

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

**REPORT OF SPECIAL EVALUATION:
DEPARTMENT OF HUMAN SERVICES,
OFFICE OF SHELTER MONITORING**

August 2012



**CHARLES J. WILLOUGHBY
INSPECTOR GENERAL**

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Inspector General

Inspector General



August 31, 2012

David A. Berns
Director
Department of Human Services
64 New York Avenue N.E., 6th Floor
Washington, D.C. 20002

Dear Mr. Berns:

Enclosed is our final *Report of Special Evaluation: Office of Shelter Monitoring* (OIG No. 12-I-0049JA). Written comments from your agency on the special evaluation team's 7 findings and 14 recommendations are included verbatim in the report. This report will be available publicly at <http://oig.dc.gov>; I encourage you to share it with your employees.

We reviewed your responses to our draft report and noted in this final report that we consider six of our recommendations to be "closed" based on the actions you reported. For the eight recommendations that remain open,¹ we have enclosed *Compliance Forms* on which your staff should record and report to this Office the actions taken on each recommendation. These forms will assist both you and the OIG in tracking compliance with recommendations in the report. Where the form asks for "Agency Action Taken," please report actual completion, in whole or in part, of a recommendation rather than "planned" action. Please ensure that the *Compliance Forms* are returned to the OIG by the response dates noted on the forms.

We appreciate the cooperation shown by you and your employees during the special evaluation and look forward to your continued cooperation during the upcoming follow-up period. If you have questions or comments concerning this report or other matters related to the special evaluation, please contact me or Alvin Wright Jr., Assistant Inspector General for Inspections and Evaluations, at (202) 727-2540.

Sincerely,

can Charles J. Willoughby
Inspector General

CJW/gah

Enclosure

cc: See **Distribution List**

¹ In its response to several recommendations, DHS indicated planned actions to be completed. The OIG considers these recommendations "open" and requests that DHS provide this office documentation of corrective actions, as completed.

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Letter to David A. Berns
August 31, 2012
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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's goals are to help ensure compliance with applicable laws, regulations, and policies, 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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**ACRONYMS
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ACRONYMS AND ABBREVIATIONS

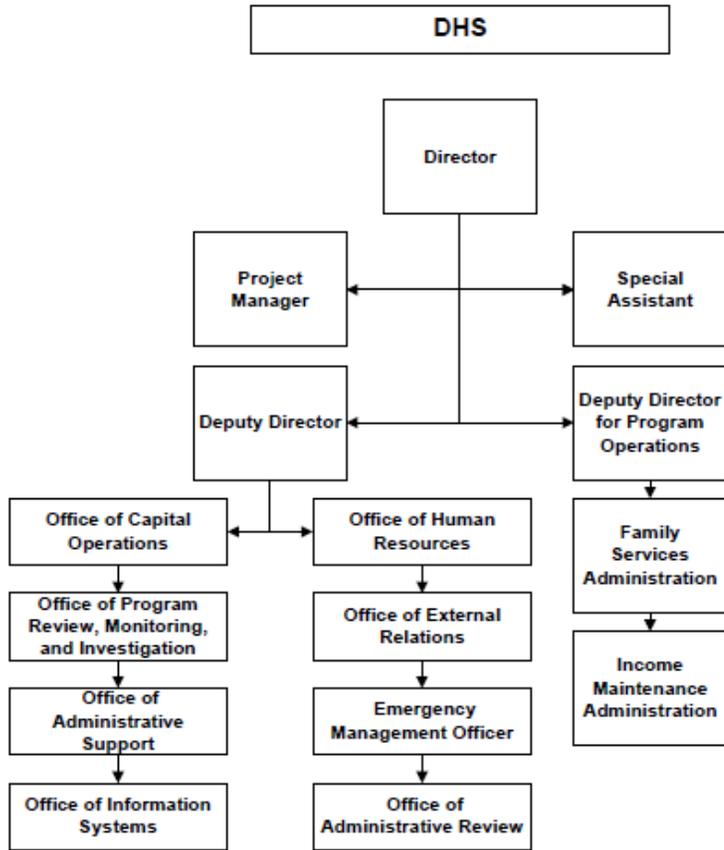
CA	Contracting Administrator
CCNV	Community for Creative Non-Violence
CO	Contracting Officer
COTR	Contracting Officer's Technical Representative
D.C.	District of Columbia
DCMR	District of Columbia Municipal Regulations
DGS	Department of General Services
DHCD	Department of Housing and Community Development
DHS	Department of Human Services
DRES	Department of Real Estate Services
FSA	Family Services Administration
GAO	Government Accountability Office
HSRA	Homeless Services Reform Act of 2005
HUD	U.S. Department of Housing and Urban Development
I&E	Inspections and Evaluations
ICH	D.C. Interagency Council on Homelessness
MOA	Memorandum of Agreement
OCTO	Office of the Chief Technology Officer
OIG	Office of the Inspector General
OIS	Office of Information Systems
OPRMI	Office of Program Review, Monitoring, and Investigations
OSM	Office of Shelter Monitoring
TANF	Temporary Assistance for Needy Families

ACRONYMS AND ABBREVIATIONS

TCP	The Community Partnership for the Prevention of Homelessness
WLC	Washington Legal Clinic for the Homeless

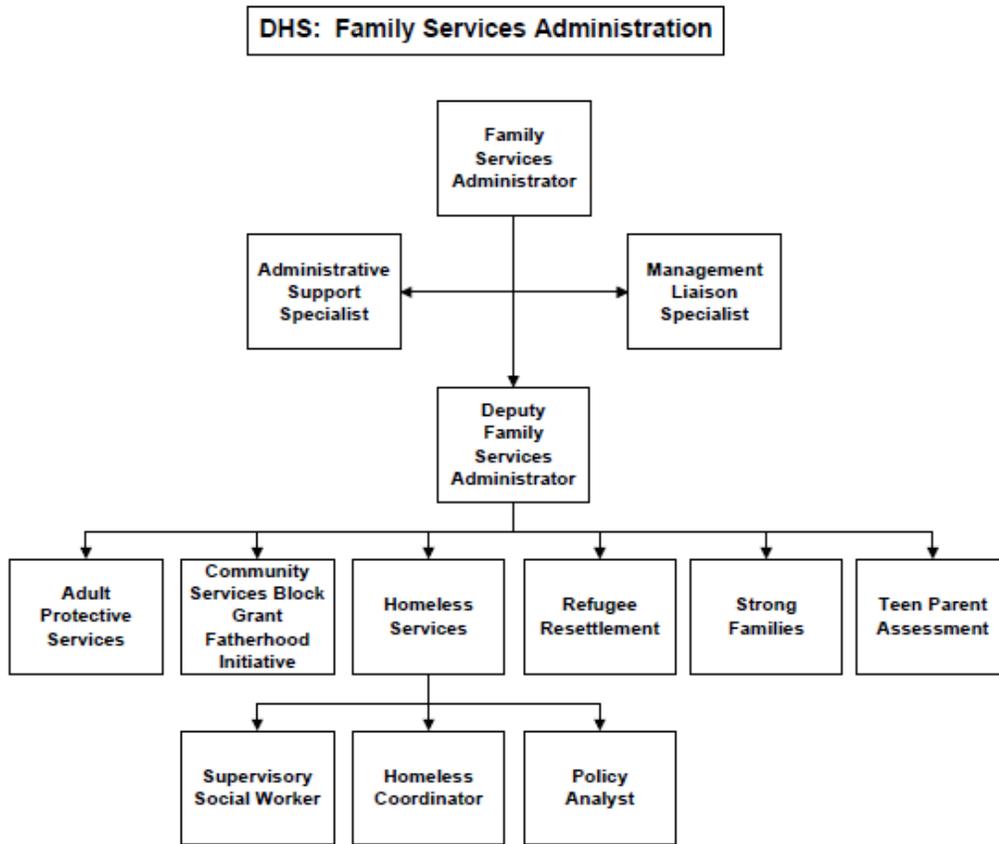
ORGANIZATION CHARTS

ORGANIZATION CHARTS



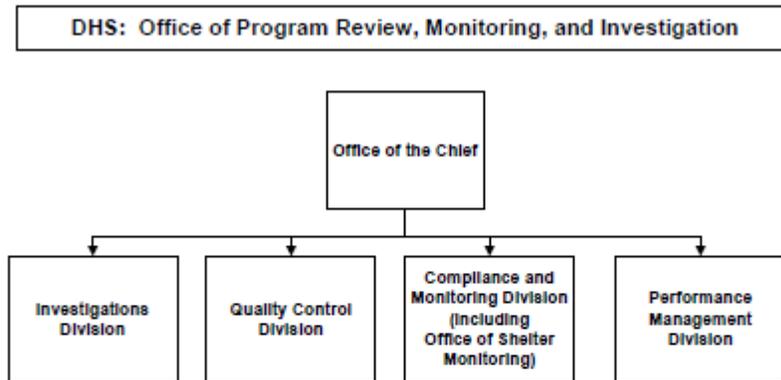
Source: Department of Human Services's (DHS) website (last visited Aug. 3, 2011).

ORGANIZATION CHARTS



Source: DHS correspondence to the Office of the Inspector General (OIG) (Feb. 2011).

ORGANIZATION CHARTS



Source: DHS correspondence to the OIG (Feb. 2011).

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Overview and Objective

The Inspections and Evaluations (I&E) Division of the Office of the Inspector General (OIG) conducted a special evaluation of the Department of Human Services (DHS) Office of Shelter Monitoring (OSM) from February 2011 through March 2012. OSM's responsibilities include "monitor[ing] shelters and services provided by the District and its contractors to clients who are homeless."¹ This report is one of several that will assess services and conditions at select homeless shelters and OSM's oversight of District homeless shelters and the contractors who operate them.

Scope and Methodology

OIG inspections comply with standards established by the Council of the Inspectors General on Integrity and Efficiency, and pay particular attention to the quality of internal control.² The OIG special evaluation team (team) conducted fieldwork for the special evaluation between February 2011 and March 2012, interviewing 19 individuals and conducting 2 focus groups. Interviewees included current DHS and The Community Partnership for the Prevention of Homelessness (TCP)³ employees as well as stakeholders (e.g., employees from the Washington Legal Clinic for the Homeless (WLC)).⁴ The team also reviewed a variety of documents, including the Homeless Services Reform Act of 2005 (HSRA), Universal Shelter Rules for Temporary Shelters Governed by the HSRA, additional program rules for shelter providers, TCP's contract with DHS, TCP's subcontracts with homeless shelter providers, OSM's monitoring reports, newspaper articles, and D.C. Council hearing testimony.

Findings

OSM lacks resources to carry out its monitoring responsibilities. (Page 11) According to the District of Columbia Municipal Regulations (DCMR) and internal DHS policies and procedures, OSM conducts annual inspections of all 65⁵ of the District's homeless shelters and receives complaints about programs, facilities, and services provided within the Continuum of Care.⁶ Given these considerable duties, the team was surprised to learn that: 1) as of February 2012, OSM employed only one shelter monitor; 2) OSM's policies and procedures lack detailed

¹ D.C. Code § 4-754.51 (2008).

