



PRINCE WILLIAM COUNTY, VIRGINIA

## Prince William County, Virginia

### Internal Audit of Social Services – Homeless Services Division FY 2013/2014

**Prepared By:**



# Table of Contents

---

Transmittal Letter .....	1
Executive Summary .....	2 - 9
Background .....	10 - 14
Objectives and Approach .....	15
Observations Matrix .....	16 - 44
Appendix .....	45 - 53



August 26, 2014

The Audit Committee of  
 Prince William County, Virginia  
 1 County Complex Court  
 Prince William, Virginia 22192

As approved in the internal audit plan for FY2013/2014 for Prince William County, Virginia (“the County”), we had conducted and presented our initial observations of the Internal Audit of Social Services – Homeless Services Division at the June 3, 2014, Audit Committee meeting. At that time, the Audit Committee requested to have follow-up procedures conducted on the observations identified, which was agreed to by the Board of Social Services. The follow-up procedures have been completed and incorporated within the original report. This report will be presented at the next Audit Committee meeting on September 9, 2014, and additional follow up will be conducted in November 2014 upon the reopening of the Winter Shelter, to be presented on December 9, 2014. Due to the size and complexity of the programs offered, we have included another internal audit of the Department of Social Services, in our recommended internal audit plan for 2014/2015.

Our report is organized in the following sections:

<b>Executive Summary</b>	This provides a summary of the issues and observations noted during our initial review in March 2014, and follow-up procedures and results as of July 2014, related to our internal audit of Social Services – Homeless Services Division.
<b>Background</b>	This provides an overview of the Homeless Services Division and its programs.
<b>Objectives and Approach</b>	The internal audit objectives and focus are expanded upon in this section as well as a review of the various phases of our approach.
<b>Observations Matrix</b>	This section presents the results of our audit procedures, including our findings and recommendations noted during our initial review in March 2014, and follow-up procedures and results from our July 2014 review.
<b>Appendix</b>	This section includes examples of items referenced elsewhere in the report, or other explanatory information for illustrative purposes.

We would like to thank the staff and all those involved in assisting the Internal Auditors in connection with the internal audit of Social Services – Homeless Services Division.

Respectfully Submitted,

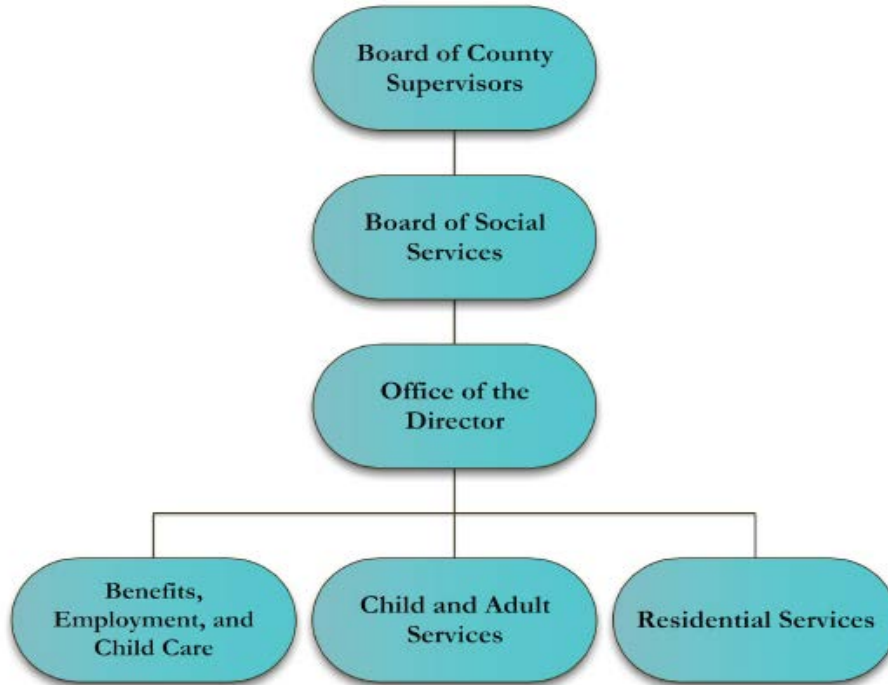
**INTERNAL AUDITORS**

# **Executive Summary**

# Executive Summary

---

The Department of Social Services provides the residents of Prince William County (PWC) with a range of services, financial assistance and residential programs; and is also responsible for providing citizens with federally mandated programs including Child and Adult Protective Services, SNAP (Food Stamps), Medicaid, and Temporary Assistance to Needy Families (TANF). The mission of the Department of Social Services is “to enhance the quality of life in Prince William County by affording individuals and families the support, protection and safety necessary to enable them to build self-reliant lives.” The chart below illustrates the reporting structure and the divisions within the department. It is important to note that the Director of Social Services reports to the Board of Social Services, which is an administrative board appointed by the Board of County Supervisors.



Homeless Services is a subdivision of the Residential Services group within the Department of Social Services, as well as Juvenile programs. The objectives of this audit were to determine whether the control environment in place within the Homeless Services division of the Department of Social Services is adequately designed and operating effectively. In addition to evaluating the overall internal policies and procedures, the audit also focused on contract compliance with the agreement for operations of the Hilda Barg Homeless Prevention Center, as well as the Memorandum of Understanding the Christian, Cooperative Council of Ministries (CCOM) for the Bill Mehr Drop-In Center.

The following section provides a summary of the observations identified for the departments selected. We have assigned relative risk factors to each observation identified. A summary of issues identified and their relative risk rating is provided below. This is the evaluation of the severity of the concern and the potential impact on the operations. There are many areas of risk to consider including financial, operational, and/or compliance as well as public perception or 'brand' risk when determining the relative risk rating. Items are rated as High, Moderate, or Low.

- *High Risk Items* are considered to be of immediate concern and could cause significant operational issues if not addressed in a timely manner.
- *Moderate Risk Items* may also cause operational issues and do not require immediate attention, but should be addressed as soon as possible.
- *Low Risk Items* could escalate into operational issues, but can be addressed through the normal course of conducting business.

## Executive Summary - continued

The details of the items identified are included within the Observations Matrix section of this report. In addition, at the request of the Audit Committee and agreed to by the Board of Social Services, follow-up testing procedures were performed in July 2014. Follow-up comments are incorporated within each observation. During our follow-up testing, improvements in the process were demonstrated during our review in March 2014. This progress was noted through efforts made by both the Department of Social Services and ACTS. Typically, we allow three to six months before performing follow-up in order to allow sufficient time to pass where new procedures are in place and applied consistently. Due to the timing of follow-up procedures occurring within a month of the June 3 Audit Committee meeting, the testing period was shortened to include only June 2014. Exceptions were noted during our detailed testing and therefore, the observations remain open, although the risk rating for Observation #2 has been reduced from High to Low.

Observations	Risk Rating	Status
<b>1. Contract Compliance - Hilda Barg Homeless Prevention Center</b>	<b>High</b>	<b>OPEN</b>
<p>We tested compliance with the provisions of the contract between the County and Action in Community Through Service (ACTS) for the period October 1, 2013, through February 15, 2014, noting multiple exceptions in the areas of:</p> <ul style="list-style-type: none"> <li>• Personnel Management</li> <li>• Case Management</li> <li>• Policy &amp; Procedures Manual</li> <li>• Monthly Reports</li> <li>• Donations</li> <li>• Winter Shelter Referrals</li> </ul> <p>Examples of exceptions noted include but are not limited to criminal records and sex offender checks not being performed timely on employees and clients, inadequate shift coverage, staff training not up-to-date, and incomplete client intake files missing required information. There was a transition period upon execution of the contract with ACTS, who is the new Shelter services provider for the County as of October 1, 2013, and we noted improvements over the course of our testing. We recommend the contract provisions and requirements be followed without exception.</p>		
<b>Follow-up Comments as of July 2014:</b>		
<p>The Department of Homeless Services performed monitoring procedures of the Hilda Barg Prevention Center in April 2014 and July 2014, following the release of our initial audit report. There were several exceptions noted as a result of their reviews. We performed a return site visit at the Hilda Barg facility on July 15 and 16, 2014 to follow-up on observations noted in our report issued in April 2014. We did note improvements made by ACTS in several areas, as noted below.</p>		
<b>Personnel Management</b>		
<p>We obtained a listing of new staff since April 2014 and selected two (2) for follow-up testing. The new staff selected for testing had not been employed for 60 days as of the date of our testing; therefore, no exceptions were noted regarding their training as training must be obtained within 60 days of hire date. We did note that both new employees had proper background screenings prior to their start date at the Hilda Barg facility. We also performed follow-up testing on employees previously tested in April 2014 and noted that for all employees tested, the airborne and blood-borne pathogens training had been completed.</p>		
<p>We confirmed there is only one (1) active Case Manager on duty at the Hilda Barg Center. We obtained the resume for this Case Manager and confirmed that she meets the educational requirements listed in the RFP. The new House Supervisor of the facility is appropriately qualified and serves as a Case Manager while the second position is vacant. Lastly, we reviewed a sample of five (5) dates during the month of June 2014 to ensure that proper employee shift coverage was maintained and noted no exceptions.</p>		

# Executive Summary - continued

## 1. Contract Compliance - Hilda Barg Homeless Prevention Center - continued

### *Follow-up Comments as of July 2014: - continued*

#### Case Management

We reviewed a sample of five (5) new client intake files during the month of June 2014 for follow-up testing. We noted the following:

- The request for a warrant check was not sent prior to the date of the client's intake/entry into the facility for all five (5) new intakes tested. We noted that a request for a warrant check on new client intakes is only performed once per week, rather than for each individual client prior to admission into the facility.
- A state sex offender check was not completed / documented in the client's file for one (1) client tested. A check was performed and added to the file on the date of our testing and we noted the client was not listed as a sex offender.
- For one (1) client file tested, the Individual Service Plan (ISP) was not signed by the case manager and for two (2) client files tested, the ISP was not signed by the shelter supervisor.
- The extension to one (1) client's stay was not approved 3 days prior to the original exit date for, as required by the ACTS Hilda Barg Policy and Procedures Manual. The client's original exit date was July 4, 2014; the extension request was approved by the shelter supervisor on July 3, 2014.

We noted that the facility has implemented the use of Shift Transition Logs, similar to those used at the Winter Shelter, as recommended.

#### Policy and Procedures Manual

We noted that the ACTS Homeless Shelter Policy and Procedure Manual for the Hilda M. Barg shelter was updated in June 2014. A weapons policy was added, as recommended in our original observation.

Additionally, the manual specifies that clients will be assessed and screened before arrival including but not limited to sex offender check, and county website court site check and other state records as available; however, approval guidelines regarding which crimes / offenses are considered acceptable are still not specified. We noted through documentation from the Department of Social Services provided to ACTS that the Board of Social Services decided the only background checks required to be performed for clients prior to intake are a warrant check by the police office and a national sex offender check. The Board voted to adopt that ACTS is no longer required to screen clients through use of local Virginia county background checks; however, we did note that ACTS is still performing such checks on new client intakes prior to arrival, as they feel these additional checks are necessary. We recommend that the Board consider continuing the local Virginia county background checks prior to client intake in order to evaluate the severity of any past crimes committed. We noted that the implementation of the warrant check as part of screening procedures has not been incorporated into the Policy and Procedures Manual, but is being performed on a weekly basis. Per discussion with management, the check should be performed daily, or as often intake occurs.

#### Monthly Reports

We obtained the May 2014 and June 2014 monthly reports and noted that they were submitted to the Contract Administrator timely, on June 9, 2014 and July 7, 2014, respectively.

#### Donations

We obtained the donations log for the months of May and June 2014 and noted that all donations included descriptions, amounts, date, receipt number, and donor name. Numbered receipts are now in use by staff and there is a line at the bottom of each receipt for "received by" allowing for a staff member's signature. The ACTS donation policy for the Hilda Barg Center has been updated to reflect that a donation receipt will be provided.

#### Winter Shelter Referrals

We were unable to follow-up on procedures regarding Winter Shelter client referrals as the Winter Shelter closed for the season March 31, 2014. It is management's intention to discontinue referrals at this time.

## Executive Summary - continued

Observations	Risk Rating	Status
<b>2. Compliance with Operating Procedures – Drop In Center (DIC)</b>	<b>Low</b>	<b>OPEN</b>
<p>The Bill Mehr Drop-in Center uses an Operational Guidelines manual, as revised September 2013, and a Memorandum of Understanding (MOU) between the County and the CCOM to document the requirements of roles and responsibilities for the DIC. We performed test procedures based upon the operational guidelines manual and the MOU, noting exceptions in the areas of:</p> <ul style="list-style-type: none"> <li>• Intake Procedures</li> <li>• Staff Training</li> <li>• Donations</li> <li>• Program Approval and Monitoring</li> </ul> <p>Examples of exceptions noted include but are not limited to client intake files not including all required documentation or poorly documented information, and an informal process for monitoring programs offered at the center. We recommend these procedures be followed without exception.</p>		
<p><b>Follow-up Comments as of July 2014:</b></p>		
<p>We performed follow-up testing procedures regarding compliance and operating procedures for the Drop In Center, in July 2014 to follow-up on observations noted in our report presented in April 2014. Based on the results of our procedures, this issue remains open since we could not test all areas due to the closeness in timeframe to our original testing performed in March 2014. We noted improvement in each of the areas included in our original observation, and have reduced the risk rating to Low.</p>		
<p style="text-align: center;"><b>Intake Procedures</b></p>		
<p>We reviewed a sample of five (5) new client intake files during the month of June 2014 for follow-up testing. We noted that each of the client files included updated forms, contracts, and photos, as appropriate. We also noted that intake needs assessment and goals assessment forms are no longer completed as part of the intake process. A case management individual service plan is completed only if the client chooses to participate in the treatment plan program.</p>		
<p style="text-align: center;"><b>Staff Training</b></p>		
<p>We noted only one (1) fully-dedicated staff member is currently working at the Drop In Center. This employee has completed annual training and is certified in CPR and First Aid as appropriate.</p>		
<p style="text-align: center;"><b>Donations</b></p>		
<p>We obtained the donation log for June 2014 for the Drop In Center and confirmed it is being maintained regularly. The log includes quantity and type of donation received. Also, we obtained a copy of the donation distribution tracking log for June 2014 and confirmed it is being completed for items distributed to clients, as appropriate.</p>		
<p style="text-align: center;"><b>Program Approval</b></p>		
<p>There have been no new programs implemented at the Drop In Center since the date of our original testing. A Program Approval Form has been developed and completed and signed by the DIC Committee President and Department of Social Services personnel for all programs currently in place, as of July 7, 2014. The new program approval form includes program objectives, performance metrics, and criteria which will be utilized to measure program effectiveness.</p>		
<p style="text-align: center;"><b>Prescription Medication Program</b></p>		
<p>As of April 30, 2014, the Department of Social Services no longer administers the prescription medication services for the Drop In Center Committee. The program is not being offered by CCOM at this site.</p>		



## Executive Summary - continued

Observations	Risk Rating	Status
<b>3. Compliance with Operating Procedures – Winter Shelter</b>	<b>Moderate</b>	<b>OPEN</b>
<p>Homeless Services has adopted the Prince William County Winter Shelter Employee Manual in order to document the requirements, roles and responsibilities for the emergency winter shelter. We performed test procedures based upon the manual, noting exceptions in the areas of:</p> <ul style="list-style-type: none"> <li>• Employee Shift Coverage</li> <li>• Operating Procedures and Documentation</li> </ul> <p>Examples of exceptions noted include but are not limited to poorly documented shift coverage and incomplete warrant checks. We recommend these procedures be followed without exception.</p>		
<b><i>Follow-up Comments as of July 2014:</i></b>		
<p>We visited the Drop In Center / Winter Shelter on July 14, 2014 and observed that an electronic time clock has been installed at the shelter for use by employees. Through discussion, we noted that the time clock has been tested to ensure it works appropriately and is ready for use upon the Winter Shelter's re-opening in the Fall.</p> <p>Additionally, we noted that the Winter Shelter Policy and Procedure Manual has been corrected to reflect consistently the hours of the security guard's shift at the Shelter to be 6pm – 11pm.</p> <p>The Winter Shelter closed for the season on March 31, 2014; therefore, we were unable to follow up on the remainder of observations noted in April 2014, during the July 2014 follow-up. Follow-up procedures will be performed in November 2014.</p>		

