



DHHS
MONTGOMERY COUNTY

COMMUNITY REVIEW OF THE WATKINS MILL TRANSITIONAL HOUSING PROGRAM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PLANNING, ACCOUNTABILITY AND CUSTOMER SERVICE

SEPTEMBER 2017





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Suggested citation: Montgomery County, Maryland, Department of Health and Human Services, Planning, Accountability and Customer Service. *Community Review of the Watkins Mill Transitional Housing Program*. Rockville, MD, 2017.

This document is part of ongoing series of reports to inform management, frontline staff, community partners and the public about the Department of Health and Human Services' efforts to make data informed decisions.

The aim of this work is to identify needs and provide practical responses for frontline practitioners in support of that mission and to support long term strategic solutions which improve individual, family and community health and social outcomes, to deliver more equitable services which reduce disparities, and to be a responsible steward of the public resources.

ACKNOWLEDGEMENTS

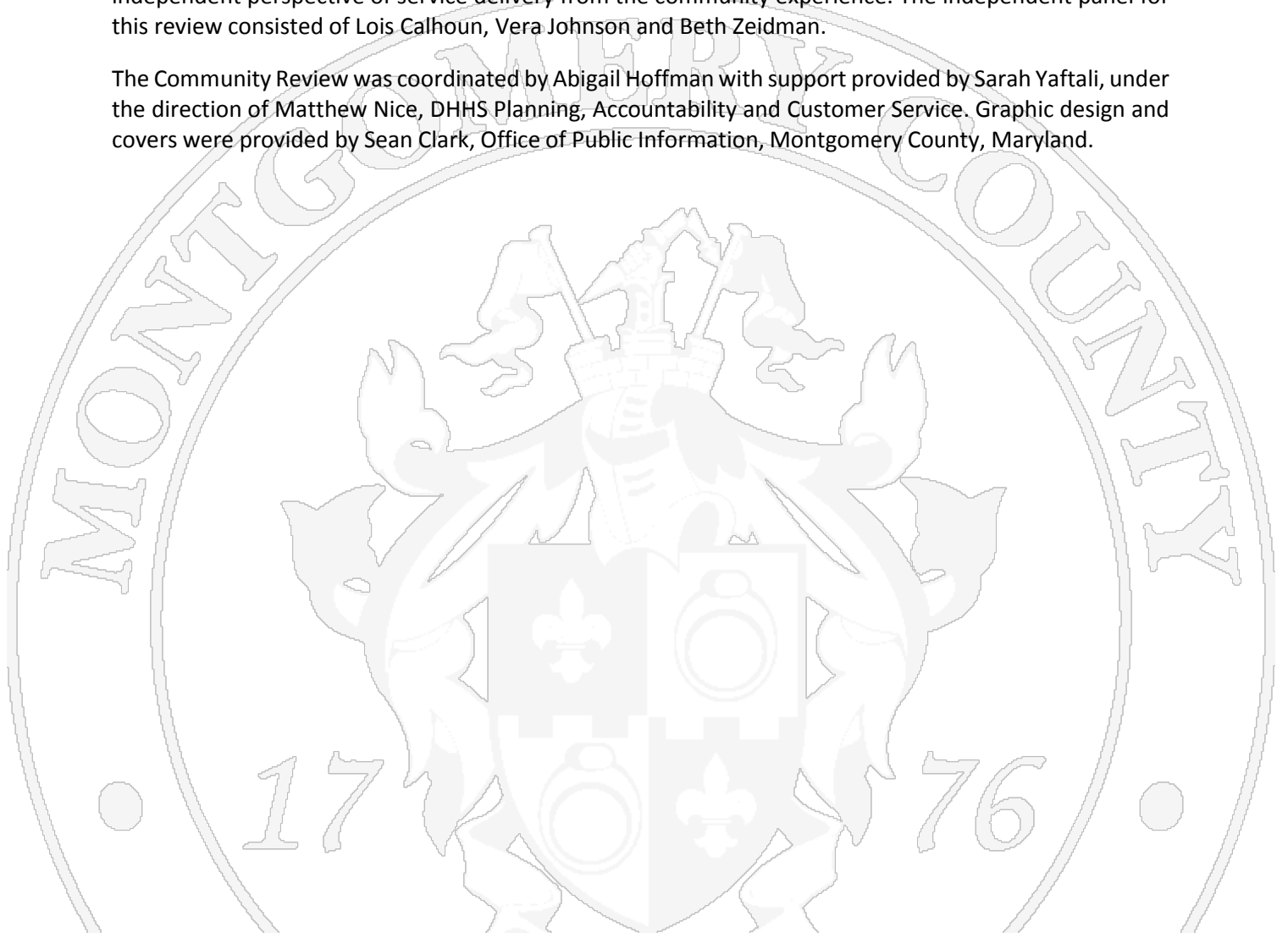
The Department of Health and Human Services (DHHS) is among the largest agency in Montgomery County government and is responsible for public health and human services that help address the needs of the community's most vulnerable children, adults and seniors. DHHS has a staff of 1600 professionals, provides more than 120 programs and delivers services at more than 20 locations throughout Montgomery County.

DHHS provides services through several service areas: Aging and Disability Services (ADS); Behavioral Health and Crisis Services (BHCS); Children, Youth and Family Services (CYFS); Public Health Services (PHS) and Special Needs Housing (SNH). The Office of Community Affairs (OCA) provides direct services through several programs. In addition, DHHS administrative functions include budget administration, fiscal administration, contract management, facilities, grant acquisition, human resources, information systems and performance management.

The Department's core services protect the community's health, protect the health and safety of at-risk children and vulnerable adults and address basic human needs. Planning, Accountability and Customer Service (PACS) operated under the Office of the Director, to ensure efficient, effective and high quality delivery of services and to measure the goals of the organization and focus on results in line with the organization's values.

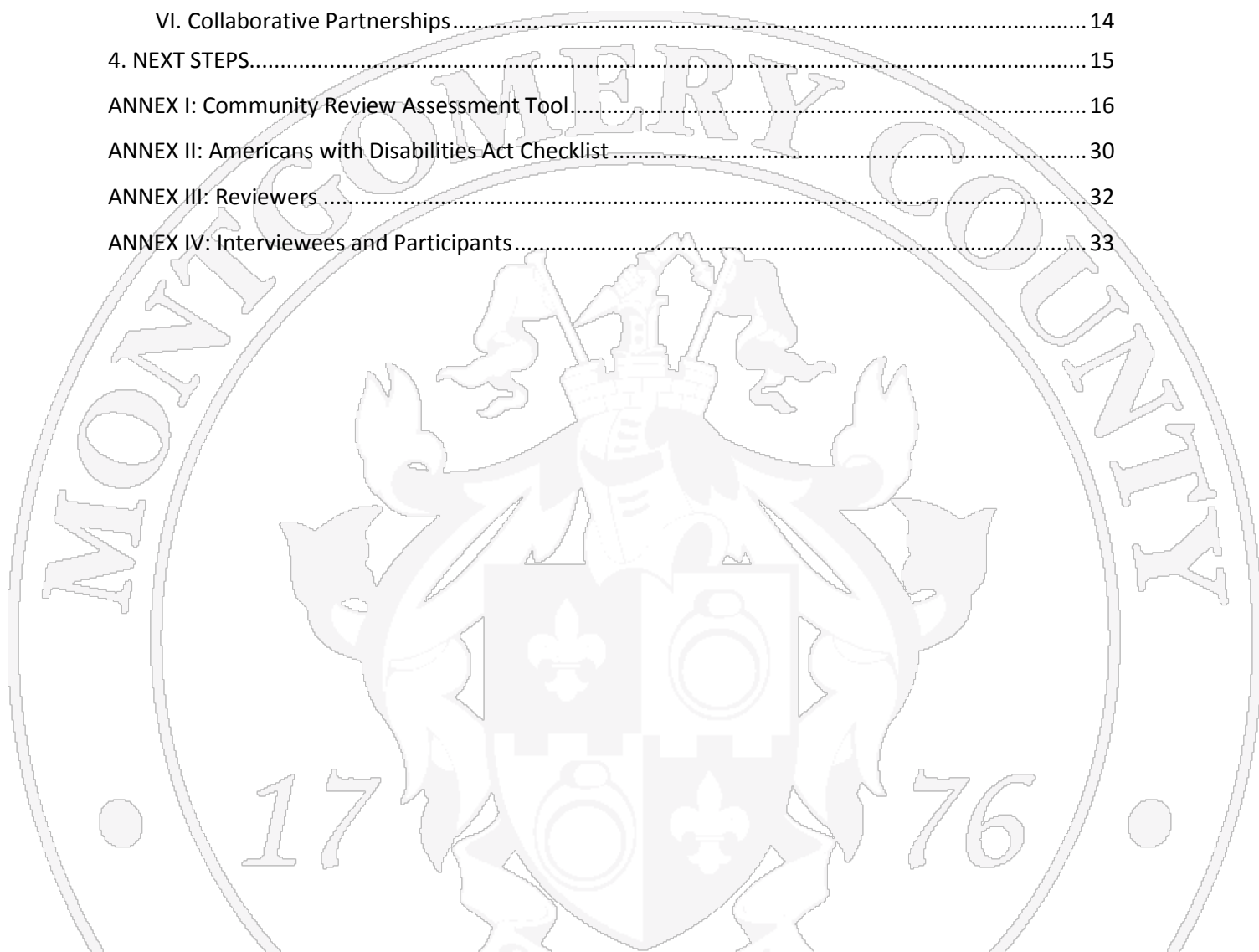
The review is not a performance or financial audit, nor is it a program evaluation or in depth assessment of a client case management like the Quality Service Review (QSR). Instead, the review provides an independent perspective of service delivery from the community experience. The independent panel for this review consisted of Lois Calhoun, Vera Johnson and Beth Zeidman.

The Community Review was coordinated by Abigail Hoffman with support provided by Sarah Yaftali, under the direction of Matthew Nice, DHHS Planning, Accountability and Customer Service. Graphic design and covers were provided by Sean Clark, Office of Public Information, Montgomery County, Maryland.



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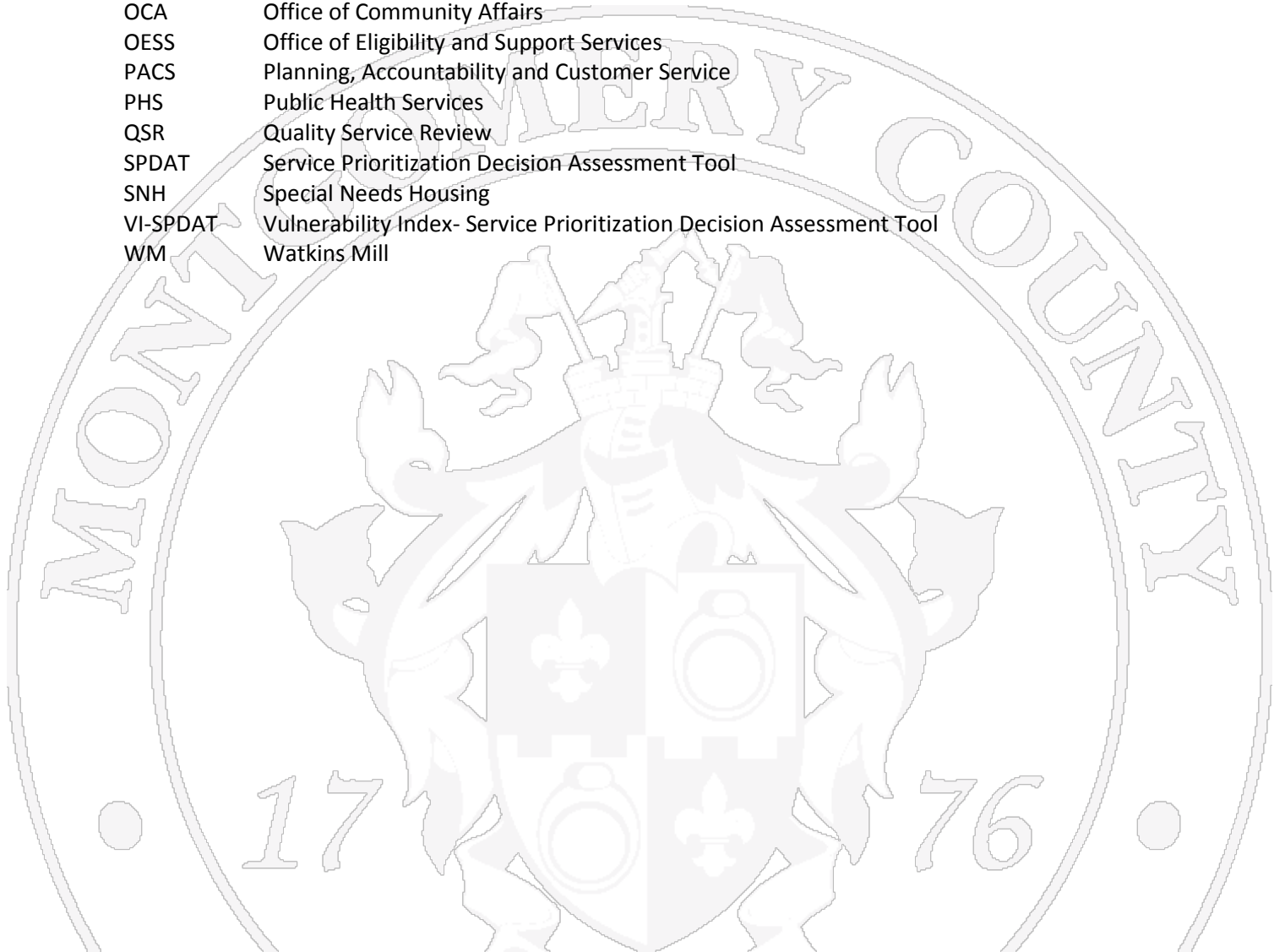
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EXPLANATORY NOTES

This report relies upon the following acronyms listed below.