² "Internal control" is synonymous with "management control" and is defined by the Government Accountability Office (GAO) as comprising "the plans, methods, and procedures used to meet missions, goals, and objectives and, in doing so, supports performance-based management. Internal control also serves as the first line of defense in safeguarding assets and preventing and detecting errors and fraud." STANDARDS FOR INTERNAL CONTROL IN THE FEDERAL GOVERNMENT, Introduction at 4 (Nov. 1999).

³ According to its website, TCP was established in 1989 with the mission of "serv[ing] as a focal point for efforts to reduce and ultimately prevent homelessness in the District of Columbia." [Http://www.community-partnership.org/cp_aboutUs.php](http://www.community-partnership.org/cp_aboutUs.php) (last visited May 23, 2011).

⁴ WLC "works to end the unnecessary suffering caused by poverty and advocates for justice for people who are homeless or at-risk of becoming homeless in Washington, DC." [Http://www.legalclinic.org](http://www.legalclinic.org) (last visited June 20, 2011).

⁵ This number was accurate in April 2011.

⁶ The "Continuum of Care" is the "the comprehensive system of services for individuals and families who are homeless or at imminent risk of becoming homeless . . ." D.C. Code § 4-751.01(8); *see also* 29 DCMR § 2544.1; D.C. Code § 4-754.52(c).

EXECUTIVE SUMMARY

descriptions of how monitors should carry out their monitoring functions; and 3) OSM lacks automated systems to track deficiencies and corrective actions, as well as aggregate data about homeless shelter complaints.

OSM did not conduct all required monitoring visits in 2009, 2010, and 2011. (Page 17)

The team requested and reviewed 21 of OSM's monitoring reports from 2009, 2010, and 2011 and observed that OSM did not conduct any site visits at the District's largest shelter, the Federal City Shelter, operated by the Community for Creative Non-Violence (CCNV), and did not conduct a site visit at Herspace in 2009. Similarly, OSM did not conduct site visits at either D.C. General or My Sister's Place in 2010; but did conduct site visits in January 2011. The team uncovered these omitted site visits in its sampling of OSM's monitoring reports, and is therefore concerned that these omissions may represent a larger problem.

Lack of CCNV monitoring, as required by the D.C. Code, may jeopardize the safety of homeless shelter clients and employees and put the District at fiscal liability risk. (Page 19)

CCNV operates the District's largest shelter, the 1,350-bed Federal City Shelter, and receives funds from DHS for hypothermia season operations. Through interviews, the team learned that a senior DHS manager incorrectly believes that these site visits are occurring and that DHS employees lack clarity regarding OSM's responsibility to monitor CCNV. As a result, OSM does not conduct site visits or annual inspections at CCNV, and merely responds to complaints and issues at CCNV as a "courtesy." The lack of rigorous monitoring puts CCNV employees and clients at risk of harm and the District at risk of considerable liability.

Although OSM's Monitoring Inspection Form addresses most HSRA provisions, it does not address some safety requirements or provider-specific rules. (Page 20)

In March 2011, OSM implemented a new risk-based tool that evaluates providers against HSRA and the DCMR. The team reviewed this 14-page tool and found that it assesses homeless shelters' adherence to HSRA and the DCMR, but it fails to address some safety issues and provider-specific requirements at District homeless shelters, such as whether shelters are handicap accessible, the security of clients' prescription medications, and homeless shelter check-in procedures.

DHS's Contracting Administrator (CA) does not ensure that TCP meets its contractual obligations or review homeless shelter providers' program rules for content. (Page 22)

According to TCP's contract with DHS, DHS's CA⁷ is "responsible for general administration of the contract and advising [TCP's] Contracting Officer [CO] as to the Contractor's [TCP's] compliance or noncompliance with the contract." DHS's CA should also review and annually approve homeless shelter providers' program rules; however, this individual stated in March 2011 that he/she monitored only TCP's billing and did not request or receive the deliverables required in DHS's contract with TCP. DHS's CA also noted that although he/she receives homeless shelter rules and approves them annually, if there are no changes to the rules, the review is a "rubber-stamp" process. The team learned that this individual lacked knowledge of any responsibility to monitor TCP's deliverables.

⁷ DHS's previous contracts with TCP listed this individual as the Contracting Officer's Technical Representative (COTR).

EXECUTIVE SUMMARY

OSM's written findings are not disseminated timely to shelter providers, nor are they included as part of the D.C. Interagency Council on Homelessness's (ICH) annual report as required by law. This reduces public awareness of shelter providers and potentially leaves deficiencies unaddressed. (Page 24) The DCMR and OSM internal policies and procedures dictate that OSM's reports must be disseminated to shelters. Additionally, the D.C. Code requires that OSM distribute its monitoring reports publicly as part of ICH's annual report. The team learned that OSM does not disseminate reports timely. As of February 2012, none of OSM's written reports had been distributed since the monitors' move from the Family Services Administration (FSA) to the Office of Program Review, Monitoring, and Investigations (OPRMI) in the summer of 2010.⁸ Additionally, OSM does not currently contribute monitoring sections to ICH's required annual reports, as ICH does not complete annual reports.

There are no timeframes for the provision of key services to homeless clients in D.C. shelters. (Page 26) The team found that there are no timeframes within which homeless shelter clients can expect to be seen by service providers (e.g., medical doctor, mental health counselor, substance abuse counselor, or employment counselor). Timeframes for service delivery would help OSM monitors critically evaluate service providers, and perhaps reduce the amount of time a client spends in a shelter.

Recommendations and Conclusion

The OIG's findings highlight the need for additional resources and standardized protocols under which OSM will operate. Through additional resources and standardized monitoring procedures, OSM can carry out its oversight functions more effectively, ultimately helping District residents to receive improved services at District homeless shelters.

The OIG made 14 recommendations to DHS to improve the deficiencies noted and increase OSM's monitoring efforts. These recommendations include ensuring that DHS: conducts a workflow and staffing assessment to determine the number of employees needed to adequately monitor homeless shelters in the District; finalizes OSM's draft policies and procedures and implements automated systems for tracking deficiencies and corrective actions and analyzing homeless shelter complaints; and that OSM conducts and documents all required annual site visits at District homeless shelters. DHS reviewed the draft of this report prior to publication, and its comments in their entirety follow each finding. The OIG requested that DHS note its agreement or disagreement with each of the report's recommendations as well as provide any explanatory comments.

Note: The OIG does not correct an agency's grammatical or spelling errors, but does format an agency's responses in order to maintain readability of OIG reports. Such formatting is limited to font size, type, and color, with the following exception: if an agency bolds or underlines text within its response, the OIG preserves these elements of format.

⁸ FSA is generally charged with running homeless service operations, while OPRMI is a centralized program review office that monitors DHS programs. See <http://dhs.dc.gov/dhs/cwp/view,a,3,q,492397.asp> (last visited Mar. 14, 2012); see also <http://dhs.dc.gov/dhs/cwp/view,a,3,q,492677.asp#PRMI> (last visited Mar. 14, 2012).

Compliance and Follow-Up

The OIG inspection process includes follow-up with DHS on findings and recommendations. Compliance forms for findings and recommendations will be sent to DHS along with this report of special evaluation. I&E will coordinate with DHS on verifying compliance with recommendations over an established period. In some instances, follow-up activities and additional reports may be required.

During their review of the draft report, inspected agencies are given the opportunity to submit any documentation or other evidence to the OIG showing that a problem or issue identified in a finding and recommendation has been resolved or addressed. When such evidence is accepted, the OIG considers that finding and recommendation closed with no further action planned.

INTRODUCTION

INTRODUCTION

Background

The District government provides services to homeless individuals and families in accordance with the Homeless Services Reform Act of 2005, D.C. Law 16-35, codified as amended at D.C. Code §§ 4-751.01 – 756.02 (2008) (HSRA). As set forth by HSRA, the District provides homeless services “based on a Continuum of Care that offers a comprehensive range of services through various member agencies and is designed to meet the specific, assessed needs of individuals and families who are homeless or at imminent risk of being homeless.”⁹

Through the Department of Human Services (DHS), the District offers three homeless shelter programs for individuals (i.e., severe weather shelter,¹⁰ low barrier shelter,¹¹ and temporary shelter¹²) and two for families (i.e., severe weather shelter and temporary shelter).¹³

DHS funds the operations of these homeless shelters by contracting with a nonprofit organization, The Community Partnership for the Prevention of Homelessness (TCP). TCP distributes DHS funds through subcontracts to mostly nonprofit and some for-profit agencies to run the day-to-day operations of homeless shelters.

Overview of TCP

TCP is a nonprofit organization that serves as an administrative intermediary between DHS and homeless shelter providers. In addition, TCP directs Department of Housing and Community Development (DHCD) funds to homeless assistance programs, and manages the application process and federal dollars sent from the U.S. Department of Housing and Urban Development (HUD) to programs in the District. TCP began this role in 1994, when HUD selected TCP to receive a 5-year, \$20 million grant called the D.C. Initiative.

Overview of the Office of Shelter Monitoring (OSM)

On March 14, 2007, HSRA was amended to create OSM to “help ensure that District funded shelters are in compliance with the standards of the HSRA and in compliance with the

⁹ D.C. Code § 4-753.01(a).

¹⁰ Hyperthermia shelter is defined as “a public or private building . . . for the purpose of providing shelter to individuals or families who are homeless and cannot access other shelter, whenever the actual or forecasted temperature or heat index rises above 95 degrees Fahrenheit. The term ‘hyperthermia shelter’ does not include overnight shelter.” *Id.* § 4-751.01(20). Hypothermia shelter is defined as “a public or private building . . . for the purpose of providing shelter to individuals or families who are homeless and cannot access other shelter, whenever the actual or forecasted temperature, including the wind chill factor, falls below 32 degrees Fahrenheit.” *Id.* § 4-751.01(21).

¹¹ Low barrier shelter is defined as “an overnight housing accommodation for individuals who are homeless . . . for the purpose of providing shelter to individuals without imposition of identification, time limits, or other program requirements.” *Id.* § 4-751.01(26).

¹² Temporary shelter is defined as 24-hour, apartment style housing or “[a] housing accommodation for individuals who are homeless that is open either 24 hours or at least 12 hours each day, other than a severe weather shelter or low barrier shelter . . . for the purpose of providing shelter and supportive services” *Id.* §§ 4-751.01(40)(A) – (B).

¹³ See Public Notice of Second Revised Comprehensive Physical Access Plan (Access Plan), 58 D.C. Reg. 2296 (Mar. 11, 2011).