## Executive Summary - continued

Observations	Risk Rating	Status
<b>4. Performance Metrics and Monitoring Outside Agencies</b>	<b>Moderate</b>	<b>OPEN</b>
<p>We noted the process for monitoring the agencies that receive pass-through funds from HUD's Supportive Housing Grant program is limited and not formalized and integrated, and does not include required performance metrics.</p> <p>The Homeless Services Coordinator has begun developing a more robust and monitoring process, which will need approval by the Board of Social Services, and that the division is seeking technical assistance from HUD. In addition to continuing to work with HUD and implementing a comprehensive monitoring process, we further recommend a robust checklist to evidence the monitoring, to include site visits in addition to agency reporting.</p>		
<p><b><i>Follow-up Comments as of July 2014:</i></b></p>		
<p>The Homeless Services Office received Technical Assistance from the Department of Housing and Urban Development (HUD) in April 2014. Guidance was provided regarding changes to current Memorandum of Understanding documents in place for the HUD-Continuum of Care (CoC) projects and the development of draft monitoring documents. The Homeless Services department has utilized these documents to create their own Department of Social Services Monitoring Policy for the sub-recipients of the CoC Program Funds.</p> <p>Additionally, Homeless Services received annual reports for two recently completed projects and expected to receive annual reports for six additional projects by the end of July 2014. The division is currently working with the CoC and programming committee to develop a quarterly reporting and monitoring system for sub-recipients.</p> <p>As efforts regarding this observation are still in progress, this observation remains open. The department has made progress regarding improvements to monitoring outside agencies.</p>		

## Executive Summary - continued

Observations	Risk Rating	Status
<b>5. Formalized Long-Range Planning</b>	<b>Moderate</b>	<b>OPEN</b>
<p>There is not a localized long-range plan for meeting the requirements of the Health Act and the Statewide Continuum of Care (CoC). Without a long-range plan, the tasks of pulling together the “wish list”, creating solid budgets and realistic timelines cannot be adequately addressed over time and within the constraints of the County’s overall strategic plan, and actions taken may not be consistent with goals, objectives and future needs of the County.</p> <p>We recommend the development of a long-range plan for Homeless Services to include goals and objectives tied to the plan. Because there is a separate Board of Social Services, the plan will need to define the County’s role and commitment in terms of personnel and funding, as well as the administration and measurement of the plan.</p>		
<p><b><i>Follow-up Comments as of July 2014:</i></b></p>		
<p>We continue to recommend that the Department, with approval by the Board of Social Services and cooperation from the County as it relates to future funding, work to develop a localized plan for Homeless Services that is tied to the CoC’s 10-year plan and includes Action Steps and periodic milestones that can be measured.</p>		

## Executive Summary - continued

Observations	Risk Rating	Status
<b>6. Staffing</b>	<b>Low</b>	<b>OPEN</b>
<p>While the County has grown in population over time, the Full-Time Equivalent headcount for the Homeless Emergency Shelter/Overnight Care division has remained relatively stagnant. In conjunction with the recommendations made elsewhere within this report, we recommend the County consider the impact of any changed procedures, enhanced monitoring and participation by staff, and resources needed to meet the requirements of the Hearth Act on the staffing plan and organizational structure of the Homeless Services division. As responsibilities within the CoC grow and become more robust, along with monitoring outside agencies and community partners for accountability of funds, increased usage of facilities and program oversight, current staff will become more limited in time to perform these tasks and additional staff resources may be needed to meet the needs of the programs in accordance with the goals and objectives of the County.</p>		
<p><b><i>Follow-up Comments as of July 2014:</i></b></p>		
<p>The Department of Social Services did not request any new positions in the FY2014 / 2015 budget, and the timing of budget approval coincided with our audit fieldwork. The department will reconsider the staffing and budget with the upcoming budget cycle for the FY2015 / 2016.</p>		

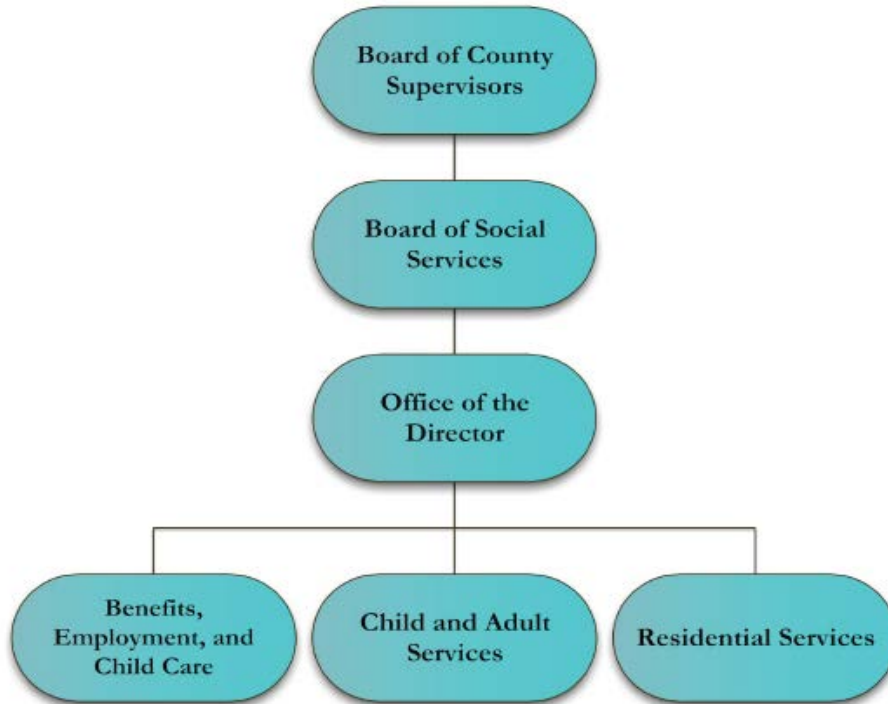
## **Background**

# Background

---

## Overview of the Department of Social Services

The Department of Social Services provides the residents of Prince William County (PWC) with a range of services, financial assistance and residential programs; and is also responsible for providing citizens with federally mandated programs including Child and Adult Protective Services, SNAP (Food Stamps), Medicaid, and Temporary Assistance to Needy Families (TANF). The mission of the Department of Social Services is “to enhance the quality of life in Prince William County by affording individuals and families the support, protection and safety necessary to enable them to build self-reliant lives.” The chart below illustrates the reporting structure and the divisions within the department. It is important to note that the Director of Social Services reports to the Board of Social Services, which is appointed by the Board of County Supervisors.



## Division of Homeless Services

Homeless Services is a subdivision of the Residential Services group within the Department of Social Services, as well as Juvenile programs. The division spearheads the operations of two shelter facilities and their respective programs. Additionally, the division provides and monitors funding passed through the County to other area agencies from US Department of Housing and Urban Development (HUD)'s Shelter Housing Grant Program and locally-funded community partner donations. The Residential Services Chief, the Homeless Services Coordinator, the Shelter Supervisor and one Case Manager are newly hired at the County within the last two years.

## Continuum of Care (CoC) Program

The HUD offers funding to private nonprofit organizations, states, and local governments under the Continuum of Care (CoC) Program, which promotes a community-wide commitment to the goal of ending homelessness; provides funding for efforts by nonprofit providers, and State and local governments to quickly re-house homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

## Background - continued

### Continuum of Care (CoC) Program - continued

The CoC Program competitively awards grants for new construction; acquisitions; rehabilitation; or leasing of buildings to provide transitional or permanent housing; rental assistance; payment of operating costs; supportive services; re-housing services; payment of administrative costs; and grants for technical assistance.

For the Greater Prince William Area, the Prince William Continuum of Care Network serves as the CoC agency, consisting of public and private entities, churches and citizens. The functions of the CoC are broken down and managed through Community Action Teams including: Homeless Management Information Systems (HMIS), Ten Year Plan, Discharge Planning, CoC Application, and Point in Time. Members of the CoC meet monthly to develop a full-service continuum of care system focused on identifying and reducing homelessness in the community. Prince William County is part of the Metropolitan Washington Council of Government's Homeless Services Planning and Coordinating Committee. There are nine participating jurisdictions represented, including the City of Alexandria, Virginia; Arlington County, Virginia; the District of Columbia; Fairfax County, Virginia; Frederick County, Maryland; Loudoun County, Virginia; Montgomery County, Maryland; Prince George's County, Maryland; and Prince William County, Virginia.

### HEARTH Act

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act was signed into law in May 2009, and is part of HUD's McKinney-Vento homeless assistance programs. The Act makes several changes to HUD's homeless assistance programs including expanding homelessness prevention, placing greater emphasis on rapid re-housing through new incentives, and continuing the emphasis on creating permanent supportive housing for chronically homeless individuals. Additionally, the Act codifies the Continuum of Care planning process as a required local function (shifting responsibility to state and local agencies), establishes a federal goal of ensuring homeless individuals return to permanent housing within 30 days, and expands the definition of homelessness.

The Hearth Act requires each CoC to establish a coordinated entry system to provide an initial, comprehensive assessment of the needs of individuals and families for housing and services, by December 31, 2014. Currently, the intake process throughout the County includes each individual shelter documenting their applicants and residents within their own Homeless Management Information Systems (HMIS) database. Applicants are then ranked and prioritized in HMIS based on set criteria and organized on a waiting list. Waiting lists are maintained separately for each shelter but can be viewed by all shelters in the County that use HMIS. In April 2014, a unified waiting list will be available for use within HMIS to coordinate the waiting lists of all shelters in the county that use HMIS so that clients can be served expeditiously using a "one-stop" approach. This initiative is being funded by the Homeless Solutions Grant received from the Commonwealth of Virginia, and meets the Hearth Act requirements for coordinated entry and assessment.

### Funding

The division of Homeless Services receives funding through several sources including federal funding, County General Revenue funds, and private sources. Note: while the County was previously eligible for State funding, it is no longer eligible due to 'transitional housing' being removed from the federal definition and new state guidelines being released regarding use of the State Shelter Grant (SSG) for transitional housing operations.

The revenue and expense trend for FY 12 through FY 14 for Homeless Emergency Shelter and Overnight Care was as follows:

Revenues			
Program	FY 12	FY 13	FY 14 (budgeted)
Homeless Emergency Shelter/Overnight Care	\$1,053,109	\$ 633,947	\$ 757,713
Expenses			
Program	FY 12	FY 13	FY 14 (budgeted)
Homeless Emergency Shelter/Overnight Care	\$1,961,992	\$1,650,126	\$ 1,829,603

## Background - continued

Funding provided by federal pass-through grants to community partners by the Social Services Division were adopted for FY 13 and 14 as follows:

Funding Mechanism/Host Agency/Community Partners	FY 13 Adopted	FY 14 Adopted
<b>Social Services</b>		
1 Supportive Housing Program Grant (Total)	\$690,060	\$690,060
1a DSS - Homeless Mgt Info System	\$45,830	\$45,830
1b BARN - Transitional Housing	\$143,585	\$143,585
1c Benedictine Counseling Services	\$91,900	\$91,900
1d Good Shepherd Leasing Program	\$126,463	\$126,463
1e Good Shepherd - Shepherd House I	\$7,094	\$7,094
1f Good Shepherd Transitional Housing	\$141,156	\$141,156
1g NVFS/SERVE Permitt Supportive Housing	\$134,032	\$134,032
Total Social Services	\$690,060	\$690,060

Funding provided via donation to Community Partners by the Social Services Division were adopted for FY 13 and 14 as follows:

Funding Mechanism/Host Agency/Community Partners	FY 13 Adopted	FY 14 Adopted	Funding Source
<b>Social Services</b>			
1 ACTS (Total)	\$198,693	\$198,693	General Fund
1a Homeless Shelter	\$146,553	\$146,553	
1b Transitional Living (3)	\$52,139	\$52,139	
2 Good Shepherd Housing Foundation	\$22,238	\$22,238	General Fund
3 Independence Empowerment Center (Shift to Aging)	\$31,133	\$0	General Fund
4 Northern Virginia Family Service (Total)	\$341,178	\$341,178	General Fund
4a Healthy Families	\$170,033	\$170,033	
4b SERVE Homeless Shelter	\$98,964	\$98,964	
4c Housing Continuum Services at SERVE	\$72,180	\$72,180	
5 StreetLight Community Outreach Ministries	\$15,000	\$15,000	General Fund
Total Social Services	\$608,241	\$577,109	

### County-Owned Facilities

The Hilda Barg Homeless Prevention Center (HPC) is a year-round shelter open 24 hours a day that contains 30 beds, and is available for use by single adults as well as families. Residents / clients may stay at this shelter for 30 days with a possible one-time extension of an additional 21 days, upon approval. Clients meet with a case manager to develop a plan for stable housing within 30 days, and the plan is monitored for progress weekly. Meals for clients at this shelter are provided by the Cooperative Council of Ministries (CCOM). Beginning in October 2013, contracted operations for the HPC are provided by Action in Community Through Service (ACTS), a private, non-profit 501(c)(3) organization. Homeless Services personnel conduct quarterly contract monitoring procedures. These were completed in November 2013 and January 2014.

The Bill Mehr Drop-in Center (DIC) is a dual-use facility: a daytime drop-in center for homeless support programs and an overnight winter shelter during select months of the year. DIC operations are a joint effort by PWC in partnership with the CCOM to provide a safe and supportive environment for chronically homeless adults. The County provides administrative support to the program, supervises staff, and funds the facility utility costs while the CCOM is responsible for providing other operating costs of the facility, including staff salaries, program and ministry costs.



## Background - continued

### County-Owned Facilities - continued

The overnight Winter Shelter Program is operated solely by the County in order to protect homeless citizens from hypothermia during the winter season and provide a safe environment with meals, beds, and shower facilities to such residents. This shelter is open from November 1 through March 31 each year, between 6:30pm to 7am daily, and contains 47 beds available for use by single, adult men and women.

### Point-in time (PIT) Count

HUD requires each CoC to perform an annual count of homeless individuals that are sheltered in emergency shelters, transitional housing, and Safe Havens in order to receive federal homeless funding. This count is called a Point-in-Time (PIT) count and is conducted on a single night during the last ten days in January. Additionally, each CoC must conduct a count of unsheltered homeless persons every other year, on odd numbered years. PWC coordinates this count and carries it out locally. The PIT results in the Housing Inventory Count (HIC) and provides the number of beds and units available on the night designated for the count that are dedicated to serve persons who are homeless and information about unmet need. The count is categorized by five Program Types: Emergency Shelter; Transitional Housing; Rapid Re-housing; Safe Haven; and Permanent Supportive Housing.

One of the challenges of the PIT count is that the HUD definition of “homeless” for the purposes of the count is very narrow. HUD’s definition of homelessness includes people living in places not meant for human habitation (streets, abandoned buildings, etc.), living in an emergency shelter or transitional housing facility, and – although it is not specifically described in MCKinney-Vento – facing the loss of housing within the next 7 days with no other place to go and no resources or support networks to obtain housing. The HEARTH Act added to that definition to include persons at imminent risk of homelessness or where a family or unaccompanied youth is living unstably. The expansion of the definition of homelessness allows a community to use up to 10% of its CoC funding to serve those added families or unaccompanied youth. However, those individuals are still not included in the PIT counts, which does not offer a complete picture of the actual homeless population of the county.