ADA	Americans with Disabilities Act
ADS	Aging and Disability Services
BAKC	Betty Ann Krahnke Center
BHCS	Behavioral Health and Crisis Services
CCL	Center for Continuous Learning
CRAT	Community Review Assessment Tool
CSA	Core Service Agency
DHHS	Department of Health and Human Services
eHR	electronic Health Records system
eICM	electronic Integrated Case Management System
HMIS	Homeless Management Information System
HUD	United States Department of Housing and Urban Development
IW	Interfaith Works
IT	Information Technology
ITM	Intensive Team Meeting
L&R	Licensure and Regulatory
MCCH	Montgomery County Coalition for the Homeless
NAMI	National Alliance on Mental Illness
OCA	Office of Community Affairs
OESS	Office of Eligibility and Support Services
PACS	Planning, Accountability and Customer Service
PHS	Public Health Services
QSR	Quality Service Review
SPDAT	Service Prioritization Decision Assessment Tool
SNH	Special Needs Housing
VI-SPDAT	Vulnerability Index- Service Prioritization Decision Assessment Tool
WM	Watkins Mill



EXECUTIVE SUMMARY

The Department of Health and Human Services (DHHS), one of the largest government agencies in the county, is responsible for public health and human services that help address the needs of our community's most vulnerable children, adults and seniors. DHHS regularly evaluates service delivery and outcomes to identify gaps and equitable service solutions, which reduce disparities and improve individual, family and community health and social outcomes. Since 1999, the Community Review process has been a valuable means through which the Department receives feedback regarding the effectiveness of its programs from an independent community-member perspective.

Watkins Mill (WM) is a transitional housing program located in Gaithersburg, MD that serves women with behavioral health and addiction diagnoses by providing supports needed to live independent, meaningful lives within their community. The WM program has been administered by Interfaith Works (IW) since 2008 and provides services under contract with the DHHS Special Needs Housing (SNH) service area. The Community Review was conducted by Vera Johnson, Carol Jordan and Beth Zeidman with fieldwork occurring 10-13 July at the Watkins Mill Transitional Housing Facility in Gaithersburg and at the DHHS administrative offices, in Rockville.

The reviewers found WM program to be well run with highly professional and knowledgeable staff creating a safe, welcoming, accepting and friendly environment. The utilization of strong client-centered and strength-based approaches is evident. Despite the complexities of the population served, there was an atmosphere of calm and harmony on visits to WM.

WM exceeded the reviewer's expectations in several areas and these may be of value to other similar programs operating in the community, including:

1. Interfaith Works has a strong organizational commitment to training, skill development and continuous learning to meet emerging trends and critical requirements of staff positions. IW has an extensive procedure and employee manuals highlighting organizational expectations to execute program service delivery. The knowledge, skills and abilities of the WM staff interviewed exceed the requirements of their job positions. For example, as each resident has a documented mental illness, staff are trained in de-escalation techniques to reassure each resident that she is in a safe environment. In addition, staff are encouraged to attend other relevant trainings facilitated by a variety of agencies, such as those offered by Montgomery County's Center for Continuous Learning (CCL).
2. Client-focused services are central to the program's design and service delivery. All staff are trained and held accountable, ensuring the client's' success with a strength-based approach in formulating how personal goals are achieved align with the program's goal. There is a time limitation in which the goals must be achieved (up to two years), that ensures progress and momentum. The strength-based framework empowers the clients, making them feel safe and secure and allowing them to exercise their right to self-determination. Staff understand the success clients have at WM will impact the rest of their lives and reduce the probability that they will relapse or become homeless again.
3. The program's multi-cultural staff delivers services respectful of diverse communities. Ongoing staff training in cultural competency occurs. The "Chess Piece Poster" developed by staff and clients entitled "Every Piece Has a Place," demonstrates WM commitment to diversity, acceptance and respect and embodies the accepting atmosphere of the organization. IW's core values of social justice, compassion, empowerment, respect and inclusion are reflected

throughout WM. This demonstrates the high level of professionalism and competence of staff as working with a vulnerable and disenfranchised population.

4. Staff have accurate information, training and appropriate tools to provide the highest level of customer service. Best practices, such as trauma-informed care and harm reduction are used at WM. Clients together with the case manager develop a service plan for crisis intervention services to address mental and physical health, addiction and employment needs. Residents create a daily schedule at WM and seek affordable housing resources as they pursue their goal of attaining independence in the community. Each staff pledges to adhere to a Customer Service Standards Agreement that consists of Respect, Exceed Expectations, Accountability, Communication, and Hospitality (REACH) during their employment and client satisfaction is regularly measured.
5. The program management sets monthly and annual targets for outcomes and monitors them regularly. Monthly and quarterly program reports are communicated with staff via monthly staff meetings and quarterly meetings with upper management. Reports support how the program measures are met to ensure achievement of client goals from entry to exit. WM program has changed from a group home model to transitional housing model. As such, a decrease in the total number of bed nights utilized occurred from FY2015 to FY2016 (85% vs 70%, respectively) and average length of stay (from 360 days to 184 days, respectively), while the number of clients transitioning to employment increased significantly over the same period (from one to five).
6. WM has developed and built many community collaborative relationships that strengthen services and support to the eight residents in transitional housing. These partnerships help with residents achieving the goals of maintaining mental health stability, increasing income, developing a budget and moving on to more independent housing. The WM program director emphasizes partnerships, is well-known to community partners, is involved in Continuum of Care Performance Review Committee, performs trainings for other shelter staff and is known for a referral-friendly intake process.

The review panel also identified opportunities for improvement with the following select observations and recommendations:

1. The case manager position is part-time, and while a private office is available, it contains neither a telephone or printer. This program could benefit from a grant to enhance office automation resources, telephones, and updated computer and software. While space and other factors limit office space, the provision of these essential tools would increase job performance. In addition, WM could explore the cost for a voicemail service that permits staff to share the same phone number but each has a password protected access to their own voice mailbox. The review recommends that a dedicated telephone, voicemail and printer be provided in the office to improve work and security purposes.
2. The most recent DHHS Licensure and Regulatory (L&R) Inspection report identified minor deficiencies requiring a corrective action plan. L&R will no longer be the responsible agency to perform annual inspections as these have transitioned to the Core Service Agency (CSA). To ensure thorough inspections of this older facility, the reviewers suggest taking advantage of the L&R expertise by cross-training CSA staff in FY2018.
3. Some security concerns related to the isolated location and previous incidents were noted. In the 2017 client satisfaction survey, 28% of clients stated they did not feel safe in this facility. While motion sensitive lights are in place outside of WM, there are no longer security cameras even

though WM is a 24/7 operation with staff and clients coming and going in the dark. Reviewers recommend a security assessment be conducted of WM location.

4. Fifty-three percent (53%) of the clients surveyed in the 2017 client satisfaction survey stated a desire for more staff's time when working on treatment plan goals. This would involve additional case management hours for weekly progress check meetings with client. However, the case manager operates on a part-time basis. The agency may consider adding hours for case manager or hiring an additional part time case manager.
5. While there is not dedicated handicapped parking space, the parking lot is flat without curbs near the front main entrance which is wheelchair accessible. However, the entrance's threshold could benefit from being leveled and the addition of an automatic door opener. Additionally, the side door that leads into the TV room on main level could be made wheelchair accessible with a ramp and automatic door opener. Reviewers recommend the County's Facilities and Services provide an estimate to enhance wheelchair accessibility of the location.
6. Although WM location has many safeguards in place to secure sensitive client information, the program lacks a Notice of Privacy Practices (NOPP). The program manager found that the NOPP utilized by DHHS did not fully meet the programs and services provided by IW. Specifically, the NOPP should clearly reiterate how the Homeless Management Information System (HMIS) data are utilized by IW, DHHS, the State and Federal governments. The NOPP should identify all special reports or publications where and how these data are shared. Additionally, WM should ensure the outgoing message indicate callers not to leave confidential information in the shared voicemail, as it is currently configured. Reviewers recommend the Montgomery County Privacy Official review current practices to ensure an appropriate NOPP is in place.
7. Program uses electronic and social media (webpage, Facebook, Twitter, etc.) to conduct outreach and promote services to customers. A brief program description and the main phone number to WM as well as a links for volunteer recruitment should be added to the social media accounts.
8. Ensure formal employee performance evaluation and feedback conducted are consistent. Follow-up on the new process, to be devised by IW, for consistent and formal employee performance evaluation and feedback.
9. Increase utilization of interns. Identify a strategy and process to increase the number of intern placements in related professional career areas such as social work, mental health and substance abuse counselors, public health, fitness, health and wellness, nursing, etc.
10. Recruitment and retention of social workers is difficult because of the low salary, which is approximately \$15,000 less than comparable positions in County government. IW may wish to conduct a compensation market analysis and discuss any potential increase in salaries with the County.

1. BACKGROUND

The Community Review Program is a valuable means through which the Montgomery County DHHS receives feedback and input regarding the effectiveness of department programs from a community member perspective. Trained panels independently assess how the programs are serving residents, examine the impact of programs on the community, and recommend possible improvements to services.

Guided by the Community Review Assessment Tool (CRAT) self-assessment, reviewers examine program delivery based on:

- Alignment with Mission and Guiding Principles of the Department;
- Effective and Equitable Service Delivery;
- Accountability;
- Capable and Engaged Workforce;
- Service Delivery Transformation; and
- Collaborative Partnerships (Annex I).

The programs are also reviewed for Americans with Disabilities Act (ADA) compliance (Annex II) and how they meet objectives in line with the goals in the Department's two-year Strategic Plan Roadmap.¹

Selected Review

The Watkins Mill Transitional Housing Program (WM) was selected for a Community Review by the Special Needs Housing (SNH) Chief, and added to the FY18 PACS work plan. The Review focuses on the DHHS contracted services monitored through SNH.

On any given day in Montgomery County 981 people experience homelessness. Watkins Mill (WM) is one of seventeen programs administered by *Interfaith Works* (IW). IW, founded in 1972, is a 501(c)(3) nonprofit agency and a non-sectarian interfaith coalition

of more than 165 affiliated congregations of diverse faiths, working together to meet the needs of the low-income and homeless in Montgomery County, MD. IW provides services across the housing continuum of care in Montgomery County and affects all aspects of clients' lives so they can find safety and security.

IW and its 17 programs help almost 17,000 Montgomery County neighbors each year so they can lift themselves from poverty and homelessness through prevention, stabilization and empowerment programs.

WM is a transitional housing program serving eight adult women in Gaithersburg, MD and became a part of IW in 2008. WM seeks to provide a safe, homelike environment, while addressing the behavioral health needs of its client residents.



Figure 1. The Watkins Mill Transitional Housing Program Community Review panel at work

Independent Review Panelists and Process

The Community Review is a structured process of program self-assessment, desk and subsequent field reviews performed by three knowledgeable, trained independent reviewers from the local community. The

¹

[www.montgomerycountymd.gov/HHS/Resources/Files/Reports/DHHS%20STRATEGIC%20ROADMAP%20\(4\)%202016_2018.pdf](http://www.montgomerycountymd.gov/HHS/Resources/Files/Reports/DHHS%20STRATEGIC%20ROADMAP%20(4)%202016_2018.pdf)

Community Review of Watkins Mill Transitional Housing Program was performed by reviewers Vera Johnson, Carol Jordan and Beth Zeidman (Annex III).



Figure 2. A presentation of Interfaith Works and Watkins Mill services delivered in FY16 at the initial preliminary meeting

The Community Review planning and training session commenced on 10 July 2017. The following persons were in attendance: Kacy Barker, WM Program Director; Christine Hong, IW Deputy Director of Homeless and Housing Services; and Kim Ball, DHHS Special Needs Housing Homeless Services Administrator. The review panel and PACS staff also participated.



Figure 3. Watkins Mill location

Reviewers spent several days on-site to review program and services information; documentation from the self-assessment; and to tour the facility. Reviewers interviewed numerous staff, a former WM resident, the

Clinical Director of Betty Ann Krahnke Center (BAKC), the DHHS Homeless Services Administrator and the program manager from Core Service Agency (Annex IV).

Following the field review, on July 13, the panel spoke with Watkins Mill Program Director, the Interfaith Works Director, and the Deputy Director of Homeless and Housing Services to provide initial feedback, highlight areas of interest and discuss potential recommendations.



Figure 4. Watkins Mill facility tour

2. WHAT WAS REVIEWED

Program Mission and Services

The mission of IW is to pursue social justice with an emphasis on identifying and meeting the needs of the low-income community by leading and engaging Montgomery County's faith communities in service, education and advocacy.

IW and all its programs strive for a standard of excellence defined by these core values:

- Social Justice
- Compassion
- Empowerment
- Respect
- Inclusion

IW program approach is comprised of holistic, wraparound services that remove obstacles to

success, provide tools and support for growth, and serve as a catalyst for independence. These 'Lift Services', provide the foundation for people to lift themselves out of poverty and find a path through prevention, stabilization and empowerment. Lift Services assess and address each individual and/or family's specific obstacles to independence, along with their unique talents, experience and abilities. Their approach is not just about solving problems; it is also about potential to identify the strengths and talents an individual brings that may lead them out of poverty.

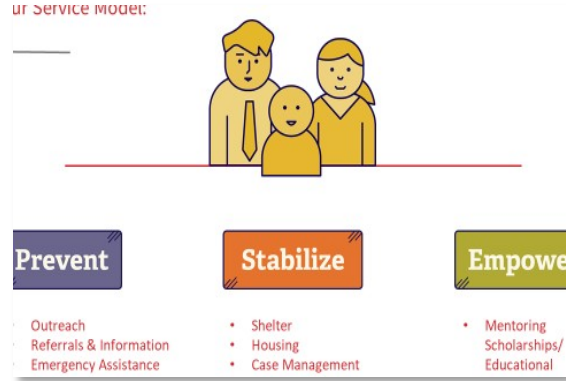


Figure 6. Watkins Mill Service Delivery Model

WM is a transitional shelter for women with behavioral health concerns. WM helps clients move into permanent housing, increase income and continue physical, substance and/or psychiatric treatment. Specific services include:

- The program provides 24-hour a day support and includes case management services that connect each client to the resources needed to stabilize and secure permanent housing.
- The program has eight beds and offers up to three meals per day; clients prepare their own meals, or volunteers bring in food/meals.
- Clients can stay at WM for up to two years.
- Residential staff provide medication monitoring; staff has also begun receiving training in Opioid Overdose Prevention and Response.
- All staff are trained in CPR, crisis intervention, mental health and substance use disorders, boundaries and communication, and cultural competence.
- Clinical staff are experienced, Masters-level employees trained in trauma informed care, harm reduction, crisis intervention, de-

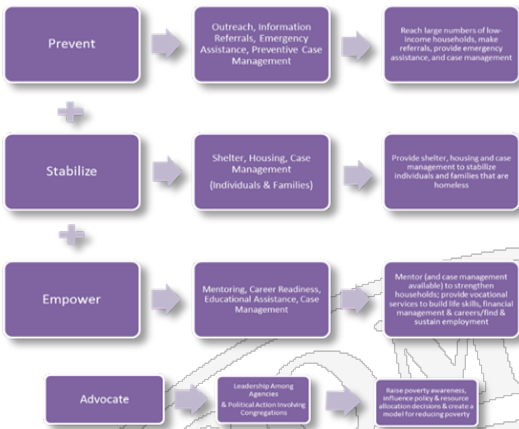


Figure 5. Interfaith Works LIFT Strategy

Services

WM transitional housing offers a safe, structured environment where residents can identify and overcome barriers to self-sufficiency and housing. It provides 24-hour staff supervision, intensive on-site clinical case management, vocational services and accessibility to providers in Montgomery County's homeless services Continuum of Care.

escalation techniques and motivational interviewing.

and magazines; private space for interviewing and locked storage for prescriptions.



