

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF THE INSPECTOR GENERAL**

**D.C. VILLAGE EMERGENCY SHELTER  
FOR HOMELESS FAMILIES**

**Special Evaluation**

**REPORT OF INSPECTION  
December 2006**



**CHARLES J. WILLOUGHBY  
INSPECTOR GENERAL**

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**Inspections and Evaluations Division**  
**Mission Statement**

The Inspections and Evaluations (I&E) Division of the Office of the Inspector General is dedicated to providing District of Columbia (D.C.) government decision makers with objective, thorough, and timely evaluations and recommendations that will assist them in achieving efficiency, effectiveness, and economy in operations and programs. I&E goals are to help ensure compliance with applicable laws, regulations, and policies, to identify accountability, recognize excellence, and promote continuous improvement in the delivery of services to D.C. residents and others who have a vested interest in the success of the city.

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GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Office of the Inspector General

Inspector General



December 18, 2006

The Honorable Adrian M. Fenty  
Chairperson  
Committee on Human Services  
Council of the District of Columbia  
1350 Pennsylvania Ave. N.W., Suite 408  
Washington, D.C. 20004

Dear Chairperson Fenty:

In response to your request that the Office of the Inspector General (OIG) perform an inspection and evaluation of management, services, and health and safety conditions at the D.C. Village Emergency Shelter for Homeless Families (DCV), please find enclosed our final report. The inspection team (team) made a number of on-site visits to evaluate conditions first-hand, and interviewed employees at DCV, the Department of Human Services (DHS), the Community Partnership for the Prevention of Homelessness (TCP), and the Coalition for the Homeless (Coalition). The team also reviewed numerous documents, including the District's Homeless Services Reform Act of 2005 (HSRA), the contract between DHS and TCP, and the Coalition's contract with TCP.

The team found, *inter alia*, that the DCV facilities are not in compliance with the HSRA, which calls for apartment-style accommodations; some DCV employees who have direct contact with children have not undergone required background checks and substance abuse screening; DCV has no stated occupancy limit and residents are sleeping in spaces that double as recreation areas; buildings have numerous points of entry and do not afford residents adequate safety and security; there is high turnover and short staffing among case managers, which delays the provision of services to residents; there is an acute need for on-site mental health services for children; there is no on-site physical or mental health care for adults; and the DHS contract with TCP has ambiguous language that makes it difficult to identify responsible parties and hold them accountable for their actions or inaction. The team does note that new food service contractors and improved food quality resulted in a significant drop in complaints from residents.

Our report contains a number of recommendations that are intended to assist DHS, DCV, and the contractors in clearly identifying DCV's problems and taking action to mitigate their impact on residents. You should note, however, the team believes that the lack

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of apartment-style accommodations as required by HSRA is an overarching issue that calls for a collaborative effort among these parties, the Executive Office of the Mayor, and the City Council.

If you have questions about this report or if we can be of further assistance, please feel free to contact me on (202) 727-2540.

Sincerely,



Charles J. Willoughby  
Inspector General

CJW/ef

Enclosure

Cc: See Distribution List

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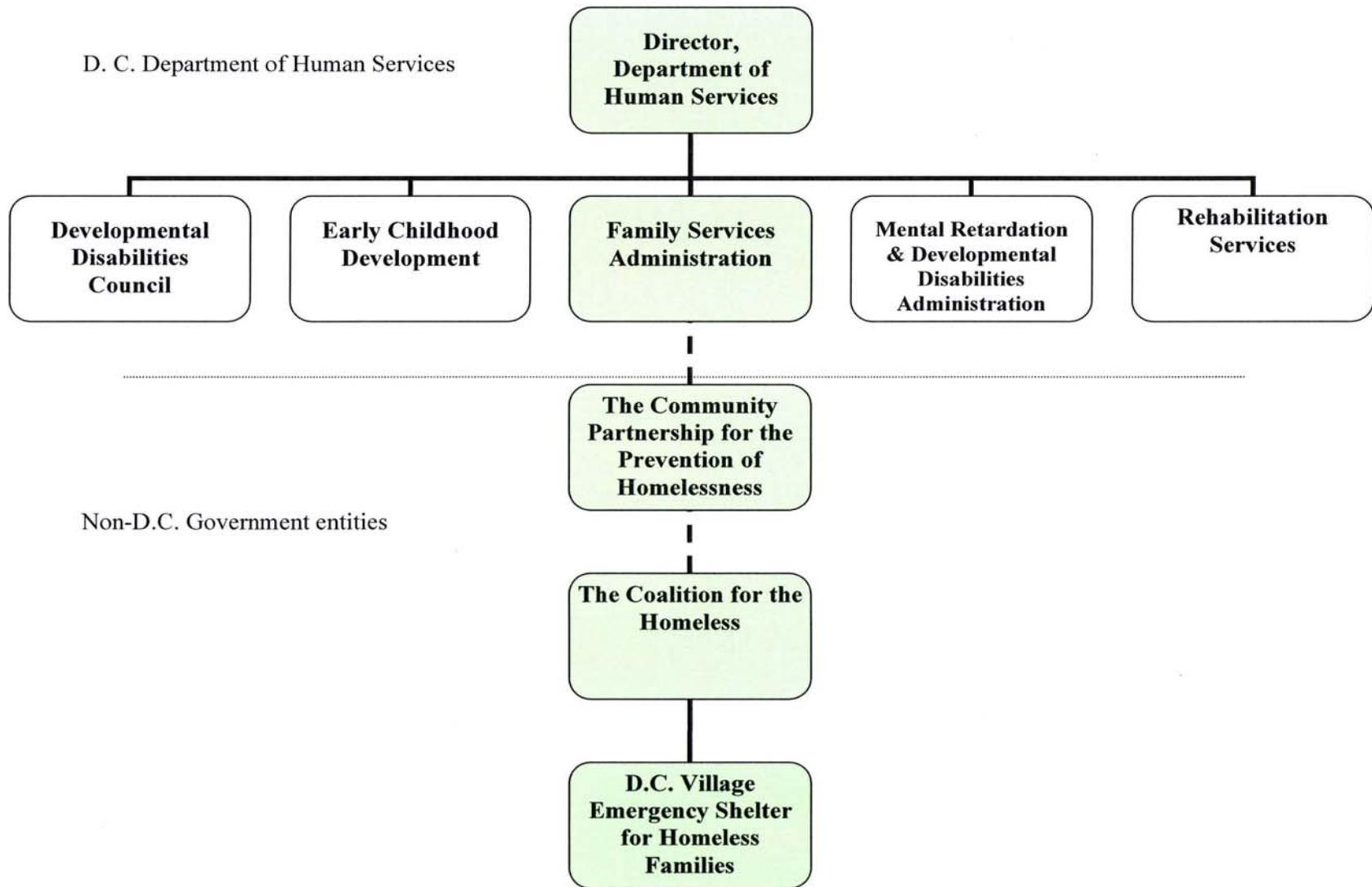
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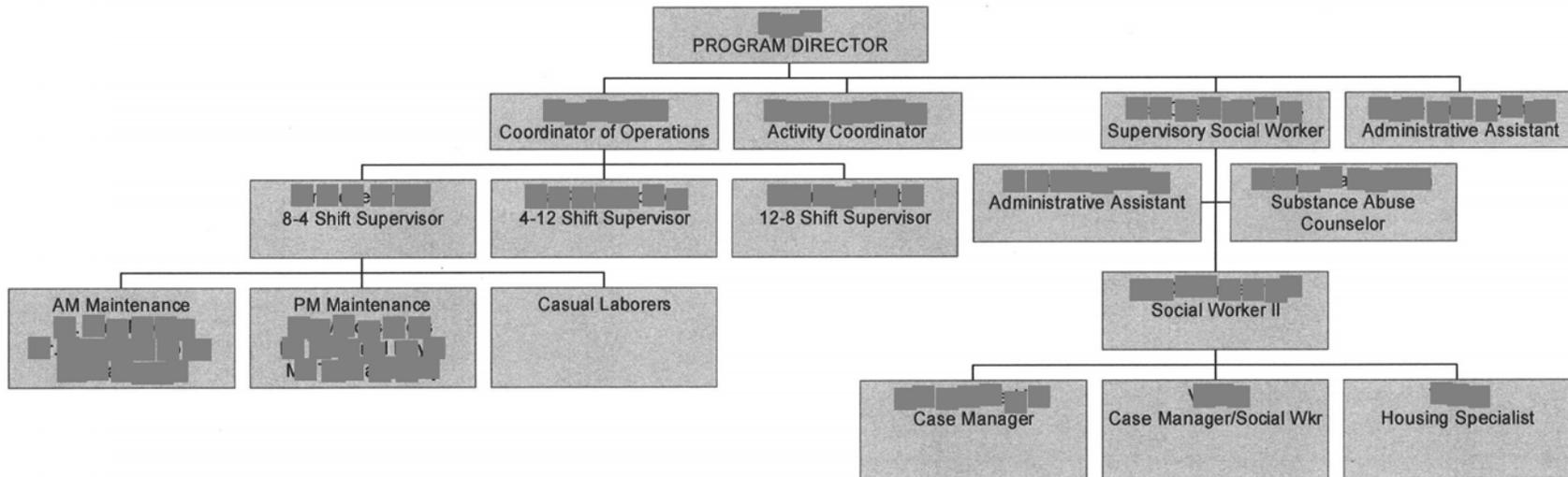
Appendix 3: TCP Monitoring Report Dated September 2006

**ACCOUNTABILITY &  
ORGANIZATION CHARTS**

# Accountability for D.C. Village Emergency Shelter for Homeless Families



COALITION FOR THE HOMELESS  
DC VILLAGE EMERGENCY FAMILY SHELTER  
ORGANIZATIONAL CHART  
DECEMBER 1, 2005



## ACRONYMS

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<b>APRA</b>	Addiction Prevention and Recovery Administration
<b>COC</b>	Continuum of Care
<b>DCMR</b>	District of Columbia Municipal Regulations
<b>DCV</b>	D.C. Village Emergency Shelter for Homeless Families
<b>D/DHS</b>	Director, D.C. Department of Human Services
<b>DHS</b>	D.C. Department of Human Services
<b>FSA</b>	Family Services Administration
<b>HIV/AIDS</b>	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
<b>HSRA</b>	Homeless Services Reform Act of 2005
<b>HVAC</b>	Heating, Ventilation, and Air Conditioning
<b>I&amp;E</b>	Inspections and Evaluations Division
<b>MPD</b>	Metropolitan Police Department
<b>OCP</b>	Office of Contracting and Procurement
<b>OFM</b>	Office of Facilities Management
<b>OIG</b>	Office of the Inspector General
<b>OPM</b>	Office of Property Management
<b>TCP</b>	The Community Partnership for the Prevention of Homelessness
<b>UPR</b>	Universal Program Rule

**EXECUTIVE SUMMARY**

## EXECUTIVE SUMMARY

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### Background and Perspective

The D.C. Village Emergency Shelter for Homeless Families (DCV) is a 24-hour facility located in a complex of District of Columbia government (District) buildings near Bolling Air Force Base in southwest Washington, D.C. With a daily population of roughly 200-250 people, DCV provides temporary living quarters for adults and children who are considered either homeless or at “imminent risk of becoming homeless.”<sup>1</sup> In addition, DCV provides meals, referrals to medical care and substance abuse and employment counseling, and assistance in finding permanent housing.

The Department of Human Services (DHS) Family Services Administration (FSA) funds the operations of DCV and more than 60 other providers of homeless services by contracting with a non-profit organization, The Community Partnership for the Prevention of Homelessness (TCP).<sup>2</sup> TCP sub-contracts with the Coalition for the Homeless (Coalition),<sup>3</sup> also a non-profit organization, for the day-to-day operation of DCV. TCP’s website states that it has developed a “Continuum of Care [COC] which provides prevention services, street outreach, emergency shelter, transitional housing, permanent support housing and supportive services...for homeless individuals and families...” *Id.* at n.2.

In September 2005, Councilmember Adrian Fenty, Chairperson of the Committee on Human Services, sent a letter to City Administrator Robert Bobb in which he expressed concern that DHS was not adequately addressing poor living conditions at DCV. On October 19, 2005, Councilmember Fenty held a public oversight hearing at DCV during which residents testified on issues including overcrowded living conditions, poor quality food, and plumbing and HVAC<sup>4</sup> problems. Following the hearing, Councilmember Fenty, by letter dated October 28, 2005, asked the Office of the Inspector General (OIG) to inspect and evaluate the management, services provided to residents, and health and safety conditions at DCV. He wrote:

It appears that a lack of contract oversight by both DHS and TCP has led, in practice, to a situation where no one is held responsible for the provision of effective and efficient services in accordance with applicable District law.... [I]t is clear that the patchwork services offered at D.C. Village fall short of the “continuum of care” model that is at the core of the District’s contract with TCP.

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<sup>1</sup> The Homeless Services Reform Act of 2005, D.C. Law 16-0035, effective October 22, 2005, (HSRA), codified at D.C. Code, defines “imminent risk of becoming homeless” as “the likelihood that an individual’s or family’s circumstances will cause the individual or family to become homeless in the absence of prompt government intervention.” *Id.*

<sup>2</sup> According to its website, TCP was established in 1989 with the mission of “serv[ing] as a focal point for efforts to reduce and prevent homelessness in the District of Columbia.” *See* [www.community-partnership.org/tcp\\_about.html](http://www.community-partnership.org/tcp_about.html).

<sup>3</sup> The Coalition’s website states that since 1980, its mission has been to help homeless and at-risk District individuals and families become self-sufficient by providing a range of residential and social services. *See* <http://dccfh.org>.

<sup>4</sup> Heating, ventilation, and air conditioning.

## EXECUTIVE SUMMARY

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*Id.*

### **Scope and Methodology**

The objective of this special evaluation was to answer fundamental questions, as set forth below, regarding day-to-day management and oversight of the facility:

- Are TCP and the Coalition meeting their contractual obligations?
- Do the services provided and the conditions at DCV comply with the Homeless Services Reform Act of 2005 (HSRA)?
- Are contract requirements and lines of accountability and responsibility between DHS, TCP, and the Coalition clear and effective?
- Has money spent in recent years on DCV facility maintenance and repair resulted in satisfactory conditions?
- Is management and oversight of the facility adequate?

The OIG conducted inspection activities from January 2006 to November 2006. During this period, the inspection team (team) interviewed employees at DHS, TCP, the Coalition, and DCV. The team also reviewed a variety of documents, including:

- The HSRA;
- Universal Shelter Rules for Temporary Shelters Governed by the HSRA;
- Additional Program Rules for DCV, as approved by DHS in September 2006;
- TCP's contract with DHS and the Coalition's contract with TCP;
- DCV budget documents;
- DCV facility maintenance and repair invoices and expenditure information;
- DHS and TCP monitoring reports; and
- Newspaper articles and hearing testimony.

## EXECUTIVE SUMMARY

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### FINDINGS AND RECOMMENDATIONS

#### Health and Safety Conditions

*The accommodations at D.C. Village do not comply with the HSRA. Unrelated families share rooms that lack private bathing and cooking facilities; cubicles for sleeping in the overflow areas do not have individual doors.* (Page 13) DCV affords residents none of the apartment-style accommodations that are required under D.C. law. **Recommendation:** That the Director of the Department of Human Services (D/DHS) develop and publicize within 180 days of the issuance of this report, a strategic plan that identifies completion dates and a detailed estimate of the actions, resources, and timetable necessary to bring the District into compliance with the HSRA requirement that families be housed in apartment-style shelters.