INTRODUCTION

D.C. housing code by monitoring each facility for cleanliness, safety, health, accessibility and treatment of residents.” OSM is “one tool that the District can . . . use to ensure that those with whom the District partners to provide critical services to homeless residents are protecting the health, safety and general well[-]being of homeless residents.”¹⁴

In response to this amendment, the former interim Director of DHS (D/DHS) “expressed that monitoring homeless shelters is a paramount issue for [the] Department of Human Services . . . [S]he noted that DHS monitors shelters independently from the contract with The Community Partnership.”¹⁵ In public testimony supporting the creation of OSM, a staff attorney from the Washington Legal Clinic for the Homeless (WLC)¹⁶ “discuss[ed] the importance of ensuring that shelters are safe, respectful, nurturing spaces for adults and children to reside during a temporary housing crisis . . . and emphasized the need for this legislation to institutionalize the role of shelter monitoring as an important element of the Continuum of Care.”¹⁷

According to the District of Columbia Municipal Regulations (DCMR) and internal DHS policies and procedures, in carrying out its monitoring function, OSM must conduct annual inspections of all District homeless shelters within the Continuum of Care and all shelters receiving funding from either the District of Columbia or the federal government if the funds are administered by DHS.¹⁸ OSM may conduct more than one inspection per year and conduct inspections on an announced or unannounced basis.¹⁹ In total, there are 65 shelters in the District (See Appendix 2 for a list of homeless shelters in the District).

According to the DCMR and internal DHS policies and procedures, upon receipt of OSM’s reports, providers have 7 days to correct safety-related deficiencies and 30 days to correct non-safety-related deficiencies, and must correct the noted deficiencies and submit documentation to OSM that corrective actions were taken within required timeframes.²⁰ If a provider is unable to complete a corrective action within the required timeframes, it must “submit to the Office [OSM] the reason for not meeting the required timeframe along with a proposed corrective action plan with reasonable deadlines that will correct the deficiencies in as timely a manner as possible.”²¹ OSM may,

[a]t any time in the monitoring process, and particularly where the Provider fails to timely correct deficiencies outlined in a monitoring report, . . . pursue additional remedies, including requiring acceptance of technical assistance, training, increasing the number of announced or unannounced visits by Office

¹⁴ Comm. on Human Serv., D.C. Council, Bill 16-625, at 7 (Nov. 27, 2006).

¹⁵ *Id.*

¹⁶ WLC “works to end the unnecessary suffering caused by poverty and advocates for justice for people who are homeless or at-risk of becoming homeless in Washington, DC.” [Http://www.legalclinic.org](http://www.legalclinic.org) (last visited June 20, 2011).

¹⁷ Comm. on Human Serv., D.C. Council, Bill 16-625, at 3 (Nov. 27, 2006).

¹⁸ See 29 DCMR § 2543.3; see also D.C. Code §§ 4-754.52(b), 4-754.01.

¹⁹ See 29 DCMR § 2453.3.

²⁰ See *id.* § 2453.1.

²¹ *Id.* § 2543.9.

INTRODUCTION

monitors, or other applicable remedies necessary to ensure Provider compliance. When determining whether to renew a contract with a provider, the Department or its contractor shall consider annual monitoring reports as well as investigatory findings made in response to complaints about the program²²

If a provider is a direct contractor with the District, OSM must notify the Contracting Officer's Technical Representative (COTR) of a provider's noncompliance.²³ If a provider is a subcontractor of a District contractor, OSM must, "after providing adequate and timely notice to the prime contractor in accordance with the timeframes established in the contract to correct the deficiencies, . . . notify the COTR that the prime contractor has failed to ensure that its subcontractor is in compliance."²⁴ The COTR must then notify DHS's Contracting Officer (CO) of the prime contractor's violation of its contract and develop a proposed "notice to cure," which is sent to the prime contractor.²⁵ If the prime contractor fails to act in accordance with the notice to cure, the CO may proceed with any remedy available under 27 DCMR 3711 – 3712 and any other law, policies, and regulations.²⁶

²² *Id.* § 2543.12.

²³ *See id.* § 2543.13.

²⁴ *Id.* § 2543.14.

²⁵ *See id.* §§ 2543.15-6.

²⁶ *See id.* § 2543.17.

FINDINGS AND RECOMMENDATIONS

FINDINGS AND RECOMMENDATIONS

1. OSM lacks resources to carry out its monitoring responsibilities.

OSM is charged with a considerable task: to monitor all 65 District homeless shelters in the Continuum of Care. Yet, a small staff, inadequate policies and procedures, and informal tracking mechanisms all hamper OSM's monitoring efforts.

a. OSM's February 2012 staffing consisted of one monitor to conduct shelter monitoring activities.

DHS's contract with TCP notes that:

The District will provide staff [OSM employees] with responsibility for monitoring the delivery of services to individuals and families with children who are homeless to assure that shelters are safe, direct services are appropriately delivered, identified problems are resolve[d] and corrected and to provide technical assistance to the Contractor. The monitor conducts site visits to the shelter facilities, reviews clients' satisfaction surveys; investigates unusual incident reports and reviews client eligibility and program records.

According to the DCMR and internal DHS policies and procedures, OSM must conduct annual inspections of all 65 of the District's homeless shelters.²⁷ OSM employees may conduct more than one inspection per year and conduct inspections on an announced or unannounced basis.²⁸ Additionally, OSM is charged with receiving and vetting complaints about programs, facilities, and services provided within the Continuum of Care. After receiving a complaint by phone, email, fax, or in person, OSM must investigate the complaint:

in a timely manner, taking into account the severity of the matter that is the subject of the complaint . . . [and] shall provide a response to the complainant and his or her representative . . . in a timely manner of the findings of the investigation, if the complainant has provided the Office with contact information.²⁹

In the past, four OSM employees were dedicated to monitoring homeless shelters. When one employee left DHS several years ago, the vacancy was not filled. In February 2012, two of OSM's three remaining employees were reassigned to a large Temporary Assistance for Needy Families (TANF) project that required licensed social workers, like these employees, to complete assessments. As of February 2012, OSM employed only one shelter monitor. According to a DHS employee, OSM does not have the "manpower" that it needs to fulfill its monitoring responsibilities. As a result, monitors have truncated the inspection process by reducing the number of interviews with shelter employees and shelter clients and the number of records reviewed. According to this employee, ideally, OSM would employ four to five

²⁷ See D.C. Code §§ 4-754.52(b), 4-754.01; see also 29 DCMR § 2453.17.

²⁸ See 29 DCMR § 2453.3.

²⁹ *Id.* § 2544.4.

FINDINGS AND RECOMMENDATIONS

mechanisms exist with respect to each of [an] agency's activities. . . . The [c]ontrol activities described in policy and procedures manuals are actually applied and applied properly."³¹

The team asked DHS to provide all internal policies, procedures, and other documents that guide DHS's oversight of homeless shelter operations. The team reviewed the most recently implemented OSM policies and procedures and found that they mirror the requirements in the D.C. Code. However, these policies and procedures lacked detailed descriptions of how monitors should carry out their monitoring functions. An Office of Program Review, Monitoring, and Investigations (OPRMI) manager, who has since left DHS, informed the team that DHS was developing policies and procedures for OSM during the spring of 2011. During a focus group with the team, OSM employee made the following comments about DHS's process for updating/creating written policies:

- This is a helpful process because before this process was started, the monitor did not know all the laws that applied to homeless shelters.
- This is a helpful process because the monitor had no real orientation when he/she began working at OSM. As a result, this has been a real learning process and gave him/her the opportunity to learn the rules/regulations that apply to District homeless shelters.
- This process will be helpful because the monitors will know what to do, why they are using certain forms, etc. It also allows a new employee to join OSM and get acclimated to the job under the same set of policies and procedures.

As of February 2012, updated policies and procedures had not been finalized.

A Family Services Administration (FSA) senior manager noted that instead of internal policies and procedures, DHS relies on HSRA in conjunction with the DCMR. The DCMR provides a detailed description of how homeless shelter programs should operate. Additionally, each program has its own set of program rules and is required to operate within these rules, the DCMR, and HSRA. Notwithstanding the guidance provided in homeless shelter program rules, the DCMR, and HSRA, DHS needs internal policies and procedures because the aforementioned documents do not explain in detail DHS monitors' responsibilities.

Absent explicit policies and procedures, OSM employees may not monitor homeless shelters uniformly and may have different interpretations of pertinent District laws and regulations. Employees may be uncertain about job responsibilities and how to document their findings. Consequently, client services in District shelters may vary and shelters may not adhere to program rules, the DCMR, and HSRA. Finally, without up-to-date policies and procedures, OSM employees cannot be held fully accountable or have their performance objectively evaluated.

³¹ INTERNAL CONTROL MANAGEMENT AND EVALUATION TOOL, Control Activities at 33 (Aug. 2001).

FINDINGS AND RECOMMENDATIONS

Recommendation:

That the D/DHS finalize its draft policies and procedures to guide the work of OSM employees and provide OSM monitors with training on these policies.

Agree _____ **X** _____ Disagree _____

DHS's August 2012 Response, as Received:

It is factual that the OSM lacks comprehensive policies and procedures that have been signed by the Director. However, the OSM currently has a comprehensive policy and procedure, which, while still in draft form, has been used as the basis for monitoring reviews for the last year. The Supervisory Compliance Specialist who has been assigned to this Unit has been tasked with reviewing this policy to ensure that it aligns with current laws, regulations and practices, revising it, as needed, and finalizing it for signature by the Director and dissemination to staff. This task should be completed within the next 90 days. Additionally, internal protocols which determine day to day work flow, and training tools that were initially developed for OSM staff will be reviewed by the Supervisor will be updated and finalized. Templates have been created for letters, inquiries, and corrective action plans and monitors are currently utilizing them. Position descriptions are being reviewed to ensure duties reflected are relevant and accurate.

OIG Comment: DHS's planned actions meet the intent of the recommendation. Please provide the OIG with the final version of OSM's policies and procedures, internal protocols, and training tools, once completed.

- c. OSM lacks automated systems to view aggregate data about homeless shelter complaints and track deficiencies and corrective actions, thereby hampering its ability to: 1) monitor District homeless shelters; 2) evaluate service providers' responsiveness; and 3) conduct trends analysis to identify problem areas.*

OSM is charged with receiving complaints about programs, facilities, and services provided within the Continuum of Care. After receiving a complaint by phone, email, fax, or in person, OSM must investigate the complaint:

in a timely manner, taking into account the severity of the matter that is the subject of the complaint . . . [and] shall provide a response to the complainant and his or her representative . . . in a timely manner of the findings of the investigation, if the complainant has provided the Office with contact information.³²

OSM must maintain the following information regarding all complaints: the complaint received; the resolution of the complaint; and the response provided to complainant.³³ Additionally, OSM makes available, upon request, "a copy of the findings of any [complaint]

³² 29 DCMR § 2544.4.

³³ *Id.* § 2544.7.

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investigation . . . to the Provider of the program, members of the Interagency Council on Homelessness [ICH], and clients of the program.”³⁴ Additionally, OSM is charged with conducting annual site visits and writing reports following site visits and ensuring that corrective actions are taken within required timeframes.

An OSM supervisor informed the team that homeless shelter complaints received by OPRMI are assigned to an OSM employee “by the Acting Chief and logged into the OCTO [the Office of the Chief Technology Officer] database by the monitor.” This database, called the “DHS Permanent Supportive Housing Case Management and Homeless Monitoring Reporting Tool,” logs information about the complaint, including:

- complaint number;
- date received;
- case assignment;
- category (e.g., health and safety, administrative, facility issue);
- subcategory (e.g., discrimination, legal);
- summary description of the complaint;
- shelter name;
- shelter location;
- client information;
- status;
- how the complaint was received by DHS (e.g., phone, email);
- findings/outcomes; and
- additional contacts.