HIC Results for 2013:

<u>CoC Number: VA-604</u>							
<u>CoC Name: Prince William County CoC</u>							
	Family Units <sup>1</sup>	Family Beds <sup>1</sup>	Adult-Only Beds	Child-Only Beds	Total Yr-Round Beds	Seasonal	Overflow / Voucher
<b>Emergency, Safe Haven and Transitional Housing</b>	108	369	61	0	430	48	0
Emergency Shelter	33	120	37	0	157	48	0
Transitional Housing	75	249	24	0	273	n/a	n/a
<b>Permanent Supportive Housing*</b>	9	35	38	0	73	n/a	n/a
<b>Grand Total</b>	<b>117</b>	<b>404</b>	<b>99</b>	<b>0</b>	<b>503</b>	<b>48</b>	<b>0</b>

### Homeless Management Information System (HMIS)

The County utilizes a local information technology system, also known as HMIS, to collect client-level data and data on the provision of housing and services to homeless individuals. While HUD requires use of an HMIS software in order for a municipality or county to be eligible to receive federal funding, HUD does not specify which specific application of the HMIS software to be used. PWC contracts with a third party to provide one of three HMIS systems available to jurisdictions within the state of Virginia that are interfaced with the State’s HMIS system for overall reporting.

# Background - continued

Activities and Service Level Trends for the Homeless Emergency Shelter and Overnight Care per the FY 2014 Budget Document were:

<b>1. Overnight Care</b>				
Provide shelter, transitional housing and supportive services to homeless families and individuals.				
	<b>FY 12 Adopted</b>	<b>FY 12 Actual</b>	<b>FY 13 Adopted</b>	<b>FY 14 Adopted</b>
▪ Total Activity Annual Cost	\$1,710,181	\$1,618,119	\$1,744,236	\$1,736,212
▪ HPC bed nights	10,000	9,587	9,000	—
▪ HPC admissions	275	252	270	—
▪ HPC direct cost per bed night	\$35.30	\$37.23	\$37.50	—
▪ HPC utilization rate	95%	86%	92%	88%
▪ Clients satisfied with HPC services	95%	90%	92%	92%
▪ Winter Shelter bed nights	6,040	5,405	4,900	—
▪ Winter Shelter admissions	150	217	220	—
▪ Winter Shelter utilization rate	95%	97%	70%	70%
▪ Homeless Drop In Center attendance	300	296	350	350
▪ Good Shepherd Housing Partnership families served	5	5	6	5
<b>Action in the Community Through Service (ACTS):</b>				
▪ ACTS shelter bed nights	6,500	7,079	6,500	—
▪ ACTS shelter admissions	180	157	180	—
▪ ACTS shelter utilization rate	98.0%	106.4%	98.0%	100.0%
▪ ACTS transitional housing bed nights	6,000	6,455	5,000	—
▪ ACTS transitional housing admissions	20	32	20	—
▪ ACTS transitional housing utilization rate	80%	108%	80%	100%
<b>Northern Virginia Family Service (NVFS):</b>				
▪ Securing Emergency Resources through Volunteer	16,500	13,728	19,200	—
▪ SERVE shelter admissions	400	286	399	—
▪ SERVE shelter utilization rate	85%	85%	96%	85%
▪ Housing continuum transitional housing bed nights	—	13,900	15,600	—
▪ Housing continuum transitional housing admissions	—	21	27	—
▪ Housing continuum transitional housing utilization rate	—	95%	85%	90%
<b>2. Homeless Intervention *</b>				
Provide cash assistance to families at risk of becoming homeless by paying security deposits, rent or mortgage payments.				
	<b>FY 12 Adopted</b>	<b>FY 12 Actual</b>	<b>FY 13 Adopted</b>	<b>FY 14 Adopted</b>
▪ Total Activity Annual Cost	\$296,612	\$343,873	\$313,996	—
▪ Individuals served	90	125	100	—
▪ Customer satisfaction	90.0%	NA	95.0%	—
*Beginning in FY 13, this grant is no longer awarded to Prince William County. A community partner is the recipient of this grant and is providing the service directly.				

## **Objectives and Approach**

# Objectives and Approach

---

## Objectives

The objectives of this audit were to determine whether the control environment in place within the Homeless Services division of the Department of Social Services is adequately designed and operating effectively. In addition to evaluating the overall internal policies and procedures, the audit also focused on contract compliance with the agreement for operations of the Hilda Barg Homeless Prevention Center, as well as the Memorandum of Understanding the Christian, Cooperative Council of Ministries (CCOM) for the Bill Mehr Drop-In Center.

## Approach

Our audit approach consisted of the following three phases:

### Understanding and Documentation of the Process

During this phase we conducted interviews with representatives from the Department of Social Services to discuss the scope and objectives of the audit work, obtained preliminary data, and established working arrangements. We also obtained copies of financial and operational reports and other documents deemed necessary. We reviewed the applicable contracts, Board minutes, policies and procedures related to this internal audit.

### Detailed Testing

The purpose of this phase was to develop applicable detail tests to meet our objectives as follows:

- Gathering and evaluating background information on the County's Homeless Services operations and procedures and any required controls or documentation.
- Reviewing agreements between the department and third party organizations for operations of shelters.
- Testing provisions in these agreements for compliance including intake procedures, contractor responsibilities, personnel management, case management, policies and procedures, and reporting requirements.
- Reviewing the process for receiving donations and other funding sources.
- Assessing the overall Homeless Services processes and controls in place to determine adequacy and effectiveness.

### Reporting

At the conclusion of this audit, we summarized our findings related to the Homeless Services division. We reviewed the results of our testing with the Director of Social Services, Residential Services Chief, Homeless Services Coordinator, as well as the Office of the County Executive. We presented our initial observations to the Board of Social Services on April 15, 2014 and to the Audit Committee of the Board of County Supervisors on June 3, 2014, and will present the follow-up results on September 9, 2014.

### Follow-up

At the request of the Board of Social Services and agreed to by the Audit Committee, we performed follow-up procedures on site in July 2014. This included detailed testing and review of documentation and files to assess the status of the findings and recommendations noted in the observations from our initial review that took place in March 2014. We presented the results to the Director of Social Services, Residential Services Chief and Chairman of the Board of Social Services on August 26, 2014.

## **Observations Matrix**

Rating	Observations
<b>High</b>	<p><b>1. Contract Compliance - Hilda Barg Homeless Prevention Center</b></p>
	<p>Beginning in October 1, 2013, PWC has contracted operations for the Hilda Barg Homeless Prevention Center (HPC) to Action in Community Through Service (ACTS), a private, non-profit 501(c)(3) organization. The contract documents include specific provisions to be followed by ACTS for the duration of the contract. Homeless Services has performed two Contractual Compliance Audits of the HPC since the start of the contract, in November 2013 and January 2014. Several of the areas we tested during our internal audit were tested by staff during these audits, as well. Although we did observe many exceptions, we noted improvements over time regarding issues identified previously and currently. The ACTS contract was executed on September 10, with a start date of October 1, and as such there was a transition period in order to get up and running; the contractor states that they have addressed all issues previously identified. Due to the timing of our procedures in relation to those performed by staff, many of the same issues were noted.</p> <div data-bbox="347 684 1419 726" style="border: 1px solid black; text-align: center; background-color: #e0e0e0; padding: 2px;"> <p><b>Personnel Management</b></p> </div> <p><u>Contract Requirements:</u></p> <ul style="list-style-type: none"> <li>• There will be a minimum of two (2) paid staff on duty at the HPC at all times.</li> <li>• Annually ALL paid staff must complete training in first aid, CPR, blood borne and airborne pathogens, crisis intervention, and emergency procedures. All paid staff must complete a TB screening annually.</li> <li>• All employees must submit to and pass a state and federal criminal background check (fingerprint) prior to working at the HPC.</li> <li>• All volunteers and paid staff will submit to and pass a Child Protective Services check and a state and federal criminal background check prior to volunteering at HPC.</li> <li>• The contract proposal submitted by ACTS, which has been incorporated into the contract as part of the requirements, includes Staff Experience and Capabilities requirements for each position.</li> </ul> <p><u>Exceptions Noted:</u></p> <ol style="list-style-type: none"> <li>1. For 5 out of the 25 dates tested, we were unable to confirm that a minimum of 2 staff members were on duty for at all times. At least 1 staff member was on duty at all times for these 6 dates; however, there were select shifts or portions thereof where it appears a second staff member was not on duty. (Note: Per discussion with staff, some of these gaps may have been due to timesheet documentation errors, but we were not able to confirm/corroborate this against employee shift logs.)</li> <li>2. We noted several exceptions regarding employee training, requiring screening and background/records checks, as follows:             <ul style="list-style-type: none"> <li>• Out of 12 active employees tested, we noted that 8 of the employees did not have training in Airborne Pathogens. Additionally, 9 employees did not have all trainings (first aid, CPR, blood borne and airborne pathogens, incident response, and emergency procedures) completed within the first 60 days of employment. Lastly, 1 employee did not have a file documenting any training. That employee is the facilities director. The contract does not exclude any positions from these training requirements.</li> <li>• One employee had TB testing noted in their file; however, the results were not documented.</li> <li>• One employee had a TB screening performed in 2011 that was out of date. TB screenings must be completed annually.</li> </ul> </li> </ol>

Rating	Observations
High	<p><b>1. Contract Compliance - Hilda Barg Homeless Prevention Center - continued</b></p>
	<div data-bbox="347 302 1421 342" style="border: 1px solid black; background-color: #e0e0e0; padding: 2px; text-align: center;"> <p><b>Personnel Management - continued</b></p> </div> <p><u>Exceptions Noted - continued:</u></p> <ul style="list-style-type: none"> <li>• For 12 of 16 employees tested (12 active, 4 terminated), the Child Protective Services, Federal, and State background checks were not performed until after the employee's start date. All of these employees have since passed these checks, or been terminated. <i>Note:</i> The Contract between PWC and ACTS for the operation of Hilda Barg was not executed until September 10, 2013, and as such there was a delay in new hire on-boarding and transitioning employees to meet all the requirements prior to operating the facility as of October 1, 2013.</li> <li>• For 2 of the 16 employees tested, the files did not have evidence of any of the three background checks, nor did the files contain evidence of training, a TB screening, or DMV records.</li> <li>• For 2 of the 16 employees tested, the employee files did not contain the state background check documentation. For 1 of these employees the TB screening evidence was not in the file and for the other employee the DMV records check was not in the file.</li> <li>• For the 1 employee who worked at HPC temporarily until December to assist with the opening, background checks and other required checks and trainings were not completed.</li> </ul> <p>3. We noted the following related to volunteers:</p> <ul style="list-style-type: none"> <li>• There are 2 volunteers on record at the HPC. Both volunteers did not have the Child Protective Services, Federal and State background checks completed prior to volunteering at the shelter. One of these volunteers' federal background checks was still pending as of our testing date.</li> </ul> <p>4. We noted that the Case Managers working with clients at the HPC do not have a Bachelor's degree, as included in the qualifications requirements of the proposal response submitted by ACTS. As of the date of this report, one has been reassigned and both are in the process of being replaced.</p> <p>The Contractual Compliance Audit performed in January 2014 by the department of Social Services noted that significant improvement with the completion of CPS, Sex Offender, TB tests, and DMV checks has occurred; however, there are continued compliance issues regarding the completion of criminal background checks and training documentation. At the time of the department's internal review in January, the FBI criminal background checks were still pending and state background checks had not been performed at all. McGladrey noted in our review that all active employees tested had completed and passed the FBI background check and state of Virginia criminal background check as of the date of our fieldwork. Exceptions regarding employee training records were also noted in the internal review by the department. Homeless Services will continue to perform the Contractual Compliance Audits quarterly, with the next one planned for April 2014.</p>

Rating	Observations
High	1. Contract Compliance – Hilda Barg Homeless Prevention Center - continued
	<div data-bbox="347 302 1419 342" style="border: 1px solid black; text-align: center; background-color: #e0e0e0; padding: 2px;">Case Management</div> <p data-bbox="347 369 626 396"><u>Contract Requirements:</u></p> <ul data-bbox="391 401 1430 926" style="list-style-type: none"> <li>• Complete an Intake Demographic Form upon admission.</li> <li>• Ensure that case notes are documented for each resident at least once a week.</li> <li>• Complete a discharge summary within 72 business hours after discharge.</li> <li>• Ensure that all residents complete a local criminal background check and state sex offender record check prior to intake.</li> <li>• Develop a case plan within 72 business hours after admission. Develop individual self-sufficiency plans and action steps no greater than three (3) working days after a resident's admission to the HPC facility. (Note: ACTS considers the case plan and individual self-sufficiency plan as one document.)</li> <li>• HPC residents will be permitted to have one extension of stay for no more than 21 days. Notify the Contract Administrator at least 5 business days prior to a client approaching 51 days of stay at the HPC. The Contractor Administrator will attend a staffing of client at the HPC center within 48 hours of the notice to discuss approach outcome for client.</li> <li>• Ensure that an extension is documented in a resident's file. Any resident remaining at HPC for more than 51 days must be reviewed with the Contract Administrator prior to the fifty-first (51st) day.</li> </ul> <p data-bbox="347 959 561 987"><u>Exceptions Noted:</u></p> <p data-bbox="347 991 992 1018">We tested 25 client intake files and noted the following:</p> <ol data-bbox="347 1022 1430 1871" style="list-style-type: none"> <li>1. 3 instances where case notes were not documented, at least weekly, and there was no notation as to why the meeting was missed.</li> <li>2. 3 instances where a case plan / individual self-sufficiency plan was not developed within 72 hours of admission.</li> <li>3. 2 instances where the individual self-sufficiency plan was shared between 2 adults rather than having separate ISPs.</li> <li>4. 1 instance where the client did not have an individual self-sufficiency plan in their file.</li> <li>5. 3 instances where a photo ID was not maintained in the client's file.</li> <li>6. 5 instances where a state sex offender check was not completed / documented in the client's file.</li> <li>7. 1 instance where a local criminal background check for Prince William County was not completed; checks were performed for Fairfax and Alexandria County, but were performed 1 day after intake.</li> <li>8. 5 instances where the background searches, in addition to #7 above, were performed after the intake date.</li> <li>9. 1 instance where the client appeared to be a sex offender per the national sex offender search results. There were no notes as the contrary in the file.</li> <li>10. 1 instance where the HMIS Release of Information Form was not noted in the Client's File.</li> <li>11. 1 instance where the Homeless Certification Form was not completed both clients of the same family.</li> <li>12. 3 instances where the extension of stay past 30 days was not approved by the Shelter Supervisor.</li> <li>13. 2 instances where the extension of stay past 30 days was approved after the 30 days had already past. (These 2 individuals were part of the same family unit).</li> <li>14. 9 instances where the extension of stay past 51 days was not approved by the Contract Administrator (The Contract Administrator for the ACTS agreement is the Homeless Services Coordinator.)</li> </ol>