*D.C. Village employees who have direct contact with families and children have not had criminal background checks or substance abuse screenings conducted as required by contract and D.C. law.* (Page 13) The Coalition for the Homeless is required to conduct criminal background checks and substance abuse screenings of its employees. The inspection team found no evidence these requirements are being met, and no mention in DHS and TCP monitoring reports that these areas of non-compliance must be addressed. **Recommendations:** (a) That TCP ensure that the Coalition move expeditiously to obtain all requisite criminal background checks. (b) That DHS, TCP, and the Coalition immediately identify every position at DCV that is considered a “safety sensitive” position. (c) That TCP ensure that the Coalition move expeditiously to obtain requisite substance abuse screenings for all DCV “safety sensitive” personnel.

*There is no stated occupancy limit at D.C. Village. It is not uncommon for six or more individuals to share one room, for children to share beds, and for shelter residents to sleep in spaces used as recreation areas during waking hours.* (Page 16) **Recommendation:** That, in order to establish healthier living conditions, DHS, TCP, and the Coalition should agree upon and enforce a maximum facility capacity based on a number of beds and cots and the availability of appropriate spaces in which to locate these beds and cots.

*The single-story buildings that house D.C. Village present numerous ground-level points of entry and do not afford adequate safety and security to residents, some of whom, being victims of domestic abuse, are extremely vulnerable.* (Page 16) DCV employees consistently expressed the need for additional security. Women and children represent the majority of DCV’s residents, and some have personally experienced abuse and stalking. **Recommendations:** (a) That the Director of DHS work with the Metropolitan Police Department to execute a memorandum of understanding through which MPD personnel would maintain a regular presence in DCV buildings. (b) That the Director of DHS instruct the Office of Facilities Management to inspect immediately and secure as necessary all exterior doors and windows at DCV.

*There is no system in place to safeguard and secure residents’ prescription medications which, given the communal nature of the accommodations and the presence of children, poses a significant risk to residents’ safety.* (Page 17) The Coalition is required to ensure that all

## EXECUTIVE SUMMARY

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client medications are labeled and stored in secure areas accessible to designated staff only. The inspection team was concerned by the lack of safe and secure storage of residents' medications, and the potential for theft, or accidental or deliberate ingestion by someone other than the prescribed user. **Recommendation:** That the Director of DHS ensure that TCP and the Coalition, in consultation with qualified medical professionals, immediately implement a system for labeling, securing, and granting residents access to their prescription medications.

*The June 2006 change in food services contractors greatly improved the quality of food and resulted in a significant drop in residents' complaints.* (Page 18) **Recommendations:** (a) That DHS program monitors request the results of the food service contractor's 2006 customer satisfaction survey and disseminate the results to DCV residents, management, and District government stakeholders. (b) That TCP exercise its contractual right to request "periodic supplemental reports" from the food service contractor and provide those reports to DHS monitors on a regular basis.

*Over the past year, the Coalition has spent an average of nearly \$2,000 per month exterminating pests at DCV, but mice, roaches, and bed bugs are persistent problems that are difficult to control due to the poor condition of the buildings and residents' disregard of sanitation rules.* (Page 19) Vermin are routinely transported into the facility via clothing and personal belongings that residents bring with them in luggage and boxes. Residents frequently store food in their rooms in violation of shelter rules, which makes it difficult to effectively combat roaches. **Recommendations:** (a) That the Coalition experiment with expanding residents' access to food in approved areas (i.e., not their sleeping quarters) during non-mealtime hours. With more frequent access to food, residents may be less likely to store food and beverages that attract mice and cockroaches to their rooms. (b) That the Department of Health conduct a safety and health inspection to determine whether the chemicals and processes used to exterminate rodents and vermin at DCV pose any health risks to DCV residents and employees.

*The common areas (hallways, day rooms, restrooms, bathing facilities) of D.C. Village appeared clean and well maintained.* (Page 20) **Recommendation:** None.

### Services Provided to D.C. Village Residents

*With respect to the provision of services, criteria in the HSRA and in TCP and Coalition contract documents are not sufficient to ensure that DCV residents' needs are met in a timely fashion.* (Page 23) Despite generally meeting criteria defined by law and contract, services provided to D.C. Village residents fail to meet standards set by need and compassion. There are no "customer service" criteria regarding the timely provision of services to DCV residents, many of whom are facing acute physical and mental health conditions. **Recommendations:** (a) That the D/DHS and the Coalition work together to amend DCV program rules and attach timeframes to the provision of key services to DCV residents. (b) That DHS, in collaboration with TCP, propose amendments to the HSRA that would attach timeframes and client service goals to the provision of critical services.

*High turnover among case managers caused short staffing, which in turn led to delays in case management services. The recent hiring of additional case managers has reduced the*

## EXECUTIVE SUMMARY

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*number of families assigned to each.* (Page 24) DCV management continually deals with employee turnover among the case manager positions. “No show” appointments also are a common occurrence. A family may miss several scheduled appointments before they attend their first meeting. **Recommendation:** None.

*Physical and mental health services available to DCV residents comply with and in certain areas even exceed requirements as defined by the HSRA, but they still do not adequately meet the acute needs of DCV’s residents.* (Page 26) Children’s physical health needs are addressed using both on-site resources and referrals to additional services, but there is an acute need for on-site mental health services for children. There is no on-site physical or mental health care for adult residents. There is no on-site substance abuse treatment for adults, despite the fact that the majority report substance abuse problems. **Recommendations:** (a) That DHS, as a short-term improvement, explore the feasibility of having the mobile health clinic for children on-site more than the current one day per week. (b) That DHS expedite negotiations with Georgetown University regarding the establishment of a permanent, on-site health clinic at DCV that would serve both children and adults. (c) That D/DHS develop and publicize within 30 days of issuance of this report, a strategic plan that identifies task completion dates and a detailed estimation of the resources necessary to establish permanent, on-site mental health services for DCV residents. (d) That D/DHS develop and publicize within 30 days of the issuance of this report, a strategic plan that identifies task completion dates and a detailed estimation of the resources necessary to establish permanent, on-site substance abuse counseling services for DCV residents. (e) That DHS ensure that DCV case managers have a current directory of local detoxification and in-patient substance abuse treatment programs.

*A senior manager at DCV expressed disappointment with the employment support provided to residents by the Department of Employment Services. The Coalition now supplements these services by having its own employment specialist come to DCV three times per month.* (Page 29) **Recommendation:** None.

### Contract and Budget Issues

*Vagueness in DHS/TCP contract language prevents accountability on key issues such as facility maintenance and repair.* (Page 31) The lack of clear contract language in vital areas undermines key stakeholders’ abilities to hold the appropriate entity responsible for poor conditions and inaction. **Recommendation:** That DHS and TCP immediately amend their contract to clarify roles and responsibilities in critical areas such as facility maintenance and repair and security inside DCV buildings and on DCV grounds.

*DHS underreported and underestimated the amount of money needed to repair and maintain the DCV facility. During the first year of the contract, DCV alone consumed over 60% of the funds DHS earmarked for repair and maintenance of 11 District owned buildings used by homeless services programs, a condition that presumably is drawing funds away from other District owned buildings.* (Page 32) During the first year of its contract with TCP, DHS provided \$350,000 for repair and maintenance of 11 District-owned buildings occupied by homeless services programs. D.C. Village consumed over 60% of these funds. During FYs 2005 and 2006, the District has spent roughly \$1 million on repair and maintenance at D.C.

## EXECUTIVE SUMMARY

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Village. **Recommendation:** That the D/DHS request an audit and analysis from TCP of FY 2006 repair and maintenance expenditures at all 11 District-owned facilities used by homeless services programs. DHS and TCP should use the results of the analysis to re-negotiate the amount of funding available to TCP in 2007 and beyond to meet TCP's contractual obligations with respect to building repair and maintenance.

*Despite the criticality of DCV's case manager and on-site shelter monitor positions, minimal funding is available for training. During 2005 contract negotiations the District rejected TCP's request for annual funding to train Continuum of Care service providers in areas such as best practices and homeless clients' rights. For FY 2006, the Coalition budgeted \$4,800 for training DCV staff members.* (Page 35) OCP informed TCP that funds were not available for training homeless services providers. Few resources are available to train shelter employees who have the most contact with residents – the case managers and the on-site monitors and shift supervisors. **Recommendation:** That TCP and the Coalition develop and publicize within 60 days of the issuance of this report a plan to expand the training offered to shelter monitors and shift supervisors. This plan should identify training topics, the source of instruction, and additional resources needed to execute the plan.

### Management and Oversight

*From October 2005 until September 2006, there were no rules specific to DCV residents regarding their rights, responsibilities, and behavior. Consequently, DCV staff had limited ability to enforce standards, impose sanctions, suspend services, or transfer disruptive and non-compliant residents.* (Page 39) The absence of program specific rules made it very difficult for shelter staff to maintain living standards. Lack of enforceable curfew times and visitation rules led to disruptions. Without rules regarding abandonment of their accommodation, a family could leave the facility for days at a time and return with the expectation that their room would still be available. Shelter specific rules have been in place since September 2006, and staff members now have stronger authority. **Recommendation:** None.

*DHS and TCP monitoring reports do not address key provisions of the Coalition's contract.* (Page 40) Monitoring reports filed by DHS and TCP fail to address key safety issues such as criminal background checks and substance abuse screenings for employees. The lack of content in TCP's annual monitoring report was particularly troublesome. **Recommendations:** (a) That the HSRA be amended in order to strengthen the City's shelter monitoring and inspection activity and require that DHS submit written assessments and summaries of its monitoring activities to the Council on a regular basis. (b) That DHS amend the format of its monitoring reports to include an assessment of key contract provisions, including, but not limited to: criminal background checks and substance abuse screenings for employees; security of residents' prescription drugs; employee training; personnel files; employee tuberculosis testing; and employee CPR and first aid certifications. (c) That DHS work with TCP to develop a robust checklist of issues that TCP must address during each site visit, and a template for TCP's written monitoring reports. (d) That DHS amend its contract with TCP to increase the required number of annual visits by TCP monitors from one per year to one per quarter.

**FACILITY OVERVIEW AND  
CONTRACTUAL RELATIONSHIPS**

## FACILITY OVERVIEW AND CONTRACTUAL RELATIONSHIPS

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### Facility Overview

The D.C. Village Emergency Shelter for Families (DCV) is a 24-hour residential facility that houses 50-70 families in rooms and cubicles that do not have private bathing or cooking facilities. At DCV it is common for members of unrelated families to share one room. Located near Bolling Air Force Base in the southernmost part of the city's southwest quadrant, the buildings occupied by the shelter facility are owned by the D.C. government. Most families arrive at the DCV facility after going through a central intake and assessment process administered by TCP at the Virginia Williams Family Resource Center at 25 M Street N.W. Some residents arrive at the shelter after being referred by the Hypothermia Hotline, or upon the advice of the Mayor's Citywide Call Center. Some clients also show up at the shelter unannounced. In October 2005, the Coalition reported to the Council of the District of Columbia (Council) an average daily population of 215 people: 75 adults and 140 children.<sup>5</sup> According to people who work at DCV, the population often and unpredictably approaches or exceeds 250 people.

The shelter has several types of accommodations, which are summarized in the table below.

**Table 1: Overview of D.C. Village Accommodations**

<u>Area of Facility</u>	<u>Number of Units</u>	<u>Type of Unit</u>
Unit 2A	16	Rooms
Unit 2B	11	Rooms
Unit 3A	16	Rooms
Overflow Area 1	6	Cubicles
Overflow Area 2	6	Cubicles
Overflow Area 3	6	Cubicles
Total	<b>61</b>	

Each room at DCV typically contains 3-5 beds, depending on its size and configuration. Each has its own sink and toilet, or, shares a sink and toilet with one other room. DCV rooms have wooden doors that can be locked from the inside. A room at DCV is used in a number of ways, depending on the occupancy level of the shelter, and the number, age, and gender of family members. For example, one room could contain two families, i.e. two mothers each with one or more children. In contrast, one room could contain only one family, i.e., a mother, father, and five children. Adult males are not housed in rooms with unrelated females of any age.

Each overflow area in DCV is a large common area that has been divided using office-style partitions to create cubicles, each of which typically contains several beds and a dresser. Blankets or sheets are used to shield the interior of each cubicle from view. Each overflow area has a male bathroom and a female bathroom, each with a stall toilet and two sinks. Adult men and adult women are housed in separate overflow areas.

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<sup>5</sup> A child is an individual 18 years or younger.

## FACILITY OVERVIEW AND CONTRACTUAL RELATIONSHIPS

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There are no in-room showers at DCV. Each unit (2A, 2B, and 3A) has a male bathing area and a female bathing area. These areas are equipped with sinks and showers. The overflow units do not have bathing areas.

While at DCV, residents are to receive three meals per day, as well as a variety of services, including assistance with searches for housing and employment, and referrals to substance abuse, mental health, and medical treatment services. D.C. government agencies and volunteer organizations provide both on-site and off-site recreational activities for children living at DCV, such as field trips, birthday parties, and on-site Boys and Girls Scouts programs.

For FY 2006, the total operating budget for DCV was approximately \$1.6 million.<sup>6</sup>

### Contractual Relationships

TCP is responsible for management oversight of the 60+ service providers that constitute the Continuum of Care (COC). TCP's responsibilities include:

[Establishing] a competitive system for awarding subcontracts to providers that will provide for outreach; hypothermia services; emergency shelter; transitional shelter and a range of services to help transitional residents move toward self sufficiency; and supportive permanent housing....[;]

\* \* \*

[providing] oversight and monitoring of shelter services for compliance with contract specifications....[; and]

\* \* \*

[ensuring] that sub-contractors provide services in accordance with Section C of [the DHS-TCP] contract.

D.C. Government Contract No. DCJA-2006-D-SC01, §§ C.3.1.1.3, at 24; C.3.1.1.8, at 25; H.9, at 70 (Nov. 9, 2005).

The Coalition is responsible for day-to-day operations at DCV. According to its contract with TCP, the Coalition:

shall strive to provide emergency shelter and services for sixty

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<sup>6</sup> For most of FY 2006, DCV operated under two budgets. For units 2A and 3A, the proposed budget for January 1, 2006, to December 31, 2006, was \$1,351,600. Unit 2B operates under a separate budget of \$266,000. In prior years, Unit 2B was only operated during hypothermia season (i.e., November 1 through March 30). Unit 2B is now used to house clients year round. For FY 2007, Unit 2B will no longer have its own budget. There will be one budget for DCV.

## FACILITY OVERVIEW AND CONTRACTUAL RELATIONSHIPS

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eight (68) homeless families. The [Coalition] will aid clients in their search for continued shelter, transitional or permanent housing solutions by offering access to mainstream programs and supportive services ....

\* \* \*

agrees to provide overnight shelter twenty-four (24) hours per day, seven (7) days per week 365 days per year which provides the appropriate overnight shelter and supportive services, which are aimed at the stabilization of individuals and families with children who are homeless.

TCP Contract No. 06-60-CFH-DCVL, Art. I; Art. II. B, ¶ 1, at 3 (Dec. 1, 2005).

During the base year of its contract, which concluded on November 30, 2006, TCP's fee for administration and management oversight of the COC amounted to \$1,309,668, or, 5.2% of total base year funding. As a subcontractor to TCP, the Coalition is subject to all provisions of TCP's contract with DHS. Gov. Contract, *supra*, § I.7, at 82.