Despite this complaint logging system, OSM could not generate aggregate data about complaints for the team. An FSA senior manager informed the team that DHS needs a comprehensive complaint tracking process so that it can assess complaint trends and address them to improve the homeless shelter system. Likewise, an OSM supervisor noted that the division currently does not have a database that is capable of analyzing complaint trends. This individual noted that OPRMI asked DHS’s Office of Information Systems (OIS) to update OSM’s complaint database, but the request remains unfulfilled.

The current complaint database was created for FSA and does not serve the monitors at OPRMI well because it does not have the capacity to generate reports analyzing complaint trends. Without a system that can track aggregate data about homeless shelter complaints, OSM monitors cannot expeditiously review and assess recurring issues at homeless shelters.

OSM’s employees also do not have an automated system to track homeless shelter deficiencies and corrective actions; instead they monitor deficiencies and corrective actions in Microsoft Outlook. One OSM monitor noted that corrective actions and deficiencies cannot be inputted into the electronic system used by OSM: the OCTO QuickBase software. This monitor noted that it would be very helpful if the monitors could input deficiencies and corrective actions into the OCTO QuickBase software for tracking purposes (e.g., it would be

³⁴ *Id.* § 2544.8.

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2. OSM did not conduct all required monitoring visits in 2009, 2010, and 2011.

According to the DCMR and internal DHS policies and procedures,³⁶ OSM must conduct annual inspections on all District homeless shelters within the Continuum of Care and all shelters that receive funding from either the District of Columbia or the federal government if the funds are administered by DHS.³⁷ OSM may conduct more than one inspection per year and may conduct inspections on an announced or unannounced basis.³⁸ OSM monitors the services and conditions at homeless shelters, including:

- (1) Health, safety, and cleanliness of shelters;
- (2) Policies, practices, and program rules;
- (3) Accessibility of shelters to clients with disabilities;
- (4) Appropriateness of shelters for families;
- (5) Respect for client rights . . . ;
- (6) Compliance with provider standards [in HSRA] . . . ;
- (7) Comments of shelter clients and program staff;
- (8) Ability of the program to facilitate transition from homelessness to permanent housing; and
- (9) Any other information deemed appropriate.³⁹

Internal DHS policies and procedures further dictate that OSM’s monitoring responsibilities cannot be delegated to “any agency or entity that serves as a provider of services”

Following each OSM site visit, OSM must “issue reports summarizing the findings of each inspection or investigation it conducts”⁴⁰ that include “a list of deficiencies and required corrective action.” Upon receipt of these reports, providers have 7 days to correct safety-related deficiencies and 30 days to correct non-safety-related deficiencies and must correct the noted deficiencies and submit documentation to DHS that corrective actions were taken within required timeframes.

The team requested all 2009, 2010, and 2011 OSM monitoring reports for the following seven shelters: 1) D.C. General; 2) the Community for Creative Non-Violence (CCNV); 3) My Sister’s Place; 4) Herspace; 5) 801 East; 6) New York Avenue; and 7) Open Door.⁴¹ The team reviewed these reports and learned that OSM did not conduct any site visits at CCNV and did not conduct a site visit at Herspace in 2009. Additionally, OSM did not conduct site visits at either D.C. General or My Sister’s Place in 2010, but did conduct site visits in January 2011.

³⁶ See 29 DCMR § 2543.3.

³⁷ See D.C. Code §§ 4-754.52(b), 4-754.01; see also 29 DCMR § 2543.17.

³⁸ See 29 DCMR § 2543.3.

³⁹ D.C. Code § 4-754.52(a).

⁴⁰ *Id.* § 4-754.53(a); see also *id.* § 4-754.52(d).

⁴¹ D.C. General is a hypothermia family shelter that serves 204 families (this number was expected to grow to 253 families by the end of February 2012). CCNV is the District’s largest shelter, with 1,350 beds, serving both male and female clients. My Sister’s Place and Herspace are shelters that serve victims of domestic violence. 801 East is a low barrier shelter that serves up to 380 male clients. New York Avenue is a low barrier shelter that serves up to 360 male clients. Open door is a low barrier shelter that serves up to 108 female clients.

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The team uncovered these omitted site visits in its sampling of OSM's monitoring reports, and is therefore concerned that these omissions may represent a larger problem.

OSM's employees cited a number of causes for these deficiencies:

- Herspace's 2009 site visit was not conducted because of OSM employee turnover.
- D.C. General's and My Sister's Place's 2010 site visits were conducted in January 2011 (and not in 2010) because of delays caused by internal, administrative priorities (e.g., updating OSM's policies and procedures and OSM's Monitoring Inspection Form). Further, D.C. General's management change⁴² and OSM's move from the FSA to OPRMI contributed to these delayed site visits.⁴³
- OSM does not conduct site visits at CCNV because this shelter is a privately-run entity.⁴⁴

Without proper monitoring mechanisms, DHS cannot know if homeless shelter providers operate in accordance with D.C. law and other contractual requirements. OSM cannot document and track deficiencies and corrective actions, and issue sanctions when necessary, if site visits are not conducted periodically.

Recommendation:

That the D/DHS ensure that OSM conducts and documents annual site visits, as required by law, at all District homeless shelters.

Agree X Disagree _____

DHS's August 2012 Response, as Received:

A schedule has been developed by the OSM Supervisor which ensures that all shelters will be monitored in 2012.

OIG Comment: DHS's planned actions appear to meet the intent of the recommendation. Please provide the OIG with OSM's schedule of shelter visits for 2012. The OIG recommends that OSM develop an annual schedule in successive years to ensure that all annual site visits are conducted.

⁴² Families Forward, the contractor that managed D.C. General, was fired April 2, 2010, "after allegations of sex between male employees and female residents, and police [were] considering whether to bring criminal charges against two former employees, Mayor Adrian M. Fenty said." [Http://www.washingtonpost.com/wp-dyn/content/article/2010/04/02/AR2010040201099.html](http://www.washingtonpost.com/wp-dyn/content/article/2010/04/02/AR2010040201099.html) (last visited May 12, 2011).

⁴³ The team was unable to determine how this move impacted the monitors' ability to complete their reports in a timely fashion.

⁴⁴ There is confusion among DHS employees regarding OSM's monitoring role over CCNV. Although CCNV is a privately-run entity, it receives District funds.

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3. **Lack of CCNV monitoring, as required by the D.C. Code, may jeopardize the safety of homeless shelter clients and employees and put the District at fiscal liability risk.**

CCNV operates the District's largest shelter, the 1,350-bed Federal City Shelter.⁴⁵ CCNV provides shelter, meals, outreach, education, and medical services to its residents. As noted by a senior manager at this shelter, CCNV is unique because it does not have paid employees, but rather volunteers, who are formerly homeless individuals working at CCNV. These volunteers conduct all job duties, from security to case management.

On its website, TCP lists its service providers, arranged by Continuum of Care category, showing that CCNV provides severe weather shelter for males.⁴⁶ CCNV also provides low barrier shelter to single males and females.⁴⁷ TCP's Memorandum of Agreement (MOA) with CCNV stipulates that CCNV receive District funds from DHS "for the provision of hypothermia shelter and services." Further evidence of the District's relationship with CCNV is the fact that the Department of General Services (DGS)⁴⁸ scheduled renovations at CCNV from spring 2011 to spring 2012 with a budget of \$3.2 million.

OSM does not conduct site visits or annual inspections at CCNV, and merely responds to complaints and issues at CCNV as a "courtesy." OSM employees do not conduct formal monitoring visits at CCNV nor do they complete a Monitoring Inspection Form for CCNV.⁴⁹

The team requested a legal opinion from the OIG's Legal Division regarding whether District law authorizes and requires the OSM to conduct annual site visits⁵⁰ at CCNV. The Legal Division reviewed HSRA and applicable D.C. law and concluded that the Act's implementing regulations authorize and require OSM to conduct at least one annual shelter inspection of CCNV.

A DHS manager indicated that OSM conducts annual site visits at CCNV, while an OSM monitor stated that these visits do not occur. In addition to this miscommunication, DHS employees said that they lack clarity regarding OSM's responsibility to monitor CCNV. A DHS manager noted that CCNV is not managed or overseen by DHS; however, it is required to

⁴⁵ CCNV describes its facility as "the largest and most comprehensive facility of its kind in America." [Http://www.theccnv.org/about.htm](http://www.theccnv.org/about.htm) (last visited Mar. 29, 2012).

⁴⁶ See <http://www.community-partnership.org/docs/Winter%20Plan%202010-2011%20Final.pdf> (last visited June 5, 2012).

⁴⁷ See *id.*

⁴⁸ "The Department of General Services (DGS), a newly established District agency, provides cost-effective, centralized facility management services. In October of 2011, the agency assumed the functions and responsibilities of the Department of Real Estate Services (DRES), Office of Public Education Facilities Modernization (OPEFM), . . . and the capital construction and real property management functions of several other District agencies." [Http://dgs.dc.gov/DC/DGS/About+DGS/Who+We+Are?nav=0&vnextrefresh=1](http://dgs.dc.gov/DC/DGS/About+DGS/Who+We+Are?nav=0&vnextrefresh=1) (last visited Feb. 22, 2012).

⁴⁹ An FSA senior manager incorrectly informed the team that OSM employees conducted annual site visits at CCNV.

⁵⁰ The Act does not provide a definition for "site visit," but does address annual inspections of shelter premises. Therefore, the OIG's legal division structured its answer around the Act's requirements regarding annual inspections.

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comply with HSRA. This individual further noted that CCNV is unique because it is not a District-government “contractor,” but it receives District government funds (these funds are limited to hypothermia season). According to a DHS employee, the relationship between OSM and CCNV is complicated. This individual indicated that although CCNV managers generally listen to OSM monitors (e.g., when OSM monitors respond to complaints at CCNV), they are not required to follow OSM monitors’ guidance because CCNV is not overseen by DHS. Another DHS employee noted that CCNV is a unique homeless shelter and, as such, DHS monitors CCNV differently than other homeless shelter providers. This employee noted that although CCNV agreed to comply with HSRA’s mandates, OSM cannot dictate its operational requirements. An OSM monitor indicated that OSM monitors do “not monitor CCNV because DHS do[es] not provide any funding. However, . . . we do respond to complaints and document them in OCTO [this database, referred to as the “OCTO database,” is run by DHS].” This monitor is incorrect; CCNV receives DHS funding for hypothermia season.

Ultimately, DHS does not ensure that CCNV operates in accordance with D.C. law and regulations. This lack of oversight could contribute to substandard conditions and services for CCNV’s clients. Consequently, CCNV clients’ and employees’ health and safety may be at risk and the District may be financially liable.

Recommendation:

That the D/DHS ensure that OSM adequately monitors CCNV, in accordance with D.C. Code.

Agree _____ **X** _____ Disagree _____

DHS’s August 2012 Response, as Received:

DHS will monitor CCNV in accordance with the D.C. Code.

OIG Comment: **Based on DHS’s response, the OIG considers the status of this recommendation to be closed.**

4. Although OSM’s Monitoring Inspection Form addresses most HSRA provisions, it does not address some safety requirements or provider-specific rules.