Rating	Observations
High	1. Contract Compliance – Hilda Barg Homeless Prevention Center - continued
	<div data-bbox="347 302 1419 340" style="border: 1px solid black; text-align: center; background-color: #e6f2ff; padding: 2px;"><b>Case Management - continued</b></div> <p data-bbox="347 373 1430 432">In addition to the exceptions noted above, we also noted the following during the case management testing:</p> <ul data-bbox="396 464 1430 1073" style="list-style-type: none"> <li>• In instances where criminal records checks were performed for localities other than Prince William County, the files did not document why.</li> <li>• In some instances the state sex offender search was used and in others, the national sex offender search was used. The files did not document a reason, and the contract requires a state search.</li> <li>• We noted multiple instances where clients were admitted to the facility with a criminal history involving sexual abuse, child abuse, and/or violent behavior. The contract does not specifically exclude any particular individuals from entry other than those referred from the Winter Shelter, nor does it require the contractor (ACTS) to notify the County of any child or sexual abuse or violent behavior noted in the results of these checks.</li> <li>• The contractor (ACTS) considers the case plan and the individual self-sufficient plan the same thing, and has condensed them into one document; however, the contract currently states these as separate items.</li> <li>• We noted that all activity, incidents, and other important or noteworthy information occurring at the Hilda Barg Homeless Prevention Center are documented continuously throughout the day in a composition notebook. One notebook is maintained and each day continues from the next. The log is not always legible. Further, we noted incidents logged in client files that were not included in the shift book, and vice versa.</li> </ul> <p data-bbox="347 1108 1430 1318">The Contractual Compliance Audit performed in January 2014 by the department noted that ACTS has significantly improved compliance with documentation standards since the first Contractual Compliance Audit performed in November 2013. The exceptions we noted above indicate that while the Case Management intake procedures appear to be in place and appropriate, there are still opportunities for improvement in properly documenting procedures in the client files. Homeless Services will continue to perform the Contractual Compliance Audits quarterly, with the next one planned for April 2014.</p> <div data-bbox="347 1346 1419 1383" style="border: 1px solid black; text-align: center; background-color: #e6f2ff; padding: 2px;"><b>Policy and Procedures Manual</b></div> <p data-bbox="347 1413 1430 1560"><u>Contract Requirement:</u> The Contractor shall prepare and maintain a Policy and Procedures Manual, which shall include rules regarding resident and staff conduct. The contract gives specific prohibitions on staff conduct. The contract also lists specific items the manual must address. During our site visit, we were notified that the procedures manual was in the process of being updated.</p> <p data-bbox="347 1587 1430 1677"><u>Exceptions Noted:</u> We obtained a copy of the ACTS Homeless Shelter Policy and Procedure Manual and the ACTS Personnel Manual, noting the following items were not included as required in the contract:</p> <ul data-bbox="396 1682 1430 1770" style="list-style-type: none"> <li>• The manual did not state possession of weapons is prohibited for Contractor staff.</li> <li>• The manual did not state prohibited behaviors in relation to volunteers. Volunteers were not addressed in the manual.</li> </ul> <p data-bbox="347 1774 1206 1803">An outline of programs and services offered was not noted in the manual.</p>

Rating	Observations
High	1. Contract Compliance – Hilda Barg Homeless Prevention Center - continued
	<div data-bbox="347 302 1419 342" style="border: 1px solid black; text-align: center; background-color: #e0e0e0;"> <p><b>Monthly Reports</b></p> </div> <p><u>Contract Requirement:</u> The Contractor must provide statistical data, financial, and evaluative reports as required by the Contract Administrator. The Contractor must submit the reports to the Contractor Administrator no later than the fifth (5th) working day of the month following the month of service and at such other times as required by the County.</p> <p><u>Exceptions Noted:</u> We noted that the October 2013 report was not submitted to the Contract Administrator until January 10, 2014. Per discussion with the Contractor and the Contract Administration, at the start of the contract ACTS did not have an HMIS Administrator, resulting in the delay. The Contractor Administrator did not realize the report had not been received until after the deadline. The November 2013, December 2013 and January 2014 reports were submitted within the proper timeframe.</p> <div data-bbox="347 720 1419 760" style="border: 1px solid black; text-align: center; background-color: #e0e0e0;"> <p><b>Donations</b></p> </div> <p><u>Contract Requirement:</u> The Contractor shall ensure there is a tracking system and keep records for donated goods or funds made to the Hilda Barg Homeless Prevention Center. The Contractor shall provide monthly reports of donated funds and goods to the Contract Administrator.</p> <p><u>Observations:</u> Monthly reports of donated funds were provided to the Contract Administrator for the months of October, November, December 2013 and January 2014 and a tracking log is maintained for all donated goods / funds made to the Hilda Barg Center; however, we noted some areas for improvement as follows:</p> <ol style="list-style-type: none"> <li>1. Descriptions of items donated were not always detailed or descriptive. Several items were listed as "unknown" under the goods donated category without further details.</li> <li>2. Receipt of goods noted at high dollar values should contain greater details. For example, we noted that "Work Shirts" were received in November and valued at \$12,000 with no further description as to how many shirts were received, etc. and how the value was determined.</li> <li>3. The donation log does not contain a field for the name or signature of the individual who received the donations and logged them in. This is a best practice for tracking, documentation and accountability purposes.</li> <li>4. Numbered receipts should be issued to donors. (Receipts are issued, but they are not pre-numbered.)</li> </ol>

Rating	Observations
High	<p><b>1. Contract Compliance – Hilda Barg Homeless Prevention Center - continued</b></p>
	<p style="text-align: center;"><b>Winter Shelter Referrals</b></p> <p><u>Contract Requirement:</u> The Contractor shall ensure that 8 beds remain open during Winter Shelter Operations (November 1 – March 31) to assist with the overflow of sheltering homeless single female clients from the Prince William County Winter Shelter Program. Pre-screen referred females by Winter Shelter program to ensure that they have no criminal history regarding sexual abuse, child abuse, and violent behavior.</p> <p><u>Exceptions Noted:</u> We tested 14 winter shelter referral files and noted the following:</p> <ol style="list-style-type: none"> <li>1. The background checks were performed after the intake date for 13 out of the 14 clients tested.</li> <li>2. For 1 client, a Prince Williams County criminal search was not performed, only a Fairfax County search.</li> <li>3. For 1 client, a sex offender background check was not performed.</li> <li>4. We noted information missing from the intake forms and applications for 12 clients including resident information history, homelessness history, previous employer information, room #, food allergies, history of payments and lease violations, HMIS #, shelter maintenance agreement not initialed completely, social security, disability, and financial information.</li> </ol>
	<p><b>Recommended Actions</b></p>
	<p style="text-align: center;"><b>Personnel Management</b></p> <p>ACTS should comply with all Personnel Management contract requirements and ensure that all personal hired to work at the HPC and volunteers have submitted to and passed all required background checks prior to beginning employment at the facility, and that all employees receive adequate and required training annually. Further, staff qualifications should meet the requirements noted in the proposal and contract documents. Any deviations from these qualifications should be approved by the Contract Administrator and the Residential Services Chief.</p>
	<p style="text-align: center;"><b>Case Management</b></p> <p>ACTS should comply with all Case Management contract requirements. All forms, procedures, incidents, and meetings should be properly documented in each client’s file. All required background checks must be performed prior to admission into the facility. Extensions of stay should be properly approved and documented prior to the deadlines.</p> <p>The County should consider implementing the use of specific forms at HPC that are currently in use at the Winter Shelter, including the Shift Transition Log, which documents shift personnel, incidents reported, and any other pertinent information that occurred during the shift; as well as the Shift Checklist, which includes tasks that the staff should perform daily. These forms would replace the composition shift log book that is maintained at the front desk of HPC.</p> <p>The County should also require to be notified of any adverse results during criminal record and sex offender checks, and proper approvals must be obtained prior to allowing any clients with sexual or child abuse, or violent behavior activities reported. The Contractor should not be authorizing these intakes.</p>

Rating	Observations
High	1. Contract Compliance – Hilda Barg Homeless Prevention Center - continued
	<p data-bbox="352 310 1437 342" style="text-align: center;"><b>Recommended Actions - continued</b></p> <p data-bbox="360 378 1429 409" style="text-align: center;"><b>Policy and Procedures Manual</b></p> <p data-bbox="360 447 1429 625">A facility-specific manual geared for use at the HPC facility should be developed and should include all specifications required in the Contract with PWC. In addition to the items noted in the contract, the recommendations included herein should be addressed as well, such as the use of specific forms, reporting and approval of criminal record results upon intake, and the clarification of which sources are to be used for local records checks and state sex offender checks.</p> <p data-bbox="360 657 1429 688" style="text-align: center;"><b>Winter Shelter Referrals</b></p> <p data-bbox="360 726 1429 873">ACTS should complete intake for Winter Shelter Referrals just as any other client, including criminal records and sex offender checks. All required forms should be completed upon intake, as well, including all pertinent information. Any adverse results should be reported immediately and the County should make the determination whether the person(s) should be allowed into the facility.</p> <p data-bbox="360 905 1429 936" style="text-align: center;"><b>Other</b></p> <p data-bbox="360 968 1276 999"><b>Monthly Reports</b> - We recommend monthly reports be submitted as required.</p> <p data-bbox="360 1024 1429 1108"><b>Donations</b> – The County should consider implementing the following best practices, aligned with IRS guidelines for charitable donations, as it relates to donations received at the facility:</p> <ul data-bbox="409 1119 1429 1234" style="list-style-type: none"> <li>• Issuing pre-numbered receipts and requiring person who receives the donations at the facility to sign off;</li> <li>• More detailed descriptions of the donated items and the source of their estimated value.</li> </ul>

Rating	Observations
High	1. <b>Contract Compliance – Hilda Barg Homeless Prevention Center - continued</b>
	<p data-bbox="732 285 1052 317" style="text-align: center;"><b>Management’s Response</b></p> <p data-bbox="358 344 1437 432">1. Two staff are scheduled to be on site at all times. The importance of time sheet recording and accuracy has been reinforced with staff. The shelter supervisor will ensure that accurate records are maintained.</p> <p data-bbox="358 453 1437 783">2. All staff have fulfilled the following requirements: TB testing, VA Background Checks, Federal Background Checks, and Child Protective Services checks. All housing staff members with one exception, a Resident Assistant, have successfully completed the following training requirements and have received certifications where appropriate: CPR , Airborne/Bloodborne Pathogens, first aid, incident response and emergency procedures and training records kept at the Hilda Barg HPC. The Facilities Director will have training completed during the next training cycle which is regularly scheduled on a quarterly or as needed basis to ensure all new employees are trained in a timely manner. Until the trainings are completed, a certified CPR- trained employee will be on duty with the uncertified CPR employee. All mandatory trainings will be completed within 60 days as stipulated in the contract.</p> <p data-bbox="358 804 1437 892">3. We currently have one volunteer and she has fulfilled the following requirements: TB testing, VA Background check, Federal Background check, and Child Protective Services check.</p> <p data-bbox="358 913 1437 1031">4. Two individuals have recently been offered Case Manager positions and both meet the position requirements. They will begin working at the Hilda Barg HPC when all of their background checks and TB test have been received and the employee is considered in good standing.</p> <p data-bbox="358 1052 602 1083"><b>Case Management</b></p> <p data-bbox="358 1104 1437 1213">1. At the beginning of the contract, case files were being updated so that all were consistent in format and information was as requested by DSS. New staff were being trained, however the process for case management review and timely meetings with residents are part of the normal routine.</p> <p data-bbox="358 1234 1437 1352">2. Clients #12444 &amp; 11673 are one family. The ISP was completed on time but the client was not available to sign the original until a later date. Both dates were included in the ISP. For client #2887, the updated ISP form was in the file with the ISP having been completed on the same date as the intake with a client note. There was a typo in the date.</p> <p data-bbox="358 1373 1437 1554">3. Clients #12444 &amp; #11673 are one family and their goals were stated as the clients requested. One client was medically fragile and required different goals from the rest of the family. Customarily the ISP is created per family not per individual. Clients #12006 &amp; #12005 were also one family. They had indicated only one common goal during their residency, to receive assistance with Section 8 in West Virginia. Their ISP was completed detailing that request.</p> <p data-bbox="358 1575 1222 1606">4. The current updated ISP form was not in use at the time of their intake.</p> <p data-bbox="358 1627 1437 1686">5. Many individuals in the homeless community do not have the resources necessary to acquire proper identification therefore picture ID’s are not required for shelter admittance.</p>

Rating	Observations
High	1. <b>Contract Compliance – Hilda Barg Homeless Prevention Center - continued</b>
	<p data-bbox="657 285 1127 317" style="text-align: center;"><b>Management’s Response - continued</b></p> <p data-bbox="358 342 743 373"><b>Case Management - continued</b></p> <p data-bbox="358 390 553 417">6. See answer 8</p> <p data-bbox="358 436 553 464">7. See answer 8</p> <p data-bbox="358 483 1430 695">8. In some instances the date of the printer may indicate the date incorrectly, such as the case of #4144 where the background check indicated 1-4-1980. Many background checks were completed in a timely manner but staff were unable to print them. The HBHPC was not immediately outfitted with the current printer from PWC DSS (per contract requirements) and once the printer was installed it did not always function properly and had to be fixed repeatedly. Additionally, due to multiple areas being evaluated in a background check and in an effort to conserve paper, not all sections are printed out.</p> <p data-bbox="358 714 1430 772">9. Appropriate measures have been taken to ensure that a record is made on the background check results whether the results were positive or negative.</p> <p data-bbox="358 791 1430 877">10. On-going staff training ensures that proper documentation is completed on all clients and being completed at the time of intake. Internal controls and checks are also in place to verify that all documentation is completed correct within the first 72 hour period of intake.</p> <p data-bbox="358 896 1430 955">11. The client was admitted as a family, they only complete one Homeless Certification Form for the entire family, with the female as the Head of Household.</p> <p data-bbox="358 974 1430 1060">12. Extension paperwork was filed for both, clients #12106 &amp; #14610. For #14338, the client had both extension forms signed and a note annotating the reason initialed by Shelter Supervisor.</p> <p data-bbox="358 1079 1430 1199">13. #12444 &amp; #11673, are one family and their extension was delayed pending outcome of medically fragile client (reason indicating why family had individual ISPs) not being able to turn form in on Friday, 02-14-2014. This resulted in the form being turned in to the Shelter Supervisor on the next business day after a holiday, Tuesday 2- 18-14.</p> <p data-bbox="358 1218 1430 1457">14. #12444 &amp; #11673 (see response for #13) extension over 51 days was not submitted to Contract Administrator because an extension beyond their allotted days was not warranted. #14610, #9925, #14338 had proper documentation for extension due to acceptance dates into transitional housing. Additional time was given in accordance to their acceptance into the alternative housing programs. #14321, #14343 &amp; #2887 had extensions prior to the agreed upon process of annotating and submitting extension requests to Contract Administrator. The current method and procedures were implemented after the last audit on 1-16-2014.</p> <p data-bbox="358 1476 743 1507"><b>Policy and Procedures Manual</b></p> <p data-bbox="358 1526 1430 1612">1. The ACTS Personnel Manual is reviewed on a bi-annual basis and revised as necessary. We are currently in this review and revision process and will be implementing the Weapons Policy (see attached “ACTS Weapons Policy”) in May 2014.</p> <p data-bbox="358 1631 932 1659">2. See attached Volunteer Management Manual.</p> <p data-bbox="358 1677 570 1709"><b>Monthly Reports</b></p> <p data-bbox="358 1728 1430 1787">1. Processes are already in place to ensure that back up of all reports are being kept as well as the date of their submission to the Contract Administrator.</p>

Rating	Observations
High	1. Contract Compliance – Hilda Barg Homeless Prevention Center - continued
	<p data-bbox="657 285 1127 317" style="text-align: center;"><b>Management’s Response - continued</b></p> <p data-bbox="358 342 488 369"><b>Donations</b></p> <p data-bbox="358 390 1430 449">1. Appropriate measures have been taken to ensure that donation receipts and the donation log reflect a description of items donated.</p> <p data-bbox="358 470 1430 678">2. Donors are solely responsible for determining the valuation of the item(s) they are donating and providing a description. Valuation for items donated is never determined by the individual receiving and logging the donation. When appropriate and necessary, staff can add additional descriptive detail to the donation log when the situation allows but this information should not be reflective of the actual value of the item(s) as that is determined by the donor. Using the example provided in the audit, “Work Shirts” valued at \$1,2000.00; Staff can indicate the number of shirts donated and if they were new or used.</p> <p data-bbox="358 699 1430 785">3. In keeping with best practices, the donation log has a signature line for staff labeled “Received by Staff” at the bottom of each donation sheet. Documentation is attached labeled HS.9 Donation Receipt.</p> <p data-bbox="358 806 1430 953">4. ACTS has historically not utilized a numbered donation receipt model and the model in place has been considered acceptable by previous ACTS audits. Annual review is conducted of our donation policy and procedures including any recommendations that have made during our auditing process are implemented. This recommendation will be considered at our next donation policy and procedure review.</p> <p data-bbox="358 974 537 1001"><b>Winter Shelter</b></p> <p data-bbox="358 1022 1430 1199">1. See #08 under Case Management. Background checks for WS referrals are completed upon arrival of client. Clients generally do not arrive until after 7pm in the evenings, and it is not unusual for a background check to be made after midnight which then looks like it was accomplished a day after intake. According to the Contract #15, the Winter Shelter program is to prescreen the referred clients to ensure they do not have a history regarding sexual abuse, child abuse and violent behavior before they are sent to the Hilda Barg Shelter.</p> <p data-bbox="358 1220 1430 1278">2. Appropriate measures are in place to ensure that proper checks are conducted, as well as state the locality or localities accessed.</p> <p data-bbox="358 1299 1430 1358">3. Appropriate measures have been put in place to show that the check was completed even if the name is not found on the registry.</p> <p data-bbox="358 1379 1430 1438">4. Corrective measures have been made to insure that full intakes are done by staff upon entry. The application or request is completed by Winter shelter staff.</p> <p data-bbox="358 1459 781 1486"><b>Recommended Action: Personnel</b></p> <p data-bbox="358 1507 1430 1593">This issue has been addressed and all back ground checks are conducted prior to their start date at the Hilda Barg HPC. Acts will ensure that all potential employees will complete and pass all background checks prior to employment with the Hilda Barg HPC.</p>