**Findings and  
Recommendations:**

**HEALTH AND SAFETY  
CONDITIONS**

## HEALTH AND SAFETY CONDITIONS

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1. **The accommodations at DCV do not, and never have, complied with the HSRA. Unrelated families share rooms that lack private bathing and cooking facilities; cubicles in the overflow areas do not have individual doors.**

The HSRA states that “[t]he Mayor shall not place homeless families in non-apartment style shelters.” D.C. Code § 4-753.01(d)(LEXIS through November 16, 2006). The HSRA defines “apartment-style” shelters as housing units with:

- (A) **Separate cooking facilities and other basic necessities to enable families to prepare and consume meals;**
- (B) **Separate bathroom facilities for the use of the family; and**
- (C) **Separate sleeping quarters for adults and minor children....**

*Id.* § 4-753.01(3).

DCV affords residents none of these accommodations.

DHS dictates the use of DCV through a contractual requirement that emergency shelters be housed in D.C. government owned buildings. *See* Gov. Contract, *supra*, § H.8.A, at 70. Given the current non-apartment style configuration at DCV, as long as the District continues to use it to shelter homeless families, the District will not be in compliance with the HSRA.

Bill 16-625, the “Homeless Services Reform Act Amendment Act of 2005,” was introduced in the Council in April 2006, and aims to “amend the [HSRA] to provide flexibility in the requirement to shelter homeless families in apartment-style housing; [and] to remove a prohibition on non-apartment style shelters for families ....” Council of the District of Columbia, B16-0681, Period 16. As of this writing, the Council had held a public hearing, but had not voted on the legislation.

### **Recommendation:**

That the Director of the Department of Human Services (D/DHS) develop and publicize within 180 days of the issuance of this report, a strategic plan that identifies completion dates and a detailed estimate of the actions, resources, and timetable necessary to bring the District into compliance with the HSRA requirement that families be housed in apartment-style shelters.

2. **DCV employees who have direct contact with families and children have not had criminal background checks or substance abuse screenings conducted as required by contract and D.C. law.**
  - a. *Although required by D.C. law, the Coalition does not conduct criminal background checks.*

## HEALTH AND SAFETY CONDITIONS

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As specified in its contract with TCP, the Coalition is required to conduct criminal background checks on its employees.<sup>7</sup> The contract states:

In compliance with Chapter 4 of Title 27 of DCMR, Criminal Background Checks for District Government Contractors that provide direct services to children and youth, the Contractor will secure criminal background checks for individuals and unsupervised volunteers, employees and applicants for employment as required for contracting with the District of Columbia and shall maintain documentation of clearance for such employees whom have direct contact with families and children.

TCP Contract, *supra*, Art. II.B, ¶ 20, at 6.

The emergency rulemaking adopted on June 13, 2006, offered specifics on how such background checks should be conducted, to include:

The Mayor is authorized to obtain criminal history records maintained by the Federal Bureau of Investigation and the Metropolitan Police Department, or secured by them through the National Criminal Information Center ....

\* \* \*

District contractors who provide direct services to children and youth who are subject to the Act shall pay for the costs for the criminal background checks ....

\* \* \*

[T]he Contractor shall . . . evaluate each criminal background check report on a case-by-case basis to determine if an applicant or employee subject to a criminal background check shall be ineligible for employment or voluntary service.

27 DCMR §§ 500.1, 500.4, and 502.2 (LEXIS through October 2006 revisions).

Coalition management confirmed that it checks an individual's personal references upon application for employment, but that it does not conduct criminal background checks. The OIG is concerned not only with the fact that the Coalition is not conducting the required checks, but

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<sup>7</sup> In May 2005, the Chief Procurement Officer of the District of Columbia adopted emergency rules in order to "ensure the preservation of the welfare of children and youth being served by contractors." The Emergency Rulemaking stated the intent to adopt a new Chapter 4 of Title 27 of the District of Columbia Municipal Regulations (DCMR). This is the chapter that was referenced in TCP's contract with DHS, as well as the Coalition's contract with TCP. Subsequent rulemaking has stated the intent to insert rules regarding background checks into Chapter 5, not Chapter 4, of Title 27.

## HEALTH AND SAFETY CONDITIONS

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also that there is no evidence that either DHS monitors or TCP monitors have identified this as contrary to procedure and a matter that must be addressed.

***b. The inspection team found no documentation of required substance abuse screening of DCV employees.***

The inspection team found no evidence that the Coalition is complying with the contractual requirement, that it establish and maintain a program to randomly test all employees who have direct contact with families and children. The TCP contract has no requirement that DCV employees undergo substance abuse screening checks. However, as stated in section I.7 of the Gov. Contract, the Coalition shall be subject to every provision of the TCP contract. *See* Gov. Contract, *supra*, § C.3.3.4, at 33. D.C. Law 15-353, The Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005, and codified at D.C. Code § 1-620.31-620.37 (Supp. 2006) targets employees in safety-sensitive positions “whose performance . . . or . . . duties in the normal course of employment may affect the health, welfare, or safety of children and youth.” *Id.* § 1-620.31 (10)(c). D.C. Code § 1-620.36 states:

Each private provider that contracts with the District of Columbia to provide employees to work in safety-sensitive positions . . . shall establish mandatory drug and alcohol testing policies and procedures that are consistent with the requirements of this subchapter.

According to the contract, DHS must be provided “documents certifying negative drug and alcohol test results for all Providers within 60 days of contract award,” which would translate into a deadline for documentation of approximately February 1, 2006. *Id.* In September 2006, DHS stated that neither TCP nor the Coalition had submitted any documentation with respect to the drug and alcohol testing of safety sensitive employees working at DCV. The need for testing protocols is reinforced by the fact that staff and residents acknowledge the presence of illicit drugs and alcohol at DCV.

The OIG is concerned that it found no mention in either the TCP or DHS monitoring reports that they look for documentation related to testing policies and protocols.

### **Recommendations:**

- a. That TCP ensure that the Coalition move expeditiously to obtain all requisite criminal background checks.
- b. That DHS, TCP, and the Coalition immediately identify every position at DCV that is considered a “safety sensitive” position.
- c. That TCP ensure that the Coalition move expeditiously to obtain requisite substance abuse screenings for all DCV “safety sensitive” personnel.

## HEALTH AND SAFETY CONDITIONS

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3. **There is no stated occupancy limit at DCV. It is not uncommon for six or more individuals to share one room, for children to share beds, and for shelter residents to stay in spaces used as recreation areas during waking hours.**

Despite contract requirements that the Coalition provide shelter and services for “up to” 68<sup>8</sup> families at DCV, no meaningful facility capacity can be enforced. References in contract documents to housing 68 families are misleading and inaccurate. Units 2A, 2B, 3A, and the overflow units contain a total of 61 rooms and cubicles. While a room can comfortably accommodate a family of four people, a cubicle cannot. Furthermore, adult men and adult women are not housed in the same overflow area.<sup>9</sup> Therefore, it is misleading to indicate that DCV can house 68 families of four people each, when space and gender constraints dictate otherwise.

DCV staff members must regularly juggle room assignments in order to accommodate issues such as personality conflicts among residents and residents experiencing puberty. Several employees stated that they are under instructions from TCP to not turn away anyone who arrives at DCV seeking shelter, which further complicates efforts to house each resident in an appropriate setting.

During testimony before the Committee on Human Services in October 2005, the Director of DHS (D/DHS) said that the agency would address overcrowding issues by establishing a facility capacity based on a number of persons, not a number of families. According to DCV staff members, as of this writing, no such facility capacity has been established.

**Recommendation:**

In order to create healthier living conditions, DHS, TCP, and the Coalition should agree upon and enforce a facility capacity based on a number of beds and cots and the availability of appropriate spaces in which to locate these beds and cots.

4. **The single-story buildings that house D.C. Village present numerous ground-level points of entry and do not afford adequate safety and security to residents, some of whom, being victims of domestic abuse, are extremely vulnerable.**

Multiple, interconnected one-story buildings house DCV. Each building presents myriad ground-level points of entry to an individual seeking to gain unauthorized access to the facility, and there is no fence or barrier that encircles the facility as a whole. On numerous visits to DCV, inspectors observed exterior building doors propped open. Employees voiced concern about exterior windows that cannot be secured. Facility monitors watch feeds from closed

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<sup>8</sup> As noted on page 9 of this report, the DCV facility has a total of 61 units, with a unit being either a room or cubicle.

<sup>9</sup> Also, adult males are not placed in a room with females from another family. According to a DCV staff member, employees are careful to “not mix gender and ages of children (i.e., teenage boys and girls from different families are not in the same room.”)

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circuit cameras and sign in visitors at stations located in the center of each building. Given the size of the buildings, however, the on-site monitoring staff alone cannot effectively safeguard residents.

According to DHS, both D.C. Protective Services and employees of a security firm contracted by the District patrol the exterior of DCV, but these individuals do not circulate through shelter buildings. DCV employees consistently expressed the need for a security presence within the shelter buildings, especially between 6:00 p.m. and 2:00 a.m.

On-site shelter monitors have the most interaction with residents and are responsible for enforcing facility rules that maintain order and cleanliness of the facility. They are most often the first to become aware of and respond to altercations and assaults involving residents. Given the stressful, communal living conditions, altercations between residents and assaults do occur at DCV. However, monitors simply do not have the training and experience necessary to effectively deal with threats to residents' safety, posed either by another resident or an unauthorized visitor to the shelter who seeks to harm a resident.

DCV employees emphasized that women and children represent the majority of DCV's residents, and noted that a significant number of women have been assaulted, abused, or stalked by people they know who may still represent a threat to them. These circumstances make the need for properly secured buildings critical.

DCV is located within a 1-minute drive of the Turner Institute of Police Science, the District's academy for basic training of Metropolitan Police Department (MPD) recruits and professional development for existing officers. Also, MPD recruits are housed overnight in units located within walking distance of DCV's buildings. Given DCV's proximity to these potential resources, the OIG encourages DHS to consult with MPD on ways to improve security at DCV, and explore the feasibility of having MPD recruits play a role in securing DCV buildings during evening and overnight hours.

### **Recommendations:**

- a. That the D/DHS work with MPD to execute a memorandum of understanding through which MPD personnel would maintain a regular presence in DCV buildings.
- b. That the D/DHS instruct DHS's Office of Facilities Management (OFM) to inspect immediately and secure as necessary all exterior doors and windows at DCV.

5. **There is no system in place at DCV to safeguard and secure residents' prescription medications, a situation which, given the communal nature of the accommodations and the presence of children, poses a significant threat to residents' safety.**

According to its contract with TCP, the Coalition is required to "ensure that all client medications are labeled and stored in secure areas accessible to designated staff only." TCP Contract, *supra*, Art. III, ¶ 7, at 7. Case management and medical services personnel stated that

## HEALTH AND SAFETY CONDITIONS

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mental health and substance abuse issues are common among DCV residents. A registered nurse who interacts with families at DCV on a daily basis affirmed that it is common for DCV residents to possess prescriptions for asthma medication, pain relievers, medications for the treatment of anxiety, depression, sleeplessness, and mental health conditions, HIV/AIDS, and drugs used in conjunction with substance abuse treatment.

Given the presence of these medications in residents' rooms and cubicles, the fact that members of unrelated families commonly share rooms, and the open nature of the cubicles, the team was concerned by the lack of safe and secure storage of residents' medications, and the potential for accidental or deliberate ingestion by someone other than the prescribed user. One DCV employee expressed concern regarding the potential for theft of unsecured prescription medications by DCV residents or visitors. The fact that purloined medications could then be used, sold, or exchanged for other drugs makes them an attractive commodity. The health of residents whose prescription medications are lost or stolen would also be at risk if they are unable to replace vital medications in a timely fashion.

DCV's program specific rules, which were written by the Coalition and approved by DHS, contain no language regarding the storage and dispensing of prescription medication. The rules merely state that "[a]ll residents must take required medical prescriptions as directed." D.C. Village Family Shelter, Additional Program Rules, § 5, at 4 (Sep. 15, 2006).

The inspection team reviewed three monitoring reports completed since May 2005.<sup>10</sup> None of the reports addressed the issue of whether client medications were being properly administered. A DHS monitoring report dated December 15, 2005, stated that "[r]ecords did reveal medical problems such as HIV, diabetes, high blood pressure, asthma, sexually transmitted diseases, and mental health problems such as depression . . . ." Despite this acknowledgement by the DHS monitor that DCV residents manifest significant health conditions, the security of prescription medications was not addressed as an area that required immediate attention.

### **Recommendation:**

That the D/DHS ensure that TCP and the Coalition, in consultation with qualified medical professionals, immediately implement a system for labeling, securing, and granting residents access to their prescription medications.

### **6. The June 2006 change in food services contractors greatly improved the quality of food and resulted in a significant drop in residents' complaints.**

Units 2A, 2B, and 3A each have what is referred to by staff as a kitchen area. Each area contains a pantry (which stores emergency food supplies that could be used in the event that residents must shelter in place and fresh food cannot be delivered,) a sink, and a refrigerator. None of these kitchens contain a stove or an oven. DCV is not equipped to produce meals on site. All meals and snacks consumed at DCV are delivered by a contractor three times per day.

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<sup>10</sup> A TCP monitor visited DCV in September 2006. DHS monitors visited DCV in December 2005 and June 2006.

## HEALTH AND SAFETY CONDITIONS

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During the October 2005 oversight hearing, DCV residents cited poor food quality as a major concern. Residents testified that they and their children on occasion had become ill after eating. During the hearing, DCV staff acknowledged that there was often a gap of several hours between meal preparation at the contractor's kitchen and on-site consumption by DCV residents.

A different vendor began servicing DCV on June 1, 2006. Under the terms of the contract that ran through November 30, 2006, the contractor is responsible for delivering both food and utensils to the shelter. DCV management said that the contractor makes three deliveries per day (breakfast, lunch and snacks, and dinner), and is reliable and punctual, delivering meals close to the time they are to be consumed by residents.

The current service provider was required to administer a "Customer Satisfaction Survey" prior to the conclusion of the contract and provide the results to TCP. At this writing, the results of the survey were not available for the team's review.

TCP and DCV management said that the quality of food has improved significantly under the new contract. The shelter director said that the number of complaints from residents had dropped to "only a handful." TCP management stated that they intended to enter into another contract with the same vendor provided they: (1) receive funds authorized by DHS in their FY 2007 budget; and (2) obtain favorable results from the customer satisfaction survey and a final determination by TCP that the vendor met or exceeded performance expectations.

### **Recommendations:**

- a. That DHS program monitors request the results of the food service contractor's 2006 customer satisfaction survey and disseminate the results to DCV residents, management, and District government stakeholders.
  - b. That TCP exercise its contractual right to request "periodic supplemental reports" from the food service contractor and provide those reports to DHS program monitors on a regular basis.
7. **Over the past year the Coalition has spent an average of nearly \$2,000 per month exterminating pests at DCV, but mice, roaches, and bed bugs are persistent problems that are difficult to control due to the poor condition of the buildings and residents' disregard of sanitation rules.**

Interviewees were consistent in their observations that mice, roaches, and bed bugs are common at DCV. The layout and condition of the buildings that house DCV, along with residents' behaviors, make the elimination of pests and vermin extremely difficult.

Field mice are common at DCV according to the exterminator who services the facility. The buildings are in poor condition, with ill-fitting doors and windows, cracks in façades, crumbling stone and brick work, and spaces around plumbing and sewer pipes that run throughout the structure, all of which present potential points of entry. Mice enter the buildings

## HEALTH AND SAFETY CONDITIONS

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frequently to find spaces in which to nest, and they reproduce multiple times during the year. Because all DCV accommodations are at ground level, keeping field mice out is extremely difficult.