According to a 2008 report entitled “The Community Partnership and the District of Columbia’s Public Homeless Assistance System,” homeless shelter providers’ contracts are the “starting point for monitoring activities. If something is in the contract, a monitor ought to be able to observe whether it happens.”⁵¹

In March 2011, OSM implemented a new risk-based tool that evaluates providers against HSRA and the DCMR. (See Appendix 3). The 14-page tool assesses homeless shelters

⁵¹ The Community Partnership and the District of Columbia’s Public Homeless Assistance System at 37 (June 2008).

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adherence to HSRA and the DCMR. The team reviewed completed OSM Monitoring Inspection Forms and found that the monitors thoroughly completed the tool and documented their conclusions.

Although the HSRA does not specifically mandate that homeless shelters secure clients' prescription medications, maintain an adequate first aid supply, or have effective on-site security, the HSRA requires that all shelter providers "[m]aintain safe . . . facilities that meet all applicable District health, sanitation, fire, building, and zoning codes."⁵² Additionally, according to the D.C. Code, shelters must be handicap accessible, and all homeless shelter providers must "[p]rovide reasonable modifications to policies, practices, and procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the provider demonstrates that making the modifications would fundamentally alter the nature of the services."⁵³ OSM's Monitoring Inspection Form did not address these important safety issues: 1) whether shelters are handicap accessible; 2) the security of clients' prescription medications; 3) the adequacy of first aid supplies; or 4) the effectiveness of on-site security. Additionally, OSM's Monitoring Inspection Form did not assess some programmatic elements of District homeless shelters, including: provider-specific requirements such as facility check-in procedures, bed reservation processes; storage of client property; and program-specific case management requirements (from providers' program rules approved annually by DHS and from providers' contracts with TCP); the adequacy of policies and procedures inside the shelter; the availability of healthcare and substance abuse treatment on-site for clients;⁵⁴ and whether OSM's contact information is posted on-site at the shelter for client complaints.⁵⁵

Recommendation:

That the D/DHS amend OSM's Monitoring Inspection Form to include an assessment of: 1) whether shelters are handicap accessible; 2) the security of clients' prescription medications; 3) the adequacy of first aid supplies; 4) the effectiveness of on-site security; 5) subcontractors' contractual requirements and requirements found in providers' program rules; 6) the adequacy of policies and procedures inside the shelter; 7) the availability of healthcare and substance abuse treatment on-site for clients; and 8) whether OSM's contact information is posted on-site.

Agree _____ **X** _____ Disagree _____

⁵² D.C. Code § 4-754.21(2).

⁵³ *Id.* § 4-754.21(11). Additionally, DHS's website states that "[t]he District of Columbia is committed to making its homeless shelter programs accessible to people with disabilities in compliance with Title II of the Americans with Disabilities Act (ADA)." [Http://dhs.dc.gov/dhs/cwp/view,a.3,q.640776,PM,1,dhsNav,%7C34074%7C.asp](http://dhs.dc.gov/dhs/cwp/view,a.3,q.640776,PM,1,dhsNav,%7C34074%7C.asp) (last visited Mar. 22, 2012).

⁵⁴ The HSRA and TCP's contract with DHS only require homeless services providers to refer clients to physical and mental health services providers. However, the OSM monitors do not evaluate whether the services provided on-site meet the needs of shelter clients. In certain instances, even when shelters meet their contractual requirements and the requirements set forth in the HSRA, the needs of clients may not be met.

⁵⁵ The D.C. Code requires that OSM's contact information is posted on-site at homeless shelters. *See* D.C. Code § 4-754.52(h).

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DHS's August 2012 Response, as Received:

The Monitoring Inspection Forms are being reviewed to ensure that all pertinent safety requirements are included. A determination will have to be made as to whether provider specific rules can be enforced by the OSM or whether clients would have to utilize the grievance/hearing process to address any concerns. It should be noted that the OSM has copies of the current contracts and program rules from each shelter to use as a reference during the reviews. All program rules are in compliance with all laws and regulations. Handicapped accessibility of shelters is monitored by the Department's ADA Coordinator, not the OSM Monitors. Any ADA issues that may be identified via a OSM Monitoring review will be forwarded to the ADA Coordinator for appropriate action.

OIG Comment: DHS's planned actions appear to meet the intent of the recommendation. Please provide the OIG with the revised Monitoring Inspection Form, once finalized, and your determination as to whether provider-specific rules will be enforced by OSM.

5. DHS's Contracting Administrator (CA) does not ensure that TCP meets its contractual obligations or review homeless shelter providers' program rules for content.

According to TCP's contract with DHS, DHS's CA is "responsible for general administration of the contract and advising [TCP's] Contracting Officer as to the Contractor's compliance or noncompliance with the contract." Additionally, the CA is responsible for ensuring that all work meets the requirements of the contract. DHS's CA should also review and annually approve homeless shelter providers' program rules.

TCP is contractually obligated to send specific reports and information to DHS. Although DHS's CA is charged with monitoring these deliverables, this individual stated that he/she monitored only TCP's billing and did not receive the deliverables required in DHS's prior contract with TCP (except for TCP's unusual incident forms), such as TCP's monitoring plan, documentation of deficiencies and corrective action plans monthly, and documentation of staff training quarterly. (See Appendix 4 for a full list of required deliverables). According to the CA, he/she was unaware of any requirements for overseeing TCP's contract and did not know if anyone at DHS monitors TCP at a programmatic level. As of March 2012, this individual remained the denoted CA in TCP's contract with DHS and remained an employee of DHS. Consequently, the team is concerned that, despite a new contract, DHS's CA may continue to not monitor TCP's deliverables.

Regarding the annual review of program rules, DHS's CA noted that although he/she receives homeless shelter rules and approves them annually, if there are no changes to the rules, it is basically a "rubber-stamp" process.

The team reviewed the CA's job description, and it does not delineate any homeless shelter monitoring duties. Without adequate oversight, there is no mechanism to ensure that TCP operates as contractually required. This may impact the services rendered to the District's

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homeless population. Further, if the CA does not comprehensively evaluate homeless shelter program rules, no one is ensuring that these rules are consistent with homeless shelter providers' program operations.

Homeless shelter program rules are a powerful tool for shelters because repeated violations of program rules may lead to sanctions (transfer, termination, or suspension) for homeless shelter clients. Therefore, outdated program rules that do not reflect operational realities may be unfairly used against shelter clients. For example, D.C. General's 2011 program rules reference the need for clients to meet with D.C. General's housing counselor and Family Development Advocate; however, these positions do not exist. Furthermore, some homeless shelter providers' rules contradict the requirements set forth in DHS's contract with TCP. For example, Section C.3.2.7 of DHS's prior contract with TCP stated that all homeless shelter providers "shall label and store client medications in a secure area that will be accessible to designated staff."⁵⁶ Yet, the program rules for 801 East and New York Avenue state that homeless shelter employees are not permitted to hold, monitor, or administer client medications.

Recommendations:

- (1) That the D/DHS ensure that the CA is aware of and conducts his or her monitoring responsibilities and revise the CA's job description to reflect this individual's homeless shelter monitoring responsibilities.

Agree _____ **X** _____ Disagree _____

DHS's August 2012 Response, as Received:

The Department agrees that it should ensure that the CA is aware of and conducts his or her monitoring responsibilities. To this end, DHS has made the employee that is serving in the role of the CA fully aware of their duties and responsibilities. Additionally, D/DHS is currently bringing on an Administrative Officer who will supervise the CA and be responsible for ensuring adequate contract/shelter monitoring.

The Department does not agree that a revision of the job description of the employee who currently serves as the CA, is required. The employee currently serving in this capacity is in a Policy Analyst position title. This is a generic position title/description which allows employees to perform several different types of duties and responsibilities across program and operational areas. However, DHS does commit to making these specific duties and responsibilities listed in the employee's performance plan.

OIG Comment: Based on DHS's response, the OIG considers the status of this recommendation to be closed.

⁵⁶ This contract has since been amended and now states "that no shelter or housing program, without prior approval from the Contractor [TCP], stores or otherwise handles client medications, except upon request by the client as a reasonable accommodation and approved by the Contractor."

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- (2) That the D/DHS ensure that homeless shelter providers' program rules are annually reviewed for content.

Agree _____ **X** _____ Disagree _____

DHS's August 2012 Response, as Received:

The Department agrees that it should ensure that homeless shelter provider' program rules are annually reviewed for content. To this end, Department has assigned another employee to assist the CA by specifically reviewing all program rules on an annual basis for content. This specific responsibility will also be implicitly [explicitly] listed in this employee's performance plan. Additionally, DHS is currently bringing on an Administrative Officer who will also supervise the employee that will be responsible for reviewing all program rules on an annual basis for content to ensure completion of this task. All program rules have been approved in 2012.

OIG Comment: **Based on DHS's response, the OIG considers the status of this recommendation to be closed.**

- 6. OSM's written findings are not disseminated timely to shelter providers, nor are they included as part of the ICH's annual report as required by law. This reduces public awareness of shelter providers and potentially leaves deficiencies unaddressed.**

The DCMR and OSM internal policies and procedures dictate that OSM reports must be disseminated to shelters.⁵⁷ Additionally, the D.C. Code dictates that OSM must distribute monitoring reports publicly as part of ICH's⁵⁸ annual report.⁵⁹ ICH must create an annual plan and "[p]repare and submit to the Mayor an annual written report evaluating the efforts of each member agency of the Interagency Council [ICH] to meet the goals and policies of the [ICH's] annual plan"⁶⁰ As part of this annual report, OSM, in coordination with ICH, is required to "issue the general findings of its monitoring efforts"⁶¹

The team learned that OSM does not disseminate reports timely. For example, as of February 2012, OSM still had not sent its January 2011 D.C. General monitoring report to the executive director of D.C. General. This is not an isolated incident. OSM reports are not disseminated until they are reviewed by OSM's supervisor. OSM's previous supervisor reviewed only the monitors' D.C. General report, and this report was not disseminated as of February 2012. Additionally, this supervisor did not know the procedure for disseminating

⁵⁷ See 29 DCMR § 2543.4.

⁵⁸ ICH is a "group of cabinet-level leaders, providers of homeless services, advocates, homeless and formerly homeless leaders that . . . guide the District's strategies and policies for meeting the needs of individuals and families who are homeless or at imminent risk of becoming homeless in the District of Columbia."

[Http://ich.dc.gov/ich/site/default.asp](http://ich.dc.gov/ich/site/default.asp) (last visited Mar. 23, 2012).

⁵⁹ See D.C. Code § 4-752.02(b).

⁶⁰ *Id.* § 4-752.02(b)

⁶¹ *Id.* § 4-754.53(c).

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OSM's reports or whether OSM would disseminate them in the future. Further, OSM's supervisor as of February 2012 had not reviewed or disseminated OSM's other 2011 reports. However, this supervisor noted that homeless shelter providers are verbally informed about deficiencies found during monitors' site visits. As of February 2012, none of OSM's written reports had been distributed since the monitors' move to OPRMI in the summer of 2010. Without these reports, homeless shelter providers are likely unaware of deficiencies at homeless shelters and cannot address them. OSM is unable to disseminate monitoring information via ICH's annual reports because ICH does not publish them even though they are required by D.C. Code to do so. The team is not criticizing OSM for not contributing to a report that ICH is required to publish but does not, but merely noting that these reports are not publicly disseminated.