Figure 7. The Review panel conducting on-site interviews with staff

The scope of services between WM and DHHS includes:

- Maintenance of staffing and monitoring operations of a 24/7 shelter coverage for eight women with mental health diagnoses.
- Referrals from homeless service providers and from DHHS; some self-referrals are accepted.
- Maintenance of the list of referrals.
- Providing up to two meals a day for residents and basic food items are provided.
- Development and implement written policies and procedures including client expectations; collection of monthly service fees from residents; client grievances; and client duty roster/chores; program rules and expectations including maintaining duty roster of resident chores; and written procedures for grievances and termination.
- Monitor client’s use of prescription medications.
- Provide the following: laundry and bathing facilities; storage of personal belongings; emergency clothing; bed and bed linens; personal hygiene supplies; first aid supplies; telephone inside facility’ lounge space with books

Table 1. WM service outcomes (FY16)

Program Outcomes	Figure
Total number of beds	8
Total served	20
Total number of bed nights served	2064/ 2920
Occupancy rate	70%
Average length of stay (in days)	184
Total number of meals provided by volunteers*	559*
Total that moved to permanent housing	10/13 (77%)
Total served that increased their income	10 (50%)
Total served that received vocational services	6
Of those receiving vocational services, total received from IW/Community Vision	3
Total served that gained employment	5
Total gained employment working with IW vocational services	2
Of those that received income, paid their occupancy fee on time	90%
Of those surveyed satisfied with case manager	100%
Of those surveyed, satisfied with helpfulness of staff	95%

*This is a new measure. Data are only for six months of FY17

The core deliverables for WM from the DHHS contract are that 55% of WM residents will exit into permanent housing or an appropriate mental health residential program, and 50% of WM residents will exit the program with increased income.

Service Population

WM serves eight homeless women 18 and older with behavioral health diagnoses (mental

health or substance abuse disorder). WM residents may live in WM's transitional housing for up to 24 months and receive supportive services that enable them to live more independently. Recipients must maintain adequate documentation to demonstrate eligibility. Undocumented immigrants and registered sex offenders are ineligible for WM. Demographic data were not available at the time of the report.



Figure 8. Initial Community Review meeting for WM.

Organizational Overview

WM staff consists of one part-time program director, one part-time case manager, one part-time program assistant / staff supervisor, and seven residential coordinators whose hours vary from 15 hours per week to 40 hours per week. In addition, there are three relief staff. WM is staffed 24 hours per day with three shifts 8am – 4pm, 4pm – 11pm, and 11pm – 8am.

Volunteers

Volunteers are an important part of supporting the operations mostly through in-kind donations such as: providing prepared meals and food donations, cleaning supplies, office supplies, gardening and yard work, facility and grounds clean-up, as well as art groups, peer-to-peer groups, and financial assistance.

For FY 2017, Watkins Mill had 199 volunteers and received 1,221 meal donations. This is the

duplicated number of volunteers since the program does not track unduplicated volunteers unless there is a specific reason to (i.e., for a grant or partnership with a congregations). Most WM volunteers are repeats or regulars.

WM has a few congregations they count on consistently around the holidays, but they do not volunteer regularly throughout the year. In addition, the program has a few short-time volunteers such as those needing hours for community service or for SSL hours to graduate high school. Community organizations have also helped at WM.

Locations

IW administrative offices are located at 114 West Montgomery Ave., Rockville. The WM House is located in Gaithersburg.

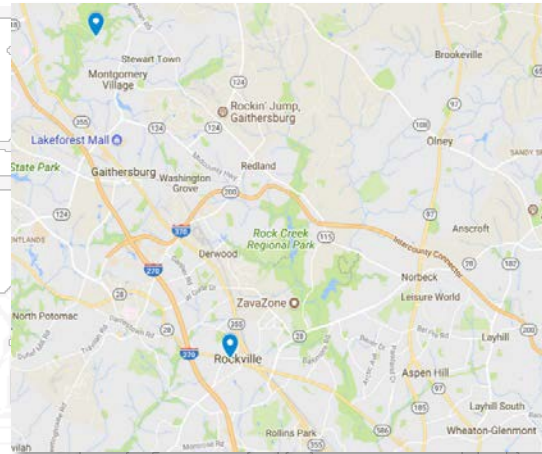


Figure 9. A map of the IW and WM locations

Budget

IW is a tax-exempt, 501(c)(3) nonprofit, donor-supported organization. WM's annual operating budget is funded through a non-competitive contract with the Montgomery County Department of Health and Human Services. The contract is for \$511,523 and

funds both WM and Becky's House (BH) Programs. The WM portion is \$232,989.

- 7.3% goes toward WM indirect expenses.
- Residents also pay a monthly occupancy fee that offsets the program's expenses. (35% of their income).
- WM facility is County-owned so the expenses are offset.

The WM budget will be separated from BH in the next fiscal year. This will allow better tracking of program outcome measures for each program.



Figure 10. Program Director, Kacy Barker office at WM house in Gaithersburg, MD

3. RESULTS

The program self-assessment and subsequent review by the review panel are guided by the Community Review Assessment Tool (CRAT) and a checklist of Americans with Disabilities Act (ADA), provided in Annex I and II, respectively.

Results are organized by findings, which exceed the panel's expectations and can be transferred to other programs. Findings, that warrant attention and recommendations are also listed. Recommendations may cover more

than one section or tool may be merged into a single recommendation, where appropriate.

Additionally, recommendations may stem from reviewer's notes and/ or observations and may not be directly reflected in the instruments. Panel recommendations are listed in order in the short-term (within 60 days), mid-term (within a year) and long term (over a year).



Figure 11. Living spaces at the WM

I. Mission and Guiding Principles

The goal is to promote and ensure the health and safety of the residents of Montgomery County to build individual and family strength and self-sufficiency.

Findings Exceeding Expectations

- Staff at all levels of the organization were well-versed in their individual roles to assist the clients. They were also very aware of how their roles supported the team and the organization's mission. Front-line staff have the opportunity to make recommendations to client improved outcomes. The focus is on the clients and that is commendable. This is not a hierarchical approach to care, but more a team approach where each staff member has equal input into the

- patient's treatment plan.
- WM has an excellent organizational structure with a small staff similar to an Incident Command model used in public safety programs.² Each staff has their own individual jobs, but each staff works as part of a team working to achieve a specified goal. This exceeds expectations because the teamwork, leadership and entire rhythm of the operation is focused on the success of the client.
- A poster developed by the program director and a committee within IW is displayed in the dining hall with chess pieces entitled "Every Piece Has a Place," which embodies the accepting atmosphere of this organization. IW's core values are social justice, compassion, empowerment, respect, and inclusion. This demonstrates the high level of professionalism and competence of staff as they serve a vulnerable and disenfranchised population, which has few other choices for treatment, housing or therapeutic support.



Figure 12. Watkins Mill diversity poster designed by clients and staff

- IW management and the WM program director demonstrated and voiced the importance of "best practices" in the form of trauma-informed care, harm reduction strategies, accentuating strengths, and post-discharge outreach. These are incorporated into the WM's practice and provision of care.
- There was a subtle but powerful emphasis on expectations vs rules, which showed an understanding of how to manage the target population in the most effective way. This is reflective of the trauma-informed care. The program director stated that, "we know that fear underlies anger, that many seek shelter in isolation, and that overwhelming rules and restrictions can quickly sabotage healing." Using this strength-based approach focusing on expectations shows respect by ensuring the client is making her own choices relating to the individual treatment plan.

Findings Transferable to Other Programs

- WM has a referral-friendly process allowing the client to "test the waters" to make sure it's a good fit. A referral agency, like Betty Ann Krahnke Center (BAKC), will hold the bed until final decision is made. This is an excellent example of transition support as the client moves towards stability and independence. The referral process is streamline mostly due to the efforts of the program director and the relationships she has made with others in her field. WM does not maintain a waiting list.

Findings Needing Attention and Recommendations

Short-Term

- The case manager position is part-time,

² Incident Command is defined as a structure in which each employee has their defined duties and all work toward the common goal under the leadership of an Incident Commander.

and while a private office is available, it contains neither a telephone or printer. The case manager must borrow the wireless house phone in the program director's office. Since the case manager plays a key role, she should have easier access to phone for work and security purposes. The case manager does use a cell phone, but that is not ideal because the cell batteries can run out and due to the facility's remote location, cell reception may be problematic at times. While space and other factors limit office space, the provision of these essential tools would increase productivity. Facilities should reassess this situation as soon as possible.

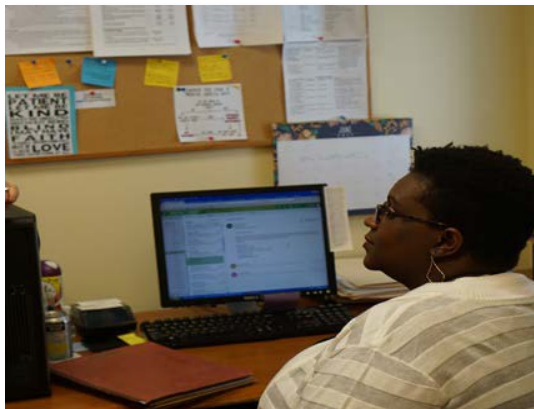


Figure 13. Case manager office at WM

Findings Needing Attention and Recommendations

Long-Term

- The most recent DHHS Licensure and Regulatory (L&R) Inspection report identified a number of minor deficiencies requiring a corrective action plan. L&R will no longer be conducting WM yearly inspections because the shelter's status has changed from being categorized as a group home to that of transitional housing. The responsible agency to perform annual inspections has transitioned from L&R to the Core Service Agency (CSA). In a larger

context of being able to conduct business in an older facility, it's important that it be kept in good repair, safe and secure. To ensure thorough inspections of this older facility, the reviewers suggest taking advantage of the L&R expertise by cross-training CSA staff for FY 2018.

II. Effective and Equitable Service Delivery

The goal is to align people and financial assets so that we are investing the necessary level of resources to ensure effective and equitable service delivery.

Findings Exceeding Expectations

- WM has a very professional and friendly environment for clients with mental health and addiction problems. Despite the complexities of the population served, there was an atmosphere of calm and harmony on visits to WM. The referral process is very customer-friendly. A community partner said, "I wish more programs were like this". The intake process and the treatment plan with goals is the guiding document to measure the client's progress and success. A community partner from BAKC mentioned that the program director has a very customer friendly intake process and she will assist referral agencies with other potential placements for clients, if needed.
- Staff have accurate information and appropriate tools and are empowered to provide the highest level of customer service. Best practice and evidence-based provision of care with trauma-informed care, harm reduction, crisis intervention, mental health de-escalation. Each WM employee was focused on the client and the treatment plan; goals are worked on every day with feedback and encouragement to the client. There is a short turnaround time from intake to discharge, so each staff person and the

team seemed to have an intense focus on the plan and goals for the clients.

- Program delivers services respectful of diverse communities with a diverse staff serving diverse client populations, ongoing staff training in cultural competency and chess piece poster developed by program director. These show commitments to diversity, acceptance and respect and an excellent reflection of core values of IW and DHHS.
- Staff are knowledgeable about and provide reasonable accommodations for customers with limited access to transportation (i.e., bus ticket, taxi voucher, etc.). Excellent staff advocacy and assistance encourages clients to apply for transportation vouchers, taxi vouchers, bus tokens and Metro Access.
- Services are received in a timely manner. Input for appropriateness of placement is given from both the case manager and the client. A “test the waters” approach is used where client can stay for a couple weeks before a decision is made on whether placement is a good fit.



Figure 14. Review team interviews the WM case manager

Findings Transferable to Other Programs

- All staff are trained and re-trained in recognizing and responding to the effects of all types of trauma. While treatment plans are only shared with the program director, the case manager and the client, other key staff are advised when a client needs additional support.



Figure 15. Unlit pathway to WM House is a safety concern

Findings Needing Attention and Recommendations

Short-Term

- While there is not dedicated handicapped parking spaces, the parking lot is flat, no curbs, and accessible to the front main entrance which is the only handicapped entrance. However, the threshold could be leveled and an automatic door opener added. Check with facilities to get estimate for repair of the threshold and an installation of an automatic door opener.
- WM is an isolated facility, not visible from the road and traversed daily by hikers and other strangers who may park in the small lot to get on an adjacent path. There are motion-detector lights for clients who return late at night, but there are no other security features like security cameras. 28% of the clients surveyed in 2017 said they did not feel safe in this facility. The County’s facilities office should arrange for a security assessment and determine costs to increase security.

Mid-Term

- 53% of clients surveyed in the 2017 client satisfaction survey stated they needed more staff time to work on their treatment plan goals. More case management hours for weekly meetings are needed with clients for progress check. The case

manager hours are currently part time. The agency should consider adding hours to the position or hiring an additional part-time case manager.

Long-Term

- Only the front main door is wheelchair accessible. Check with Facilities to see if side door that leads into the TV room on main level can be made accessible for mobility assistive devices such as a wheelchair with the addition of a ramp and automatic door opener.



Figure 16. Parking available at WM

III. Accountability

The goal is maintenance of reliable, accurate records and data for analysis so program effectiveness can be quantified through performance measures.

Findings Exceeding Expectations

- WM staff are focused on the resident's success in achieving the goals identified by the resident. This client-focused approach is central to Watkins Mill program design and service delivery. They utilize evidence-based practices throughout their program. This framework includes the staff being trained in Trauma Informed Care and harm reduction. Utilizing a strength-based approach with the resident to empower them, make them feel safe and secure in her environment. It also allows the client to exercise their right to

self-determination. All these practices support the client and that they (all residents) are responsible for their lives.

- Program sets monthly/annual targets for outcome measures. Monthly and quarterly program reports are communicated with staff via monthly staff meetings and quarterly meetings with upper management. With the program design emphasizing client-focused services, all reports support how the program measures are met to ensure achievement of client goals from entry to exit. Staff involvement is ensured at the facility level, with upper management and the IW Board of Directors.



Figure 17. Information and Resource Board with Flyers at Watkins Mill

- Management routinely monitors outputs and meaningful outcomes data and uses measures to determine results. As one of the agencies with the Continuum of Care, WM must enter all residents into the HMIS managed by DHHS. Data quality reports from HMIS are reviewed by the program manager and shared with the DHHS HMIS data manager and the DHHS contract manager. All data reports from all programs contribute to the annual United States Department of Housing and Urban Development (HUD) report for all providers in Montgomery County. This report is critical for ensuring program

funding and continuation of each provider. In addition, WM as a licensed group home in the county submits quarterly reports and discharge forms to CSA. The program manager also prepares monthly and quarterly reports that are shared with staff, upper management and the IW Board of Directors.