Cockroaches and bedbugs are also common at DCV. These vermin are routinely transported into the facility via clothing and personal belongings that residents bring with them in luggage and boxes. DCV employees said that residents frequently store food in their rooms in violation of shelter rules, which also makes it difficult to effectively combat the presence of roaches. While most residents prepare their rooms properly in advance of the exterminator's work by removing items from the floor and emptying dresser drawers and closets, some do not. Some residents also deny the exterminator access to their rooms. The presence of food in the rooms and a lack of cooperation from some residents complicate efforts to effectively exterminate the facility.

The inspection team was concerned to hear from a DCV staff member that aerosol cans of insecticide were distributed to residents in the overflow areas in November 2006. Given the fact that asthmatic adults and children live at DCV, the use of aerosol-based insecticides without oversight does not seem prudent.

The inspection team reviewed extermination invoices dated between December 29, 2005, and September 30, 2006. During this period, the Coalition spent \$19,125 on regularly scheduled extermination efforts and special, as needed, "clean outs" of spaces where mice or bed bugs were particularly concentrated. According to documents provided by the Coalition, the budget for pest control for all of calendar year 2006 is \$9,600.

### **Recommendations:**

- a. That the Coalition experiment with expanding residents' access to food in approved areas (i.e., not their sleeping quarters) during non-mealtime hours. With more frequent access to food, residents may be less likely to store food and beverages that attract mice and cockroaches to their rooms.
- b. That the Department of Health conduct a safety and health inspection to determine whether the chemicals and processes used to exterminate rodents and vermin at DCV pose any health risks to DCV residents and employees.

### **8. The common areas (hallways, day rooms, restrooms, shower facilities) at DCV appeared clean and well-maintained.**

During multiple visits, some unannounced, to DCV, the inspection team always found the hallways, restrooms, kitchen areas, and staff offices to be clean and orderly. Prior to public oversight hearings held in 2005, cleanliness of common areas may have been an issue, but during the course of field work, the inspection team never encountered any condition that suggested these areas were neglected. A number of people who work at DCV praised the overall hard work and attention to detail by the maintenance staff.

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**Recommendation:**

None.

**Findings and  
Recommendations:**

**SERVICES PROVIDED TO  
D.C. VILLAGE RESIDENTS**

## SERVICES PROVIDED TO D.C. VILLAGE RESIDENTS

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9. **With respect to the provision of services, criteria in the HSRA and in TCP and Coalition contract documents are not sufficient to ensure that DCV residents' needs are met in a timely fashion.**

Two sets of criteria, one based on law and contract, and another more stringent set based on need and compassion, can be used to determine whether services provided to DCV residents adequately address their needs.

At a minimum, services to residents should comply with standards enumerated in the HSRA, which are also generally repeated in TCP's contract with DHS and the Coalition's contract with TCP. As detailed in the previous section, some conditions at DCV do not comply with D.C. law. With respect to case management and referrals to medical, mental health, and substance abuse treatment services, the inspection team found no instances where services provided did not comply with legal and contractual standards. This does not mean, however, that services provided to DCV residents adequately meet their needs. Despite generally meeting criteria defined by law and contract, services provided fail to meet standards set by need and compassion.

The Continuum of Care for individuals and families who are homeless or at imminent risk of becoming homeless is described in the HSRA as:

Supportive services for the purpose of providing individuals and families who are homeless...with services that address their housing, employment, physical health, mental health, alcohol and other substance abuse recovery, child care, case management, transportation, and other health and social services needs...These services may, but need not, be delivered through day programs, drop-in centers, shelters,...or through referrals to other appropriate service providers.

D.C. Code § 4-753.01 (b)(5)(Lexis through November 16, 2006).

TCP, and therefore the Coalition, are not contractually obligated to provide all services on-site. Language in both TCP's contract with DHS and in the Coalition's contract with TCP clearly states that DCV residents will be referred to necessary services. As stated in section C.3.1.1.13 of its contract with DHS:

[TCP] shall provide case management services including assistance with referring residents for necessary health care, mental health services, and substance abuse services, as appropriate.

*Id.* 25.

This same language is expanded upon in the TCP contract:

## SERVICES PROVIDED TO D.C. VILLAGE RESIDENTS

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The Contractor [Coalition for the Homeless] shall coordinate the following services, as deemed appropriate:

- a) referral to public assistance programs, GED preparation, job training, job referral and housing assistance services;
- b) referral to Narcotics Anonymous (NA), Alcoholics Anonymous (AA), and AL-ANON meetings;
- c) referral to legal and benefits assistance services;
- d) referral to emergency medical and/or mental health care.

*Id.* Art. II.B, ¶ 17, at 5.

It is important to note that the HSRA, TCP's contract with DHS, the Coalition's contract with TCP, and DCV program rules are nearly silent regarding the timely provision of services to DCV residents. DCV program rules constitute the only document that applies any type of timeframe to service provision. However, these rules merely state that new residents are "required" to meet with their assigned case manager within 72 hours after admission to the facility, and weekly thereafter, and to attend a "housing orientation" within 72 hours after admission.

Nowhere in any of these documents is it written that DCV residents can expect to be seen by service providers (e.g., medical doctor, mental health counselor, substance abuse counselor, employment counselor) within a specific timeframe. Many DCV residents have acute physical and mental health conditions, and timely access to doctors and counselors is crucial. The OIG is concerned that absent specific goals or timeframes for service provision, there is no fixed incentive for DCV case managers to act expeditiously on behalf of their clients, and no criteria by which to measure the timeliness of service delivery.

### **Recommendations:**

- a. That the D/DHS and the Coalition work together to amend DCV program rules and attach timeframes to the provision of key services to DCV residents.
- b. That DHS, in collaboration with TCP, propose amendments to the HSRA that would attach timeframes and client service goals to the provision of critical services.

**10. High turnover among case managers caused short staffing, which in turn led to delays in case management services. The recent hiring of additional case managers has reduced the number of families assigned to each.**

DCV case managers are responsible for coordinating the provision of services a family needs in order to stabilize their lives and eventually leave the shelter. Case managers, often with the help of the family, create a treatment plan that addresses each family member's specific needs. Case managers make referrals to physical and mental health service providers, establish short-term and long-term education and employment goals, and identify substance abuse

## SERVICES PROVIDED TO D.C. VILLAGE RESIDENTS

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treatment options. Case managers also maintain files of critical paperwork for each family (e.g., birth certificates, social security cards, immunization records and medical test records, employment verification, proof of attendance of required meetings) and approve requests for weekend passes.

According to DCV management, the optimal load for a case manager is 13-15 families.<sup>11</sup> The number of case managers at DCV has increased within the past year. At one point, the supervisory case manager and one part-time case manager shared the entire case load. The situation improved with the addition of a full-time case manager, which allowed the supervisory case manager, who was also acting program director at the time, to reduce her case load to 13 cases. The full-time case manager at that time had approximately 35 cases, while the part-time case manager was handling 27.

At the end of October 2006, DCV management said that 3 full-time case managers were working at DCV, which translated into a case load of approximately 20-25 families per worker. DCV management said that funds were available to hire a fourth full-time case manager in FY 2007, and that they were recruiting for the position.

DCV employees said that case manager turnover tends to “feed on itself.” When one case manager leaves, the remaining workers are forced to assume part of the departing worker’s cases. Heavier case loads breed frustration, which leads to additional staff departures.

DCV management expressed the need for a knowledgeable housing specialist who would work full-time at DCV and focus exclusively on placing families in more permanent shelter outside of DCV. The Coalition has funds in its budget for a full-time housing specialist, but employees said that people hired to the position typically don’t stay long in the job. Apparently, the position’s low salary has prevented the Coalition from attracting candidates who possess relevant experience with and knowledge of housing funding sources and application processes. Absent a dedicated housing specialist, case managers must take on this task, but typically they have been so overwhelmed by their caseloads that they are unable to effectively assist DCV residents with housing searches. One case manager said that with respect to finding shelter for families, DCV staff members are “merely treading water.”

It should also be noted that residents’ behavior affects the timeliness of case management service delivery. Several DCV employees said that “no show” appointments are a common occurrence at DCV, and that a family may miss two or three scheduled appointments before they attend their first case management meeting.

### **Recommendation:**

None.

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<sup>11</sup> Some families consist of a mother and child. Others, for example, with two parents and four children, require that case managers spend significantly more time with them in order to address each family member’s needs.

## SERVICES PROVIDED TO D.C. VILLAGE RESIDENTS

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**11. Physical and mental health services available to DCV residents comply with and in certain areas even exceed requirements as defined by the Homeless Services Reform Act of 2005, but they still do not adequately meet the acute needs of DCV's residents.**

The HSRA and TCP's contract with DHS only require homeless services providers to refer clients to physical and mental health services providers. Case managers acknowledged that they are able to refer residents to off-site medical care when a particular need is identified. And even though the HSRA does not mandate on-site medical care, several providers address the needs of DCV's youngest residents. Despite the availability of referrals and on-site medical services for children, much more needs to be done to serve DCV residents' physical health needs. There are virtually no on-site mental health services for children or adults at DCV.

***a. Children's physical health needs are addressed using both on-site resources and referrals to additional services.***

Through grant funding provided by DHS's Early Care and Education Administration (ECEA), a pediatric clinical nurse specialist has been at DCV 4 days per week since October 2005. In addition to conducting developmental screenings for children under the age of 5, the nurse also consults with parents on a wide variety of topics such as mental health, behavior, and nutrition. According to data furnished by the nurse, from October 2005 to September 2006, she conducted over 180 developmental screenings and held over 1,400 consultations with DCV families. The nurse stated that grant funding for her program expired September 30, 2006, and that ECEA provided "carry-over" funding to sustain operations until January 31, 2007.

A mobile health clinic from Georgetown University travels to DCV every Thursday to provide on-site treatment. Through the clinic children are able to receive physical examinations, preventive measures such as inoculations, and basic medications. According to DCV management, Georgetown University has expressed an interest in establishing a permanent, on-site clinic at DCV, but as of this writing, space for such a clinic had not been identified and there was no formal agreement in place.

One interviewee expressed disappointment with the frequency and lack of treatment provided to children through the Howard University mobile dental clinic. The employee said that the mobile clinic is rarely on-site, was not staffed by a dentist on the day that she visited the clinic, and that the technician merely "checked for cavities and handed out toothbrushes." For cleaning and treatment, children must travel to Howard University.

***b. There is an acute need for on-site mental health services for children.***

The pediatric clinical nurse specialist said that children at DCV are under profound stress and finds the conditions "extremely worrisome." Children are depressed, anxious, afraid, and at high risk for developing learning problems; yet, no on-site mental health services are available. She suggested that all residents be met by a crisis intervention team within a few days of arriving at DCV. Such a team would consist of mental health professionals who would conduct formal

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mental health evaluations and recommend an appropriate course of treatment. The nurse urged that on-site individual and group therapy for children be a top priority.

***c. There is no on-site physical health care for adult residents.***

As noted in a previous finding, adult residents of DCV manifest a number of significant health conditions, including HIV/AIDS, diabetes, high blood pressure, asthma, and sexually transmitted diseases. Despite these acute needs, no on-site medical services are available to them.

DCV case management employees said that they are able to make timely referrals to service providers (e.g., clinics, primary care practitioners, hospitals) in the D.C. area, but that residents often lack the “life skills” necessary to make and keep appointments, take notes during doctor’s visits, get prescriptions filled quickly, and schedule follow-up visits. On-site medical services would not only improve the timeliness of care provided to residents who are facing acute needs, but would also reduce the likelihood that conditions and illnesses go untreated due to residents’ lack of valuable life skills.

***d. There is no on-site mental health treatment for adult residents.***

Mental health conditions are common among DCV’s adult residents; yet, no on-site treatment services are available to them. DCV case managers and a representative from the D.C. Department of Mental Health (DMH) who recently began visiting DCV on a weekly basis assist residents with referrals to mental health service providers. DCV case management personnel said that they are able to make timely referrals to mental health service providers, and furnished the team with a partial list of resources. Case managers stated, however, that once a referral is made, several weeks often pass before a resident receives a mental health evaluation and a prescription for medication, if one is necessary. After that visit, the resident then typically experiences another wait, often on the magnitude of weeks, before meeting with a psychologist or therapist.

One DCV employee also expressed concern with the potential for unmonitored usage of medication by DCV residents. If a resident receives an initial evaluation and a prescription for psychotropic drugs, but then must wait weeks if not months for a follow-up evaluation and/or therapy, the appropriateness of the prescription and dosage goes unchecked.

The on-site provision of mental health services at DCV would help to reduce the occurrence of missed appointments, improve residents’ access to timely services, and enhance service providers’ ability to closely monitor residents’ conditions and medication usage.

***e. Both the lack of on-site substance abuse counseling and the limited availability of inpatient treatment programs present a significant impediment to DCV residents, since approximately 80% of adult residents are battling substance abuse problems.***

Substance abuse problems are quite common among DCV’s adult residents; yet, no on-site treatment services are available to them. During a December 2005 oversight hearing, TCP

## SERVICES PROVIDED TO D.C. VILLAGE RESIDENTS

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management stated that nearly 80% of adult residents report substance abuse problems. DCV case managers said they are able to make referrals to outpatient drug treatment programs as required by the HSRA, but cited the lack of both local detoxification programs and in-patient programs (i.e., where a parent/family can live with children during treatment) as significant impediments to meeting residents' needs.

For DCV residents who do not need detoxification services, referrals to outpatient substance abuse programs are readily available according to DCV case managers. For residents who need medical detoxification services, or those who require residential drug treatment, options are much more limited. The D.C. Department of Health's Addiction Prevention and Recovery Administration (APRA) operates an 80-bed 24-hour Detoxification Center (Center) on the grounds of D.C. General. DCV management said that they refer residents to the program but that patients are accepted on a "first-come first-serve" basis. DCV residents are advised to arrive at the Center early in the morning, but there is no guarantee they will be admitted. DCV case managers said the Center is the only detoxification program to which they are able to refer residents.

DCV case management personnel also cited an acute need for inpatient programs for adults with families. The lack of inpatient treatment programs where an adult can take his/her children dissuades people from seeking treatment. According to DCV employees, when faced with having to leave their families in order to attend an in-patient substance abuse treatment program, most people decline treatment and their addictions are not appropriately addressed.

DCV employees expressed a unanimous opinion that on-site substance abuse counseling resources are sorely needed.

### **Recommendations:**

- a. That DHS, as a short-term improvement, explore the feasibility of having the mobile health clinic for children on-site more than the current one day per week.
- b. That DHS expedite negotiations with Georgetown University regarding the establishment of a permanent, on-site health clinic at DCV that would serve both children and adults.
- c. That D/DHS develop and publicize within 30 days of the issuance of this report, a strategic plan that identifies task completion dates and a detailed estimation of the resources necessary to establish permanent, on-site mental health services for DCV residents.
- d. That D/DHS develop and publicize within 30 days of the issuance of this report, a strategic plan that identifies task completion dates and a detailed estimation of the resources necessary to establish permanent, on-site substance abuse counseling services for DCV residents.

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- e. That DHS ensure that DCV case managers have a current directory of local detoxification and in-patient substance abuse treatment programs.

