a date.
f. <input type="checkbox"/> Other/Notes	 Click here to enter a date.	 Click here to enter a date.



Client Interview

Provider:	
Client Name (Optional):	
Date of Review:	Compliance Monitor:

1. How long have you been living here?

2. What do you like most about the program?

3. What do you like least about the program?

4. Do you feel that you live in a safe environment?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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5. What type of services do you receive from the provider?

Case Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Food	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Clothing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Counseling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Referrals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

6. Do you have any problems receiving services?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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7. Are you aware of your rights and responsibilities as a client?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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8. Have you been made aware of the procedures for filing a grievance with the program?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/>
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9. Is there any part(s) of the program you would like to change?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
------------------------------	-----------------------------	--

10. Are you aware of any facility repairs needed? Have they been reported and/or corrected?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
------------------------------	-----------------------------	--

11. Do you feel that you are being prepared for the next level of housing by the program?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/>
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12. What is your overall opinion of the services being provided?

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input checked="" type="checkbox"/>
<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	

13. What is your status in obtaining a more permanent housing situation?

--

Staff Interview

Provider:

Click here to enter text.

Name of Interviewee (Optional):

Click here to enter text.

Date of Review:

Click to enter a date.

Compliance Monitor:

1. How long have you been employed with this organization?

[Redacted]

2. How long have you been in the current position?

[Redacted]

3. Were you provided with a job description?

Yes

No

[Redacted]

4. Did you receive orientation/training for your present position?

Yes

No

[Redacted]

5. Are on-going training opportunities provided? If so, what type?

Yes

No

[Redacted]

6. What aspects of the program would you like to see improved?

Document the evidence used to reach this conclusion.

[Redacted]

7. How would you rate the communication flow within the program?

Excellent

Good

[Redacted]

Fair

Poor

8. How would you rate the communication flow between management and staff?

Excellent

Good

[Redacted]

Fair

Poor

9. How would you rate the communication flow between the program and the client?

- Excellent Good
 Fair Poor

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10. Are you familiar with the contract and regulations that apply to the delivery of service? If so, do you have access to these governing documents?

- Yes No

--	--

11. Are you aware of the grievance procedures for residents and staff? If so, what are they?

- Yes No

--	--

12. What is your relevant experience/training, etc. as it related to your current position?

--

13. Do you feel that you receive adequate support from superiors to carry out your job duties?

- Yes No

--	--

14. Are there any obstacles that prevent you from adequately serving the residents?

- Yes No

--	--



District of Columbia
Department of Human Services

Homeless Services Program Complaints

You can report a complaint by:

- | | |
|----------------------|--|
| 1. DHS website | dhs.dc.gov/complaints |
| 2. Email | OPRM1@dc.gov |
| 3. Hotline | (202) 673-4464 |
| 4. Fax | (202) 671-4409 |
| 5. Mail or In-Person | DHS Office of Program Review,
Monitoring and Investigation
64 New York Ave, NE, 6th Floor,
Washington, DC 20002 |

Individuals reporting a complaint should submit a *Suggestion and Complaint Form* or leave a brief message on the hotline describing the complaint.

Role of the Homeless Services Monitoring Unit

- Investigates complaints related to homeless services programs
- Conducts monitoring inspections and program reviews

Role of the Compliance Monitors

- Review complaints
- Contact the source of the complaint, if necessary
- Investigate complaints

Questions regarding *Submitting a Suggestion or Reporting a Complaint* ?

Please contact the Office of Program Review, Monitoring and
Investigation at (202) 671-4460 Monday - Friday from
8:15AM - 4:45PM