Rating	Observations
High	1. Contract Compliance – Hilda Barg Homeless Prevention Center - continued
	<p data-bbox="352 310 1429 352" style="text-align: center;"><b>Management’s Response - continued</b></p> <p data-bbox="352 373 889 405"><b>Recommended Action: Case Management</b></p> <p data-bbox="352 422 1429 478">1. We have already implemented the recommendations and have processes in place to ensure proper documentation and background check procedures.</p> <p data-bbox="352 499 1429 590">2. ACTS will implement changes in previous forms and case management procedures as recommended by the County. The specific forms as recommended to include the shift transition log and shift checklist will be implemented by the end of the May.</p> <p data-bbox="352 611 1429 726">3. Processes and procedures are implemented to ensure that back ground checks are conducted prior to admittance and proof of those checks are documented. An after action planning meeting has been discussed with county staff to review lessons learned and improvements in the process.</p> <p data-bbox="352 747 1024 779"><b>Recommended Action: Policy and Procedure Manual</b></p> <p data-bbox="352 795 1429 852">The specific HPC policy manual is in revision as suggested and will be completed by the end of April.</p> <p data-bbox="352 873 834 905"><b>Recommended Action: Winter Shelter</b></p> <p data-bbox="352 921 1429 978">An after action planning meeting has been discussed with county staff to review lessons learned and improvements in the process.</p> <p data-bbox="352 999 727 1031"><b>Recommended Action: Other</b></p> <p data-bbox="352 1047 1429 1138">Annual review is conducted of our donation policy and procedures including any recommendations that have made during our auditing process are implemented. This recommendation will be considered at our next donation policy and procedure review.</p> <p data-bbox="352 1159 1065 1190"><b>Responsible Party:</b> Action in Community Through Services</p> <p data-bbox="352 1207 889 1239"><b>Estimated Completion Date:</b> June 30, 2014</p>
	<p data-bbox="352 1245 1429 1287" style="text-align: center;"><b>Auditor Comments as of July 2014</b></p> <p data-bbox="352 1308 521 1339"><b>Status:</b> Open</p> <p data-bbox="352 1356 1429 1451"><b>Comments:</b> The Department of Homeless Services performed monitoring procedures of the Hilda Barg Prevention Center in April 2014 and July 2014, following the release of our audit report. There were several exceptions noted as a result of their reviews.</p> <p data-bbox="352 1472 1429 1608">We performed a site visit at the Hilda Barg facility on July 15 and 16, 2014 to follow-up on observations noted in our report issued in April 2014. Based on the results of our follow-up testing, we did not change the risk rating of this observation as several of the issues identified remain open. However, we did note improvement has been made by ACTS in several areas, as noted below.</p>



Rating	Observations
High	1. Contract Compliance – Hilda Barg Homeless Prevention Center - continued
	<p data-bbox="352 310 1429 359" style="text-align: center;"><b>Auditor Comments as of July 2014 - continued</b></p> <p data-bbox="360 384 1421 422" style="text-align: center;"><b>Personnel Management</b></p> <p data-bbox="360 432 1437 674">We obtained a listing of new staff since April 2014 and selected two (2) for follow-up testing. The new staff selected for testing had not been employed for 60 days as of the date of our testing; therefore, no exceptions were noted regarding their training as training must be obtained within 60 days of hire date. We did note that both new employees had proper background screenings prior to their start date at the Hilda Barg facility. We also performed follow-up testing on employees previously tested in April 2014 and noted that for all employees tested, the airborne and blood-borne pathogens training had been completed.</p> <p data-bbox="360 688 1437 873">We confirmed there is only one (1) active Case Manager on duty at the Hilda Barg Center. We obtained the resume for this Case Manager and confirmed that she meets the educational requirements listed in the RFP. The new House Supervisor of the facility is appropriately qualified and serves as a Case Manager while the second position is vacant. Lastly, we reviewed a sample of five (5) dates during the month of June 2014 to ensure that proper employee shift coverage was maintained and noted no exceptions.</p> <p data-bbox="360 888 1421 926" style="text-align: center;"><b>Case Management</b></p> <p data-bbox="360 951 1437 1014">We reviewed a sample of five (5) new client intake files during the month of June 2014 for follow-up testing. We noted the following:</p> <ul data-bbox="360 1024 1437 1455" style="list-style-type: none"> <li>• The request for a warrant check was not sent prior to the date of the client's intake/entry into the facility for all five (5) new intakes tested. We noted that a request for a warrant check on new client intakes is only performed once per week, rather than for each individual client prior to admission into the facility.</li> <li>• A state sex offender check was not completed / documented in the client's file for one (1) client tested. A check was performed and added to the file on the date of our testing and we noted the client was not listed as a sex offender.</li> <li>• For one (1) client file tested, the Individual Service Plan (ISP) was not signed by the case manager and for two (2) client files tested the ISP was not signed by the shelter supervisor.</li> <li>• The extension to one (1) client's stay was not approved 3 days prior to the original exit date for, as required by the ACTS Hilda Barg Policy and Procedures Manual. The client's original exit date was July 4, 2014; the extension request was approved by the shelter supervisor on July 3, 2014.</li> </ul> <p data-bbox="360 1476 1437 1539">We noted that the facility has implemented the use of Shift Transition Logs, similar to those used at the Winter Shelter, as recommended.</p>

Rating	Observations
High	1. <b>Contract Compliance – Hilda Barg Homeless Prevention Center - continued</b>
	<p data-bbox="352 310 1429 359" style="text-align: center;"><b>Auditor Comments as of July 2014 - continued</b></p> <p data-bbox="360 390 1421 426" style="text-align: center;"><b>Policy and Procedures Manual</b></p> <p data-bbox="360 447 1421 533">We noted that the ACTS Homeless Shelter Policy and Procedure Manual for the Hilda M. Barg shelter was updated in June 2014. A weapons policy was added, as recommended in our original observation.</p> <p data-bbox="360 554 1421 1003">Additionally, the manual specifies that clients will be assessed and screened before arrival including but not limited to sex offender check, and county website court site check and other state records as available; however, approval guidelines regarding which crimes / offenses are considered acceptable are still not specified. We noted through documentation from the Department of Social Services provided to ACTS that the Board of Social Services voted to approve that the only background checks required to be performed for clients prior to intake are a warrant check by the police office and a national sex offender check. The Board approved that ACTS is no longer required to screen clients through use of local Virginia county background checks; however, we did note that ACTS is still performing such checks on new client intakes prior to arrival, as they feel these additional checks are necessary. We agree, and recommend that the local Virginia county background checks continue to be conducted prior to client intake. We noted that the implementation of the warrant check as part of screening procedures has not been incorporated into the Policy and Procedures Manual, but it being performed on a weekly basis.</p> <p data-bbox="360 1024 1421 1087">Use of specific forms was also not noted as part of the updated procedures manual, as recommended in our original observation.</p> <p data-bbox="360 1108 1421 1144" style="text-align: center;"><b>Monthly Reports</b></p> <p data-bbox="360 1165 1421 1251">We obtained the May 2014 and June 2014 monthly reports and noted that they were submitted to the Contract Administrator timely, on June 9, 2014 and July 7, 2014, respectively.</p> <p data-bbox="360 1272 1421 1308" style="text-align: center;"><b>Donations</b></p> <p data-bbox="360 1329 1421 1476">We obtained the donations log for the months of May and June 2014 and noted that all donations included descriptions, amounts, date, receipt number, and donator name. Numbered receipts are now in use by staff and there is a line at the bottom of each receipt for “received by” allowing for a staff member’s signature. The ACTS donation policy for the Hilda Barg Center has been updated to reflect that a donation receipt will be provided.</p> <p data-bbox="360 1497 1421 1533" style="text-align: center;"><b>Winter Shelter Referrals</b></p> <p data-bbox="360 1554 1421 1640">We were unable to follow-up on procedures regarding Winter Shelter client referrals as the Winter Shelter closed for the season March 31, 2014. It is management’s intention to discontinue referrals at this time.</p>

Rating	Observations
Low	<p><b>2. Compliance with Operating Procedures - Drop In Center (DIC)</b></p>
	<p>The Bill Mehr Drop-in Center (DIC) is a dual-use facility: a daytime drop-in center for homeless support programs and an overnight winter shelter during select months of the year. DIC operations are a joint effort by PWC in partnership with the Cooperative Council of Ministries (CCOM) to provide a safe and supportive environment for chronically homeless adults. The County provides administrative support to the program, supervises staff, and funds the facility utility costs while the CCOM is responsible for providing other operating costs of the facility, including staff salaries, program and ministry costs. The facility uses the Bill Mehr Drop-in Center Operational Guidelines manual, as revised September 2013, and the Memorandum of Understanding (MOU) between the County and the CCOM to document the requirements of roles and responsibilities for the DIC. We performed test procedures based upon the operational guidelines manual and the MOU, with the following results:</p> <div data-bbox="370 688 1429 730" style="border: 1px solid black; text-align: center; background-color: #e6f2ff; padding: 2px;"> <p><b>Intake Procedures</b></p> </div> <p>We tested intake files for 25 clients and noted the following:</p> <ul style="list-style-type: none"> <li>• 1 client did not have an updated and signed contract for the current year. The contract in the file was from 5/5/2011. This client was also missing a needs/goals assessment and intake form for the current year.</li> <li>• For all files, client needs / goals assessment forms were not very descriptive of goals or needs; rather, they were used mainly to document the clients' current living situation and length of homelessness.</li> <li>• 2 clients did not have a signed contract on file.</li> <li>• 8 clients did not have a copy of their photo ID in the file.</li> </ul> <p>We also noted an opportunity for improvement regarding the intake forms' documentation fields. Overall the forms are fairly brief and include check boxes for Material needs and Medical needs, Medications, Interviewer name, Emergency Contact, DOB, and Veteran status. The forms were not always fully completed and check boxes often left blank. The purpose of the DIC is to provide support programs. If the intake forms are not complete, staff and volunteers will not have the information necessary to offer programs and track client progress and the programs will not meet their objectives. Because intake is performed by staff and programs are provided by CCOM, the documentation needs to be a coordinated effort.</p> <div data-bbox="370 1360 1429 1402" style="border: 1px solid black; text-align: center; background-color: #e6f2ff; padding: 2px;"> <p><b>Staff Training</b></p> </div> <p>Per the MOU between the County and the CCOM, all DIC staff is required to attend training once a year. We noted that 1 of the 2 employees attended only 2 days of the 3-day annual training. The training included information regarding security camera monitoring, inputting data into the client database, managing client behaviors, and security procedures.</p> <div data-bbox="370 1602 1429 1644" style="border: 1px solid black; text-align: center; background-color: #e6f2ff; padding: 2px;"> <p><b>Donations</b></p> </div> <p>The operating guidelines manual states that donors are to call ahead before making a drop-off and donations are accepted during working hours only. Further, the manual states that staff is required to ensure that donations are distributed in an equitable manner. However, we noted a donation log is not currently maintained and there is no tracking of donated goods being received or distributed at the facility.</p>

Rating	Observations
Low	<p><b>2. Compliance with Operating Procedures - Drop In Center (DIC) - continued</b></p>
	<p>The following items are the responsibility of the CCOM. However, because the DIC is a County-owned facility, they are included here due to the risks associated with County-owned and operated facilities.</p> <p style="text-align: center;"><b>Program Approval</b></p> <p>Not-profits, churches, faith-based or other non-affiliated organizations provide homeless support program activities at the DIC and are coordinated by the CCOM. Each agency is to complete a Program Approval Form, which is reviewed and approved by the CCOM and DIC Committee. We were unable to test program approval because the County did not have copies of the forms. Upon inquiry, Homeless Services was aware of the program providers currently in use at the facility and the programs being offered; but the approval documentation and paperwork is the responsibility of CCOM. Because the DIC is a County-owned facility, the County is exposed to risk from providing these programs and should have copies of all documents pertaining to the programs, as well as the authority to approve and/or decline any provider or offered program. The County should also be monitoring programs for success/failure/attendance, etc. in an effort to evaluate the overall outreach of the homeless support services program offerings.</p> <p style="text-align: center;"><b>Prescription Medication Program</b></p> <p>The operational guidelines manual assigns responsibility for the program to the DIC Director, including tracking of limits on number of prescriptions filled and the dollar amount of each prescription. We noted that while prescriptions filled are logged by staff, the tracking of prescription limits and approvals for prescriptions over the dollar thresholds are not tracked. The amounts paid for the prescriptions are not included on the prescription log. Per discussion with staff, this program responsibility has been absorbed by the CCOM.</p> <p style="text-align: center;"><b>Recommended Actions</b></p> <p style="text-align: center;"><b>Intake Procedures</b></p> <p>Staff should work to ensure all clients fill out applicable intake forms completely at the time of intake. Forms should be updated on an annual basis and a photo should be taken of client's that do not have a photo ID available.</p> <p>Intake forms should be updated to include a box for "N/A" for documentation purposes. Additionally, consideration should be given to adding additional inquiry fields to the forms such as: Homeless Information and History, Employment Information, Educational background, Demographics, other shelters visited, etc. This type of data can be used for statistical and tracking purposes over time. Needs and Goals Assessments should also be specific to service program offerings as well as long-term housing needs.</p> <p style="text-align: center;"><b>Staff Training</b></p> <p>Personnel working at the DIC should attend training annually, as required, on topics relevant to their job duties.</p>

Rating	Observations
Low	2. Compliance with Operating Procedures - Drop In Center (DIC) - continued
	<p data-bbox="673 306 1120 338" style="text-align: center;"><b>Recommended Actions - continued</b></p> <div data-bbox="371 369 1430 407" style="border: 1px solid black; text-align: center; padding: 2px;"><b>Donations</b></div> <p data-bbox="371 436 1430 583">In order to document the equitable distribution of donated items, a log / inventory of donated items should be maintained, to include the quantity and type of donations being received, as well as when items are distributed to clients. Because donations are only allowed to be made during business hours to avoid theft and storage issues, staff at the facility should be able to maintain this log easily during regular operating shifts.</p> <div data-bbox="371 611 1430 648" style="border: 1px solid black; text-align: center; padding: 2px;"><b>Program Approval, Prescriptions and CCOM Partnership</b></div> <p data-bbox="371 678 1430 1192">Because the County works in partnership with the CCOM under an MOU, rather than a traditional contract, and because the County receives reimbursement funding from CCOM rather than vice versa, the relationship between the County and CCOM is unique. The DIC is a County-owned facility and there are areas of risk exposure to the County that may be better served by a more formalized authorization hierarchy, to ensure that all activities conducted at the DIC are being monitored and /or approved by the County. Examples include the homeless program service offerings as well as tracking the requirements of the prescription medication program. The Homeless Services Coordinator and the DIC Director are ex officio, non-voting members of the DIC Committee. We noted discussion of various programs in the Committee minutes, as well as high level financial reports. However, there were not performance metrics or specific details on approved programs, and medication tracking noted. Quarterly reports and performance metrics are required per the MOU, but since the MOU is not a binding contract, we believe this process need to be formalized. We recommend the County, DIC Committee and CCOM consider preparing and providing quarterly reports on services being offered, a status of the programs (including an accounting if applicable, such as in the prescription medication program) to the Board of Social Services as an added requirement of the MOU.</p> <div data-bbox="737 1224 1057 1255" style="text-align: center; border: 1px solid black; padding: 2px;"><b>Management's Response</b></div> <p data-bbox="371 1285 506 1316"><b>Response:</b></p> <p data-bbox="371 1331 1430 1451"><b>Intake Procedure:</b> The Drop-In Center Intake forms have been updated to include fields for demographic information, employment history, homeless history/current homeless status, and educational background. The updated Intake forms will begin to be utilized on May1, 2014.</p> <p data-bbox="371 1472 1430 1556">Once a client engages in case management services an Individualized Services Plan is developed using the Housing First Model in accordance with the Hearth ACT. A photo will be taken of the clients that do not have a photo ID available.</p> <p data-bbox="371 1577 1430 1696"><b>Staff Training:</b> All staff will be provided annual training relevant to their specific job responsibilities. Additional training sessions will be provided to accommodate any staff who may miss the initial training session. Annual Training should be completed by June 30th of each year.</p> <p data-bbox="371 1717 1430 1837"><b>Donations: Response:</b> Staff will consistently track all donations at the Drop-In Center. A donation log will be used to inventory donations at entry to include quantity and type of donation. A tracking system will be devised monitor the distribution of donations to clients to include quantity and type. This will be completed by April 18, 2014.</p>