**12. A senior manager at DCV expressed disappointment with the employment support provided to residents by the Department of Employment Services. The Coalition now supplements these services by having its own employment specialist come to DCV three times per month.**

A member of the DCV staff said that its relationship with the District's Department of Employee Services (DOES) has been "poor" and that DOES could be "more flexible in its approach" to meeting the needs of DCV residents.<sup>12</sup> According to DCV management, DOES has sent employment counselors to DCV, but their presence has been infrequent and typically during the middle of the business day, a time when most shelter residents are either at work or out searching for employment. DCV staff said that DOES could be more flexible by meeting with residents during afternoon and evening hours to help them identify employment opportunities, assist with application paperwork, and identify vocational training programs.

The D/DHS testified before the Committee on Human Services in October 2005 that DOES would work with DCV staff to provide computer training for residents and to support staff in linking to DOES services through computer networks. According to DCV staff, DOES has not yet accomplished these tasks.

To supplement services provided by DOES, the Coalition has arranged separately for an outside employment specialist to be on-site the 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> Thursday afternoons/evenings of each month.

**Recommendation:**

None.

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<sup>12</sup> According to its website, DOES provides job seekers with a number of employment opportunities through seven "One-Stop Career Centers" located within the District. Each center provides career counseling, career planning, resume assistance, direct job placement, classroom and on-the-job training, access to America's Job Bank (both online and via telephone), information about local and national labor markets, unemployment compensation.

**Findings and  
Recommendations:  
CONTRACT and BUDGET ISSUES**

**13. Vagueness in DHS/TCP contract language prevents accountability on key issues such as facility maintenance and repair.**

The contract between DHS and TCP contains several significant contradictions. There is no clarity of responsibility on certain topics, and in other areas, the contract does not reflect the reality of the relationship between DHS and TCP. The contract between DHS and TCP should, but does not, provide the ultimate criteria for defining responsibilities and holding each party accountable.

For example, section C.3.1.1.27 of the Gov. Contract states that TCP is responsible for maintenance and repairs of DCV buildings:

The Contractor [TCP] shall be responsible for the repair and maintenance of District-owned facilities that serve as homeless shelters. This will include all major and minor repairs, but shall exclude responsibility for capital improvements. The Contractor shall have the responsibility for funding of these repairs and maintenance costs . . . .

*Id.* at 27.

Section C.3.9.7 further defines TCP's apparent responsibilities with respect to facility security:

The Contractor shall provide 24-hour security services or electronic surveillance systems for the safety of the families and children who reside in shelters.

*Id.* at 40.

Section H.8.A of the contract, titled "District Responsibilities," contradicts these two clauses and creates confusion regarding each party's obligations. Specifically, the section states:

The District is responsible for ...[t]he provision of energy, communication, building rental, security, maintenance and building and equipment repair services for the Contractors who use District of Columbia owned facilities. The Contractor will use District owned facilities for the provision of emergency shelter.

*Id.*

In a technical proposal submitted to DHS during contract negotiations, TCP highlighted this apparent contradiction in the proposed contract language and stated that "more clarity may be needed." TCP Tech. Prop., RFP No. DCJA-2005-R-SC01, § H, at 15. TCP acknowledged its understanding that TCP would be responsible for maintenance and building and equipment repair services at D.C. owned facilities, and that "energy, communication, building rental (and) security' [would] continue to be provided by the District." *Id.*

## CONTRACT AND BUDGET ISSUES

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In December 2005, soon after the execution of the DHS TCP contract and at TCP's request, representatives from both parties met to clarify the roles and responsibilities for repairs and maintenance of District owned facilities. The resulting memorandum memorialized TCP's understanding of the discussion, introduced another set of criteria to define facility maintenance and repair, but further clouded accountability in this area. According to this memorandum, DHS and its Office of Facilities Management (OFM) will be responsible for, among other things:

1. Structural repairs to the foundation, roof, concrete, masonry repairs, gutters and down spouts[;]
2. HVAC [Heating, Ventilation, Air Conditioning] systems[;]
3. Fire alarm systems ...[;]

\* \* \*

5. Major electrical repairs ...[;]
6. Exterior plumbing to include sewage repairs [; and]
7. Exterior doors and windows.

Memorandum from [REDACTED], Chief of Program Ops., to [REDACTED], Dir. of Facilities Mgmt. (Dec. 9, 2005).

According to the memorandum, TCP will be responsible for “[r]eplacing ceiling tiles[,] minor electrical work ...[,] [i]nterior plumbing (minor) ...” and minor interior repairs. *Id.* Based on the team's review of the contract and summaries of maintenance and repair projects provided by both DHS and TCP, there is no clear understanding between the two regarding roles and responsibilities.

The lack of clear contract language in vital areas such as building maintenance and security undermines key stakeholders' ability to hold the appropriate entity responsible for poor conditions and inaction.

### **Recommendation:**

That DHS and TCP immediately amend their contract to clarify roles and responsibilities in critical areas such as facility maintenance and repair and security inside DCV buildings and on DCV grounds.

14. **DHS underreported and underestimated the amount of money needed to repair and maintain the DCV facility. During the first year of the contract, DCV alone consumed over 60% of the funds DHS earmarked for repair and maintenance of 11 District owned buildings used by homeless services programs, a condition that presumably is drawing funds away from other District owned buildings.**

Under the contract executed in November 2005, TCP assumed responsibility for the repair and maintenance of 11 District-owned buildings used by homeless services programs. For

## CONTRACT AND BUDGET ISSUES

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the base year of its contract with DHS, TCP received 37% of the money it requested to fund this contractual obligation.

In its technical proposal, submitted in response to DHS's Request for Proposal (RFP) No. DCJA-2005-R-SC01, TCP proposed in its budget for the base year:<sup>13</sup>

that \$950,000 be allocated to repair and maintenance of the eleven (11) District-owned or -leased facilities that house 13 programs providing emergency and transitional shelter. If costs exceed that amount in one year, the Partnership will have to ask the Department [of Human Services] for a budget modification. The Partnership assumes that any major capital costs will remain the responsibility of the District government. The Partnership's proposal is based upon an expectation that the District will transfer repair and maintenance duties to the Partnership only after all facilities are in compliance with D.C. building codes and health and safety requirements.

Most of the \$950,000 will be allocated to repairs and maintenance, but the Partnership may need to hire a consulting services [sic] to meet this facilities management requirement of this RFP.

TCP Tech. Prop., *supra*, §§ C.3.1.1.40.1 thru C.3.1.1.40.4 and C.3.1.1.26 thru 28, at 11.

TCP management said that during the negotiation process with the District's Office of Contracting and Procurement (OCP), the contracting officer informed them that DHS had budgeted the repair and maintenance amount at \$350,000 for the base year for all 11 buildings, and that was the amount OCP "expected to see" in TCP's best and final offer.<sup>14</sup>

Table 2 shows repair and maintenance expenditures for FYs 2002 to 2005 as reported by DHS to TCP.<sup>15</sup> The table also shows repair and maintenance expenditures, as compiled by the inspection team, at DCV for FYs 2005 and 2006.<sup>16</sup>

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<sup>13</sup> The base year of TCP's contract corresponds approximately to FY 2006.

<sup>14</sup> For the second year of the contract, funds provided to TCP for the maintenance and repair of District-owned buildings will increase 3% to \$360,500.

<sup>15</sup> Expenditures in this table include DHS funds expended by DHS' OFM, and funds provided to TCP by DHS via contract DCJA-2006-D-SC01. These figures do not include funds expended by the District's Office of Property Management (OPM).

<sup>16</sup> The inspection team calculated its FY 2005 and FY 2006 figures by reviewing invoices, payment information, and summary reports provided by FSA, OFM, and TCP. Both FSA and OFM have the authority necessary to procure maintenance and repair services for DCV. As a result, the team reviewed both sources of expenditure information in order to gain a complete understanding of DHS' DCV maintenance and repair expenditures. DHS is also responsible for maintenance of other buildings on the DCV campus. Other campus tenants include the Metropolitan Police Department and AmeriCorps. Expenditures for buildings not occupied by the shelter were not included, assuming project descriptions provided by DHS were correct.

## CONTRACT AND BUDGET ISSUES

**Table 2: Repair and Maintenance Expenditures by Fiscal Year  
at D.C. Village**

	2002	2003	2004	2005	2006
<b>As Reported by DHS to TCP during August 2005 contract negotiations<sup>17</sup></b>	\$ 48,141	\$ 72,598	\$ 972	\$ 40,279	Not applicable
<b>As Calculated by OIG</b>				\$ 191,136	\$ 330,279 <sup>18</sup>

The inspection team reviewed invoices and payment information for FY 2005 and concluded that in August 2005, 3 months before execution of the contract under which TCP assumed responsibility for repairing and maintaining District owned buildings, DHS significantly underreported expenditures for FY 2005. DHS reported to TCP that as of late August 2005, it had spent \$40,279; the team calculated expenditures of at least \$96,539. This information suggests that DHS did not have an accurate understanding of DCV repair and maintenance expenditures. For all of FY 2005, the team calculated that DHS spent at least \$191,136 on repair and maintenance at DCV.

The team did not validate information regarding expenditures for FYs 2002 through 2004. However, whether one assumes the FY 2004 expenditure information as reported by DHS is correct or not, the figure of \$972 is questionable. If that figure is correct, one could conclude that DHS severely neglected repair and maintenance at DCV during FY 2004. If the figure is not correct, it further suggests DHS' inability to accurately track expenditures at DCV.

The inspection team estimated that for FY 2006, at least \$330,279 was spent on repair and maintenance at DCV. The majority of expenditures were made by TCP using DHS funds, but DHS paid for some projects directly.

When asked how they prioritize maintenance and repair projects among the 11 facilities for which they are responsible, TCP management stated that DCV facility needs receive top priority due to the fact that children live at the facility. TCP management reported that from December 1, 2005, through September 30, 2006, expenditures at DCV totaled \$215,320, or, 62% of the funds budgeted for repair and maintenance of 11 District-owned facilities during the base year of its contract. The OIG is concerned with the possibility that this condition has diverted funds from much needed repair and maintenance projects at other shelter facilities.

<sup>17</sup> DHS held a pre-proposal conference on August 26, 2005, and provided TCP with historical information on the cost and types of repairs needed at each of the District-owned buildings included in the RFP. Therefore, FY 2005 expenditure data provided at the conference did not include the remaining six weeks of FY 2005. The inspection team did not verify the accuracy of expenditure data reported by DHS to TCP for FYs 2002 through 2004.

<sup>18</sup> DHS was responsible for all repair and maintenance at DCV from January 1, 2005 to November 30, 2005. TCP assumed responsibility for all repair and maintenance at DCV on December 1, 2005. After December 1, 2005, DHS continued to fund and coordinate some large repair and capital improvement projects. This figure consists of both TCP and DHS expenditures since October 1, 2005.

## CONTRACT AND BUDGET ISSUES

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TCP management also said that since December 1, 2005, TCP has coordinated and paid for work for which DHS should be responsible. TCP management stated that DHS has moved slowly on heating and plumbing repairs, and at times claimed that no funds were available for projects that fall under its span of responsibility.

DHS is not the only District government agency spending money to improve the DCV physical plant. Over the past year the District's Office of Property Management (OPM)<sup>19</sup> has spent \$925,000 of its funds to upgrade the heating and cooling infrastructure in DCV units 1 through 5. An official at OPM said that as part of this project, nearly all of the under-window fan coil units in DCV units 2A, 2B, and 3A had been replaced as of November 2006.<sup>20</sup> The project also updated the infrastructure in each housing unit's two mechanical rooms that feed into the network of fan coils. Though OPM did not provide the team with an exact figure, an OPM employee familiar with the project said it would be accurate to assume that improvements to space currently occupied by shelter facilities could amount to roughly half of the \$925,000 project cost.

### **Recommendation:**

That the D/DHS request an audit and analysis from TCP of FY 2006 maintenance and repair expenditures at all 11 District-owned facilities used by homeless services programs. DHS and TCP should use the results of the analysis to re-negotiate the amount of funding available to TCP in 2007 and beyond to meet its contractual obligations with respect to building maintenance and repair.

15. **Despite the criticality of DCV's case manager and on-site shelter monitor positions, minimal funding is available for training. During 2005 contract negotiations, the District rejected TCP's request for annual funding for the training of Continuum of Care service providers in areas such as best practices and homeless clients' rights. For FY 2006 the Coalition budgeted \$4,800 for training DCV staff members.**

As defined in its contract with DHS, TCP is required to provide numerous training and staff improvement initiatives during the term of the contract. During contract negotiations, TCP requested \$200,000 per year in order to fund a variety of initiatives. TCP wrote the following statements in its response to the RFP.

In order to provide additional technical support to providers, the Partnership has offered supplemental training and instruction through Educational Seminars on important issues in the field of homeless services. Seminars have focused on important issues that

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<sup>19</sup> According to its website, one of OPM's responsibilities is the "effective rehabilitation of existing Real Property facilities."

<sup>20</sup> A fan coil unit provides both heat and cooling and contains its own thermostat. Fan coil units are commonly used in areas where individual room control is essential, such as hotels, office buildings, hospitals and schools.

## CONTRACT AND BUDGET ISSUES

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homeless services providers must be aware of such as Client Rights and Housing Quality Standards . . . .

In addition to Educational Seminars, The Partnership's Management Team, specifically the Executive and Deputy Directors have always presented at National Conferences and forums on the best practices and accomplishments of the D.C. Continuum of Care. The Partnership is proposing additional funding to support system wide trainings.

TCP Tech. Prop., *supra*, §§ C.3.1.1.33 and 34, at 18.

TCP management stated that during the development of its "Best and Final Offer," OCP informed them that no funds were available and that TCP should remove the annual line item for training from its offer. TCP received no funds for its proposed system-wide training initiatives. Despite this absence of funding, TCP is contractually obligated to provide a substantial amount of system-wide training, to DCV employees as well as all other CoC service providers, on various topics, and participate in national best-practices conferences. Specific to DCV, TCP is expected to provide the following training:

The Contractor shall provide staff training that includes, but is not limited to, Common Standards, Best Practices, Cardio Pulmonary Resuscitation, and Emergency First Aid . . . .

\* \* \*

The Contractor shall train all outreach workers and representatives from the emergency shelters with at least one three-hour training course regarding hypothermia services prior to November 1<sup>st</sup> each year. The Contractor shall train all new outreach workers and representatives from emergency shelters with at least four additional three-hour training sessions during the hypothermia season.

Gov. Contract, *supra*, §§ C.3.1.1.33, at 28 and C.3.6.3, at 37.

TCP management also expressed the need to be able to bring subject matter experts from other jurisdictions to conduct system-wide training. Training is a resource that helps to offset the typically lower salaries not-for-profit workers receive compared to government workers. TCP and Coalition management said that the ability to offer training is critical to retaining employees. And for those employees who do remain in their jobs for any meaningful period of time, the lack of training prevents them from enhancing and supplementing skills.

## CONTRACT AND BUDGET ISSUES

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In addition to the lack of system-wide funding, staff training and development appears significantly under-funded in the DCV budget.<sup>21</sup> The inspection team reviewed DCV's FY 2006 budget and found that only \$4,800 is available for the training and development of its staff of over 60 employees. From this \$4,800, the Coalition attempts to enhance the skills of staff members, in particular its shelter monitors and shift supervisors, in areas such as de-escalation techniques, mediation, and record keeping. The lack of training may also compromise staff members' personal safety and effectiveness. Monitors are responsible for enforcing shelter rules, defusing conflicts between residents, recognizing anger or depression in residents, and in general, maintaining a safe environment for all residents. Many monitors have no previous experience in this type of position, which further emphasizes the need for regular, ongoing training.