Figure 18. Program assistant and staff supervisor at Watkins Mill in Gaithersburg.

Findings Transferable to Other Programs

- Most residential housing programs (i.e., transitional housing, group homes and homeless shelters) would benefit in having a client-focused service delivery program. Staff are trained and held accountable to ensuring the resident's success with a strength-based approach to engage clients with achieving their personal goals that coincide with the program's goal, the overall program results will be positive and highly successful. For WM, their goal is to assist women with behavioral health concerns to achieve permanent housing.
- Customer satisfaction data are collected and used; surveys collected for the first three quarters of FY 2017, indicated that the residents replied in the affirmative for the 9-question survey. These responses ranged from a low of 53% for "the staff ensuring program expectations are followed" to a high of 88% for two questions that the staff was courteous and

respectful in carrying out their duties, and that the case manager was helpful in coordinating [the residents] care with providers.

- The post-discharge availability of WM staff (mostly the program director and the case manager) is transferrable to other programs. The panel met a recent graduate of the program who continually returns to the facility to keep in touch with the program director, case manager and other staff who supported her. At WM, she was engaged in services that helped to achieve independent housing in the community. This former resident was very open about her behavioral health issues and was committed to working with providers to help stabilize her. She was able to move on to the independent housing program after 8 months at WM. The former client said that staying connected helps her maintain independence and reach future goals. The program director also reported that several former residents stay in contact with this client by phone or periodic visits.

Findings Needing Attention and Recommendations

Short-Term

- Although Watkins Mill has many safeguards in place to secure sensitive client information, the program lacks a Notice of Privacy Practices (NOPP). The program manager found that the NOPP utilized by DHHS did not fully address the programs and services provided by Interfaith Works. She and the other Homeless Services program managers, the Deputy Director of Homeless Services and the Director of Homeless Services need to develop a NOPP that encompasses how their programs use resident information in their internal and external reporting and other publications by IW. The language in the DHHS NOPP may be able to help guide them through this process or staff should contact the department's staff person

overseeing privacy practices and confidentiality for more information.

requirements is commendable.

IV. Capable and Engaged Workforce

The goal is to recruit, develop, and maintain a workforce that is engaged, accountable, responsible, respected, recognized, and prepared for changing roles within the department and representative of the community.

Findings Exceeding Expectations

- The knowledge, skills and abilities of the staff interviewed exceed the requirements of their job positions. IW has an extensive procedure and employee manuals that highlight organizational expectations to execute program service delivery. There are comprehensive training requirements within the first year of employment including, CPR and AED; Crisis Intervention and De-Escalation Techniques (facilitated by the Montgomery County Crisis Center); Communication and Boundaries; Mental Health Training (facilitated by NAMI of Montgomery County); Substance Use Disorders; Medication Training and Universal Precautions; LGBTQ issues and best practices and Trauma informed care. In addition, staff are encouraged to attend other relevant trainings facilitated by a variety of agencies. IW is supportive of staff continually developing their knowledge and skills to meet emerging trends and critical requirements of their positions. Staff also take advantage of the Montgomery County Center for Continuous Learning (CCL).

Findings Transferable to Other Programs

- Organizational commitment to training and skill development and continuous learning. Training is required and provided for staff in-house and through the County's CCL. The encouragement and support of professional development for licensing



Figure 19. Locked medication cabinet at WM

Findings Needing Attention and Recommendations

Mid-Term

- Ensure formal performance evaluation and feedback are consistently conducted. Follow-up on the new process, to be devised by IW, for consistent and formal employee performance evaluation and feedback.

Long-Term

- Increase utilization of interns. Identify a strategy and process to increase the number of intern placements in related professional career areas such as social work, mental health and substance abuse counselors, public health, fitness, health and wellness, nursing, etc.

V. Service Delivery Transformation

The goal is for an integrated service delivery system supported by technology, which enables staff to share information and work effectively.

Findings Needing Attention and Recommendations

Short-Term

- Program uses electronic and social media (webpage, Facebook, Twitter, etc.) to conduct outreach and promote services to customers. Unless there are budgetary restraints, a quick fix would be to insert a page that would specifically be a brief program description and give the main phone number to WM. A volunteer recruitment could be added on the page.

Mid-Term

- WM could benefit from a grant to enhance office automation resources, telephones and/or computer/software updating. The program director noted that the computers and software were dated and in need of upgrading soon. Several of the professional and essential staff share offices, phones, computers and/or printers.
- The residential staff supervisor and a resident counselor share an office. The residents' medications are stored in a locked cabinet in that same office. Residents are escorted in and supervised as they take their meds or replenish their prescriptions. Staff take precautions to ensure that the computer is password protected and screen saver is on; faxes and printouts are secured and the two staff are not conducting confidential business on the telephone. However, this is not the ideal situation. Having a more secure area or office, accessible to staff only, would be a better solution. However, given the current configuration of the facility this may not be possible.
- All staff do not have business cards given the limited budget for these resources. However, the program manager and case manager do have cards. IW may want to explore the need for other WM staff to have business cards.
- The outgoing voicemail message informs the caller that the voicemail is not confidential. Nevertheless, this does not prevent callers from leaving confidential information in the message. WM should

have a voice mail system that permits one to two persons sharing the same phone number with each having a password protected voice message or purchasing additional telephones and installing the wiring in the effected offices. Given that the facility is staffed 24/7, the former may be the most cost efficient solution.

VI. Collaborative Partnerships

The goal is to strengthen internal and external partnerships with other programs and agencies to offer a full range of coordinated programs and services focused on reducing redundancy, improving client outcomes and eliminating disparities.

Findings Exceeding Expectations

- WM has developed and built many community collaborative relationships that strengthen the services and support to their 8 residents. These are key for clients to achieve the goals of maintaining mental health stability, increasing income, developing a budget, and moving on to more independent housing. The staff of WM have woven a tapestry of partners and collaborators each with different contributions to prevent a return to homelessness, stabilize, empower and advocate for clients.
- Collaboration with partners in WM's program is something to share with other programs. The program director is well known to community partners as she is involved in Continuum of Care Performance Review Committee, conducts trainings for other shelter staff, and is known for her referral-friendly intake process. She sets the tone for WM and receives positive feedback and support from her chain of command. The program director puts a lot of effort in relationship-building with community partners.
- IW and WM utilize a variety of partnerships and alternate strategies to

supplement funding and budget needs. Examples include: offsetting food budget by participation in the Community Food Rescue (CFR) Program affiliated with Manna Food Center, in collaboration with the Capital Area Food Bank. WM also receives food donations from area restaurants; and the utilization of IW core group of volunteers from over 165 congregations to assist by providing food donations, bagged lunches, prepared meals and vocational supports. Financial literacy, family mentoring, and in-kind donations of clothing, computers, school supplies, and household goods are additional resources for residents.



Figure 20. The reviewer panel was at WM during the renovations.



Figure 21. WM after kitchen renovation



Figure 22. Report review step of the Community Review process

4. NEXT STEPS

The Community Review panel met with DHHS and IW / WM management and staff to review the report content and its findings on 6 September 2017.

DHHS commits itself to review progress at regular intervals with a one year update of the recommendations. PACS will monitor progress on the recommendations and report results to the DHHS Director and the Senior Leadership Team at regular intervals with a one year update of the recommendation outcomes.

The final report will be made available to the public on the internet site for DHHS.



Figure 23. Presentation of the Watkins Mill Community Review certificate during the closing meeting with the provider, DHHS staff and the Review Panel

ANNEX I: Community Review Assessment Tool

I. Mission and Guiding Principles

Standards/ Strategies	Supporting Evidence
1. Program's mission statement clearly relates to the DHHS mission.	<p>The mission statement is posted for staff and clients to see. All staff interviewed were knowledgeable of how their organization fits into the DHHS overall mission and the County Executive's policy objectives of Ensuring Vital Living for all Our Residents, Expanding Affordable Housing for an Inclusive Community, and Building Healthy & Sustainable Communities.</p> <p>The Watkins Mill (WM) staff demonstrated competency, dedication, and knowledge of how to care for clients with addiction and mental health problems. This is a transitional (1-2 year) placement and the clients are assisted in achieving specified goals within this time, with the goal of living independently.</p>
2. Program has clear goals, objectives and strategies to accomplish its mission.	<p>WM is well organized and even though it has a small staff complement, their goals, objectives, and strategies are well organized and implemented. It seems like an Incident Command Structure with each staff person had their individual jobs and were accountable to same, and yet they functioned as a team to accomplish the goals of the agency and for each client served.</p> <p>There is an organized system of intake, development of a Treatment Plan, implementation of the plan with the goal of the client being self-sufficiency at discharge.</p> <p>A poster developed by the Program Director is posted in the dining hall with chess pieces entitled "Every Piece Has a Place" which embodies the accepting atmosphere of this organization. The Core Values of IW--social justice, compassion, empowerment, respect, and inclusion-- are reflected in the chess piece poster and in the staff interactions with clients. This speaks highly of WMH since they are dealing with a very vulnerable, disenfranchised population which has few other choices for treatment, housing, or therapeutic support.</p>
3. Staff can articulate the program's mission, goals, services and target population.	<p>This small staff at WM was very impressive. Good leadership and dedicated front line staff. Each staff interviewed knew their jobs well and how each fit into the overall mission of the organization. The way WM is structured gives only the Program Director, the Case Manager, and the client, access to the Treatment Plan. This works for a small organization like WM where the role of each staff person is very clear and the front-line staff are "non-clinical." This also helps to ensure HIPAA compliance and client confidentiality in a small setting.</p> <p>The WM demonstrated "best practices" and could be considered a "center of excellence" for a transitional setting due to their training and expertise in trauma-informed care, crisis intervention, harm reduction, de-escalation techniques, continuum of care and prn. after-discharge outreach.</p>
4. Program mission, goals, service, and contact information are accessible, accurate and consistent across sources such as, printed materials, information referral lines, website, and social media.	<p>Staff contact information was accessible in the Residential Coordinator's (RC) office.</p> <p>Walls were posted with the Mission Statement, the licensure inspection information, the "Expectations" (not rules) of the House and there was printed information widely available.</p> <p>The Staff are very responsive to the clients. Whatever the client's needs are seemed to be handled efficiently and proactively. The clients are encouraged to problem solve on their own, but the staff are there to assist and provide guidance when needed.</p> <p>The Chess Piece poster, as mentioned before, embodies the spirit and philosophy of WM of a welcoming and safe environment where all are respected and valued.</p> <p>These core values are apparent from the parent organization down to the front-line staff. This is to be commended.</p>
5. Program incorporates DHHS principles into policies, procedures, professional	<p>WM staff at all levels espouse the principles of the larger DHHS organization. It's a bare-bones facility, but they do their best to make the program run efficiently.</p>

<p>interactions and information technology (IT) systems.</p>	<p>There didn't seem to be a phone or printer in the Case Manager's office. it was not wired for such. This should be remedied. Currently, the Case Manager must go over to the Program Director's office to use the portable house phone.</p> <p>All staff was questioned about boundaries working with clients since this is such a friendly home-like atmosphere. All staff was aware of professional interactions and boundary issues, and take mandatory training to ensure this.</p> <p>The staff supervisor did not have a work cell phone, but she said she would prefer to use her own so she doesn't have to carry two. Program Director is aware of this and agrees.</p> <p>The medication distribution system is appropriate and does not constitute "dispensing" as defined by State Laws. Patient medications are kept in a locked cabinet in the RC office. Each packet has the patient name on it. There is a medication log which the client must sign when she takes her meds. The staff does assist if needed when the client needs to arrange refills.</p>
<p>6. Program has a system in place to identify efficiencies and improvements.</p>	<p>The management and leadership of WM are excellent. The review panel observed real teamwork and dedication at all levels. Each manager, supervisor and staff have equal input into making changes and efficiencies for the organization and for the benefit of the client.</p> <p>Front-line staff receive information on the Treatment Plan on a need-to-know basis. Each staff has a clear role and expectation in the house and feel comfortable going to the Program Director to make recommendations.</p> <p>IW has trouble retaining staff because of low wages. The Deputy stated that the starting salary of a Licensed Social Worker is only \$40,000; this is well below the starting salary of a Licensed SW in County Government which is \$55,000. (higher if SW is licensed and certified). This could at times affect the overall continuity of services, expertise of the staff, and ability to meet the mission and goals consistently.</p>

II. Effective and Equitable Service Delivery

Standards/ Strategies	Supporting Evidence
<p>1. Staff have accurate information and appropriate tools and are empowered to provide the highest level of customer service.</p>	<p>This small group of dedicated staff at WM are committed to serving this vulnerable population of women. Staff that were interviewed, do their very best given the limitations of being in an old County-owned building that is fraught with maintenance issues, IT malfunctions, minimal security, and phone problems. Despite these roadblocks, they pull together as a team and get the job done in an exceptional way. For this effort, they should be commended.</p> <ol style="list-style-type: none"> 1. Staff receive mandatory trainings on and off site, and are encouraged to attend other trainings and webinars to increase their knowledge and improve work performance. 2. Best practices and evidence-based practice such as trauma-informed care, harm reduction, crisis intervention, addictions therapy, mental health de-escalation strategies, to name a few, is the standard of care at WM. 3. The Treatment Plan with goals is the driving document to assess progress of each client. 4. Goal-driven, Client-centric milieu
<p>2. Clients are screened for other needs and referrals are made for eligible services available outside the program.</p>	<p>When referrals are received, the case manager does a very thorough intake which includes identifying all the client's problems. A treatment plan with goals is then developed and agreed to by case manager and the client. The case manager meets with the client weekly to ascertain progress.</p> <p>From the staff interviewed at all levels of WM, each takes pride in their work of helping the client achieve success. There is an excellent organizational structure which emphasizes accountability for individual job duties but also teamwork. There is good accountability for performance of each employee in terms of assisting the client achieve to goals of their Treatment Plan, and assessing other needs as they arise.</p>