Rating	Observations
Low	2. Compliance with Operating Procedures - Drop In Center (DIC) - continued
	<p data-bbox="363 306 1429 348" style="text-align: center;"><b>Management's Response - continued</b></p> <p data-bbox="363 369 1429 401"><b>Program Approval, Prescriptions, and CCOM Partnership</b></p> <p data-bbox="363 415 1429 600">The Department of Social Services will work in collaborations with the Drop in Center Committee and the Cooperative Counsel of Ministries to develop a formalized process to include performance metrics, program approval, and medication tracking. The Department of Social Services will also work cooperatively in an effort to devise a quarterly reporting system to include services and programs status. A formalized process shall be in place by July 1, 2014.</p> <p data-bbox="363 615 1429 646"><b>Responsible Party:</b> Homeless Services Coordinator</p> <p data-bbox="363 661 1429 693"><b>Estimated Completion Date:</b> June 30, 2014</p> <p data-bbox="363 714 1429 766" style="text-align: center;"><b>Auditor Comments as of July 2014</b></p> <p data-bbox="363 787 1429 819"><b>Status:</b> Open</p> <p data-bbox="363 833 1429 1018"><b>Comments:</b> We performed follow-up testing procedures regarding compliance and operating procedures for the Drop In Center, in July 2014 to follow-up on observations noted in our report issued in April 2014. Based on the results of our procedures, this issue remains open since we could not test all areas due to the closeness in timeframe to our original testing performed in March 2014. We noted improvement in each of the areas noted in our original observation.</p> <p data-bbox="363 1035 1429 1077" style="text-align: center;"><b>Intake Procedures</b></p> <p data-bbox="363 1092 1429 1276">We reviewed a sample of five (5) new client intake files during the month of June 2014 for follow-up testing. We noted that each of the client files included updated forms, contracts, and photos, as appropriate. We also noted that intake needs assessment and goals assessment forms are no longer completed as part of the intake process. A case management individual service plan is completed only if the client chooses to participate in the treatment plan program.</p> <p data-bbox="363 1293 1429 1335" style="text-align: center;"><b>Staff Training</b></p> <p data-bbox="363 1350 1429 1444">We noted only one (1) staff member is currently working at the Drop In Center. This employee has completed annual training and is certified in CPR and First Aid as appropriate.</p> <p data-bbox="363 1461 1429 1503" style="text-align: center;"><b>Donations</b></p> <p data-bbox="363 1518 1429 1633">We obtained the donation log for June 2014 for the Drop In Center and confirmed it is being maintained regularly. The log includes quantity and type of donation received. Also, we obtained a copy of the donation distribution tracking log for June 2014 and confirmed it is being completed for items distributed to clients, as appropriate.</p>

Rating	Observations
Low	2. Compliance with Operating Procedures - Drop In Center (DIC) - continued
	<p data-bbox="609 296 1195 323" style="text-align: center;"><b>Auditor Comments as of July 2014 - continued</b></p> <div data-bbox="370 369 1430 407" style="border: 1px solid black; text-align: center; padding: 2px;"><b>Program Approval</b></div> <p data-bbox="370 426 1430 604">There have been no new programs implemented at the Drop In Center since the date of our original testing. A Program Approval Form has been developed and completed and signed by the DIC Committee President and Department of Social Services personnel for all programs currently in place, as of July 7, 2014. The new program approval form includes program objectives, performance metrics, and criteria which will be utilized to measure program effectiveness.</p> <div data-bbox="370 625 1430 663" style="border: 1px solid black; text-align: center; padding: 2px;"><b>Prescription Medication Program</b></div> <p data-bbox="370 682 1430 768">As of April 30, 2014, the Department of Social Services no longer administers the prescription medication services for the Drop In Center Committee. The program is not being offered by CCOM at this site.</p>

Rating	Observations
Moderate	<p><b>3. Compliance with Operating Procedures - Winter Shelter</b></p>
	<p>The overnight Winter Shelter Program is operated by the County in order to protect homeless citizens from hypothermia during the winter season and provide a safe environment with meals, beds, and shower facilities to such residents. This shelter is open from November 1 through March 31 each year, between 6:30pm to 7am daily, and contains 47 beds available for use by single, adult men and women.</p> <p>Homeless Services has adopted the Prince William County Winter Shelter Employee Manual in order to document the requirements, roles and responsibilities for the emergency winter shelter. We performed test procedures based upon the manual with the following results:</p> <div data-bbox="370 632 1432 674" style="text-align: center; border: 1px solid black; background-color: #e0e0e0; padding: 5px;"> <p><b>Employee Shift Coverage</b></p> </div> <p>Each shift (6:30pm – 12am and 12am – 7am) is supposed to be staffed by two shelter monitors, as well as a security guard from 6pm to 11pm. During our testing of 15 dates between November 1 and February 28, we noted the following exceptions:</p> <ol style="list-style-type: none"> <li>1. On 1 day selected, the staff schedule showed two people on each shift; however, the timesheets for this date did showed 3 people were paid for the Shift 2 hours, and only one person was paid for the Shift 1 hours. The Shift Logs for this date show two employees were on duty for the 1<sup>st</sup> shift and 2 employees on duty for the 2<sup>nd</sup>, agreeing to the schedule, and therefore, one of the employees was overpaid for 0.75 hours on this date.</li> <li>2. For 3 days selected and affecting 6 employees, Time In and Time Out on the Winter Shelter Staff Schedule did not equal the amount of hours worked on the Bi-Weekly Time Report for the respective employee. The total amount of net hours (and therefore potential overpayments) noted on the timesheets was 7.5 hours more than those noted on the staff schedule sign-in and out times.</li> <li>3. For 2 dates, the time in / out and signature was missing for one staff member on the Winter Shelter Staff Schedule. We were therefore unable to confirm the 7 hours she was paid for on the Bi-weekly Time Report on each respective date.</li> <li>4. For 3 dates tested, we noted employee timesheets were not approved by a supervisor.</li> <li>5. We noted inconsistent policy language within the Winter Shelter Procedures manual regarding the hours required to be manned by a security guard at the shelter. One instance in the manual states a security guard must be on duty from 6:30pm – 12am, while another area of the manual states the security guard must be on duty from 6pm – 11pm. The actual hours billed by SecurCorp for these services are from 6pm to 11pm.</li> </ol>



Rating	Observations
Moderate	<p><b>3. Compliance with Operating Procedures - Winter Shelter - continued</b></p>
	<div data-bbox="370 304 1430 342" style="border: 1px solid black; background-color: #e6f2ff; padding: 2px; text-align: center;"> <p><b>Operating Procedures and Documentation</b></p> </div> <ol style="list-style-type: none"> <li data-bbox="370 369 1430 457">1. For 1 out of 15 dates tested, the Shift Leader Checklist was only provided for one of two shifts. The checklist does not include a space for shift, but per review of the Bed Census for that date, the one missing is for the first shift (6pm - 12am).</li> <li data-bbox="370 462 1430 550">2. For 1 date tested, there was only one warrant check submitted to the local police. There are supposed to be two warrant check lists submitted daily - one at 8:30pm and another at 2:30am.</li> <li data-bbox="370 554 1430 642">3. For 2 dates tested, there were differences noted between the bed census / sign-in sheet and the list of names provided to the police for the warrant check. One 1 date there was one name left off; on the 2<sup>nd</sup> date, there were 4 names left off.</li> </ol> <div data-bbox="358 667 1437 705" style="border: 1px solid black; background-color: #cccccc; padding: 2px; text-align: center;"> <p><b>Recommended Actions</b></p> </div> <div data-bbox="370 730 1430 768" style="border: 1px solid black; background-color: #e6f2ff; padding: 2px; text-align: center;"> <p><b>Employee Shift Coverage</b></p> </div> <p data-bbox="370 793 1430 1129">The Staff Schedules, Client Sign In/Bed Census and Employee Bi-Weekly Time Reports should be consistent and reflect employees that actually worked for each shift, and the appropriate number of hours worked. All employees must sign in and out on the Winter Staff Schedule and should fill in their names next to the shift on the Client Sign In/Bed Census sheets, daily. All employee timesheets should be reviewed, timely, by a supervisor to catch any potential errors or disagreement of hours that may arise. This review should include a comparison of the timesheet to the time in and out signed by the employee for the day on the Staff Schedule. Homeless Services may also consider streamlining the timesheets into one form that includes the shift times, the total hours and the proper sign offs. This will not preclude the facility from having to complete a weekly schedule, but it will allow for all required documentation and approvals on one form.</p> <div data-bbox="370 1155 1430 1192" style="border: 1px solid black; background-color: #e6f2ff; padding: 2px; text-align: center;"> <p><b>Operating Procedures and Documentation</b></p> </div> <p data-bbox="370 1218 1430 1373">All daily paperwork should be completed as required in the Procedures Manual. The Shift Leader Checklist and Shift Transition Log must be completed in entirety for each shift. Homeless Services may wish to consider combining these into one form. Further, a complete listing of all client intakes for the night must be submitted to the Police department, twice nightly for warrant checks.</p>

Rating	Observations
Moderate	3. Compliance with Operating Procedures - Winter Shelter - continued
	<p data-bbox="737 289 1057 317" style="text-align: center;"><b>Management's Response</b></p> <p data-bbox="370 344 508 371"><b>Response:</b></p> <p data-bbox="370 392 1068 420"><b>Compliance with Operating Procedures –Winter Shelter</b></p> <p data-bbox="370 441 1437 588">Employee Shift Coverage: Response: To ensure accurate documentation of staff coverage at the Winter Shelter an Employee Time Clock will be installed at the Winter Shelter. Winter Shelter staff will clock-in and clock-out before and after each assigned shift. Winter Shelter staff will continue to manually sign off on the weekly schedule for further verification.</p> <p data-bbox="370 609 1437 667">The Human Services Aide will initial each employee's time card daily to verify his or her correct working hours.</p> <p data-bbox="370 688 1365 716">The Human Services Coordinator will sign all time cards prior to submitting to payroll.</p> <p data-bbox="370 737 1437 911">On November 1, 2014, the Winter Shelter employee's work schedule, Clients Bed Census, and Employee Bi-Weekly Time Sheets will be consistent to reflect employees that actually worked for each shift. All Winter Shelter Employees will use a time clock system to document and tract their actual working hours that will coincide with the Client's Bed Census and work schedule. The Human Services Aide will provide a daily initial of all Winter Shelter Employees Time Card that work an assigned shift.</p> <p data-bbox="370 932 1437 991">The Policy and Procedure Manual will be corrected to ensure consistent reflection of the security guard's work hours at the Winter Shelter, which is 6pm-11pm.</p> <p data-bbox="370 1012 1437 1186">Operating Procedures and Documentation –Response: The Winter Shelter paperwork will be reviewed each shift by the shift leader to ensure accuracy and completeness. An additional review will be completed by the Homeless Services- Human Services Aide to ensure that all shift documentation is completed in its entirety. A review of the Shift Transition Log and Shift Leader checklist will be conducted to determine if these forms can be combined into one documented.</p> <p data-bbox="370 1207 1437 1295">Warrant checks will be submitted to the Prince William County Police Department twice nightly during the operating season of the Winter Shelter. In the event we have a connectivity problem, we will notify PWC Police Department of our situation.</p> <p data-bbox="370 1316 997 1344"><b>Responsible Party:</b> Homeless Services Coordinator</p> <p data-bbox="370 1365 980 1392"><b>Estimated Completion Date:</b> September 30, 2014</p>

Rating	Observations
Moderate	3. Compliance with Operating Procedures - Winter Shelter - continued
	<p style="text-align: center;"><b>Auditor Comments as of July 2014</b></p> <p><b>Status:</b> Open</p> <p><b>Comments:</b> We visited the Drop In Center / Winter Shelter on July 14, 2014 and observed that an electronic time clock has been installed on the wall in the shelter for use by employees. Through discussion, we noted that the time clock has been tested to ensure it works appropriately and is ready for use upon the Winter Shelter's re-opening in the Fall.</p> <p>Additionally, we noted that the Winter Shelter Policy and Procedure Manual has been corrected to reflect consistently the hours of the security guard's shift at the Shelter to be 6pm – 11pm.</p> <p>The Winter Shelter closed for the season on March 31, 2014; therefore, we were unable to follow up on many of our observations noted in our original observations, during our July 2014 review. As such, this comment remains open with the same risk rating. Follow-up procedures will be performed in November 2014.</p>

Rating	Observations		
Moderate	<p align="center"><b>4. Performance Metrics and Monitoring Outside Agencies</b></p>		
	<p>The County budget for FY2014 includes the following commitments to local agencies in support of homeless programs and services:</p> <table border="1" data-bbox="370 394 1252 428"> <tr> <td data-bbox="370 394 1062 428">HUD Supportive Housing Grant program pass-through</td> <td data-bbox="1065 394 1252 428">\$ 690,060</td> </tr> </table> <p>Through interviews and review of reports provided by staff, we noted the process for monitoring these agencies is not formalized and integrated. There are monthly reports, but they are not comprehensive. Many of these agencies receive separate funds from the County as well, in the form of community partner donations, as well as other sources, requiring the distinguishing of the grand funds usage from those other sources. The Homeless Services Coordinator has begun developing a more robust and monitoring process, which will need approval by the Board of Social Services, and that the division is seeking technical assistance from HUD.</p> <p>The ability to measure a program’s performance is useful in understanding whether the program’s efforts are achieving intended goals including reducing homelessness and providing services to the homeless. These goals should be used to measure performance and report progress over time as well as providing valuable information regarding if any improvements need to or should be made. The use of standardized metrics across all homeless programs helps track system-wide and individual program progress and impact on the community allowing for greater collaboration and effective use of funds. A better understanding of how each individual program impacts the overall CoC performance and identification of areas for improvement are also beneficial results of performance measurement practices.</p>	HUD Supportive Housing Grant program pass-through	\$ 690,060
HUD Supportive Housing Grant program pass-through	\$ 690,060		
	<p align="center"><b>Recommended Actions</b></p>		
	<p>We recommend a more formalized, robust process be developed and implemented in order to monitor those agencies that receive funding from the County, whether directly or as a pass-through. Homeless Services should continue to work with HUD to develop a monitoring process for the pass-through grants, and include the monitoring in the operating procedures for the funding selection.</p> <p>In addition to continuing to work with HUD and implementing a comprehensive monitoring process, we further recommend a robust checklist to evidence the monitoring, to include site visits in addition to agency reporting. While we note that it is difficult to enforce a “number of clients served” metric, there are several other quantitative metrics that can be used. Examples are provided below.</p>		