DCV management stated that they dedicate the majority of these limited training funds to their "paraprofessional" staff, i.e., the facility's monitors and other employees who have the most direct contact with shelter residents. Due to the criticality of these positions, and the fact that turnover in these positions is fairly high, there is an acute demand for these training dollars. DCV management stated that in an effort to overcome the lack of funding for system-wide training initiatives, TCP works hard to identify low-cost and no-cost training opportunities for DCV case managers, often "piggyback" on training courses offered by other organizations in the area.

### **Recommendation:**

That TCP and the Coalition develop and publicize within 60 days of issuance of this report a plan to expand the training offered to shelter monitors and shift supervisors. This plan should identify training topics, the source of instruction, and additional resources needed to execute the plan.

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<sup>21</sup> TCP management stated that each subcontractor is responsible for developing their program-specific budget. TCP presents each sub-contracted program with the overall dollar amount that has been appropriated for each program and asks the sub-contractor to present a detailed budget breakdown of how those funds will be used.

**Findings and  
Recommendations:**

**MANAGEMENT AND OVERSIGHT**

## MANAGEMENT AND OVERSIGHT

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**16. From October 2005 until September 2006, there were no rules specific to DCV residents regarding their rights, responsibilities, and behavior. Consequently the DCV staff had limited ability to enforce standards, impose sanctions, suspend services, or transfer disruptive and non-compliant residents.**

The HRSA contains general standards by which all Continuum of Care (CoC) service providers must abide, as well as an overview of a client's rights and responsibilities. The standards and rights enumerated in the HRSA are commonly referred to as the Universal Program Rules (UPRs) because they apply to every provider and client served under the CoC. They address, in general terms, issues such as mutual respect, safety and cleanliness of facilities, privacy, case management, grievances, and a client's right to "appeal . . . any decision by [DHS] or a provider that adversely affects the client's receipt of services within the Continuum of Care." D.C. Code § 4-754.11(16)(Supp. 2006).

The general nature of the UPRs, however, do not enable DCV management to enforce accountability by residents regarding quality-of-life issues and their behavior in the shelter, and do not provide specific guidance on issues such as:

- curfew times;
- issuance of weekend passes;
- abandonment of a family's room or space;
- visitation hours and rules;
- case management requirements, such as the frequency of required meetings;
- substance abuse and drug testing policy and procedure;
- allowances and restrictions regarding property residents may bring into the facility; and
- imposition of sanctions for violating UPRs and shelter specific rules.

In acknowledgement of the general nature of the UPRs, the HRSA allows each shelter provider to enact its own Program Rules, defined as a "set of provider rules, client rights, and complaint and appeal procedures . . . for the purpose of governing the behavior and treatment of its clients . . ." D.C. Code § 4-751.01 (29)(Supp. 2006). The HSRA states that "if a client fails or refuses to comply with [a] provider's Program Rules . . . the provider may suspend services to the client for an appropriate period of time in light of the severity of the act or acts leading to the suspension, but in no case for any period longer than 30 days . . ." D.C. Code § 4-754.34(a)(Supp.2006).

DCV staff members stated that the absence of DCV-specific Program Rules made it very difficult to maintain living standards. Lack of enforceable curfew times and visitation rules led to disruptions and conflicts between residents and between residents and visitors. Without rules and policies on abandonment, families were able to leave the shelter for a week and return with the expectation that their room or space was still available. In the absence of rules regarding allowable personal property, residents could bring prohibited items such as large televisions and other electronics into the shelter. Use of these items disturb other residents and can lead to disputes over missing property. In addition, the lack of DCV-specific rules regarding

## MANAGEMENT AND OVERSIGHT

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consumption and storage of food and beverages in living spaces made it even more difficult for DCV staff to maintain cleanliness and combat pest and vermin infestations.

DHS approved Program Rules for DCV on September 15, 2006. The DCV staff can now sanction residents who do not comply with the new rules, and will be better able to maintain higher living standards in the shelter. Shelter residents are required to acknowledge their receipt and acceptance of these rules in writing.

### **Recommendation:**

None

### **17. Monitoring reports completed by DHS and TCP do not address key provisions of the Coalition's contract.**

Both DHS and TCP are required to monitor conditions and evaluate the services provided at DCV. Despite this dual oversight, the OIG believes that an increase in both the frequency of inspection visits and an expansion of the scope of and detail provided in those inspection reports is warranted.

**DHS** – As described in Section 17 of the HSRA, the Mayor shall conduct an inspection of the premises of each homeless services provider “at least once during each calendar year and ...[w]henver the Mayor has reason to believe a provider is not in compliance with the applicable standards established in [the HSRA] or with other requirements or agreements . . . .” D.C. Code § 4-754.31 (b)(Supp. 2006) The HSRA further states that “[t]he Mayor shall not delegate the responsibilities of this section to any agency or entity that serves as a provider of services . . . .” *Id.* §-754.31(d). The HSRA, however, offers no guidance with respect to inspection methodology or areas for review. In fact, the HSRA does not require the City to document in writing the results and findings of its monitoring and inspection activities. DHS, however, has submitted written monitoring reports that are then circulated to select DHS, TCP, and Coalition personnel.

The team reviewed two DHS monitoring reports (December 2005 and June 2006) completed since the November 2005 execution of the contract with TCP (see Appendix 2). The December 2005 report provides adequate detail in areas such as record keeping, case management services, facility conditions, and staff and resident feedback. The report notes deficiencies and recommends corrective actions. A follow-up inspection was conducted in June 2006; however, this report provides less detail and recommends no corrective actions.

As mentioned in earlier findings, these DHS monitoring reports fail to address key safety issues such as criminal background checks and substance abuse screenings for employees, and the security of residents' prescription medications. The follow-up inspection report briefly notes that documentation of DCV employees' CPR and emergency first aid certifications could not be located. The reports do not address contract requirements that apply to DCV employees: training, tuberculosis testing, and the maintenance of detailed personnel files.

## MANAGEMENT AND OVERSIGHT

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**TCP** – According to the Gov. Contract, TCP is required to visit each shelter or program within the COC network at least once per year. *See* Gov. Contract, *supra*, § C.3.1.1.20, at 26. “The Contractor shall complete a monitoring report following each site visit that identifies deficiencies and includes a corrective action plan, as needed.” *Id.* § C.3.1.1.22, at 27. The team reviewed the monitoring report that TCP submitted during the base year of its contract and was disturbed by its lack of content (see Appendix 3). TCP’s monitor did not review the facility for “decency, suitability, and environmental safety,” even though it is cited as one of the primary sections of the report. The Community Partnership for the Prevention of Homelessness, Monitoring Report, Coalition for the Homeless – D.C. Village 06-60-CFH-DCVL, § I.B., at 1 (Sept. 18, 2006). In addition to being silent on the substantive issues that were also omitted from DHS’s monitoring reports, the TCP report provides virtually no substantive information, cites no deficiencies, and recommends no corrective actions.

### **Recommendations:**

- a. That the HSRA be amended in order to strengthen the City’s shelter monitoring and inspection activity and require that DHS submit written assessments and summaries of its monitoring activities to the Council on a regular basis.
- b. That DHS amend the format of its monitoring reports to include an assessment of key contract provisions including, but not limited to: criminal background checks and substance abuse screenings for employees; the security of residents’ prescription drugs; employee training; personnel files; employee tuberculosis testing; and employee CPR and first aid certifications.
- c. That DHS work with TCP to develop a robust checklist of issues that TCP must address during each site visit and a template for TCP’s written monitoring reports.
- d. That DHS amend its contract with TCP to increase the required number of annual visits by TCP monitors from one per year to one per quarter.

**APPENDICES**

## APPENDICES

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- Appendix 1:** List of Findings and Recommendations
- Appendix 2:** DHS Monitoring Reports Dated December 2005 and June 2006
- Appendix 3:** TCP Monitoring Report Dated September 2006

# **Appendix 1**

## LIST OF FINDINGS AND RECOMMENDATIONS

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### Health and Safety Conditions:

1. **The accommodations at DCV do not, and never have, complied with the HSRA. Unrelated families share rooms that lack private bathing and cooking facilities; cubicles in the overflow areas do not have individual doors.**

That the Director of the Department of Human Services (D/DHS) develop and publicize within 180 days of the issuance of this report, a strategic plan that identifies completion dates and a detailed estimate of the actions, resources, and timetable necessary to bring the District into compliance with the HSRA requirement that families be housed in apartment-style shelters.

2. **DCV employees who have direct contact with families and children have not had criminal background checks or substance abuse screenings conducted as required by contract and D.C. law.**

- a. That TCP ensure that the Coalition move expeditiously to obtain all requisite criminal background checks.
- b. That DHS, TCP, and the Coalition immediately identify every position at DCV that is considered a “safety sensitive” position.
- c. That TCP ensure that the Coalition move expeditiously to obtain requisite substance abuse screenings for all DCV “safety sensitive” personnel.

3. **There is no stated occupancy limit at DCV. It is not uncommon for six or more individuals to share one room, for children to share beds, and for shelter residents to stay in spaces used as recreation areas during waking hours.**

In order to create healthier living conditions, DHS, TCP, and the Coalition should agree upon and enforce a facility capacity based on a number of beds and cots and the availability of appropriate spaces in which to locate these beds and cots.

4. **The single-story buildings that house D.C. Village present numerous ground-level points of entry and do not afford adequate safety and security to residents, some of whom, being victims of domestic abuse, are extremely vulnerable**

- a. That the D/DHS work with MPD to execute a memorandum of understanding through which MPD personnel would maintain a regular presence in DCV buildings.
- b. That the D/DHS instruct DHS’s Office of Facilities Management (OFM) to inspect immediately and secure as necessary all exterior doors and windows at DCV.

## LIST OF FINDINGS AND RECOMMENDATIONS

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5. **There is no system in place at DCV to safeguard and secure residents' prescription medications, a situation which, given the communal nature of the accommodations and the presence of children, poses a significant threat to residents' safety.**

That the D/DHS ensure that TCP and the Coalition, in consultation with qualified medical professionals, immediately implement a system for labeling, securing, and granting residents access to their prescription medications.

6. **The June 2006 change in food services contractors greatly improved the quality of food and resulted in a significant drop in residents' complaints.**

- a. That DHS program monitors request the results of the food service contractor's 2006 customer satisfaction survey and disseminate the results to DCV residents, management, and District government stakeholders.
- b. That TCP exercise its contractual right to request "periodic supplemental reports" from the food service contractor and provide those reports to DHS program monitors on a regular basis.

7. **Over the past year the Coalition has spent an average of nearly \$2,000 per month exterminating pests at DCV, but mice, roaches, and bed bugs are persistent problems that are difficult to control due to the poor condition of the buildings and residents' disregard of sanitation rules.**

- a. That the Coalition experiment with expanding residents' access to food in approved areas (i.e., not their sleeping quarters) during non-mealtime hours. With more frequent access to food, residents may be less likely to store food and beverages that attract mice and cockroaches to their rooms.
- b. That the Department of Health conduct a safety and health inspection to determine whether the chemicals and processes used to exterminate rodents and vermin at DCV pose any health risks to DCV residents and employees.

8. **The common areas (hallways, day rooms, restrooms, shower facilities) at DCV appeared clean and well-maintained.**

None

### Services Provided to D.C. Village Residents:

9. **With respect to the provision of services, criteria in the HSRA and in TCP and Coalition contract documents are not sufficient to ensure that DCV residents' needs are met in a timely fashion.**

## LIST OF FINDINGS AND RECOMMENDATIONS

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- a. That the D/DHS and the Coalition work together to amend DCV program rules and attach timeframes to the provision of key services to DCV residents.
- b. That DHS, in collaboration with TCP, propose amendments to the HSRA that would attach timeframes and client service goals to the provision of critical services.

10. **High turnover among case managers caused short staffing, which in turn led to delays in case management services. The recent hiring of additional case managers has reduced the number of families assigned to each.**

None

11. **Physical and mental health services available to DCV residents comply with and in certain areas even exceed requirements as defined by the Homeless Services Reform Act of 2005, but they still do not adequately meet the acute needs of DCV's residents.**

- a. That DHS, as a short-term improvement, explore the feasibility of having the mobile health clinic for children on-site more than the current one day per week.
- b. That DHS expedite negotiations with Georgetown University regarding the establishment of a permanent, on-site health clinic at DCV that would serve both children and adults.
- c. That D/DHS develop and publicize within 30 days of the issuance of this report, a strategic plan that identifies task completion dates and a detailed estimation of the resources necessary to establish permanent, on-site mental health services for DCV residents.
- d. That D/DHS develop and publicize within 30 days of the issuance of this report, a strategic plan that identifies task completion dates and a detailed estimation of the resources necessary to establish permanent, on-site substance abuse counseling services for DCV residents.
- e. That DHS ensure that DCV case managers have a current directory of local detoxification and in-patient substance abuse treatment programs.

12. **A senior manager at DCV expressed disappointment with the employment support provided to residents by the Department of Employment Services. The Coalition now supplements these services by having its own employment specialist come to DCV three times per month.**

None.

## LIST OF FINDINGS AND RECOMMENDATIONS

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### Contract and Budget Issues:

13. **Vagueness in DHS/TCP contract language prevents accountability on key issues such as facility maintenance and repair.**

That DHS and TCP immediately amend their contract to clarify roles and responsibilities in critical areas such as facility maintenance and repair and security inside DCV buildings and on DCV grounds.

14. **DHS underreported and underestimated the amount of money needed to repair and maintain the DCV facility. During the first year of the contract, DCV alone consumed over 60% of the funds DHS earmarked for repair and maintenance of 11 District owned buildings used by homeless services programs, a condition that presumably is drawing funds away from other District owned buildings.**

That the D/DHS request an audit and analysis from TCP of FY 2006 maintenance and repair expenditures at all 11 District-owned facilities used by homeless services programs. DHS and TCP should use the results of the analysis to re-negotiate the amount of funding available to TCP in 2007 and beyond to meet its contractual obligations with respect to building maintenance and repair.

15. **Despite the criticality of DCV's case manager and on-site shelter monitor positions, minimal funding is available for training. During 2005 contract negotiations, the District rejected TCP's request for annual funding for the training of Continuum of Care service providers in areas such as best practices and homeless clients' rights. For FY 2006 the Coalition budgeted \$4,800 for training DCV staff members.**

That TCP and the Coalition develop and publicize within 60 days of issuance of this report a plan to expand the training offered to shelter monitors and shift supervisors. This plan should identify training topics, the source of instruction, and additional resources needed to execute the plan.

### Management and Oversight:

16. **From October 2005 until September 2006, there were no rules specific to DCV residents regarding their rights, responsibilities, and behavior. Consequently the DCV staff had limited ability to enforce standards, impose sanctions, suspend services, or transfer disruptive and non-compliant residents.**

None.

17. **Monitoring reports completed by DHS and TCP do not address key provisions of the Coalition's contract.**

- a. That the HSRA be amended in order to strengthen the City's shelter monitoring and inspection activity and require that DHS submit written assessments and summaries of its monitoring activities to the Council on a regular basis.