	<p>The focus is on “expectations not rules” for the clients; the clients are very involved in progressing towards their own independence with the caring support of the WM staff.</p> <p>The 2017 Client Survey revealed that 53% of clients stated that they did not have enough Case Manager time to work on their treatment plan goals. The case manager splits time with WM and Becky’s House (BH).</p>
3. The program informs and refers customers to appropriate resources in the community or other DHHS programs, as appropriate.	The staff had excellent knowledge of community resources for their client population and good relationships with Community Partners. Clients are encouraged to go out during the day, curfew is at 11PM. Often, they attend programs in the community as part of their Treatment Plan, with the end goal of having viable employment, permanent housing, financial security, and stabilization of mental health and addiction problems.
4. Program regularly solicits customer satisfaction information across all clients and uses information to improve program delivery.	<p>The FY 2017 Client Satisfaction Survey Report was provided, a total of 18 surveys were completed for that year. For the respondents, who either have mental health or addiction problems, the results overall are very good. The highest rating (88%) was for staff courtesy and respect; the lowest (53%) said the clients needed more case manager time to work on their Treatment Plan goals.</p> <p>The Program Director said she has an open-door policy for recommendations, feedback, to facilitate mediation and the staff also encourages real-world experience for the clients to resolve their own disputes.</p>
5. Program delivers services respectful of diverse communities.	<p>Each manager and staff that we spoke to had utmost adherence and respect for diverse communities. It was a very diverse staff serving a diverse client population with mental health, and addiction problems. The former client interviewed said she had also been in jail, through Drug Court, selling sex for money. This is a very challenging population.</p> <p>There is also staff training in cultural competence, equity, communication, and boundaries. This is available to all staff and they are given time during the work day to attend.</p> <p>In-house, staff speak English, Spanish, and French with access to many other languages through the umbrella organization Interfaith Works.</p> <p>The Program Director developed the Chess Piece Poster which says, “Every Piece Has a Place”: At this Shelter, we seek to provide a welcoming and safe environment where all people are respected” This is an excellent reflection of the Core Values of IW, the parent organization and Montgomery County DHHS.</p>
6. Print and multimedia communication materials and forms are developed in easy to understand language, taking into consideration literacy level, cultural, and linguistic appropriateness and people with other forms of communication needs.	<p>We observed that clients are given advocacy and support either face to face or with written materials, brochures, resource information from all levels of staff.</p> <p>The house “expectations” were posted on the wall in English and Spanish.</p> <p>Case manager, at intake and weekly meetings, continues to assess needs of the client and ascertain progress of the Treatment Plan and Goals.</p> <p>Staff has cultural and language diversity with capabilities in multiple languages in-house. Up to 100 language translation services are available through IW.</p>
7. Program is aware of and uses translation services to serve non-English speaking customers.	Per the case manager, there is a robust language capability within WM and IW with 6 languages spoken by staff. Other resources are available if needed and staff was aware of them. On-site supervisor also mentioned that she makes herself available if Spanish translation is needed.

<p>8. Program staff are knowledgeable about and provides reasonable accommodations and accessible facilities for customers with disabilities.</p>	<p>The Review Team went on a tour of the facility. This is an old, isolated building which used to be a radio station. While it lacks current ADA building codes, it seemed to be adequate in terms of accessibility.</p> <p>We questioned wheelchair accessibility in the event of such a client. Arrangements can be on first level of house which includes bedroom, bathroom, kitchen and shower facilities. It's a two-level home and 6/8 of the clients live on the lower level. The Watkins Mill House is very isolated, a long distance from the main road and transportation and not a walkable area. If a client had difficulty with ambulation, the outside area would be a challenge.</p> <p>There were approximately 10 spacious parking spaces in the gravel parking lot. None was marked or designated with signage as Handicapped accessible, but all were flat with no curbs to approach the front door.</p> <p>The front door is the only wheelchair accessible entry, although there is a slightly elevated door jamb. The back door goes out to a patio, but then a steep hill becomes problematic for wheelchair access. The side door has a mini-step and then a flat area to the parking lot. There were no automatic door openers on any of the doors.</p>
<p>9. Staff are knowledgeable about and provides reasonable accommodations for customers with limited access to transportation (i.e., bus ticket, taxi voucher, etc.).</p>	<p>Because of the isolated area of WM, staff has made every effort to make transportation vouchers, bus tokens, and taxi vouchers available to clients.</p> <p>Clients are also encouraged to sign up for Metro Access.</p> <p>Bad weather conditions make it challenging for clients to leave the facility since it is so far from public transportation, but the staff are very creative in finding ways to remedy these issues.</p> <p>Clients are encouraged to go out during the day to practice life in the real world and attend treatment programs, job training, etc. to work on their treatment plan and goals. As such, staff works with each client to be able to access and become proficient in transportation.</p>
<p>10. Services are delivered in facilities that are accessible to clients.</p>	<p>WM is adequately accessible for persons with disabilities. However, the grounds in this County-owned building are difficult to maneuver if a client has ambulation problems.</p> <p>There is adequate parking, approximately 10 spacious parking spaces that are directly in front of the main front door, which is the only accessible portal.</p> <p>Clients who use wheelchairs would need to stay on the main floor, where all the amenities (bedroom, bathroom, shower, cooking, laundry) are accessible.</p> <p>This is a 24/7/365 operation, so it is always staffed and open for the client.</p>
<p>11. Services are delivered in facilities that are safe, comfortable and welcoming to clients.</p>	<p>WM is a very welcoming environment. Staff seem very committed to the clients and really go out of their way to be friendly and welcoming, but also to firmly encourage progress on Treatment Plan so that clients can eventually live independently.</p> <p>It is a home-like atmosphere, plenty of seating in the two TV areas, ample kitchen area which had new countertop installed during our visit. Living spaces, bathrooms and showers on each level were clean and properly appointed.</p> <p>We visited one client's room, with permission, that is shared and it was very tidy. There is dedicated refrigerator space for each resident.</p> <p>Clients are responsible for cleaning their own and the common spaces, (County does not come in to clean.) There was a posted assignment sheet for each client. It was noted on the latest Inspection Report that two storage areas on main level needed to be cleaned and decluttered. The minor deficiencies noted on the 2017 L&R inspection have all been addressed per Director.</p> <p>Security at Facility: There are motion detector lights for clients and staff who enter and leave the facility after dark. Client curfew is 11pm on weekdays and midnight on weekends. Of concern to staff are the fact that hikers traverse the grounds almost daily as a pathway</p>

	<p>surrounds the facility. Recently a dead body was found on the hiking path and police were involved. Although the facility is wired for security cameras, none were installed.</p> <p>On the 2017 Client Survey, 28% of the clients said they did not feel safe at the facility.</p>
12. Information on how to access or apply for services is available online for clients.	<p>Access to the WM is made by referral only with the rare exception of self-referrals.</p>
13. Program services are received in a timely manner.	<p>If a bed is available, a referral is made and interview completed by the case manager to see if the client is appropriate for WM.</p> <p>Bi-directional input on appropriateness of placement by both the client and the case manager to assure that WM is a good fit.</p> <p>There is a very client-focused intake process in which the client can stay for a couple weeks to “test the waters” to assure that it is a viable place for her. Meanwhile, the Partner agency that we interviewed said that they hold the bed for the client in case it is not a good fit. That is a very reassuring strategy for a client with mental health or addiction issues.</p> <p>Intake interviews are held as soon as the referral is made dependent on bed availability.</p> <p>Case manager is only part time, but the Program Director oversees the entire intake and referral process.</p>
14. If the program has a waiting list for services, staff are working to eliminate the waiting list.	<p>There is not a wait list per se, but as the partner agency told us, she has a client waiting now for something to open at WM.</p> <p>It is unclear if there is an efficient and accurate way to collect Wait List data system-wide to get an accurate count with no duplication. Although the Program Director said she keeps an Excel spreadsheet with possible wait-listed clients.</p> <p>The Program Director is an excellent collaborator and works to facilitate referrals from community partners.</p>
15. Program regularly reviews changing client outcomes and population needs data and incorporates findings into their practice. p	<p>The guiding document for each client is the Treatment Plan with goals which is completed at intake; it deals with stabilization of mental health, finances, job training, and recovery from addiction.</p> <p>The part-time Case Manager meets weekly with each client and amends the Plan as needed and checks for progress. The Case Manager is only part time at WM and 58% of the clients interviewed in 2017 felt they needed more support to work on their goals.</p> <p>Since the residents of transitional housing do not meet the HUD definition of chronic homelessness, they are not eligible for permanent supportive housing. Therefore, at the end of their stay at WM, they must have met the goals on the Treatment Plan. WM Program had to be creative when the HUD definition changed for prioritization of housing programs.</p> <p>The Program Director meets regularly with the Continuum of Care (COC) Performance Review Committee, and with other shelter managers to look at measures to improve care provision and collaboration.</p>

III. Accountability

Standards/ Strategies	Supporting Evidence
1. Program applies evidence-based practice to the design and delivery of services.	<p>WM staff utilizes a variety of evidence-based practices from trauma informed care to harm reduction to assist clients in achieving their goal to exit homelessness and obtain permanent housing. All staff are required to complete a selection of basic trainings within the first year of hire and, based on their position, receive additional training to support their roles and the residents.</p>

	<p>The Program Director and the Case Manager utilized best practices to engage their residents to participate in the development of the service plan and focus on housing first protocols to assist the client in utilizing the limited timeframe to transition to permanent housing.</p> <p>Watkins Mill uses a strength-based approach that focuses on safety, choice, and empowerment yet they respect the client’s choice to self-determination. There are weekly sessions with the case manager; both agree on the objectives to be accomplished on a weekly basis. Progress on the service plan is tracked weekly and additional objectives or steps toward reaching the ultimate goal of obtaining affordable housing.</p> <p>The staff participate in training offered in the community as well as through the DHHS Continuous Learning Center (CCL), which is accessible to contractors and community partners of MCDHHS. Watkins Mill has been utilizing this training resource for several years. In addition, the Program Director and upper management are aware of the continuance improvements of service delivery to the homeless as all County Homeless Services are coordinated via the Continuum of Care. This process ensures maximum funding for all programs and services that are a part of this initiative and they are fully updated on changes to homelessness legislation via HUD and the Veterans Administration. Many also attend the National Alliance to end Homelessness bi-annual meetings to stay abreast of the latest findings in research and treatment protocols. Just in the past month the Homeless Single Adult Programs opted to utilize the SPDAT (Service Prioritization Decision Assistance Tool) and the VI-SPDAT (Vulnerability Index- Service Prioritization Decision Assistance Tool), which is a nationally recognized assessment tool for identifying needs and services for this population.</p> <p>Monthly teaming meeting for all providers for the Homeless Single Adult system are facilitated by one of the contract monitors for the multiple housing/transitional housing contractors. Case presentations for complex cases may be discussed. The more difficult cases are referred to the DHHS Integrated Team Meeting (ITM) for intensive review of services to date and a discussion of objectives to get the client refocused on achieving the terms of the service plan and obtaining their housing goal. However, the facilitator for this group meeting has been on leave for several months and no other contractor has stepped forward to fill this void. The housing programs rely on the vacancy report produced from this meeting to assist in the planning of housing options for their resident’s ready to move forward with a permanent housing plan.</p>
<p>2. Program sets monthly/annual targets for outcome measures.</p>	<p>WM program has eight beds that are utilized by homeless women with a diagnosed mental illness. The Program Director runs monthly data quality reports on HMIS to ensure that the program is correctly capturing entry and exit dates for each resident; average length of stay; the achievements of the residents; income of residents and other demographic and data quality measures on the HMIS.</p> <p>Their monthly reports contribute toward annual statistics and outcome measures at the mid-year and end of each fiscal year. The quarterly and annual report were provided to this panel. These same data monthly and quarterly reports are shared with the IW Upper Management staff and the IW Board of Directors.</p> <p>Staff are informed of outcome measures at monthly staff meetings and quarterly meetings with upper management.</p> <p>One suggestion from staff that resulted in enhanced services to the residents was to order food supplies online from Safeway Grocery store. This eliminated a staff person going off site to shop for the groceries and then return to the facility.</p>
<p>3. Management routinely monitors outputs and meaningful outcomes data and uses measures to determine results.</p>	<p>The program director runs monthly data quality reports to ensure information is being correctly inputted into HMIS. They are submitted to the ServicePoint Dedicated User Support Specialist for DHHS (Stacey Matthews) and their DHHS contract monitor (Tanya Jones).</p> <p>Since the Continuum of Care decided to use a Standardized Assessment Tool, the scores from the VI-SPDAT are inputted into HMIS/ServicePoint. When clients score in the Moderate Acuity range (4-7), they are prioritized for Transitional Housing (like Watkins Mill House) and Rapid Rehousing. This has eliminated the need for them to maintain a housing placement list.</p>

	<p>Quarterly Contract and Outcome Measure Reports are sent to Core Service Agency (CSA) detailing program outcomes for each quarter. This information is sent directly to Kim Allen at the Contract Monitoring Unit of the Mental Health Core Service Agency (MH/CSA) and later shared with Ken Weston, whom oversees WM group home licensure. In addition, a Discharge Report form is sent to MH/CSA.</p> <p>The Program Director sits on the Continuum of Care’s Performance Review Committee, which is responsible for providing data regarding project types and their outcome measures to the Continuum of Care’s Operations Committee and the Interagency Commission on Homelessness to make decisions pertaining to specific project type’s performances.</p> <p>In addition, WM as all the other services and programs of IW submits quarterly service statistics, program highlights, upcoming events and staff news to IW’s Board of Directors.</p> <p>The Program Director also maintains a log to track incoming calls and categorizes them.</p>
<p>4. Program managers regularly disseminates the program’s performance data with staff.</p>	<p>The Program Director and the staff supervisor coordinate and facilitate mandatory, quarterly all-staff meetings in which program outcomes and the progress toward fulfilling the program’s mission are shared and discussed with front-line staff.</p> <p>In addition to the quarterly all-staff meetings, IW CEO (Shane Rock) provides regular agency updates and outcomes that pertain to our performance data through email or videos.</p>
<p>5. Program compares results/ trends with similar programs in other jurisdictions or appropriate benchmarks.</p>	<p>It’s difficult for WM to compare its results and trends since residents of transitional housing programs are not prioritized as homeless. WM is a licensed group home for women with psychiatric disabilities, which also makes it harder to compare with similar programs. Further, the program limits residents to no more than 24 months. This program can only compare itself with similar transitional housing programs in Montgomery County that are also defined as above.</p>
<p>6. Are managers utilizing reporting tools and data?</p>	<p>The reports collected in HMIS, VI-SPDAT and the IW monthly and quarterly reports support the goal of the residents to move from homelessness to be stably housed. Because this same data are also shared with the MH/CSA, WM has access to resources and services that address the needs of their residents. Residents assist in formulating their service plan which include objectives, such as, gaining income or employment, addressing mental health and/or behavioral health issues and obtaining housing or moving toward their personal goals.</p>
<p>7. Program holds staff accountable to demonstrate respect, professionalism, timelines and fairness.</p>	<p>Although not stated in the Job Descriptions, staff are held accountable to demonstrate respect, professionalism, timeliness, and fairness. Onboarding process at IW includes a staff orientation for all new hired employees. During the orientation review, pertinent sections of the employee handbook are discussed in further detail. Professional standards are briefly discussed in the WMH Procedural Manual. However, the document that best holds staff accountable in this area, is IW’s REACH (Respect, Exceed Expectations, Accountability and Teamwork, Communication, and Hospitality) customer service standards agreement, which every single IW employee has signed.</p>
<p>8. Program has participated in the Quality Service Review (QSR) process.</p>	<p>According to the Program Director and the DHHS Administrator for Homeless Services, WM has not participated in a Quality Service Review (QSR).</p>
<p>9. Program has a clearly written policy for handling complaints/disputes about the delivery of services that is available to clients.</p>	<p>The grievance procedure was provided in the document list submitted by WM. It is posted in the facility and reviewed with the client during the intake process and at weekly case planning meetings with the case manager.</p> <p>A grievance is defined as a situation arising from a disciplinary action. WM makes every effort to resolve the complaint within 72 hours or as soon as possible depending on the complexity of the grievance. There is a delineated process in place for handling grievances. For grievances, the resident starts by meeting with the case manager. If the matter remains unresolved, a written request is sent to the Program Manager. The grievance can continue to the Deputy Director of Homeless Services to review and make a final determination that must be adhered to by the resident and other involved parties.</p>