Inadequate dissemination of OSM's reports may result in uncorrected provider deficiencies. Some deficiencies noted in the reports included:

- a lack of tuberculosis testing and drug and alcohol testing for homeless shelter employees;
- delayed fire extinguisher inspections and/or missing fire extinguishers;
- a lack of evacuation plans in buildings;
- rodent and roach infestations;
- broken air conditioning; and
- employee insensitivity toward homeless shelter clients.

Additionally, without public dissemination and vetting of OSM's monitoring efforts and findings (e.g., in ICH's annual report), there is less public awareness of the living conditions and services provided at District homeless shelters. Public awareness of homeless shelter strengths, deficiencies, and necessary corrective actions could encourage decision-makers to act, be a resource for advocates and increase citizens' knowledge regarding homelessness and those agencies that support homeless individuals and families.

Recommendations:

- (1) That the D/DHS ensure that OSM's monitoring reports are disseminated timely to shelter providers.

Agree **X** Disagree _____

DHS's August 2012 Response, as Received:

Under the current OSM protocols, written reports will be completed and forwarded to providers (with copies to TCP) within the 30 day timeframe. However, if there is an health or safety issue the provider will be given a notice of immediate corrective action with a one (1) to two (2) day resolution period.

OIG Comment: Based on DHS's response, the OIG considers the status of this recommendation to be closed.

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the requirements set forth in law and contract, homeless services providers should also try to meet standards set by need and compassion.

TCP, and therefore District homeless shelters, are not obligated to provide all services on-site.⁶² Clauses in HSRA, TCP's contract with DHS, and TCP's subcontracts state that District homeless shelter clients will be referred to services, when necessary, through referrals to other appropriate service providers. However, few timeframes for service provision are explicitly defined in HSRA, TCP's contract with DHS, or TCP's subcontracts. Likewise, D.C. homeless shelter provider rules do not include much guidance regarding timeframes for service provision. Nowhere in any of the aforementioned documents is it written that homeless shelter clients can expect assistance from service providers within a specific timeframe.

Timeframes for service delivery would help OSM monitors critically evaluate service providers, and perhaps reduce the amount of time a client spends in shelter. Additionally, it is difficult for shelter monitors to tell service providers whether their programs meet District expectations and/or the level of service provided to homeless clients by other jurisdictions.

Recommendations:

- (1) That the D/DHS and homeless services providers collaborate to amend homeless shelter program rules to attach timeframes to the provision of key services to homeless shelter clients and monitor homeless shelter providers' compliance with these timeframes.

Agree _____ Disagree _____ **X** _____

DHS's August 2012 Response, as Received:

The Department does not agree with collaborating to amend the homeless shelter program rules to attach timeframes to the provision of key services to homeless shelter clients and monitor homeless shelter providers' compliance with these timeframes. It is important to note that DHS, TCP and homeless shelter providers are not required or funded to provide any service other than case management. As such, case management is the only service provided. As a result, the direct services that homeless shelter clients need are provided by outside agencies (other District agencies and non-profit organizations). DHS, TCP and homeless shelter providers do not have the authority or the operational control over these agencies and the services they provide to be able to mandate timeframes for service delivery. Additionally, the overall availability and timeliness of accessing these services often do not match client needs.

In regards to the case management services that are provided, DHS, TCP and homeless shelter providers all strive to ensure homeless shelter clients are engaged in case management services as soon as possible after first entering shelter. In addition to the goal of timely engagement, timely and appropriate assessments and referrals to direct services are also key goals of case management services. However, participation in case management services is

⁶² See D.C. Code § 4-753.01.

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voluntary for clients. Many clients refuse to participate in services at all, participate in services sporadically (and on their own timeframes) and/or do not follow up on referrals given to them. Additionally, the operational structure (12-hour overnight) of shelters and the transient nature of clients (e.g., the times in which they enter shelter each night as well as movement from one shelter to another) significantly impact the overall provision and timeliness of case management services.

As a result of the voluntary nature of case management services, and the lack of control over the direct services provided to (and needed by) homeless shelter clients, it would be virtually impossible to achieve (or comply with) specified/mandated timeframes for the delivery of services.

- (2) That the D/DHS, in collaboration with TCP, propose amendments to the HSRA that would attach timeframes and client service goals to the provision of critical services.

Agree _____ Disagree X

DHS's August 2012 Response, as Received:

The DHS does not agree to collaborate with TCP to propose amendments to the HSRA that would attach timeframes and client service goals to the provision of critical services. As stated previously, the voluntary nature of case management services, and the lack of control over the direct services provided to (and needed by) homeless shelter clients, make it virtually impossible to achieve (or comply with) specified/mandated timeframes for the delivery of services.

OIG Comment: The OIG stands by its finding and recommendations as stated. The OIG recommends that DHS employees and contractors provide case management services and referrals to clients within clearly-defined timeframes. As DHS's response states, "timely and appropriate assessments and referrals to direct services are . . . key goals of case management services." To achieve this goal, timeliness needs to be defined. The OIG is not recommending that clients must participate in case management services (when such services are voluntary) or that clients follow up on referrals within specified timeframes. The OIG also recognizes that DHS cannot control third parties' (direct service providers) timeliness. The intent of the OIG's recommendations is that DHS employees and contractors strive to offer timely case management services and referrals to clients.

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APPENDIX 1

Appendix 1: List of Findings and Recommendations

1. OSM lacks resources to carry out its monitoring responsibilities.

- a) OSM's February 2012 staffing consisted of one monitor to conduct shelter monitoring activities.*

That the D/DHS conduct a workflow and staffing assessment to determine the number of employees needed to adequately monitor homeless shelters in the District.

- b) OSM lacks comprehensive policies and procedures.*

That the D/DHS finalize its draft policies and procedures to guide the work of OSM employees and provide OSM monitors with training on these policies.

- c) OSM lacks automated systems to view aggregate data about homeless shelter complaints and track deficiencies and corrective actions, thereby hampering its ability to: 1) monitor District homeless shelters; 2) evaluate service providers' responsiveness; and 3) conduct trends analysis to identify problem areas.*

- (1) That the D/DHS develop and implement an electronic system for tracking homeless provider deficiencies and corrective actions, train employees on how to use the system, and ensure that providers take corrective actions.
- (2) That the D/DHS develop and implement an automated system for tracking homeless shelter complaints and train employees on the use of the new system.

2. OSM did not conduct all required monitoring visits in 2009, 2010, and 2011.

That the D/DHS ensure that OSM conducts and documents annual site visits, as required by law, at all District homeless shelters.

3. Lack of CCNV monitoring, as required by the D.C. Code, may jeopardize the safety of homeless shelter clients and employees and put the District at fiscal liability risk.

That the D/DHS ensure that OSM adequately monitors CCNV, in accordance with D.C. Code.

4. Although OSM's Monitoring Inspection Form addresses most HSRA provisions, it does not address some safety requirements or provider-specific rules.

That the D/DHS amend OSM's Monitoring Inspection Form to include an assessment of: 1) whether shelters are handicap accessible; 2) the security of clients' prescription medications; 3) the adequacy of first aid supplies; 4) the effectiveness of on-site security; 5) subcontractors' contractual requirements and requirements found in providers' program rules; 6) the adequacy of policies and procedures inside the shelter; 7) the

APPENDICES

availability of healthcare and substance abuse treatment on-site for clients; and 8) whether OSM's contact information is posted on-site.

5. **DHS's CA does not ensure that TCP meets its contractual obligations or review homeless shelter providers' program rules for content.**

- (1) That the D/DHS ensure that the CA is aware of and conducts his or her monitoring responsibilities and revise the CA's job description to reflect this individual's homeless shelter monitoring responsibilities.
- (2) That the D/DHS ensure that homeless shelter providers' program rules are annually reviewed for content.

6. **OSM's written findings are not disseminated timely to shelter providers, nor are they included as part of the ICH's annual report as required by law. This reduces public awareness of shelter providers and potentially leaves deficiencies unaddressed.**

- (1) That the D/DHS ensure that OSM's monitoring reports are disseminated timely to shelter providers.
- (2) That the D/DHS coordinate with ICH to complete annual plans and reports, as required by the D.C. Code, and ensure the completion and issuance of annual monitoring summaries by OSM for inclusion in ICH's reports.
- (3) That the D/DHS consider posting OSM's monitoring report findings publicly (e.g., on DHS's website).

7. **There are no timeframes for the provision of key services to homeless clients in D.C. shelters.**

- (1) That the D/DHS and homeless services providers collaborate to amend homeless shelter program rules to attach timeframes to the provision of key services to homeless shelter clients and monitor homeless shelter providers' compliance with these timeframes.
- (2) That the D/DHS, in collaboration with TCP, propose amendments to the HSRA that would attach timeframes and client service goals to the provision of critical services.

APPENDIX 2

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Appendix 2: Listing of all homeless shelters in the District (received from TCP in April 2011)

Clients Served	Shelter HSRA Level	Provider Name	Program Name	Headquarters Address	Program Address
1. Singles	Severe Weather	Community for Creative Nonviolence	CCNV Hypothermia Shelter	425 Mitch Snyder Place (2nd Street) N.W., Washington, D.C. 20001	425 Mitch Snyder Place (2nd Street) N.W., Washington, D.C. 20001
2. Singles	Severe Weather	Catholic Charities	Hypothermia	924 G St., N.W., Washington, D.C. 20001	6 church shelters and Banneker Recreation Center
3. Singles	Low Barrier	Catholic Charities	Adams Place	924 G St., N.W., Washington, D.C. 20001	2210 Adams Place, N.E., Washington, D.C. 20018
4. Singles	Low Barrier	Catholic Charities	Harriett Tubman	924 G St., N.W., Washington, D.C. 20001	Harriett Tubman Center at D.C. General Hospital
5. Singles	Low Barrier	Catholic Charities	Nativity/Hermano Pedro	924 G St., N.W., Washington, D.C. 20001	Address Not Provided
6. Singles	Low Barrier	New Hope Ministries	John Young Center	1610 7 St., N.W., Washington, D.C. 20002	115 D. St., N.W., Washington, D.C. 20001
7. Singles	Low Barrier	New Hope Ministries	Open Door	1610 7 St., N.W., Washington, D.C. 20002	425 Mitch Snyder Place (2nd Street) N.W., Washington, D.C. 20001
8. Singles	Temporary	Coalition for the Homeless	Emery Working Shelter	1234 Massachusetts Ave., N.W., Suite C1015, Washington, D.C. 20005	1725 Lincoln Rd., N.E., Washington, D.C. 20002
9. Singles	Transitional	Access Housing	Southeast Veterans Service Center	820 Chesapeake St., S.E., Washington, D.C. 20032	820 Chesapeake St., S.E., Washington, D.C. 20032
10. Singles	Transitional	Community Council for the Homeless	The Haven	4713 Wisconsin Ave, N.W., Washington,	4200 Butterworth Pl., N.W., Washington,