## LIST OF FINDINGS AND RECOMMENDATIONS

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- b. That DHS amend the format of its monitoring reports to include an assessment of key contract provisions including, but not limited to: criminal background checks and substance abuse screenings for employees; the security of residents' prescription drugs; employee training; personnel files; employee tuberculosis testing; and employee CPR and first aid certifications.
- c. That DHS work with TCP to develop a robust checklist of issues that TCP must address during each site visit and a template for TCP's written monitoring reports.
- d. That DHS amend its contract with TCP to increase the required number of annual visits by TCP monitors from one per year to one per quarter.

# **Appendix 2**

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HUMAN SERVICES



Family Services Administration

December 15, 2005

[REDACTED]  
Program Director  
DC Village Family Emergency Shelter Program  
2A DC Village Lane  
Washington, D. C. 20032

Dear [REDACTED]

The Program Review Monitoring Report for the DC Village Family Emergency Shelter Program is attached. Information for this report was obtained through site visits to the facility, review of case records, review of basic documentation, interviews with staff and interviews with residents.

There was significant improvement in the maintenance of case record and the condition of the facility. However, the program monitor noted significant deficiencies in case management, particularly lack of current housing searches, employments searches, and education plans. Please see the report and attachments for the corrective actions that are needed. A follow up visit will be made by The Community Partnership to review progress made toward correction of the deficiencies.

The condition of the facility is moderately well maintained, but some of the individual residents' rooms are below satisfactory standards. The interviews with staff and residents indicated that the morale is very low.

Thank you for your cooperation with the review and for your attention to the program issues identified in the report.

Sincerely,

[REDACTED]  
Social Services Block Grant Manager

Enclosure

cc:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]



Unit 5898	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes
Unit 0769	No	Yes	Yes	Yes	Yes	No	Yes	No	No	Yes
Unit 7826	Yes									
Unit 3529	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Unit 1817	Yes									

**Summary:**

Slightly more than half (55%) of the case records were missing some documentation. Information was found as follows:

- Ten records (91%) included documentation about eligibility for shelter services;
- All case records (100%) included a completed intake form.
- All case records (100%) included a residential contract.
- All case records (100%) included copies of the program/house rules.
- Ten records (91%) included a signed copy of the resident rights and responsibilities.
- Five case records (45%) included a signed release of information form as specified in the Common Standards developed by The Community Partnership (TCP).
- All case records (100%) had an assessment.
- Ten case records (91%) included a current Case Management Plan.
- Seven case records (64%) reflected a current escrow account balance.
- All case records (100%) included case note documentations.

**Conclusion:**

The DC Village Family Emergency Shelter Program case management division has done a good job with maintenance of case records. However, a signed release of information forms for the residents were not found in seven of the eleven case files reviewed, and three records did not include documentation of eligibility, rights and responsibilities, or a current case management plan. An escrow balance was not found in four of the records, but maintaining an escrow account is voluntary under the new Homeless Services Reform law.

**Case Management Services**

According to TCP Common Standards, all providers are to actively assist the residents in developing a social service plan in the following five areas:

- Housing
- Health (Mental/Physical)
- Employment
- Education
- Case Management Contact

Housing searches – as determined by the case plans, housing searches are to be conducted every week and the results of the searches are to be discussed with the resident and his or her case manager. Seven cases of the eleven reviewed (64%) showed a housing search, but the residents had not completed a housing search for several months. The other residents (36%) did not show any activity in conducting weekly housing searches or preparing for moving on to permanent housing.

Health (Mental/Physical) – it is recommended that every resident is to have a copy of a current Tuberculosis Test (TB) in the case record before entering the shelter. Seventy-three percent (73%) of the cases reviewed had copies of the residents' TB Test in their case files. Three cases (27%) did not show a copy of a TB Test. Records did reveal medical problems such as HIV, diabetes, high blood pressure, asthma, sexually transmitted diseases, and mental health problems such as depression and residents were being connected to appropriate health services.

Employment searches – are to be conducted every week and the progress of the resident search is to be discussed with his or her case manager. One resident (9%) was found to be employed. Ten residents (91%) were unemployed. Only one of the ten unemployed residents (10%) had recorded job searches in the case record.

Education – according to their level of education, each resident is to develop an educational plan, especially if the resident had not completed high school. One resident (9%) graduated from college, three residents (27%) had some college, one resident (9%) graduated from a trade school, four residents (36%) had received their high school diploma, and two residents (18%) did not complete high school. Neither of the records for residents who had not completed high school indicated that an educational plan was developed or that the residents were referred to or were participating in education or training programs. Efforts are needed to encourage residents who have not completed high school to enroll in a GED or some other educational program.

Case Management Contact – according to the TCP Common Standards, each resident is to meet with his/her case manager once a week. All eleven cases (100%) reviewed showed the residents recently met with their case managers.

**Conclusion:**

The DC Village Family Emergency Shelter Program case management division had deficiencies with case management services for residents. Additional work needs to be done to assist residents in the areas of housing preparation or searching for housing, searching for jobs, and enrollment in education or job readiness programs. All residents need to be encouraged to take a current tuberculosis test with a copy filed in the case record. Residents have a variety of significant health problems and are being referred and connected to medical care.

**Facility Inspection**

See attached *General Facility Inspection Report*.

**Conclusion**

The DC Village Family Emergency Shelter Program buildings are moderately well maintained. The common areas were well maintained, but numerous deficiencies were noted in the residents' individual room units – some were basically found at the satisfactory level and some were found below the satisfactory level.

**Fire Safety Check**

See attached *Fire Safety Check Report*.

**Conclusion**

The DC Village Family Emergency Shelter Program met fire safety requirements in all areas except the fire extinguishers need to be inspected, tagged, and dated. A copy of the service contract for the fire extinguishers needs to be submitted.

**Interviews with Staff and Residents**

Eight residents (13%) and five staff members (13%) were interviewed using the standard interview question forms.

**Summary:**

The general feelings of staff and residents are that the morale is low. The staff and residents expressed their feelings very openly during the interviews. Staff and residents felt that the management could do better in a lot of areas. The staff expressed feelings of their work environment being stressful and overwhelming. The staff reported that the residents have been verbally abusive towards them. Also, the staff does not feel that they get support from the main office.

The residents feel they are not getting the assistance they need and the residents feel that they are not respected by the staff. In addition, the residents expressed dissatisfaction with the food that is served at the shelter.

**Conclusion:**

The morale of the staff and the residents is low, and as a result, the staff and residents are not satisfied with the services or and facility at DC Village Family Emergency Shelter Program.

**Successes Noted:**

- All basic documentation is in place as required.
- All case records include intake forms, residential contracts, copies of program/house rules, assessments, and documentation of contacts with case managers.
- Over 90% of the case records include documentation of eligibility for shelter services, copies of rights and responsibilities, and current Case Management Plans.
- Residents are referred and connected to appropriate health services.

- Deficiencies noted in case management and maintenance of case records in the 2004 program review have been corrected.
- The general facility is moderately well maintained.
- Except for the inspection of the fire extinguishers, the fire safety requirements are being met.

**Deficiencies Noted:**

- The documentation of housing searches was several months old. Case records did not contain evidence of current housing searches or information about residents' participation in preparing for moving on to permanent housing.
- Recorded job searches were not found in 90% of the case records for unemployed residents.
- Tuberculosis tests were missing from 27% of the case records.
- All of the Fire Extinguishers need to be serviced, tagged, and dated and a copy of the current service contract needs to be mailed to DHS-Family Services Administration Program Monitoring Unit to be kept on file.
- The morale of staff and residents are very low.
- There are feelings of disrespect noted by staff and residents toward each other.
- Residents feel they are not being prepared for self sufficiency.

**Corrective Action Needed:**

1. Case managers need to ensure that residents seek alternative housing when it is appropriate, apply for jobs when appropriate, and develop educational plans as needed.
2. It is recommended that Tuberculosis Tests be completed for all residents who have not had a TB test and a copy of the results be placed in their case records.
3. More open community forums with staff and residents should be held to engage active participation and communication between the groups.
4. An assessment of the quality of the food served at DC Village is needed and appropriate follow up action to improve food service so residents will feel that their tastes are being considered.

**Follow-up:**

Follow-up will be conducted by The Community Partnership's Program Monitor to ensure all corrective actions are addressed.

Submitted by:

  
Program Monitor

Date: December 15, 2005

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HUMAN SERVICES



Office of the Director

**MEMORANDUM**

**TO:** [REDACTED]  
Interim Director

**FROM:** [REDACTED]  
Program Management Officer

**DATE:** June 27, 2006

**SUBJECT:** Follow-up Monitoring of the DC Village Family Emergency Shelter

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A follow-up monitoring review of the DC Village Family Emergency Shelter, located at DC Village Lane, SW., was conducted on May 26 and June 7, 2006; a subsequent review of the personnel files was completed on June 20, 2006. During these visits 20 areas were inspected.

The inspection included an examination of units/areas outlined in the May 5, 2006, *Repairs Status Report* prepared by the Coalition for the Homeless staff at DC Village and the December 15, 2005, *FSA Program Review/Monitoring Report*. Copies of the inspection reports are attached. In addition, nine (9) case files and seven (7) personnel files were reviewed. Many of the deficiencies that were noted in the reports have been corrected; however, a few still need repair as noted below:

*Facility Inspection:*

- In many of family units the light fixtures on the wall over the beds were inoperable and plumbing repairs are needed in a few units; the men's and women's showers need handicap accessible seating;
- Overflow I – ceiling tiles need to be replaced; torn window curtains need to be replaced;
- Overflow II - torn window curtains need to be replaced;
- Overflow III – woman's bathroom stall door is missing; torn window curtains need to be replaced; and entry lock needs repair;
- Air conditioning not functioning properly in buildings 3A and 2B;
- Landscaping needs care; overgrown in some areas; and

Memorandum to [REDACTED]  
Re: DC Village Emergency Family Shelter  
Page 2

- Fire Safety – fire extinguishers were checked (5/2006); smoke detectors (monitor was told that the smoke detectors could not be sounded because it would activate the alarm system; however, the light indicator was on), exit signs, fire alarm system, and evacuation plans were in order; the last fire drill was conducted on May 29, 2006. According to the log, the drill took 20 minutes with 221 residents and 5 staff persons exiting the building.

*Case File Reviews (9 case records):*

- General Documentation - the case records contained most of the required documentation. Two (2) records did not contain the release of information consent and one (1) did not contain the eligibility documentation; representing an improvement over the previous report;
- Housing - five (5) records contained housing referrals, two (2) of those received placement;
- Health - six (6) records contained health information, such as tuberculosis testing, HIV testing, immunizations, or diabetes;
- Employment – no employment search information was included in any of the files; one (1) resident was employed; this area showed no improvement since the last monitoring report and needs immediate attention;
- Education – no educational or training program information was included in the records; according to the assessments, eight (8) residents had either a high school diploma or GED certification;
- Case Management Contact – all resident records reviewed contained case notes as evidence of recent meetings with case managers.

*Personnel File Reviews (7 personnel records):*

- Evidence of CPR and First Aid training was not documented in any of the records reviewed; and
- Credentials for Licensed Clinical Social Worker were not in one (1) employee's record.

If you have any questions or require additional information, please give me a call at 202-[REDACTED]  
[REDACTED]

**Attachments**

cc:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**DC Village Monitoring Report**  
**June 7, 2006**

<b>Location</b>	<b>Status/Problems</b>	<b>Location</b>	<b>Status/Problem</b>
2A Case Management	sink leaks 1 tile needs replacement	OF III	Women's bathroom has no door on stall; Ceiling tile near #2 needs replacement; Need lock at entry
2A Dining Hall	<i>Missing smoke detector</i> <b>OKAY</b>	301	Bathroom light will not turn off; toilet flushes slow/needs several flushes at a time
2A Staff Bathroom	<i>Sink clogged</i> <b>OKAY</b>	310	Sink – water will not shut off
2B 201	No heat/blows cold air	311	Toilet flushes slow/needs several flushes.
2B 203	No heat/blows cold air	320	Missing Venetian blind at small window
2B 213	1 Broken Ceiling Tile	330	Hot water faucet is hard to turn off; turns back on
2B 220	<i>Faucet hard to turn off</i> <b>OKAY</b> <i>Sink pipe leaks</i> <b>OKAY</b>	331	Night light panel removed, covered with plywood; just requires painting
2B 221	1 light cover missing; no heat/blowing warm air	Day Room	<i>Leak in ceiling</i> <b>OKAY</b>  1 Ceiling Tile Missing
2B 224	No heat; unit does not work	Director's Office	<i>Sink will not turn off</i> <b>OKAY</b>
2B 225, 226, 230	No heat; blows cold air	Staff Bathroom	Toilet flushes slowly, needs to be flushed several times to work fully.
Outside Entry	Needs landscaping; grass and weeds overgrown	Women's Shower	Needs handicapped accessible shower seat
Women's Showers	<i>Handicapped shower handle falling off</i> <b>OKAY</b>	Men's Shower	Needs handicapped accessible shower seat.
OF. I	Need 5 ceiling tiles installed		

**Individual Unit Inspection Report**  
To be completed for each individual unit

**Provider Name:** DC VILLAGE FAMILY EMERGENCY SHELTER

**Unit #/Address:** OVER FLOW #1      **Inspection Date (1):** 12/2/05      **Inspection Date (2):** 5/26/06

**Resident ID:** \_\_\_\_\_      **Number of Bedrooms:** \_\_\_\_\_      **Number of Bathrooms:** \_\_\_\_\_

**Number in Household:** \_\_\_\_\_      **Inspection Conducted by:** (1)      (2)

Area of Assessment	Inspection 1		Inspection 2		Comments	
	Acceptable		Acceptable			
	Yes	No	Yes	No	Inspection 1	Inspection 2
Unit Accessibility	X		X		Inspection 1	
					Inspection 2	
Smoke Detectors	X		X		Inspection 1	
					Inspection 2	
Fire Extinguishers	X		X		Inspection 1	3/2005
					Inspection 2	Ok
Heat/Air	X		X		Inspection 1	
					Inspection 2	
Lighting		X		X	Inspection 1	No light bulbs and possible electrical problems.
					Inspection 2	Light cover in room #4 is broken and needs replacement
Adequately Furnished	X		X		Inspection 1	
					Inspection 2	
Furniture Condition	X		X		Inspection 1	
					Inspection 2	
Walls		X	X		Inspection 1	Wallpaper is peeling.
					Inspection 2	Ok

**Individual Unit Inspection Report**  
To be completed for each individual unit

**Provider Name:** DC VILLAGE FAMILY EMERGENCY SHELTER

**Unit #/Address:** OVER FLOW #2      **Inspection Date (1):** 12/2/05      **Inspection Date (2):** 5/26/06

**Resident ID:** \_\_\_\_\_      **Number of Bedrooms:** \_\_\_\_\_      **Number of Bathrooms:** \_\_\_\_\_

**Number in Household:** \_\_\_\_\_      **Inspection Conducted by:** (1) \_\_\_\_\_ (2) \_\_\_\_\_

Area of Assessment	Inspection 1		Inspection 2		Comments	
	Acceptable		Acceptable			
	Yes	No	Yes	No		
Unit Accessibility	X		X		Inspection 1	
					Inspection 2	
Smoke Detectors	X		X		Inspection 1	
					Inspection 2	
Fire Extinguishers	X		X		Inspection 1	3/2005
					Inspection 2	Ok
Heat/Air	X		X		Inspection 1	
					Inspection 2	
Lighting	X		X		Inspection 1	
					Inspection 2	
Adequately Furnished	X		X		Inspection 1	
					Inspection 2	
Furniture Condition	X		X		Inspection 1	
					Inspection 2	
Walls	X		X		Inspection 1	
					Inspection 2	