	Complaints are usually resolved in house meetings with all the residents. Often the residents decide on an issue by vote. As residents change frequently, the program has determined it is better to go with input from the majority of the residents.
10. A notice of privacy practices (NOPP) is visibly posted in public areas and is provided to clients.	The Program Director stated that IW is considering developing their own NOPP as the one utilized by DHHS does not fully address the needs and services of their programs and services.
11. Staff always adhere to appropriate information security safeguards when sharing confidential documents.	<p>The case manager provided several examples of release of information (ROI) forms that were completed in a closed case. Form does state to whom the specific confidential information is being shared and the client's signature on the form. Their ROI also states that the client can withdraw their consent before the form becomes null and void.</p> <p>All staff are trained to safeguard the residents' confidential information.</p> <p>WM also utilizes the ROI for HMIS/ServicePoint which must be updated annually by the resident.</p>
12. Client files are stored in a secure area and confidential information is not in plain view.	Case records are maintained in a locked file cabinet when not in use by the case manager. Note that the case manager is only on site two days each week. Confidential information is not left in common areas of the facility. Printer is in <i>staff only areas</i> or when information is received via fax or printed it is placed in a tray or file for the intended staff person.
13. Staff practices discretion and has safeguards in place when discussing sensitive client information.	<p>WM utilizes several methods to safeguard client information. HIPAA practices are one of the mandatory trainings for all new employees to complete in the Onboarding and Orientation Process. Staff are updated on this policy when there is a demonstrated need by the employee. The Program Director or Staff Supervisor will provide a refresher on HIPAA compliances during scheduled supervision.</p> <p>The panel viewed the use of white noise machines with closed office doors when a case manager is meeting with a resident or conducting client business on the telephone; voice mails are not broadcast on speakerphone; residents have access to a landline in their area for use and may have their own personal cell phone.</p> <p>Volunteers complete an application that includes an agreement for service, a confidentiality agreement and release and waiver and indemnity agreement that are signed by the volunteer. However, volunteers are not HIPAA trained according to the documents provided to this review panel.</p>

IV. Capable and Engaged Workforce

Standards/ Strategies	Supporting Evidence
1. Program has sufficient staff and appropriate resources to support goals.	<p>Staffing consists of Program Director {who also is responsible for 3 locations – Watkins Mill (WM), Becky's House (BH) and Carroll House (CH)}; a Case Manager {responsible (WM) and (BH)}; a Residential Staff Supervisor, and 7 Residential Coordinators (who staff the WM house 24/7, 365 days a year and hours vary from 15 -40 a week). There are also 3 Relief Staff who can fill in as needed if someone is sick or on vacation. All staff are female, diverse and culturally competent. The Residential Supervisor and Coordinators have long tenure with Interfaith Works(IW)</p> <p>Staff vacancies are handled by the IW Human Resources person. Posts occur internally and if there are no candidates posting are conducted externally on Indeed.com, Craigslist or CareerBuilder and at local Universities.</p> <p>Indirect and fringe expenses impose a financial burden upon the agency. For many of their programs that receive County funding through contracts from DHHS, the amount of the contract has remained stagnant for close to two decades agency wide, but 11 years for Watkins. It is an issue in the true cost of operation.</p>

	<p>The Staff Supervisor meets with residential coordinators for monthly supervision. Program Director meets with the Staff Supervisor and Case Manager for weekly supervision. Suggestions or concerns are brought up during supervision or anytime during Program Director office hours. In addition, suggestions or concerns can be emailed, left anonymously in my Program Director mailbox, or discussed during quarterly all staff meetings.</p> <p>Hard to retain credentialed, high quality staff persons with the pay scales so low for licensed social workers. There is great turn over.</p>
<p>2. The program budget reflects and supports the program’s mission and significant needs.</p>	<p>The WM program mission and budget align. The annual operating budget is funded through a contract with the Montgomery County Department of Health and Human Services. The contract is for \$511,523 and includes WM and funds the Becky’s House (BH) Program. The WM portion is \$232,989.00. 7.3% of the contract budget, which is \$34,257.00, goes toward indirect actual indirect expense for all IW programs is 19%. Residents also pay a monthly occupancy fee that offsets the program’s expenses. Currently the budgets for WM and BH are combined. There are plans to separate the funding allocations to better track service impacts and outcomes as the focus of services are different for the two houses. Staff are unsure what if any budget impacts there might be.</p> <p>Staff are committed but, as mentioned above, it is difficult to retain credentialed staff persons. They leave frequently due to the inadequate salary levels incorporated in the current DHHS grants. Lack of adequate salaries is a constant challenge.</p> <p>To offset the food budget, Watkins Mill participates in the Montgomery County Food Rescue Program, which is led by Manna Food Center, in collaboration with the Capital Area Food Bank. Community Food Rescue (CFR) is the coordinated food recovery network for Montgomery County, Maryland. This system enhances the good work of businesses, individuals, and organizations that already recover and redistribute perfectly good food to people experiencing hunger. Watkins Mill receives leftover food donations from area restaurants, schools, etc.</p>
<p>3. To ensure appropriate planning and sustainability, the program follows a process to communicate budget needs and alternate funding strategies, engaging the department and other entities as required.</p>	<p>The Finance Committee of the Interfaith Works (IW) Board of Directors provides direct oversight of the overall agency budget. The WM program director is responsible for tracking expenses but not responsible for budget design and development. The board and staff are acutely aware of their financial responsibility to consumers and the community.</p> <p>WM also receives funding from Core Services Agency (CSA) and Maryland Department of Health and Mental Hygiene for serving adults with psychiatric disabilities.</p> <p>IW and WM utilize a variety of alternate strategies to supplement funding and budget needs.</p> <ul style="list-style-type: none"> • Offsetting food budget by participation in the Community Food Rescue (CFR) Program affiliated with Manna Food Center, in collaboration with the Capital Area Food Bank. Community Food Rescue (CFR) is the coordinated food recovery network for Montgomery County, Maryland. This system enhances the good work of businesses, individuals, and organizations that already recover and redistribute perfectly good food to people experiencing hunger. WM also receives leftover food donations from area restaurants. • Applying for independent grants i.e., Maryland Emergency Food Program. There are staff in IW with grant writing experience and skills and a contract grant writer. • Referring clients to community resources for mental health, addiction and crisis services. • Utilization of IW core group of volunteers from over 165 congregations to assist by providing food donations, bagged lunches, prepared meals, vocational supports. Financial literacy, family mentoring, and in-kind donations of clothing, computers, school supplies, and household goods.
<p>4. Job descriptions are in place for position and reflect the individual’s role in achieving the program’s goals.</p>	<p>Job descriptions for all positions at WM were provided. Program Director is responsible for maintaining client data in HMIS and maintaining statistics for program and completing corresponding reports.</p>

5. Staff responsibilities and activities are appropriately aligned with their position description.	The review team met with Program Director, Case Manager, Resident Supervisor and one Residential Coordinator. All staff were clear with their assigned responsibilities and program operations and described the challenges of scheduling a 24/7 365 day a year operation and maintaining credentialed staff with the set pay scales. Staff are also responsible for medication monitoring and screening for alcohol and substance abuse.
6. Staff have the knowledge, skills, awareness and training required to formulate, implement, execute, and manage services to customers.	The program director and case manager have master's degrees within the human services field. In addition, the deputy director of homeless and housing services (who supervises the program director) is a licensed clinical social worker. The program assistant / staff supervisor, along with the support from the program director, is responsible for hiring and training all new Residential Coordinators (RCs). The IW Employee Manual was reviewed and it is comprehensive and thorough. All new employees are HIPAA trained using the same training materials DHHS does (including a HIPAA quiz). All new RCs shadow two shifts to learn from their colleagues and determine job fit. Various trainings are provided within the first year of a new hire: CPR & AED; Crisis Intervention & De-Escalation Techniques (facilitated by the Montgomery County Crisis Center); Communication & Boundaries; Mental Health Training (facilitated by NAMI of Montgomery County); Substance Use Disorders; Medication Training & Universal Precautions; LGBTQ issues & best practices and Trauma Informed Care. A listing of required training and other training opportunities for staff was provided. Staff are encouraged to attend other relevant trainings facilitated by agencies such as EveryMind (formally the Mental Health Association) and SAMHSA (Substance Abuse and Mental Health Services Administration). All WMH and IW staff take advantage of the DHHS Center for Continuing Learning Center (CCL). In addition, many WMH staff have been trained in the administration of Narcan / Naloxone in hopes of preventing opioid overdoses.
7. Performance plans and evaluations are conducted on a regular basis for staff (as per Performance Management Cycle).	<p>The program director conducts an evaluation, 90 days after the hire of a case manager or program assistant / staff supervisor and then annually thereafter. The staff supervisor is responsible for completing evaluations of residential coordinators. The staff Supervision Checklist form is utilized by the staff supervisors to summarize each supervision meeting with a new employee. The staff supervisor tries to meet with the residential coordinators monthly for one-on-one supervision; the program director tries to meet with the case manager and the staff supervisor weekly for one-on-one supervision. Examples of the forms were provided.</p> <p>Currently, IW has no consistent employee evaluation process it has been up to each supervisor's discretion to structure an employee's review. IW is restructuring the agency-wide employee evaluations by developing a more consistent process to be implemented across all 17 programs.</p> <p>Staff are recognized and affirmations and successes noted and discussed monthly.</p>
8. Program management utilizes techniques to ensure staff are effectively working to meet goals.	<p>The review team observed the utilization of a checklist of tasks and responsibilities that is completed during shifts and electronically initialed by the residential coordinator at the end of each shift. These tasks sheets, along with the daily log notes, are emailed to the staff supervisor, program director, and case manager.</p> <p>Ongoing training opportunities and one-on-one supervision with direct supervisor ensure they are effectively working to meet goals.</p>
9. Program provides opportunities for volunteers, interns and/or students.	<p>WM offers many opportunities for volunteers, interns, and students including: providing meals, food donations, in-kind donations of cleaning supplies and office supplies, gardening and yard work, art groups, peer-to-peer groups, deep cleaning, etc. Currently, WMH does not utilize interns, however other aspects of IW do.</p> <p>The reviewers observed the <i>Volgistics system</i> used by IW that tracks volunteer assignments and information and formulates a calendar. Residential Coordinators (RCs) use the information to be prepared for what volunteers are coming and what they will be bringing.</p> <p>IW conducts a Caring Breakfast annually to recognize and acknowledge volunteer service as well as in their newsletter and on Facebook.</p>
10. Program ensures that volunteers, interns and/or students understand their role	Volunteers and students are provided oral instructions regarding the completion of their assignments and tasks by program and/or Residential Coordinators. Volunteers also have their assignment information from <i>Volgistics system</i> . However, most volunteers provide in-kind donations. This information is collected at the program site and shared with the IW development

<p>by providing job descriptions, training, and supervision.</p>	<p>office. Panel members reviewed the application confidentiality agreement and liability waiver that volunteers complete. Because most volunteers are providing goods, not all of them are HIPAA trained. However, those volunteers with direct client contact are HIPAA trained using the same materials as employees.</p>
<p>11. Program staff have received emergency preparedness guidance, training and have a plan in the event of an emergency.</p>	<p>Staff receive Crisis Intervention and De-Escalation Techniques Training and are responsible for conducting regular fire drills, which involve timing and logging. When we met with the Residential Staff Supervisor and Residential Coordinators, they showed us the log sheet with the documented fire drills. Staff also described the procedures and protocols for crisis intervention and de-escalation techniques.</p> <p>During inclement weather, WM is fully stocked with extra blankets, bottled water, nonperishable food, flashlights, etc. The evacuation plan and relocation plan are posted throughout the facility. The panel observed the storage room with all the supplies for emergency preparedness. There is also protocols for staff to follow in their WMH procedures manual.</p>