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				D.C. 20016	D.C. 20016
11. Singles	Transitional	Catholic Charities	Mt. Carmel	924 G St., N.W., Washington, D.C. 20001	471 G Pl., N.W., Washington, D.C. 20548
12. Singles	Transitional	Coalition for the Homeless	Blair	1234 Massachusetts Ave., N.W., Suite C1015, Washington, D.C. 20005	635 Eye St., N.E., Washington, D.C. 20002
13. Singles	Transitional	Coalition for the Homeless	La Casa TRP	1234 Massachusetts Ave., N.W., Suite C1015, Washington, D.C. 20005	1436 Irving St., N.W., Washington, D.C. 20010
14. Singles	Transitional	Coalition for the Homeless	Park Road Transitional	1234 Massachusetts Ave., N.W., Suite C1015, Washington, D.C. 20005	1318 Park Rd., N.W., Washington, D.C. 20010
15. Singles	Transitional	Coalition for the Homeless	Webster House	1234 Massachusetts Ave., N.W., Suite C1015, Washington, D.C. 20005	4326 14th St., N.W., Washington, D.C. 20011
16. Singles	Transitional	Christ House	Medical Beds	1717 Columbia Rd., N.W., Washington, D.C. 20009	1717 Columbia Rd., N.W., Washington, D.C. 20009
17. Singles	Transitional	House of Ruth	New Beginnings	5 Thomas Circle, N.W., Washington, D.C. 20005	306 S St., N.E., Washington, D.C. 20002
18. Singles	Transitional	Neighbors Consejo	Casa Paz/Casa Libertad	3118 16th St., N.W., Washington, D.C. 20010	1622 Lamont St, N.W., Washington, D.C. 20010
19. Singles	Transitional	New Endeavors by Women	NEW Transitional	611 N St, N.W., Washington, D.C. 20001	2801 13 St., N.W., Washington, D.C. 20009
20. Singles	Transitional	Sasha Bruce Youthworks	Independent Living Program	741 8 St., S.E., Washington, D.C. 20003	1312 East Capitol St., N.E., Washington, D.C. 20003
21. Singles	Transitional	Transgender Health Empowerment	Wanda Alston House	1414 North Capitol Street, N.W., Washington,	1414 North Capitol Street, N.W., Washington,

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				D.C. 20002	D.C. 20002
22. Singles	Transitional	Access Housing	Chesapeake House	820 Chesapeake St., S.E., Washington, D.C. 20032	820 Chesapeake St., S.E., Washington, D.C. 20032
23. Singles	Transitional	Christ House	Kairos House	1717 Columbia Rd., N.W., Washington, D.C. 20009	2544 17th St., N.W., Washington, D.C. 20009
24. Singles	Transitional	Latin American Youth Center	SHP	1419 Columbia Rd. , N.W., Washington, D.C. 20009	Scattered sites
25. Singles	Housing Assistance Center	Catholic Charities	801 East	924 G St., N.W., Washington, D.C. 20001	2700 Martin Luther King Blvd., S.E. Washington, D.C. 20032
26. Singles	Housing Assistance Center	Catholic Charities	New York Avenue	924 G St., N.W., Washington, D.C. 20001	1355-1358 New York Ave., N.E., Washington, D.C. 20002
27. Singles	Temporary/ Transitional	Calvary Womens Services	Calvary Womens Shelter	110 Maryland Avenue, N.E., Washington, D.C. 20002	317 H St, N.W., Washington, D.C. 20001 and 928 5th St., N.W., Washington, D.C. 20001
28. Singles	Temporary/ Transitional	House of Ruth	Madison	5 Thomas Circle, N.W., Washington, D.C. 20005	651 10 St., S.E., Washington, D.C. 20003
29. Singles	Youth Initiative	Covenant House Washington	Rights of Passage	2001 Mississippi Ave, S.E., Washington, D.C. 20020	Scattered sites
30. Singles	Youth Initiative	Latin American Youth Center	TLP/SOP	1419 Columbia Rd., N.W., Washington, D.C. 20009	Scattered sites
31. Singles	Youth Initiative	Sasha Bruce Youthworks	Temporary shelter program	745 8 St., S.E., Washington, D.C. 20003	Scattered sites
32. Families	Severe Weather	The Community Partnership	D.C. General Family Shelter	801 Pennsylvania Ave., S.E., Washington, D.C. 20003	1900 Massachusetts Ave., S.E., Buildings 2 and 12, Washington, D.C. 20003

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33. Families	Temporary	Coalition for the Homeless	Spring Road Shelter	1234 Massachusetts Ave., N.W., Suite C1015, Washington, D.C. 20005	1433-35 Spring Rd., N.W., Washington, D.C. 20011
34. Families	Temporary	Capitol Hill Group Ministry	Congregation Based Shelter	421 Seward Square, S.E., Washington, D.C. 20003	Scattered sites
35. Families	Temporary	Community of Hope	Girard Street	1413 Girard St., N.W., Washington, D.C. 20009	1413 Girard St., N.W., Washington, D.C. 20009
36. Families	Temporary	Jobs Have Priority	Naylor Road Shelter	1526 Pennsylvania Ave., S.E., Washington, D.C. 20003	2603 Naylor Rd, S.E., Washington, D.C. 20032
37. Families	Temporary	The Community Partnership	New Beginnings	801 Pennsylvania Ave., S.E., Washington, D.C. 20003	1448 Park Rd., N.W., Washington, D.C. 20010
38. Families	Transitional	Bethany, Inc.	System Transformation Initiative	1715 V St., S.E., Washington, D.C. 20020	Scattered Sites
39. Families	Transitional	Capitol Hill Group Ministry	System Transformation Initiative	421 Seward Square, S.E., Washington, D.C. 20003	Scattered Sites
40. Families	Transitional	Columbia Heights/Shaw Family Support Collaborative	System Transformation Initiative	1816 12th St., N.W. Suite 201, Washington, D.C. 20009	Scattered Sites
41. Families	Transitional	Community of Hope	System Transformation Initiative	1413 Girard St., N.W., Washington, D.C. 20009	Scattered Sites
42. Families	Transitional	Edgewood/Brookland Family Support Collaborative	System Transformation Initiative	P.O. Box 90828, Washington, D.C. 20090	Scattered Sites
43. Families	Transitional	East River Family Strengthening Collaborative	System Transformation Initiative	3917 Minnesota Ave., N.E. Washington, D.C. 20019	Scattered Sites
44. Families	Transitional	Far Southeast Family Strengthening Collaborative	System Transformation Initiative	2041 Martin Luther King, Jr. Ave., S.E., Suite 304, Washington,	Scattered Sites

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				D.C. 20020	
45. Families	Transitional	Georgia Avenue Family Support Collaborative	System Transformation Initiative	1104 Allison St., N.W., Washington, D.C. 20011	Scattered Sites
46. Families	Transitional	North Capitol Collaborative, Inc.	System Transformation Initiative	200 K St., N.W. #3, Washington, D.C. 20001	Scattered Sites
47. Families	Transitional	Northwest Church Family Network	System Transformation Initiative	216 New York Ave., N.E., Washington, D.C. 20001	1151 New Jersey Ave., N.W., Washington, D.C. 20001
48. Families	Transitional	South Washington/West of the River Family Support Collaborative	System Transformation Initiative	1501 Half Street, S.W. #3, Washington, D.C. 20003	Scattered Sites
49. Families	Transitional	Transitional Housing Corporation	System Transformation Initiative	5101 16 St. N.W., Washington, D.C. 20011	Scattered Sites
50. Families	Transitional	Catholic Charities	FIT	924 G St., N.W., Washington, D.C. 20001	Scattered Sites
51. Families	Transitional	Catholic Charities	St. Martins/TEN	924 G St., N.W., Washington, D.C. 20001	4275 4th St., S.E., Washington, D.C. 20032 (Scattered Site Apartments)
52. Families	Transitional	Coalition for the Homeless	Valley Place	1234 Massachusetts Ave., N.W., Suite C1015, Washington, D.C. 20005	1355-57 Valley Place, S.E., Washington, D.C. 20020
53. Families	Transitional	Community of Hope	Hope Apartments	1717 Mass. Ave., N.W., Suite 805, Washington, D.C. 20036	3715 2 St., S.E., Washington, D.C. 20032
54. Families	Transitional	Echelon Community Services	A New Start at Kia's Place	4254 Foote St., N.E. #3, Washington, D.C. 20019	713 50 St., N.E., Washington, D.C. 20019 and 4274 Foote Street, N.E., Washington, D.C. 20019
55. Families	Transitional	Latin American Youth Center	Teen Parent's House	1419 Columbia Rd., N.W.,	Address Not Provided

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				Washington, D.C. 20009	
56. Families	Transitional	New Endeavors by Women	New Generations	611 N St., N.W., Washington, D.C. 20001	Scattered Sites
57. Families	Transitional	Sasha Bruce Youthworks	Youth Family Transitional	745 8 St., S.E., Washington, D.C. 20003	Scattered Sites
58. Families	Transitional	Transitional Housing Corporation	Partner Arms III	5101 16 St., N.W., Washington, D.C. 20011	342 37 St., S.E., Washington, D.C. 20019
59. Families	Transitional	Trinity Youth Services	Youth Family Transitional	14617 Cambridge Drive, Upper Marlboro, MD 20774	Address Not Provided
60. Families	Transitional	Way of the Word CDC	New Day Transitional	851-853 Yuma St., S.E., Washington, D.C. 20032	835 Yuma St., S.E., Washington, D.C. 20032
61. Families	Transitional	Bethany, Inc.	Good Hope House	1715 V St., S.E., Washington, D.C. 20020	1715 V St., S.E., Washington, D.C. 20020
62. Families	Transitional	Transitional Housing Corporation	PA II	5101 16 St., N.W., Washington, D.C. 20011	4506 Georgia Ave., N.W., Washington, D.C. 20011
63. Families	Intake	Coalition for the Homeless	Virginia Williams Family Resource Center	1234 Massachusetts Ave., N.W., Suite C1015, Washington, D.C. 20005	920A Rhode Island Ave., N.E., Washington, D.C. 20018
64. Women	Domestic Violence	House of Ruth	Herspace	5 Thomas Circle, N.W., Washington, D.C. 20005	Confidential
65. Women	Domestic Violence	My Sister's Place	My Sister's Place	P.O. Box 29596, Washington, D.C. 20017	Confidential

APPENDIX 3

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Appendix 3: Excerpt of OSM template monitoring report

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Human Services
Office of Accountability

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Monitoring Inspection

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Provider:		Grant Number:
Address:		
Program Type:	Date of Review:	Compliance Monitor:

Interviews Conducted

- [Full Name, Title (Program Director/ Program Manager)]
- [Full Name, Title of Staff]
- [Number of residents, e.g. Ten (10) residents]

A. Requirements for All Providers

Confidentiality

1. Does the provider [28, 60]:

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

For each "No" response, document the evidence used to reach this conclusion.

Records Storage Training Log

Communication with Clients

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

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

For each "No" response, document the evidence used to reach this conclusion.