Rating	Observations
Moderate	<p><b>4. Performance Metrics and Monitoring Outside Agencies – continued</b></p>
	<p style="text-align: center;"><b>Recommended Actions – continued</b></p> <p>When determining which performance indicators to track, the County, in cooperation with the CoC, should consider what impact they are trying to make (i.e. prevent/reduce homelessness, increase stability etc.) and which indicators will best convey these impacts in alignment with the CoC’s strategic plan.</p> <p>Useful Measurements may include:</p> <ul style="list-style-type: none"> <li>• Number of programs offered,</li> <li>• % completion of required forms,</li> <li>• Employee attendance in specific trainings,</li> <li>• Number of clients served annually,</li> <li>• Length of client stay and/or participation in a program,</li> <li>• Cost per household served, per unit operated, and cost-efficiency,</li> <li>• Employment and benefits status changes and income changes,</li> <li>• Housing affordability and stability, and</li> <li>• Recidivism for prevention, diversion, shelter and permanent housing.</li> </ul> <p>Additionally, follow-up procedures should be implemented to document and track how long individuals who leave shelters are staying in permanent housing or transitional housing places or if they are becoming homeless again.</p> <p>Note: These performance measures are not proposed to replace any current metrics required by the County’s or agency’s program funders. Not all of these metrics should be monitored for performance-based funding; there are examples of statistics that can be used for strategic planning. See also the statistics presented in the Background section for items already being monitored by the County.</p>
	<p><b>Management’s Response</b></p>
	<p><b>Response:</b></p> <p>The Homeless Services office is currently receiving Technical Assistance (TA) through the Department of Housing and Urban Development (HUD) and is working with the TA to develop a formalized monitoring and evaluation process for all HUD-Continuum of Care (CoC) projects. Also the HUD-TA is reviewing and making recommendations regarding current Memorandum of Understanding (MOU) documents in place for the HUD-CoC projects to ensure compliance with HUD guidelines. Community partners operating HUD-CoC projects will be required to complete quarterly reports that reflect performance measures as required by HUD. The HUD-TA review and assistance will be completed roughly by May 30, 2014. The development of a formalized monitoring process for HUD sponsored programs is on target with the Department of Social Services Strategic Plan goal of reducing homelessness. Homeless Services will be attending a training presented by HUD on the development of the CoC (Hearth ACT) on April 10, 2014.</p>

Rating	Observations
Moderate	4. Performance Metrics and Monitoring Outside Agencies – continued
	<p data-bbox="358 310 1438 359" style="text-align: center;"><b>Management’s Response - continued</b></p> <p data-bbox="358 363 1438 411"><b>Response - continued:</b></p> <p data-bbox="358 415 1438 573">Homeless Services and the CoC will ensure that the Prince William Area 10 Year Plan to Prevent and End Homelessness is reviewed quarterly. Homeless Services participates on CoC committees that support outcome measures of the 10 year plan such as the Monitoring and Evaluation Committee, the Discharge Planning Committee, the CoC Executive Committee, and the HMIS Steering Committee.</p> <p data-bbox="358 577 1438 625"><b>Responsible Party:</b> Homeless Services Coordinator</p> <p data-bbox="358 630 1438 678"><b>Estimated Completion Date:</b> June 30, 2014</p> <p data-bbox="358 682 1438 743" style="text-align: center;"><b>Auditor Comments as of July 2014</b></p> <p data-bbox="358 747 1438 795"><b>Status:</b> Open</p> <p data-bbox="358 800 1438 1083"><b>Comments:</b> The Homeless Services Office received Technical Assistance from the Department of Housing and Urban Development (HUD) in April 2014. Additionally, Homeless Services personnel attended a training presented by HUD on the development of the CoC (Hearth ACT) on April 10, 2014. Guidance was provided regarding minor changes to current Memorandum of Understanding documents in place for the HUD-CoC projects. HUD also provided draft monitoring documents for guidance to Homeless Services including a monitoring policy, notification letter, follow-up monitoring letter, checklist for desk review, site review, program participant file review, project file review, and organization file review.</p> <p data-bbox="358 1087 1438 1188">The Homeless Services department has utilized these documents to create their own Department of Social Services Monitoring Policy for the sub-recipients of the Continuum of Care Program Funds.</p> <p data-bbox="358 1192 1438 1329">Additionally, Homeless Services received annual reports for two recently completed projects and expected to receive annual reports for six additional projects by the end of July 2014. The division is currently working with the CoC and programming committee to develop a quarterly reporting system for sub-recipients.</p> <p data-bbox="358 1333 1438 1434">As efforts regarding this observation are still in progress, this observation remains open. The department has made progress regarding improvements to monitoring outside agencies.</p>

Rating	Observations
<b>Moderate</b>	<b>5. Formalized Long-Range Plan</b>
	<p>There is not a localized long-range plan for meeting the requirements of the Hearth Act and the Statewide Continuum of Care (CoC). Without a long-range plan, the tasks of pulling together the “wish list”, creating solid budgets and realistic timelines cannot be adequately addressed over time and within the constraints of the County’s overall strategic plan, and actions taken may not be consistent with goals, objectives and future needs of the County.</p>
	<b>Recommended Action</b>
	<p>We recommend the County consider formalizing their planning process related to the long-term plans for Homeless Services to include:</p> <ul style="list-style-type: none"> <li>• Goals and Objectives – these are statements of what is to be accomplished during the period to achieve various aspects of the basic purpose and should be tied to specific requirements of HUD or the Commonwealth of Virginia, where applicable.</li> <li>• Long-term Plan – in its broadest sense, a long-term plan is a statement of goals or objectives and the course of action it intends to follow to accomplish them. A long-term plan is often called a “strategic plan”. We recommend that the Homeless Services division develop a long-term plan, “strategic plan”, which would answer the following questions: where are we now, where do we want to go, how do we get there, how much will it cost, how will we fund it and are we making progress.</li> </ul> <p>Because there is a separate Board of Social Services, the plan will need to define the County’s role and commitment in terms of personnel and funding, as well as the administration and measurement of the plan.</p>

Rating	Observations				
Moderate	5. Formalized Long-Range Plan - continued				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th data-bbox="358 306 1440 352" style="background-color: #4F81BD; color: white;">Management's Response</th> </tr> </thead> <tbody> <tr> <td data-bbox="358 357 1440 676"> <p><b>Response:</b></p> <p>The Greater Prince William Area to include County Government and the Continuum of Care has devised a "Ten Year Plan to Prevent and End Homelessness". The Ten Year Plan addresses prevention, housing, supportive service, employment and training strategies. The County will be working with the COC and utilizing our evaluation tool, and HMIS system to determine the effectiveness of our program efforts.</p> <p><b>Responsible Party:</b> Homeless Services</p> <p><b>Estimated Completion Date:</b> August 30, 2014</p> </td> </tr> <tr> <th data-bbox="358 680 1440 739" style="background-color: #4F81BD; color: white;">Auditor Comments as of July 2014</th> </tr> <tr> <td data-bbox="358 743 1440 926" style="background-color: #E6E6E6;"> <p><b>Status:</b> Open</p> <p><b>Comments:</b> We continue to recommend that the Department, with approval by the Board of Social Services and cooperation from the County as it relates to future funding, work to develop a localized plan for Homeless Services that is tied to the CoC's 10-year plan and includes Action Steps and periodic milestones that can be measured.</p> </td> </tr> </tbody> </table>	Management's Response	<p><b>Response:</b></p> <p>The Greater Prince William Area to include County Government and the Continuum of Care has devised a "Ten Year Plan to Prevent and End Homelessness". The Ten Year Plan addresses prevention, housing, supportive service, employment and training strategies. The County will be working with the COC and utilizing our evaluation tool, and HMIS system to determine the effectiveness of our program efforts.</p> <p><b>Responsible Party:</b> Homeless Services</p> <p><b>Estimated Completion Date:</b> August 30, 2014</p>	Auditor Comments as of July 2014	<p><b>Status:</b> Open</p> <p><b>Comments:</b> We continue to recommend that the Department, with approval by the Board of Social Services and cooperation from the County as it relates to future funding, work to develop a localized plan for Homeless Services that is tied to the CoC's 10-year plan and includes Action Steps and periodic milestones that can be measured.</p>
Management's Response					
<p><b>Response:</b></p> <p>The Greater Prince William Area to include County Government and the Continuum of Care has devised a "Ten Year Plan to Prevent and End Homelessness". The Ten Year Plan addresses prevention, housing, supportive service, employment and training strategies. The County will be working with the COC and utilizing our evaluation tool, and HMIS system to determine the effectiveness of our program efforts.</p> <p><b>Responsible Party:</b> Homeless Services</p> <p><b>Estimated Completion Date:</b> August 30, 2014</p>					
Auditor Comments as of July 2014					
<p><b>Status:</b> Open</p> <p><b>Comments:</b> We continue to recommend that the Department, with approval by the Board of Social Services and cooperation from the County as it relates to future funding, work to develop a localized plan for Homeless Services that is tied to the CoC's 10-year plan and includes Action Steps and periodic milestones that can be measured.</p>					



Rating	Observations																																							
Low	6. Staffing																																							
	<p>While the County has grown in population over time, the Full-Time Equivalent headcount for the Homeless Emergency Shelter/Overnight Care division has remained relatively stagnant as shown below. In FY2014, the FTE was reduced by one due to another agency taking over the Homeless Intervention Program grant that was previously administered by the County. The PIT Survey count fluctuates from year-to-year and is a very challenging measure by which to gauge actual homelessness (see also observation #5). However, that information is provided, as well, to show the trend.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Year</th> <th>2009</th> <th>2010</th> <th>2011</th> <th>2012</th> <th>2013</th> <th>2014</th> </tr> </thead> <tbody> <tr> <td>FTE Count*</td> <td>4.3</td> <td>4.3</td> <td>4.3</td> <td>4.3</td> <td>4.3</td> <td>3.3</td> </tr> <tr> <td>PIT Survey</td> <td>630</td> <td>488</td> <td>675</td> <td>452</td> <td>447</td> <td>TBD</td> </tr> </tbody> </table> <p style="font-size: small;">*Count does not include Homeless Services Administrative personnel, as those are split-funded employees who provide services a portion of the time</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Year</th> <th>2009</th> <th>2010</th> <th>2011</th> <th>2012</th> <th>2013</th> </tr> </thead> <tbody> <tr> <td>PWC Population</td> <td>379,166</td> <td>402,002</td> <td>410,729</td> <td>413,396</td> <td>418,385</td> </tr> <tr> <td>% Growth</td> <td>N/A</td> <td>6.0%</td> <td>2.2%</td> <td>0.6%</td> <td>1.2%</td> </tr> </tbody> </table> <p>As the Continuum of Care requirements grow, and the recommendation actions within this report are addressed for long-range planning, contract monitoring, and operational reporting, the County will need to consider staffing needs and resource planning to meet those needs.</p>	Year	2009	2010	2011	2012	2013	2014	FTE Count*	4.3	4.3	4.3	4.3	4.3	3.3	PIT Survey	630	488	675	452	447	TBD	Year	2009	2010	2011	2012	2013	PWC Population	379,166	402,002	410,729	413,396	418,385	% Growth	N/A	6.0%	2.2%	0.6%	1.2%
Year	2009	2010	2011	2012	2013	2014																																		
FTE Count*	4.3	4.3	4.3	4.3	4.3	3.3																																		
PIT Survey	630	488	675	452	447	TBD																																		
Year	2009	2010	2011	2012	2013																																			
PWC Population	379,166	402,002	410,729	413,396	418,385																																			
% Growth	N/A	6.0%	2.2%	0.6%	1.2%																																			
	<b>Recommended Actions</b>																																							
	<p>In conjunction with the recommendations made elsewhere within this report, we recommend the County consider the impact of any changed procedures, enhanced monitoring and participation by staff, and resources needed to meet the requirements of the Hearth Act on the staffing plan and organizational structure of the Homeless Services division. As responsibilities within the CoC grow and become more robust, along with monitoring outside agencies and community partners for accountability of funds, increased usage of facilities and program oversight, current staff will become more limited in time to perform these tasks and additional staff resources may be needed to meet the needs of the programs in accordance with the goals and objectives of the County.</p>																																							
	<b>Management's Response</b>																																							
	<p><b>Response:</b>                      The County will continue to use current resources and seek other available grants to meet the increasing demands for services in the Homeless Services Unit.</p> <p><b>Responsible Party:</b> DSS</p> <p><b>Estimated Completion Date:</b> No Completion Date</p>																																							

Rating	Observations
Low	6. Staffing - continued
	<p data-bbox="678 296 1114 323" style="text-align: center;"><b>Auditor Comments as of July 2014</b></p> <p data-bbox="358 359 521 386"><b>Status:</b> Open</p> <p data-bbox="358 407 1433 527"><b>Comments:</b> The Department of Social Services did not request any new positions in the FY2014 / 2015 budget, and the timing of budget approval coincided with our audit fieldwork. The department will reconsider the staffing and budget with the upcoming budget cycle for the FY2015 / 2016.</p>

## **Appendix**

## Appendix 1 - The Columbus Model: Performance Measurement & Evaluation

---

### System Level Performance Measures:

1. Average length of stay
2. Cost per household
3. Cost per successful housing outcome
4. Employment status at exit
5. Households served
6. Housing retention
7. Housing stability
8. Interim housing stability
9. Movement
10. Negative reason for leaving
11. Pass program certification
12. Recidivism
13. System occupancy rate
14. Successful housing outcomes
15. Turnover rate

### Program Level Performance measures:

1. Average family housing collaborative transition time (ATT)
2. Average length of participation
3. Average length of (shelter) stay (LOS)
4. Completed vocational/ other training (%)
5. Critical access to housing (CAH) households served
6. Cost per household
7. Cost per successful housing outcome
8. Cost per unit
9. Detox exits
10. Diversion recidivism
11. Employment status at exit (# and %)
12. Exited households to PSH
13. Households served
14. Housing affordability at exit
15. Housing retention
16. Housing stability
17. Increase in income from entry to exit
18. Interim housing stability
19. Movement
20. Negative reason for leaving
21. Other submitted applications
23. Pass program certification
24. Program occupancy
25. Recidivism
26. Shelter linkage
27. Submitted SSI/SSDI applications
28. Successful SSI/SSDI applications
29. Successful diversion outcome
30. Successful housing outcome / successful outcome
31. Turnover rate
32. Usage of CSB direct client assistance
33. Usage of other community resources related to housing stability

# Appendix 2 – Program Performance Standards – Community Shelter Board



## Program Performance Standards *(in alpha order)*

Based on CSB Governance Ends Policies, HUD standards, CoC local standards and best practices program performance.

**Bolded** measurements denote CSB Board established Ends Policies.

### Direct Housing/Rapid Re-housing/Rolling Stock

Ends	Measurement	Annual Metrics
Efficient number of households served	Households served (#)	Set based on program capacity, prior year(s) attainment and funds available.
	New households served (#)	Set based on program capacity, prior year(s) attainment and funds available.
	Average length of participation	Based on program design
Access to resources/services to move to and stabilize housing	<b>Usage of CSB Direct Client assistance (\$)</b>	Average DCA amount will be consistent with prior performance and /or program design.
	Usage of CSB Direct Client Assistance (%)	% of households that receive CSB DCA will be consistent with prior performance and /or program design.
	<b>Average length of shelter stay</b>	Average stay at Tier 1 Shelter not to exceed 13 days.
	<b>Housing Affordability at Exit (%)<sup>1</sup></b>	At least 50% of successful households have their housing affordability ratio, measured as cost of housing (rent and utilities) divided by the household's income at exit, lower than 50%. Monitored but not evaluated during FY2011.
	If Applicable, Completed Vocational/Other Training (%)	70% of households complete vocational or other training by their exit from the program.
	If Applicable, Employment Status at Exit (%)	65% of households have employment at exit from the program.
Basic needs met in a non-congregate environment	<b>Successful housing outcome (%)</b>	At least 90% successful housing outcomes.
	Successful housing outcome (#)	Calculated based on the Successful housing outcomes % measurement.
Not re-enter the emergency shelter system	<b>Recidivism (%)</b>	≤5% of those who obtain housing will return to shelter.
Efficient and effective use of a pool of community resources	<b>Cost per household</b>	Cost per household will be consistent with budget.
	<b>Cost per successful housing outcome</b>	Cost per successful housing outcome will be consistent with budget.
	<b>Pass program certification</b>	Provide access to resources and services to end homelessness.