V. Service Delivery Transformation

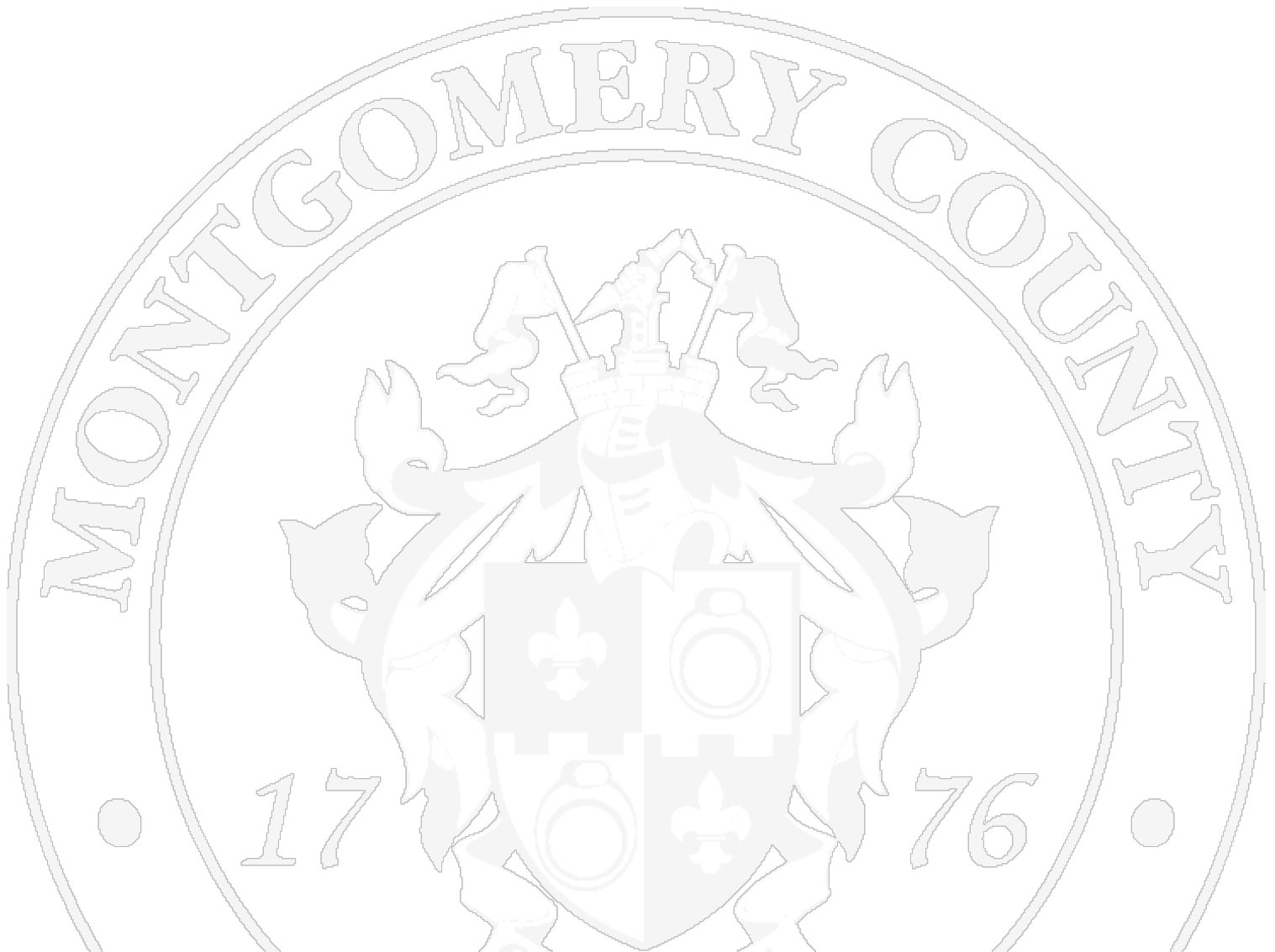
Standards/ Strategies	Supporting Evidence
<p>1. Manager promotes and staff are working towards an integrated seamless services delivery approach for problem solving and case reviews.</p>	<p>WM is a targeted program for women with mental illness and/or behavioral health issues. Residents must meet these qualifications to be admitted to this program.</p> <p>A “no wrong door policy” is applicable to this program. Once a resident comes on board, they are welcomed into this transitional housing program/licensed group home that utilizes evidence based practices that include trauma informed care and harm reduction. Residents are empowered to participate in service plan development with the case manager and engage in specific supportive services that will enable them to move toward goals of self-sufficiency and out of homelessness to permanent housing. Most have accessed Homeless Services in a homeless shelter following discharge from an addictions recovery program or correctional facility or being put out by family or friends. As the individual experiences success from program to program, they are recommended to WM based on their VI-SPDAT (Vulnerability Index- Service Prioritization Decision Assessment Tool) score entered in the HMIS utilized by all programs in the County’s Continuum of Care. Once admitted to WM, the resident, through the support of all staff who are trained and invested in the resident’s success in the program, can realize their goal of permanent housing within the 24-month maximum time frame. Feedback with the case manager is weekly and the service plan is updated accordingly.</p>
<p>2. Program is aware of, and participated in, the Intensive Team Meeting (ITM) process to support service integration and collaboration across service areas, County departments and community providers.</p>	<p>The Program Director and staff are aware of the Intensive Team Meeting (ITM) process. Since the program has become a group home, only cases where it is difficult to identify an appropriate housing plan for the resident get referred for this meeting. Some of these cases may include for example, sex offenders, undocumented, etc. This subset of their population has access to very limited affordable housing resources.</p> <p>The current Program Director has not participated on any ITM in the past year that she has functioned in this capacity.</p>
<p>3. Staff effectively uses appropriate technology to support work and achieve program goals.</p>	<p>Staff have access to computers, fax machines and phones in the office. Case Manager and Program Director share the landline. Only two staff phones are provided as all the staff office areas do not have the wiring for a phone to be placed. Also note that the Program Director works at three different sites and the Case Manager at two. Often this is done to retain highly skilled and gifted employees so that their salary is at a level more in line with their skillsets. Work at WM and similar housing programs is performed in the assigned facility.</p> <p>Appropriate staff enter data on the HMIS system; the Residential Supervisor enters information on Volgistics for volunteer meal deliveries at the facility. In addition, she maintains a daily log of resident activity and status. This log is reviewed with the next shift’s Supervisor. Orders for food and other supplies are completed online as well. As a contractor with the County, staff do not have access to County cell phones. However, the Program Director receives an allowance to use</p>

	<p>her personal cell for work purposes and that the case manager does receive a work cell phone from Interfaith Works.</p> <p>It was noted that the WM County contract is classified as non-competitive, meaning that the budget rarely increases. This makes it difficult to fund the full cost of running the program. Watkins Mill frequently suffers from computer, printer, and telephone issues. There is no telephone connection in the case manager’s office; she often borrows the house’s cordless phone to make and receive calls in her private office. WM could greatly benefit from improved IT systems and wiring solutions to install additional landlines.</p> <p>Despite these limitations, program goals are met.</p>
<p>4. Program has an ongoing training curriculum and accountability structure to ensure full utilization of the Enterprise Integrated Case Management (eICM), Electronic Health Records (eHR) and/or Electronic Content Management (eCM) systems.</p>	<p>WM via IW has access to multiple information technology applicable for tracking data on the HMIS system (Service Point), Volgistics for entering volunteer activities--i.e., meal delivery by local community providers (churches, other groups).</p> <p>DHHS contractors do not have access to eICM, at this time. Training is provided to staff who access the specific database systems. The IW Employee Handbook lists training curriculum for staff and mandates how staff are to utilize computer access, telephone and internet services.</p>
<p>5. Program staff effectively use eICM, eHR and/or eICM systems for service delivery and to monitor client and program outcomes.</p>	<p>WM uses HMIS and Volgistics for their program and to monitor program outcomes and resident progress.</p> <p>As stated in #4 above, DHHS contractors do not have access to eICM, eHR or eCM, at this time</p>
<p>6. Program staff are accessible by telephone and e-mail, and voicemails are responded within one business day.</p>	<p>As stated in #3 above, there is limited access to telephone and voicemail. This makes it difficult for staff to respond to voice mail messages within one business day. According to the Program Director, with three daily shifts most staff are assigned up to three different facilities, they are “doing the best they can.”</p> <p>This program could benefit from a grant to enhance office automation resources, telephones and computer/software updating. All staff do not have business cards given the limited budget for these resources. The outgoing voice mail message informs the caller that the voice mail is not confidential. However, this does not prevent callers from leaving confidential information in the message.</p>
<p>7. Program uses electronic and social media (webpage, Facebook, Twitter, etc.) to conduct outreach and promote services to customers.</p>	<p>IW has a website and is on multiple social media connections. These include Facebook, Twitter, LinkedIn, Flickr and YouTube. However, it should be noted that WM is only mentioned under “connect with us” on the Menu of IW’s website and the main phone number is noted. Most of the other Housing and Homeless programs are described under this Menu title, with a brief program description and a phone number.</p> <p>Safety is a concern as the facility is located down a steep driveway and houses female staff and residents, so one can understand why the address is not disclosed. This oversight should be corrected. The Program Director, case manager and the rest of the staff are accomplishing high quality work with the residents and the website should note the program and its accomplishments. The quarterly reports shared with upper management and the Board of Directors often includes success stories of residents. Some of these could be included on the website under News/Events or other IW publications.</p> <p>It was noted that some of Watkins Mill staff are on LinkedIn. Program accomplishments could be noted on FB. Most likely Twitter and Flickr would not be appropriate for Watkins House.</p>

VI. Collaborative Partnerships

Standards/ Strategies	Supporting Evidence
<p>1. Program is continually developing and building community partnerships to promote innovative solutions to current and emergent challenges.</p>	<p>WMH has many collaborative relationships that strengthen the services and support of the 8 residents in transitional housing including: IW’s Women’s Center, IW’s Empowerment Center and Day Program, People Encouraging People’s drop-in center and ACT team, EveryMind homeless outreach, City of Gaithersburg homeless outreach, CORP, Mental Health Court, Drug Court, Avery Road Treatment Center and Combined Care, and the Betty Ann Krahnke Center domestic violence shelter.</p> <p>There are numerous examples of optimizing resources through partnerships within the community to help residents lift themselves out of homelessness. Such examples include: Access to Behavioral Health for mental health and substance use screenings / evaluations; for mental health and co-occurring services, Watkins Mill refers clients to Family Services, Vesta, Cornerstone Montgomery, Outpatient Addiction Services (OAS), Journey’s for Women, Suburban Hospital outpatient, Medstar Montgomery outpatient. As well as referrals to Avery Road Treatment Center and outpatient care during episodes of relapse. Often, WM will hold a resident’s bed while they complete such treatment / detox programs. Watkins Mill also utilizes Cornerstone Montgomery’s crisis beds (Fenton House and Granby House) along with the treatment and triage beds located at the Montgomery County Crisis Center.</p> <p>Additional examples of WM working in collaboration with other agencies in assisting residents with housing solutions:</p> <ul style="list-style-type: none"> • Permanent housing placements in a shared apartment / home environment through Housing Unlimited Inc. (HUI). WM residents are screened / interviewed by Ken Weston of Core Services Agency, who also oversees Watkins Mill’s group home licensure. HUI’s waitlist is about 12 months. This gives the WM resident time to obtain income, budget and develop a savings account, maintain sobriety and mental health recovery, and establish natural supports within their community that they can carry with them upon leaving the Watkins Mill program. • Assistance of realtors to help clients with their housing or room rental searches. • DHHS has hired housing locators who have also been able to assist with this task. • Work with case manager to identify, inquire, and apply for rooms to rent on Craigslist or Kangaroom. • When residents are eligible for the Rental Assistance Program (RAP), which has both county and state funding, as well as assistance with the deposit and first month’s rent through DHHS Emergency Services (a Special Needs Housing program that assists with these expenses for persons exiting a homeless shelter into housing), once a lease is obtained and financial need is verified. • Representative payee agencies such as EveryMind (formally, the Mental Health Association) and SMILE rep payee services to assist residents with budgeting and bill paying needs. <p>Currently, WM does not have any written MOUs with outside agencies, but would be willing to discuss more formal action plans as necessary if it could benefit their residents.</p>
<p>2. Staff regularly collaborate with the provider community in identifying potential solutions for efficiencies and improvements.</p>	<p>WM participates in interdisciplinary meetings with its residents and their other providers. Meetings usually focus on an issue that a resident is struggling with and needs additional support and/or resources. The meetings also serve as a monthly or quarterly check-in. Groups meetings with residents and providers are arranged as needed or requested for residents to identify and develop strengths and solutions to help reach their goals.</p> <p>During the visit, the review panel met with Vivian Levi, Clinical Director of Betty Ann Krahnke Center (BAKC). She shared with us the strength and importance of the collaboration and partnership WM and BAKC have. Through communication and problem solving both agencies have been able to identify issues and solutions to improve services for women needing their respective services.</p>

<p>3. Program regularly solicits the broad input of clients and the community to support proactive planning and improve services.</p>	<p>WM conducts monthly house meetings with clients to gather input and feedback as well as deal with any disputes. Residents complete satisfactions surveys that also provide valuable information for program planning and service improvements.</p> <p>WM participates in the quarterly meetings between Core Services Agency, other transitional providers such as Catholic Charities and Safe Haven - a program of Montgomery County Coalition for the Homeless (MCCH). WM firmly believes that every person deserves a safe, comfortable place of their choosing to call home. As a result, Watkins Mill is dedicated to eliminating unnecessary barriers and empowering its residents to lift themselves out of poverty and homelessness. WM staff are open to feedback that could benefit their programs and the lives of our residents.</p> <p>WM works closely with and receives general support from DHHS contract monitors (Kim Ball and Tanya Jones). WM appreciates and acknowledges the understanding the DHHS monitors have of the work on the front line and balancing that with their understanding of requirements from DHHS side.</p> <p>Transitional provider meetings would like to participate to share best practices to tackle together. Not a priority right now for the county. Transitional Housing programs are part of the County's Continuum of Care. Have support of all transitional providers. Special Needs housing separate from team meetings.</p>
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ANNEX II: Americans with Disabilities Act Checklist

This review notes general impressions and observations about ADA compliance. It is not a formal assessment for ADA compliance.