Posting of Program Rules Client and Provider Procedure

3. Does the provider:

- a. Provide printed materials describing services within the Continuum of Care to clients? Yes No

For each "No" response, document the evidence used to reach this conclusion.

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b. Inform clients of the services for which they qualify [53, 56]? Yes No

[Empty response box]

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

[Empty response box]

Client and Provider
Client Case Record

Client Input

4. Does the provider:

a. Enable and receive input and feedback from clients to improve services through at least one of the following mechanisms? [31, 51] (Check one) Yes No
 Client Satisfaction Survey
 Suggestion Box
 Meeting (one-on-one, or group)
 Other _____

For each "No" response, document the evidence used to reach this conclusion.
[Empty response box]

b. Hold regularly scheduled meetings at least monthly for staff and clients [51]? Yes No

Client and Provider Meeting Minutes

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

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

Please describe how the provider utilizes client input. If "No", document the evidence used to reach this conclusion.
[Empty response box]

Client and Provider Meeting Minutes

Notice – Right to Appeals and Fair Hearings

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

Yes No

If "No", document the evidence used to reach this conclusion.
[Empty response box]

Client and Provider

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Staffing and Training

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

Position	Employee Feedback	Review of Credentials	Review of District or Federal Requirements	Performance Evaluation
Case Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intake Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential Monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Training Log, Certificates, Employee Personnel Files

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

- a. CPR Yes No
- b. First Aid Yes No
- c. ADA Yes No
- d. Section 504 of Rehabilitation Act Yes No
- e. Diversity Yes No
- f. HIPAA Yes No
- And one training in each of the following categories:
- g. Sensitivity Yes No
- h. Health and Safety Yes No
- i. Crisis Intervention Yes No

For each "No" response, document the evidence used to reach this conclusion.

Training Log, Certificates, Employee Personnel Files

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

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

For each "No" response, document the evidence used to reach this conclusion.

Training Log, Certificates, Employee Personnel Files

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

- Yes No

If "No", document the evidence used to reach this conclusion.

Training Log, Certificates

Program Rules – Statement

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

Yes No

If “No”, document the evidence used to reach this conclusion.

Client Case Record

Unusual Incident Report

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

Yes No

If “No”, document the evidence used to reach this conclusion.

Reported UIRs Client and Provider

Discrimination and Treatment

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

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

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

Complaints Received

Family Composition

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

Yes No N/A

If “No”, document the evidence used to reach this conclusion.

Client Case Record

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

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

Yes No

If “No”, document the evidence used to reach this conclusion.

Client Case Record

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Eligibility

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

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

If "No", document the evidence used to reach this conclusion.

Client Application

Client Property

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

- Yes No

If "No", document the evidence used to reach this conclusion.

Client and Provider

Complaints Received

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

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

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

Complaints Received

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

- Yes No

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

Complaints Received

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

- a. Notified clients of inspections of living quarters [43]? Yes No
- b. Allowed an adult family member to be present during inspection [44]? Yes No

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

Complaints Received

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

- a. Disseminated the name and job title of staff when requested by a client [30]? Yes No
- b. Notified clients that information about receipt of services is included in HMIS [61]? Yes No
- c. Provided information regarding laundry facilities [55]? Yes No

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

Complaints Received

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

- Yes No

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

Complaints Received

Basic Needs

23. Do clients receive [70, 71]:

- a. A clean bed and clean linens each day? Yes No
- b. Basic needs including food, clothing and supportive services? Yes No

If "No", document the evidence used to reach this conclusion.

Distribution Logs

Notice – Closure

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

- Yes No

If "No", document the evidence used to reach this conclusion.

Client Case Record

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

Drug and Alcohol Testing for Safety-Sensitive Positions

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

Yes No

If "No", document the evidence used to reach this conclusion.

Personnel Handbook

Provider

Complaints Received

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

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

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

If "No", document the evidence used to reach this conclusion.

Employees

Personnel Files

Criminal Background Checks

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

Yes No

If "No", document the evidence used to reach this conclusion.

Provider

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

a. Confirmation of a criminal background check? Yes No

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

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

If "No", document the evidence used to reach this conclusion.

Personnel Files

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

Maintenance Logs and Receipts; Inspection Reports; Facility

Security Company: _____ Is there a current Certificate of Occupancy [48]? _____

Area of Assessment	Acceptable		Comments
	Yes	No	
a. Client access to toilet facilities (check if they are functioning properly, 24 hour ¹ access if operating in publicly-owned facility (72))			
b. Client access to cool water (73)			
c. Heating and Cooling System (check if it is functioning properly (74))			
d. Lighting and Electrical Outlets (check for exposed outlets or electrical wires (48))			
e. Smoke Detectors (indicate location of smoke detectors, and if they are operational)			

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Area of Assessment	Acceptable		Comments
	Yes	No	
f. Fire Extinguishers (indicate last date of service for each fire extinguisher)			
g. Posted Evacuation Plans (indicate location of posters, and if they are legible)			
h. Exit Signs (indicate if exist signs are posted, and if they are lit)			
i. Fire Alarm System (indicate if a fire alarm exists, and if it is operational)			
j. Fire Drill Log (indicate if fire drills are conducted, and date of last fire drill)			

Area of Assessment	Acceptable		Comments <small>(For each room, check the condition of the furniture, fixtures, wall, door, lock, window, screen, ceiling and floor; check for visible evidence of rodents or pests [48])</small>
	Yes	No	
k. Foyer Area or Lobby			
l. Offices			
m. Kitchen			

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Area of Assessment	Acceptable		Comments <small>(For each room, check the condition of the furniture, fixtures, wall, door, lock, window, screen, ceiling and floor; check for visible evidence of rodents or pests [46])</small>
	Yes	No	
n. Dining Area			
o. Lounge or Sitting Area			
p. Sleeping Accommodations			
q. Restrooms and Showers			
r. Other (indicate type of area, e.g., day room, exercise room)			
s. General Accessibility/Elevator			

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

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



B. Additional Standards – Severe Weather Shelter

Discrimination and Treatment

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

Yes No

If "No", document the evidence used to reach this conclusion.

Intake Client and Provider

Guarantee Bed

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

30-min. grace period after lights cut
Provide another bed within same facility or transport to a different shelter

Client and Provider

C. Additional Standards – Low Barrier Shelter

Discrimination and Treatment

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

Yes No

If "No", document the evidence used to reach this conclusion.

Intake Client and Provider

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

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

If "No", document the evidence used to reach this conclusion.

Intake Client and Provider

Facility Review

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

Yes No

If "No", document the evidence used to reach this conclusion.

Showers Maintenance Logs

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Basic Needs

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

Yes No

If "No", document the evidence used to reach this conclusion.

[Empty text box for documentation]

Distribution Logs

Guarantee Bed

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

30-min. grace period after lights out
Provide another bed within same facility or transport to a different shelter

[Empty text box for documentation]

Client and Provider

Eligibility

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

Yes No

If "No", document the evidence used to reach this conclusion.

[Empty text box for documentation]

Client and Provider

D. Additional Standards – Temporary Shelter and Supportive Housing

Facility Review

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

Yes No

If "No", document the evidence used to reach this conclusion.

[Empty text box for documentation]

Showers Maintenance Logs

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

Yes No

If "No", document the evidence used to reach this conclusion.

[Empty text box for documentation]

Laundry Facilities

Basic Needs

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

Yes No

If "No", document the evidence used to reach this conclusion.

[Empty text box for documentation]

Distribution Logs

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Confidentiality

4. Does the provider provide mail and phone services to individuals without identifying them as shelter clients [80]? /

Yes No

If "No", document the evidence used to reach this conclusion.

Phone and Postal Services

Phone Services

5. Are clients provided reasonable access to phones [83]?

Yes No

If "No", document the evidence used to reach this conclusion.

Complaints Received

Facility – Exercise

6. Are minor children provided access to facilities for exercise and play [85]?

Yes No

If "No", document the evidence used to reach this conclusion.

Exercise and Play Facilities

E. Additional Standards – Transitional Housing

Facility Review

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

Yes No

If "No", document the evidence used to reach this conclusion.

Showers Maintenance Logs

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

Yes No

If "No", document the evidence used to reach this conclusion.

Laundry Facilities

Basic Needs

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

Yes No

If "No", document the evidence used to reach this conclusion.

Distribution Logs

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Appendix 4: Required Contract Deliverables

Pursuant to section F.4 of DHS's prior contract with TCP, TCP was required to send the following deliverables to DHS's COTR:

- policies and procedures for the provision of services in the homeless network quarterly;
- common standards and best practices for the provision of services in the homeless network quarterly;
- monitoring reports (including deficiencies and corrective actions) from TCP's site visits on a monthly basis;
- a sample of the Customer Satisfaction Survey (conducted bi-annually) within 30 days of completion;
- an executed emergency preparedness plan;
- documentation of emergency preparedness training;
- documentation of a back-up site in the event of a disaster or catastrophe;
- documentation of staff training on a quarterly basis, including training on common standards, best practices, CPR, and first aid;
- documentation of best practices workshops to shelter employees on a quarterly basis;
- documentation of fire safety checks on a biannual basis;
- a copy of fire extinguisher service contracts on a quarterly basis;
- a copy of all fire alarm system service contracts on a quarterly basis;
- a copy of all smoke detector service contracts on a quarterly basis;
- documentation of all permits and licenses on a quarterly basis;
- documentation of all personnel changes within 30 days of the change (job descriptions, resumes, and annual evaluations);
- all changes in staffing patterns in advance of the change to COTR for approval;
- quarterly reports to COTR regarding task completion and scope of service; and
- unusual incidents within 24 hours or the next day and in writing within 3 days.

TCP and DHS signed a new contract in January 2012. This new contract requires the CA, the same individual as the individual identified as the COTR in TCP's prior contract with DHS, to receive the following deliverables from TCP:

- a copy of all solicitation requests for subcontracts;
- a presentation of its financial system;
- a plan to monitor shelter network facilities;
- a monitoring plan to ensure that each program, service and subcontractor operates in compliance with all applicable laws, regulations, practice standards and provisions and monthly documentation of the implementation, findings and actions to cure deficiencies related to the monitoring plan;
- a copy of annual program rules;
- documentation on TANF earmarking requirements for eligible families;
- documentation of deficiencies and the corrective action plans on a monthly basis;

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- a sample of the Customer Satisfaction Survey (conducted annually) within 30 days of completion;
- an executed emergency preparedness plan;
- documentation of emergency preparedness training;
- documentation of a back-up site in the event of a disaster or catastrophe;
- documentation of staff training on a quarterly basis, including training on common standards, best practices, CPR, and first aid;
- preliminary findings to DHS of TCP's annual Point in Time Survey;
- documentation of fire safety checks on a biannual basis;
- a copy of fire extinguisher service contracts on a quarterly basis;
- a copy of all fire alarm system service contracts on a quarterly basis;
- a copy of all smoke detector service contracts on a quarterly basis;
- documentation of drug and alcohol testing of applicable employees;
- a certification that necessary employee background checks were completed;
- all changes in staffing patterns in advance of the change to the CA for approval;
- monthly reports regarding task completion and scope of service;
- unusual incidents within 2 hours or the next business day and in writing within 3 days; and
- a contract compliance plan.