### Emergency Shelter – Centralized Point of Access

Ends	Measurement	Annual Metrics
Efficient number of households served	Households served (#)	Set based on, system demand and capacity.
Access to resources to address immediate housing need	<b>Successful diversion outcome<sup>2</sup> (%)</b>	At least X% of those contacting the central point of access will be diverted to other community resources.
	<b>Pass program certification</b>	Provide access to and coordination with community resources and services to prevent homelessness.
	<b>Shelter Linkage<sup>2</sup> (%)</b>	At least 70% of those referred for intake into an emergency shelter will enter shelter.
Not re-enter the emergency shelter system	<b>Diversion Recidivism<sup>2</sup> (%)</b>	<X% of those diverted will enter shelter.
Efficient and effective use of a pool of community resources	<b>Cost of overflow</b>	Cost of overflow is reduced compared to overflow cost in a non-centralized environment.
	<b>Pass program certification</b>	Provide access to resources and services to end homelessness.

## Appendix 2 – Program Performance Standards – Community Shelter Board

### Emergency Shelter – Tier I

Ends	Measurement	Annual Metrics
Efficient number of households served	Households served (#)	Set based on prior year(s) attainment, fair share of system demand, facility capacity, and funds available to program.
Access to resources to address immediate housing need	<b>Successful outcomes (%)</b>	Obtain housing at standard below or greater if prior year(s) achievement was greater: <ul style="list-style-type: none"> <li>• At least 25% for adult shelters</li> <li>• At least 70% for family shelter</li> <li>• At least 15% for Inebriate shelter.</li> </ul>
	Successful outcomes (#)	Calculated based on the Successful outcomes % measurement.
	Successful housing outcomes (%) (YWCA Family Center Only)	Set based on prior year(s) attainment. Excludes exits to Tier II shelters.
	Successful housing outcomes (#) (YWCA Family Center Only)	Calculated based on the Successful housing outcomes % measurement.
	<b>Usage of CSB Direct Client Assistance (%)</b>	% of households that receive CSB DCA will be consistent with prior performance and /or program design.
	Usage of CSB Direct Client Assistance (#) (YWCA Family Center Only)	# of households that receive CSB DCA will be consistent with prior performance and /or program design.
	<b>Pass program certification</b>	Provide access to and coordination with community resources and services to prevent homelessness.
	<b>Successful diversion outcome<sup>3</sup> (%) (YWCA Family Center only)</b>	At least 39% will be diverted to other community resources.
Basic needs met in secure, decent environment	<b>Pass program certification</b>	Provide secure, decent shelter.
Temporary, short-term stay	<b>Average length of stay</b>	Not to exceed standard below or average for prior year(s) if less than standard below: <ul style="list-style-type: none"> <li>• 30 days for adult shelters</li> <li>• 20 days for family shelter</li> <li>• 12 days for Inebriate shelter.</li> </ul>
	Average FHC Transition Time (YWCA Family Center Only)	Not to exceed standard based on the FHC policies and procedures (less or equal to 7 days)
Not re-enter the emergency shelter system	<b>Recidivism</b>	≤5% of those who obtain housing will return to shelter.
	<b>Movement<sup>4</sup> (%) (Single Adult Shelters only)</b>	<15% of those who exit the emergency shelter will immediately re-enter another shelter.
	Detox exits (Inebriate shelter only)	At least 10% of Inebriate shelter exits will enter a detoxification program.
	<b>Diversion Recidivism<sup>5</sup> (%) (YWCA Family Center only)</b>	<5% of those diverted will enter shelter.
Efficient and effective use of a pool of community resources	<b>Cost per household</b>	Cost per household will be consistent with budget.
	<b>Cost per successful housing outcome</b>	Cost per successful housing outcome will be consistent with budget.
	<b>Pass program certification</b>	Provide access to resources and services to end homelessness.

### Increase Access to Benefits and Income

Ends	Measurement	Annual Metrics
Efficient number of households served	Households served (#)	Set based on prior year(s) attainment and funds available. . Count of all households with an application end date that occurs either within the report period or is null.
	New households served (#)	Set based on prior year attainment and funds available. Count of all households with an application start date that occurs within the report period.
Access to resources and services to move to and stabilize housing	<b>Submitted SSI/SSDI Applications (#)</b>	The number of SSI/SSDI applications submitted will be consistent with program design.  At least 58% of the households served will have their SSI/SSDI applications submitted <sup>6</sup> .
	<b>Submitted Other Applications (#)</b>	The number of other benefits applications submitted will be consistent with program design.  At least 58% of the households served will have their other benefits applications submitted <sup>6</sup> .
	<b>Successful SSI/SSDI Applications (%)</b>	At least 70% of the submitted SSI/SSDI applications have a favorable resolution <sup>7</sup> .
Not re-enter the emergency shelter system	<b>Recidivism (%)</b>	≤5% of those who have successful applications will return to shelter.
Efficient and effective use of a pool of community resources	<b>Cost per household</b>	Cost per household will be consistent with budget.
	<b>Cost per successful applicant</b>	Cost per successful applicant will be consistent with budget.
	<b>Pass program certification</b>	Provide resources and services to end homelessness.

## Appendix 2 – Program Performance Standards – Community Shelter Board

### Homelessness Prevention

Ends	Measurement	Annual Metrics
Efficient number of households served	Households served (#)	Set based on program capacity, prior year(s) attainment and funds available.
	New households served (#)	Set based on program capacity, prior year(s) attainment and funds available.
Access to resources and services to maintain and stabilize housing	<b>Successful housing outcomes (%)</b>	At least 90% will maintain or obtain housing.
	Successful housing outcomes (#)	Calculated based on the Successful housing outcomes % measurement.
	Housing Affordability at Exit (%)	At least 50% of successful households have their housing affordability ratio, measured as cost of housing (rent and utilities) divided by the household's income at exit, lower than 50%. Monitored but not evaluated during FY2011.
	<b>If applicable, usage of CSB Direct Client Assistance (\$)</b>	Average DCA will be consistent with program design.
	If applicable, usage of CSB Direct Client Assistance (%)	% of households that receive CSB DCA will be consistent with prior performance and /or program design.
	If applicable, usage of other community resources (%)	% of households that receive other community resources will be consistent with prior performance.
Not enter the emergency shelter system	<b>Recidivism (%)</b>	≤5% of those who have successful housing outcomes will enter shelter.
Efficient and effective use of a pool of community resources	<b>Cost per household</b>	Cost per household will be consistent with budget.
	<b>Cost per successful housing outcome</b>	Cost per successful housing outcome will be consistent with budget.
	<b>Pass program certification</b>	Provide access to and coordination with community resources and services to prevent homelessness.
	<b>Average length of participation</b>	Based on program design.

## Appendix 2 – Program Performance Standards – Community Shelter Board

### Outreach Specialist

Ends	Measurement	Annual Metrics
Efficient number of households served	Households served (#)	Set based on prior year(s) attainment and funds available.
	New households served (#)	Set based on prior year attainment and funds available.
Access to resources to address immediate housing need	<b>Usage of CSB Direct Client Assistance (%)</b>	At least 25% will receive CSB DCA.
Basic human needs met in secure, decent environment	<b>Successful outcomes (%)</b>	At least 70% successful housing/shelter outcomes.
	Successful outcomes (#)	Calculated based on the Successful outcomes % measurement.
	<b>Successful housing outcomes (%)</b>	At least 75% of successful outcomes obtain housing.
	Successful housing outcomes (#)	Calculated based on the Successful housing outcomes % measurement.
	Exited Households to PSH (#)	Set based on anticipated vacancies for the critical access to housing initiative.
Do not re-enter the emergency shelter system	<b>Recidivism (%)</b>	≤5% of those who obtain housing will return to shelter.
Efficient and effective use of a pool of community resources	<b>Cost per household</b>	Cost per household will be consistent with budget.
	<b>Cost per successful housing outcome</b>	Cost per successful housing outcome will be consistent with budget.
	<b>Pass program certification</b>	Provide access to resources and services to address immediate housing need.



## Appendix 2 – Program Performance Standards – Community Shelter Board

### Supportive Housing<sup>5</sup>

PSH – Permanent Supportive Housing; TH = Transitional Housing; SPC = Shelter Plus Care

Ends	Measurement	Annual Metrics
Efficient number of households served	Households served (#)	Set based on prior year(s) attainment and program capacity.
	If applicable, CAH Households served (#)	Set based on prior year(s) attainment and program capacity.
Access to resources/services to move to and stabilize housing	<b>Housing Stability<sup>11</sup></b>	At least standard below or greater if prior year(s) achievement was greater <ul style="list-style-type: none"> <li>At least 12 months for PSH (goal to be set not to exceed 24 months, actual attainment may be greater than goal)</li> <li>Up to 4 months for TH</li> <li>At least 12 months for SPC</li> </ul>
	<b>Housing Affordability at Exit (%)<sup>9</sup></b>	At least 50% of successful households have their housing affordability ratio, measured as cost of housing (rent and utilities) divided by the household's Income at exit, lower than 50%. Monitored but not evaluated during FY2011.
	<b>Employment status at exit<sup>10,12</sup> (%)</b>	At least 20% of households exiting will have employment.
Basic needs met in a non-congregate environment <sup>4</sup>	<b>Successful housing outcomes (%)</b>	At least 90% successful housing outcomes.
	Successful housing outcomes (#)	Calculated based on the Successful housing outcomes % measurement.
	<b>Successful housing exits (%)</b>	At least X% of exits are successful housing outcomes. To be benchmarked in FY2011, measured in FY2012.
Not re-enter the emergency shelter system	<b>Housing Retention<sup>11</sup> (%)</b>	≤5% of those who obtain housing will return to shelter.
Efficient and effective use of a pool of community resources	<b>Cost per household</b>	Cost per household will be consistent with budget.
	<b>Cost per successful housing outcome</b>	Cost per successful housing outcome will be consistent with budget.
	Cost per unit	Cost per unit will be consistent with budget.
	<b>Program Occupancy Rate<sup>11</sup> (%)</b>	Full occupancy (>95%).
	Turnover Rate (%)	Set based on prior year(s) attainment, an annual 20% turnover rate is desirable.
	<b>Pass program certification</b>	Provide access to resources and services to end homelessness.
Standards <sup>5,7</sup>	Negative Reason for leaving <sup>11</sup> (%)	Less than 20% leave for non-compliance or disagreement with rules
	Successful housing outcome (%) <sup>10,12</sup>	At least standard below or greater if prior year(s) achievement was greater <ul style="list-style-type: none"> <li>At least 80% for PSH and SPC</li> <li>At least 77% for TH</li> </ul>
	Interim housing stability <sup>10,12</sup> (%)	<ul style="list-style-type: none"> <li>At least 81% of persons remain in permanent supportive housing for at least 6 months</li> </ul>
	Increase in Income from entry to exit <sup>11</sup> (%)	<ul style="list-style-type: none"> <li>At least 45% of tenants in PSH and SPC</li> <li>At least 50% of clients in TH</li> </ul>

## Appendix 2 – Program Performance Standards – Community Shelter Board

### Transition Program Direct Client Assistance

Ends	Measurement	Annual Metrics
Efficient number of households served	Households served (#)	Set based on prior year(s) attainment and funds available to program.
Access to resources/services to move to and stabilize housing	<b>Usage of other community resources related to housing stability (%)</b>	% of households that receive other community resources will be consistent with prior performance.
	Usage of CSB Direct Client Assistance (%)	At least 95% will receive financial assistance
	Usage of CSB Direct Client assistance (\$)	Average DCA amount will be consistent with prior performance, funds available and /or program design.
Basic needs met in a non-congregate environment	<b>Successful housing outcomes (%)</b>	At least 98% successful housing outcomes.
	Successful housing outcomes (#)	Calculated based on the Successful housing outcomes % measurement.
Not re-enter the emergency shelter system	<b>Recidivism (%)</b>	≤5% of those who obtain housing will return to shelter.
Efficient and effective use of a pool of community resources	<b>Cost per household</b>	Cost per household will be consistent with budget.
	<b>Cost per successful housing outcome</b>	Cost per successful housing outcome will be consistent with budget.
	<b>Pass program certification</b>	Provide access to resources and services to end homelessness.

## Appendix 3 – Recommended Milestones and Outcome Targets for Homeless Programs Center for Urban Community Services

---

### Measures for Outreach Programs

- Percentage of chronic and vulnerable street homeless clients encountered who agree to work with Outreach Team toward housing placement within six months of the first encounter
- Percent of total engagements that are with chronic/vulnerable individuals
- Service Linkage: Percent of engaged individuals with a specific condition that are linked to a relevant service
- Percent of engaged clients who receive condition-specific services
- Percent of engaged clients who move into transitional housing, safe havens or emergency shelters
- Percent of engaged clients that move into permanent housing
- Percent of street homeless clients that move into emergency shelter, transitional housing, Safe Havens, or permanent housing within 30 days
- Percent of clients placed into emergency shelter, transitional housing, safe havens, and permanent housing that return to homelessness

### Measures for Emergency Shelters

- Percent of admitted clients who did not have needed benefits at program entry that exit program with needed benefits
- Percent of denied admissions due to active substance use
- Percent of denied admissions or expulsions due to a positive drug toxicology
- Percent of denied admissions due to mental illness
- Percent of denied admissions or expulsions due medication non-compliance (TB compliance is an exception)
- Percent of clients served who are chronically homeless
- Percent of admitted clients that exit to permanent housing
- Percent of clients moving into permanent housing that do so within 90 days
- Percent of clients moving into permanent housing that do so within 180 days
- Percent of clients placed into permanent housing that return to homelessness within one year

## Appendix 3 – Recommended Milestones and Outcome Targets for Homeless Programs Center for Urban Community Services

---

### Measures for Transitional Housing Programs<sup>1</sup>

- Percent of transitional housing clients who move on to permanent housing
- Percent of clients moving into permanent housing within 90 days
- Percent of clients placed into permanent housing that return to homelessness
- Increased Income: increased cash income from any source between intake & exit
- Increased Income: increased earned income between intake & exit
- Percent of admitted clients who are employed at exit from shelter
- Percent of admitted clients who did not have a needed benefit at program entry that exit program with needed benefit

### Measures for Permanent Supportive Housing Programs

- Percent of homeless in permanent housing for over 6 months
- Percent of homeless in permanent housing for over 1 year
- Percent of new tenants entering directly from emergency shelter without passing through transitional housing
- Percent of new tenants taken directly from the streets without going through emergency shelter or transitional housing
- Percent of new tenants that meet the HUD definition of chronic or the Campaign's definition of vulnerable at time of admission
- Percent of clients no longer in need of supportive housing (just housing subsidy) moved on to more independent housing each year
- Percent of tenants discharged for non-compliance with service participation

## Our Promise to YOU

At McGladrey, it's all about understanding our clients -

Your business,

Your aspirations,

Your challenges.

And bringing fresh insights and  
tailored expertise to help you succeed.

McGladrey is the brand under which McGladrey LLP serves clients' business needs.

McGladrey LLP is the U.S. member of the RSM International ("RSMI") network of independent accounting, tax and consulting firms. The member firms of RSMI collaborate to provide services to global clients, but are separate and distinct legal entities which cannot obligate each other. Each member firm is responsible only for its own acts and omissions, and not those of any other party.

McGladrey, the McGladrey signatures, The McGladrey Classic logo, The power of being understood, Power comes from being understood and Experience the power of being understood are trademarks of McGladrey LLP.



© 2014 McGladrey LLP. All Rights Reserved.