Accessible Parking/ Route of Travel	Yes/ No*/ NA
Is there clearly marked accessible parking? ADA parking regulations require 1 accessible space per 25 spaces. The first space should be a van accessible space-8ft. parking space plus an 8ft. access aisle.	No-1
Is there an accessible path of travel between the parking space and the main entrance of the building? Look for curb cuts, ramps, etc. Follow the travel path and see if you think someone using a walker or wheelchair would encounter any problems.	Yes-2
If the main entrance is not accessible, is there a clearly marked alternative route to the building that is accessible? Again, follow this route and see if you encounter any problems.	N/A-3
Does the route appear to be wide enough for a wheelchair user (at least 36 inches)?	Yes-4
Is the front door wide enough (at least 32 inches wide) for a wheelchair to get through?	Yes -5
Can you open the door without too much trouble? If not is there an automatic door or doorbell to ring for assistance?	No-6
Accessible Interior Space	Yes/ No*/ NA
Can you reach the main office by an accessible route?	Yes
Is the aisle at least 36 inches wide and clear of boxes and protruding items?	Yes
Are interior doors wide enough for wheelchair access (32 inches wide)?	Yes
Is there an accessible bathroom?	Yes-7
Does the door open easily or is there an automatic door?	Yes
Is there a water fountain that can be used by those using wheelchairs?	Yes-8
Are interviewing or counseling rooms accessible for someone in a wheelchair?	Yes - 9
Program Accessibility	Yes/ No*/ NA
Do staff know how to request a sign language interpreter?	Yes - 10
Is your program walk-in or first-come-first-serve?	No
If yes, are staff aware they should make appointments for people with disabilities upon request?	
Will staff members assist people with disabilities in completing applications if necessary?	Yes - 11
Do staff know how to provide information in alternate formats such as Braille or large print?	Yes - 12
Does the program permit service dogs to accompany clients? There are no licensing requirements or identifying equipment needed to prove that the dog is a service dog. The client may be asked if the dog is a service dog and what the dog is trained to do. Those are the only questions that can be asked.	Yes - 13
If the program has a website, is it accessible to users who are blind or have visual impairments?	No - 14
Has your program received any complaints within the last year from people with disabilities? If so, explain:	No
Are meetings held in accessible locations?	Yes
Do meeting notices include a statement explaining how to request a sign language interpreter or other accommodation?	Yes - 15
Does the program have a lot of telephone contact with clients?	Yes
If yes, are program staff trained to use Maryland Relay?	No- 16
If yes, are program staff trained on Video Relay?	Yes - 17
Are program staff trained on the use of the TTY? *Note, crisis programs or 911 systems only	No - 18
Does the program brochure and website inform people of how to request the information in an alternative format or request other accommodations?	No - 19

Reviewer comments:

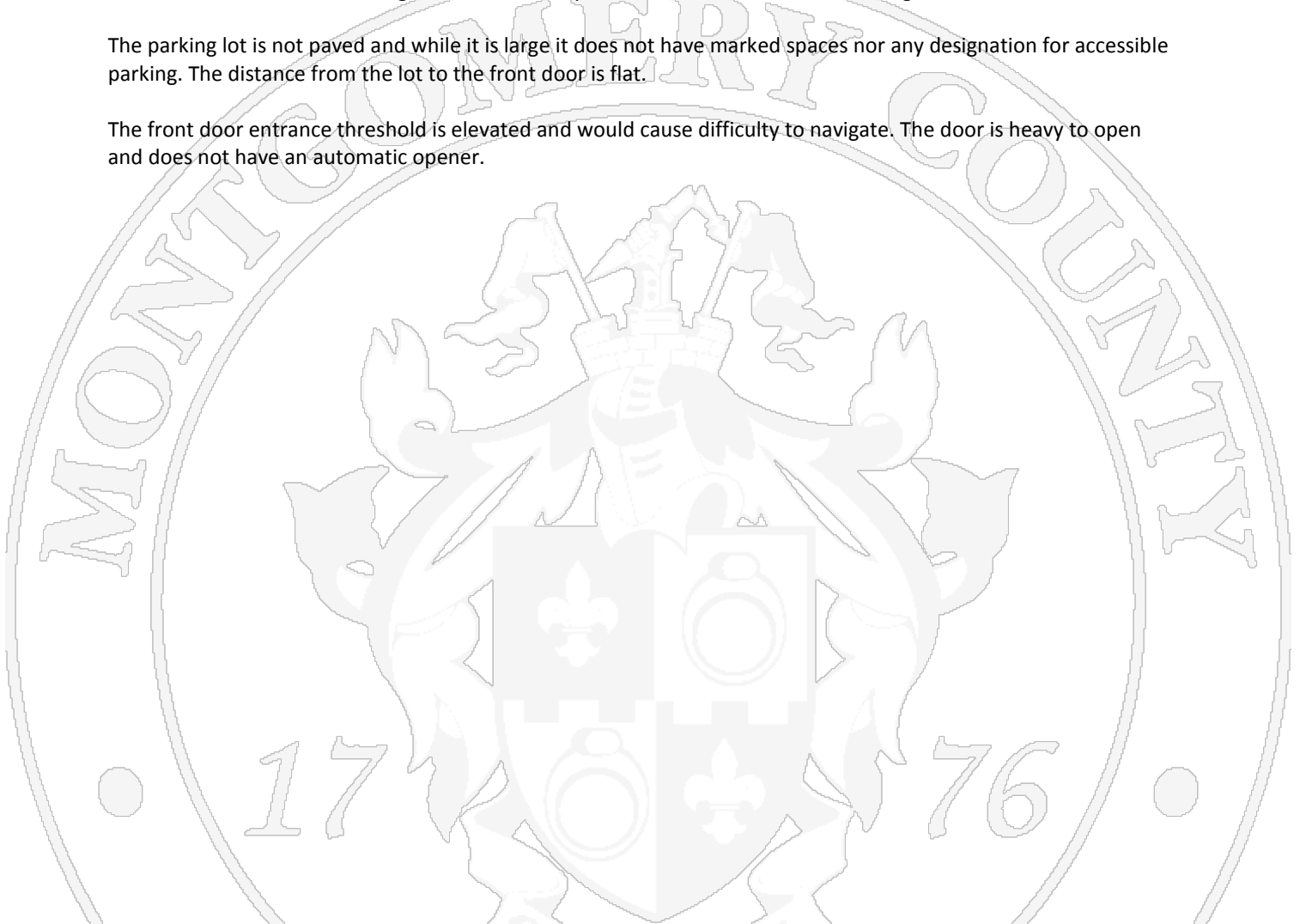
- 1- There is ample parking and several spaces that can accommodate a van. Nevertheless, none of the parking spaces are marked for accessibility, however, there are fewer than 25 spaces.
- 2- There are two front entrances – one of them has a small step into the living room, while the other does not.
- 3- One of the main entrances is accessible and there is no marked alternative route.

- 4- Watkins Mill has served residents who use wheelchairs, walkers, and canes.
- 5- Watkins Mill has served residents who use wheelchairs, walkers, and canes. The main entrance door threshold is not flush and would make it difficult for a wheelchair to navigate
- 6- The front doors are a bit heavy, but there is a doorbell and 24-hour staff are able to assist if needed.
- 7- The upstairs bathroom has a walk-in shower with an accessible bench for bathing / showering
- 8- There is a water cooler near the Watkins Mill staff office that is accessible for someone with mobility issues
- 9- All offices and one upstairs bedroom are accessible.
- 10- WM utilizes the free app called Purple Communications, which provides a free video relay to translate for those who rely on sign language (more information about Purple can be found in the assessment tool).
- 11- Accommodations are made for individuals on a case-by-case basis as needed or requested.
- 12- The only thing WM staff cannot assist residents in is with their activities of daily living (ADLs).
- 13- Staff can assist with large print, but may not be as familiar with providing formats such as braille. If there was a request from someone with a visual impairment, WM would research these options for them.
- 14- Recently, a resident had a service dog. WM required a copy of the certification showing the dog was certified and asked the owner to keep the dog up to date on all vaccinations.
- 15- WM is a program of Interfaith Works; information about the program can be located on the IW website (www.iworksmc.org), not sure the website is accessible to those with visual impairments.
- 16- WM staff will make case-by-case accommodations if providing services to someone with a disability.
- 17- WM uses video relay through Purple Communications.
- 18- WM uses video relay through Purple Communications.
- 19- WM does not have a TTY.

The house has variable levels with bedrooms, bathroom and a lounge that would not be accessible to an individual using a wheelchair. WM can accommodate an individual utilizing a wheelchair on the first floor where there is a bathroom, bedroom and a living room as well as open access to the kitchen and dining room.

The parking lot is not paved and while it is large it does not have marked spaces nor any designation for accessible parking. The distance from the lot to the front door is flat.

The front door entrance threshold is elevated and would cause difficulty to navigate. The door is heavy to open and does not have an automatic opener.



ANNEX III: Reviewers

The Department of Health and Human Services extends appreciation to the following independent reviewers who volunteered their time for the community.

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Carol Jordan

Carol Jordan is a RN who spent 34 years in Local Public Health and International Health (Pakistan, Thailand, Haiti) during her career. She retired in 2013 from DHHS as the Chief of Communicable Disease & Epidemiology, and is a subject matter expert in infectious diseases, outbreak investigation, Public Health emergency planning, and disease surveillance. In the 1980's, she was the Director of Maternity and Family Planning Services for DHHS, and was instrumental in starting what is currently called the Maternity Partnership. For this work, she received the Ford Foundation Award from the JFK School of Government at Harvard. In addition to her BSN, she received a Master of Public Health from the Bloomberg School of Public Health at Johns Hopkins University with a focus on Maternal Child Health and Epidemiology from the Department of Population, Family, and Reproductive Health. Carol is a lifetime member of Delta Omega, Alpha Chapter, the national Public Health Honor Society at Johns Hopkins. She has been a member of the FIMR CAT since 2015, and is currently the Co-Chair of the Fetal Infant Mortality Review Board Community Advisory Team.



Vera Johnson

Vera Johnson, LCSW-C, is a Licensed Certified Clinical Social Worker with over 32 years of experience with DHHS in the areas of Child Welfare Services and Special Needs Housing. She held several positions as a social work case manager and Lead Worker; homeless family services and grants contract monitor and program manager in the Upcounty and Rockville regional offices. Mrs. Johnson participated on various workgroups that developed and implemented integrated customer service assessment models in two of the regional centers; created a government, non-profit and community partner managed service delivery program known as the Neighborhood Opportunity Network Centers for individuals to have easier access to department services for food and preventing homelessness to gain service access in a less formal setting located in their neighborhood. Mrs. Johnson also served on the department's cadre for Quality Service Review until she retired in 2015. Mrs. Johnson is a graduate of Syracuse University and the School of Social Work at Howard University.



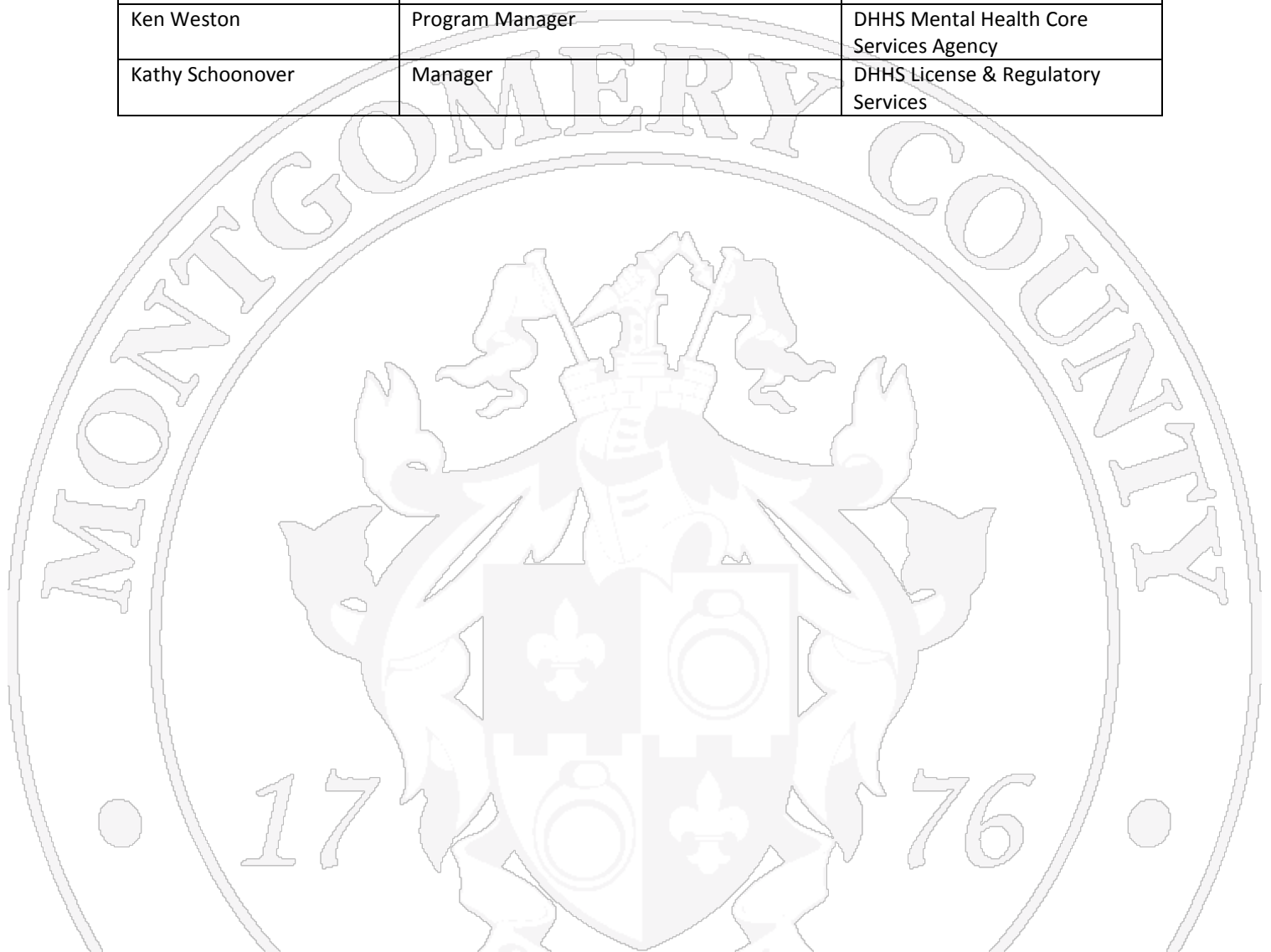
Beth Zeidman

Beth Zeidman is a Certified Therapeutic Recreation Specialist working with individuals of all ages and abilities and retired from Arlington County's Department of Parks and Recreation after 31 years of service where she held various supervisory and management positions as well as special assistant to the Director. She has a graduate degree from George Washington University and completed certificate programs in Organizational Development and Transformational Leadership at Georgetown University. Beth has served on National Boards as well as presented at numerous National, State and local conferences and has been an adjunct instructor at several Universities in the Metropolitan Washington Area. Most recently, a graduate of Senior Leadership Montgomery and the Legacy Leader Institute on Public Policy at the University of Maryland. She is also a founding member of the Community Research Advisory Board, part of the University of Maryland Center for Health Equity. She has been conducting Community Reviews for 7 years.

ANNEX IV: Interviewees and Participants

The independent review panel met with and interviewed the following staff, participants and community partners, and wishes to extend appreciation for their participation in this Community Review. The list is not exhaustive, as additional program staff may have been unintentionally omitted from this list.

Name	Title	Organization
Kacy Barker, MA	Program Director Carroll House, Becky's House, & Watkins Mill	Interfaith Works
Lynn Arndt	Chief Operating Officer	Interfaith Works
Christine Hong, LCSW-C	Deputy Director of Homeless & Housing Services	Interfaith Works
Gina Esipila, MA	Case Manager, Watkins Mill	Interfaith Works
Eslie Diaz	Program Assistant and Staff Supervisor, Watkins Mill	Interfaith Works
Eva Soglo	Senior Residential Coordinator, Watkins Mill	Interfaith Works
Vivian Levi, LPCP	Clinical Director	Betty Ann Krahnke Center (BAKC)
Amanda Harris	Service Area Chief	DHHS Special Needs Housing
Kim Ball	Homeless Services Administrator	DHHS Special Needs Housing
Tanya Jones	Contract Monitor	DHHS Special Needs Housing
Client M	Former Watkins Mill Resident	
Ken Weston	Program Manager	DHHS Mental Health Core Services Agency
Kathy Schoonover	Manager	DHHS License & Regulatory Services





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