**Individual Unit Inspection Report**  
To be completed for each individual unit

Provider Name: DC VILLAGE FAMILY EMERGENCY SHELTER

Unit #/Address: OVER FLOW #3      Inspection Date (1): 12/2/05      Inspection Date (2): 5/26/06

Resident ID: \_\_\_\_\_      Number of Bedrooms: \_\_\_\_\_      Number of Bathrooms: \_\_\_\_\_

Number in Household: \_\_\_\_\_      Inspection Conducted by: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Area of Assessment	Inspection 1		Inspection 2		Comments	
	Acceptable		Acceptable			
	Yes	No	Yes	No		
Unit Accessibility	X		X		Inspection 1	
					Inspection 2	
Smoke Detectors	X		X		Inspection 1	
					Inspection 2	
Fire Extinguishers		X	X		Inspection 1	Needs to be serviced, tagged and dated.
					Inspection 2	Ok (2)
Heat/Air	X		X		Inspection 1	
					Inspection 2	
Lighting		X	X		Inspection 1	Light is out in men's bathroom.
					Inspection 2	Ok
Adequately Furnished	X		X		Inspection 1	
					Inspection 2	
Furniture Condition	X		X		Inspection 1	
					Inspection 2	
Walls	X		X		Inspection 1	
					Inspection 2	

**Individual Unit Inspection Report**  
To be completed for each individual unit

**Provider Name:** DC VILLAGE FAMILY EMERGENCY SHELTER

**Unit #/Address:** 200A      **Inspection Date (1):** 12/2/05      **Inspection Date (2):** 5/26/06

**Resident ID:** \_\_\_\_\_      **Number of Bedrooms:** \_\_\_\_\_      **Number of Bathrooms:** \_\_\_\_\_

**Number in Household:** \_\_\_\_\_      **Inspection Conducted by:** (1) \_\_\_\_\_ (2) \_\_\_\_\_

Area of Assessment	Inspection 1		Inspection 2		Comments	
	Acceptable		Acceptable			
	Yes	No	Yes	No		
Unit Accessibility	X		X		Inspection 1	
					Inspection 2	
Smoke Detectors	X		X		Inspection 1	
					Inspection 2	
Fire Extinguishers					Inspection 1	N/A
					Inspection 2	N/A
Heat/Air	X		X		Inspection 1	
					Inspection 2	
Lighting	X		X		Inspection 1	
					Inspection 2	
Adequately Furnished	X		X		Inspection 1	
					Inspection 2	
Furniture Condition	X		X		Inspection 1	
					Inspection 2	
Walls	X		X		Inspection 1	
					Inspection 2	

**Individual Unit Inspection Report**  
To be completed for each individual unit

**Provider Name:** DC VILLAGE FAMILY EMERGENCY SHELTER

**Unit #/Address:** 201A      **Inspection Date (1):** 12/2/05      **Inspection Date (2):** 5/26/06

**Resident ID:** \_\_\_\_\_      **Number of Bedrooms:** \_\_\_\_\_      **Number of Bathrooms:** \_\_\_\_\_

**Number in Household:** \_\_\_\_\_      **Inspection Conducted by:** (1) \_\_\_\_\_ (2) \_\_\_\_\_

Area of Assessment	Inspection 1		Inspection 2		Comments	
	Acceptable		Acceptable			
	Yes	No	Yes	No		
Unit Accessibility	X				Inspection 1	
					Inspection 2	
Smoke Detectors	X				Inspection 1	
					Inspection 2	
Fire Extinguishers					Inspection 1	N/A
					Inspection 2	N/A
Heat/Air	X		X		Inspection 1	
					Inspection 2	
Lighting		X		X	Inspection 1	Lighting over beds not working
					Inspection 2	Lighting still not working
Adequately Furnished	X		X		Inspection 1	
					Inspection 2	
Furniture Condition	X		X		Inspection 1	
					Inspection 2	
Walls	X		X		Inspection 1	
					Inspection 2	

**Individual Unit Inspection Report**  
To be completed for each individual unit

**Provider Name:** DC VILLAGE FAMILY EMERGENCY SHELTER

**Unit #/Address:** 211A      **Inspection Date (1):** 12/2/05      **Inspection Date (2):** 5/26/06

**Resident ID:** \_\_\_\_\_      **Number of Bedrooms:** \_\_\_\_\_      **Number of Bathrooms:** \_\_\_\_\_

**Number in Household:** \_\_\_\_\_      **Inspection Conducted by:** (1) \_\_\_\_\_ (2) \_\_\_\_\_

Area of Assessment	Inspection 1		Inspection 2		Comments	
	Acceptable		Acceptable			
	Yes	No	Yes	No		
Unit Accessibility	X		X		Inspection 1	
					Inspection 2	
Smoke Detectors	X		X		Inspection 1	
					Inspection 2	
Fire Extinguishers					Inspection 1	N/A
					Inspection 2	N/A
Heat/Air	X		X		Inspection 1	
					Inspection 2	
Lighting	X			X	Inspection 1	
					Inspection 2	Light fixtures need covers and/or bulbs
Adequately Furnished	X		X		Inspection 1	
					Inspection 2	
Furniture Condition	X		X		Inspection 1	
					Inspection 2	
Walls		X		X	Inspection 1	Paint is peeling.
					Inspection 2	Paint still peeling

**Individual Unit Inspection Report**  
To be completed for each individual unit

**Provider Name:** DC VILLAGE FAMILY EMERGENCY SHELTER

**Unit #/Address:** 213B      **Inspection Date (1):** 6/7/06      **Inspection Date (2):** \_\_\_\_\_

**Resident ID:** \_\_\_\_\_      **Number of Bedrooms:** \_\_\_\_\_      **Number of Bathrooms:** \_\_\_\_\_

**Number in Household:** \_\_\_\_\_      **Inspection Conducted by:** (1) \_\_\_\_\_

Area of Assessment	Inspection 1		Inspection 2		Comments	
	Acceptable		Acceptable			
	Yes	No	Yes	No		
Unit Accessibility	X				Inspection 1	
					Inspection 2	
Smoke Detectors	X				Inspection 1	
					Inspection 2	
Fire Extinguishers					Inspection 1	N/A
					Inspection 2	
Heat/Air	X				Inspection 1	
					Inspection 2	
Lighting	X				Inspection 1	
					Inspection 2	
Adequately Furnished	X				Inspection 1	
					Inspection 2	
Furniture Condition	X				Inspection 1	
					Inspection 2	
Walls	X				Inspection 1	
					Inspection 2	

**Individual Unit Inspection Report**  
To be completed for each individual unit

**Provider Name:** DC VILLAGE FAMILY EMERGENCY SHELTER

**Unit #/Address:** 214A      **Inspection Date (1):** 12/2/05      **Inspection Date (2):** 5/26/06

**Resident ID:** \_\_\_\_\_      **Number of Bedrooms:** \_\_\_\_\_      **Number of Bathrooms:** \_\_\_\_\_

**Number in Household:** \_\_\_\_\_      **Inspection Conducted by:** (1) \_\_\_\_\_ (2) \_\_\_\_\_

Area of Assessment	Inspection 1		Inspection 2		Comments
	Acceptable		Acceptable		
	Yes	No	Yes	No	
Unit Accessibility	X				Inspection 1
					Inspection 2
Smoke Detectors	X				Inspection 1
					Inspection 2
Fire Extinguishers					Inspection 1 N/A
					Inspection 2 N/A
Heat/Air	X				Inspection 1
					Inspection 2
Lighting		X	X		Inspection 1 Bulb was out.
					Inspection 2 OK
Adequately Furnished	X		X		Inspection 1
					Inspection 2
Furniture Condition	X		X		Inspection 1
					Inspection 2
Walls	X		X		Inspection 1
					Inspection 2

**Individual Unit Inspection Report**  
To be completed for each individual unit

**Provider Name:** DC VILLAGE FAMILY EMERGENCY SHELTER

**Unit #/Address:** 221B      **Inspection Date (1):** 6/7/06      **Inspection Date (2):** \_\_\_\_\_

**Resident ID:** \_\_\_\_\_      **Number of Bedrooms:** \_\_\_\_\_      **Number of Bathrooms:** \_\_\_\_\_

**Number in Household:** \_\_\_\_\_      **Inspection Conducted by:** (1) \_\_\_\_\_

Area of Assessment	Inspection 1		Inspection 2		Comments	
	Acceptable		Acceptable			
	Yes	No	Yes	No		
Unit Accessibility	X				Inspection 1	
					Inspection 2	
Smoke Detectors	X				Inspection 1	
					Inspection 2	
Fire Extinguishers					Inspection 1	N/A
					Inspection 2	
Heat/Air	X				Inspection 1	
					Inspection 2	
Lighting		X			Inspection 1	Light cover missing
					Inspection 2	
Adequately Furnished	X				Inspection 1	
					Inspection 2	
Furniture Condition	X				Inspection 1	
					Inspection 2	
Walls	X				Inspection 1	
					Inspection 2	

**Individual Unit Inspection Report**  
To be completed for each individual unit

**Provider Name:** DC VILLAGE FAMILY EMERGENCY SHELTER

**Unit #/Address:** 301      **Inspection Date (1):** 6/7/06      **Inspection Date (2):** \_\_\_\_\_

**Resident ID:** \_\_\_\_\_      **Number of Bedrooms:** \_\_\_\_\_      **Number of Bathrooms:** \_\_\_\_\_

**Number in Household:** \_\_\_\_\_      **Inspection Conducted by:** (1) [REDACTED]

Area of Assessment	Inspection 1		Inspection 2		Comments	
	Acceptable		Acceptable			
	Yes	No	Yes	No		
Unit Accessibility	X				Inspection 1	
					Inspection 2	
Smoke Detectors	X				Inspection 1	
					Inspection 2	
Fire Extinguishers					Inspection 1	N/A
					Inspection 2	
Heat/Air	X				Inspection 1	
					Inspection 2	
Lighting		X			Inspection 1	Bathroom light will not turn off
					Inspection 2	
Adequately Furnished	X				Inspection 1	
					Inspection 2	
Furniture Condition	X				Inspection 1	
					Inspection 2	
Walls	X				Inspection 1	
					Inspection 2	

**Individual Unit Inspection Report**  
To be completed for each individual unit

**Provider Name:** DC VILLAGE FAMILY EMERGENCY SHELTER

**Unit #/Address:** 311 **Inspection Date (1):** 6/7/06 **Inspection Date (2):** \_\_\_\_\_

**Resident ID:** \_\_\_\_\_ **Number of Bedrooms:** \_\_\_\_\_ **Number of Bathrooms:** \_\_\_\_\_

**Number in Household:** \_\_\_\_\_ **Inspection Conducted by:** (1) [REDACTED]

Area of Assessment	Inspection 1		Inspection 2		Comments	
	Acceptable		Acceptable			
	Yes	No	Yes	No		
Unit Accessibility	X				Inspection 1	
					Inspection 2	
Smoke Detectors	X				Inspection 1	
					Inspection 2	
Fire Extinguishers					Inspection 1	N/A
					Inspection 2	
Heat/Air	X				Inspection 1	
					Inspection 2	
Lighting	X				Inspection 1	
					Inspection 2	
Adequately Furnished	X				Inspection 1	
					Inspection 2	
Furniture Condition	X				Inspection 1	
					Inspection 2	
Walls	X				Inspection 1	
					Inspection 2	

**Individual Unit Inspection Report**  
To be completed for each individual unit

**Provider Name:** DC VILLAGE FAMILY EMERGENCY SHELTER

**Unit #/Address:** 320      **Inspection Date (1):** 6/7/06      **Inspection Date (2):** \_\_\_\_\_

**Resident ID:** \_\_\_\_\_      **Number of Bedrooms:** \_\_\_\_\_      **Number of Bathrooms:** \_\_\_\_\_

**Number in Household:** \_\_\_\_\_      **Inspection Conducted by:** (1) [REDACTED]

Area of Assessment	Inspection 1		Inspection 2		Comments	
	Acceptable		Acceptable			
	Yes	No	Yes	No		
Unit Accessibility	X				Inspection 1	
					Inspection 2	
Smoke Detectors	X				Inspection 1	
					Inspection 2	
Fire Extinguishers					Inspection 1	N/A
					Inspection 2	
Heat/Air	X				Inspection 1	
					Inspection 2	
Lighting	X				Inspection 1	
					Inspection 2	
Adequately Furnished	X				Inspection 1	
					Inspection 2	
Furniture Condition	X				Inspection 1	
					Inspection 2	
Walls	X				Inspection 1	
					Inspection 2	

## APPENDICES

# Appendix 3



## The Community Partnership for the Prevention of Homelessness

### MONITORING REPORT

*Coalition for the Homeless*

*DC Village*

*06-60-CFH-DCVL*

The Community Partnership's DHS Program Manager conducted a site visit on September 14, 2006 to monitor the program requirements as outlined in the FY 06 contract agreement between The Community Partnership (TCP) and COALITION FOR THE HOMELESS-DC VILLAGE (CFH). [REDACTED] and [REDACTED] provided assistance during the visit.

#### **Scope of Services as shown under Article I of contract:**

The Contractor shall strive to provide emergency shelter and services for seventy-nine (79) homeless families. The Contractor will aid clients in their search for continued shelter, transitional or permanent housing solutions by offering access to mainstream programs and supportive services appropriate to the client's individual needs for families who are referred from the District's central intake at the Virginia Williams Family Resource Center (VWFRC).

#### **I. Monitoring Overview:**

Section A	Case Management (Intake & Referral Documentation, Services & Entitlements, Discharge)
Section B	Facility Review (Decency, Suitability, and Environmental Safety)
Section C	Resident Interviews
Section D	Technical Assistance needs
Section E	HMIS-review of data entry process

##### A. Case Management

CASE FILE REVIEW – Six active family emergency files were reviewed. These files were randomly chosen from an HMIS generated rosters. Two Inactive family emergency files were reviewed. These files were chosen by program staff.

##### *Case File Analysis*

- All files were organized with flow charts. Intake paperwork included the initial referral form VWFRC, emergency contact information, signed rights and responsibilities forms and appropriate releases of information.
- Case management plans with timely reassessments and target dates were found in all files reviewed.
- Psychosocial assessments, clear case notes and program participation information was found in all files reviewed.

*Monitor Summary-Case Management*

DC VILLAGE has greatly improved their documentation of case management efforts in the last year. It is clear that they are engaging with families from the start to develop a transition plan.

**B. FACILITY REVIEW**

A complete review of the facilities was not completed at this visit. A list of needed maintenance and repairs dated 9/12/2006 was provided to the Program Manager.

**C. RESIDENT INTERVIEWS**

Two resident interviews were conducted. The female client had been at the facility one week with her teenage son. She expressed satisfaction with her room and the meals provided. The male client and his son age 7 have been at the facility two months and were very happy with the services he is receiving from the staff. He did not like the shared bathroom facilities and had concerns about the parenting skills of others at the facility.

**D. HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)**

HMIS generated rosters did not reveal any major problems using the system to track client information. One case manager is assigned to do all initial data entry and an administrative assistant completes entries and exits.

**E. TECHNICAL ASSISTANCE NEEDS**

None at this time.

**II. IMMEDIATE CORRECTIVE ACTIONS NEEDED:**

Respectfully Submitted By:

[REDACTED]

Date: 9/18/2006

DHS Program Manager  
The Community Partnership  
801 Pennsylvania Avenue, SE  
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(P) [REDACTED]  
(F) [REDACTED]

CC: