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STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER

February 25, 2020

Ms. Sheila Poole
Commissioner
Office of Children and Family Services
52 Washington Street
Rensselaer, NY 12144-2834

Re: Oversight of Residential Domestic
Violence Programs
Report 2019-F-40

Dear Commissioner Poole:

According to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law, we have followed up on the actions taken by officials of the Office of Children and Family Services (OCFS) to implement the recommendations contained in our audit report, *Oversight of Residential Domestic Violence Programs* (Report [2017-S-16](#)), issued April 24, 2018.

Background, Scope, and Objective

With the rates of homelessness on the rise, the plight of the homeless in New York State has been in the forefront of public attention. In his 2016 State of the State address, the Executive declared homelessness to be an urgent State priority, and announced a tightening of shelter regulations to prevent substandard housing and ensure safe and healthy living conditions. Victims of domestic violence are a vulnerable population and constitute a large segment of the population whose well-being and survival depend on emergency housing – and for whom homelessness is a daily threat.

The Domestic Violence Prevention Act (Act) of 1987 (Social Services Law, Article 6-A) requires social services districts to provide shelter and services to victims of domestic violence, and establishes mainstream funding mechanisms for these programs. As a result of the Act, OCFS created regulations to promote standards for the establishment and operation of non-residential and residential domestic violence (DV) programs.

OCFS' Division of Child Welfare and Community Services oversees the Office of Prevention, Permanency and Program Support at OCFS Central Office, which is tasked with the licensing and oversight of DV programs in the State. Central Office oversees six Regional Offices – Albany, Buffalo, New York City, Rochester, Spring Valley, and Syracuse

– which provide local oversight and are responsible for the various shelter inspection functions (certification, recertification, monitoring, and complaint investigation).

DV programs are run by various not-for-profit agencies across the State. OCFS regulations distinguish four types of DV residences:

- DV Shelter: a DV residence with 10 or more beds, completely dedicated to DV victims.
- DV Program: similar to a DV shelter but largely – not exclusively – dedicated to victims of domestic violence and their minor children (if any), who constitute at least 70 percent of the clientele of such programs.
- DV Sponsoring Agency: provides a temporary shelter at a DV safe dwelling and emergency services to victims of domestic violence and their minor children.
- Safe Home Networks: an organized network of private homes offering temporary shelter and emergency services to domestic violence victims and their minor children.

Central Office policies and procedures require the Regional Offices to perform program inspections of DV residences and fire safety inspections of DV Shelters and DV Programs annually. Program inspections comprise a review of case records and incident reports, observation of staff and client interaction, and a walkthrough of the DV residence to determine compliance with regulations. Fire safety inspections monitor the DV program's compliance with fire safety codes.

As of December 31, 2018, there were 93 residential DV programs in New York State operating 163 DV residences. In 2018, 12,074 individuals (includes adults and children) were admitted to a residential DV program.

Our initial audit examined whether OCFS maintained adequate oversight of residential programs for victims of domestic violence to ensure these programs operate in compliance with applicable laws, rules, and regulations. We determined, based on the amount and quality of information provided by OCFS, that Central Office did not maintain adequate oversight of DV residences. We conducted a risk assessment that was limited due to OCFS' delays in providing information. From the limited risk assessment completed, we found the 53 DV residences visited were in adequate condition. However, based on additional report information provided to us after our initial site visits, we questioned whether we would have found more serious issues had all reports been made available during our risk assessment.

During the audit, OCFS repeatedly provided us with conflicting information, for example, regarding policies and procedures related to inspection and inspection criteria. Furthermore, OCFS would not allow us to access either the Domestic Violence Information System or SharePoint; both systems, according to OCFS officials, are used to monitor DV programs. This access was critical to verify the reliability of the information provided. Further, OCFS officials placed constraints on our audit, including delays in and denial of

access to records needed to evaluate the effectiveness of their oversight. As a result, there was considerable risk that material information concerning OCFS' oversight of DV programs was withheld from us. This, in addition to the contradictory information OCFS officials provided, raised serious concerns about the adequacy of OCFS' oversight of the DV program.

The objective of our follow-up was to assess the extent of implementation, as of November 13, 2019, of the four recommendations included in our initial report.

Summary Conclusions and Status of Audit Recommendations

OCFS officials have made progress in addressing the issues identified in our initial audit. Of the initial report's four recommendations, three were implemented and one was not implemented.

Follow-Up Observations

Recommendation 1

Develop a centralized method for tracking and maintaining all DV program information.

Status – Implemented

Agency Action – OCFS utilizes a SharePoint site to centralize inspection reports for programs being certified/recertified. OCFS' SharePoint site includes a DV site tracking sheet, tools, protocols, and monitoring documents. OCFS has also developed quality assurance (QA) protocols that set responsibilities to ensure DV programs are monitored when required. The DV Licensing Supervisor is responsible for ensuring the agency/program list on the tracking sheet is kept current and regional office staff are responsible for updating the tracking sheet for the respective annual DV monitoring/site visits. In addition, Regional Office staff are responsible for uploading the respective correspondence (e.g., findings letters, program improvement plan [PIP], final approved PIP, PIP approval/close-out letters) related to each visit.

Recommendation 2

Develop procedures to ensure consistency in reporting across all regions.

Status – Implemented

Agency Action – OCFS has developed templates to be used to complete inspections, for PIPs, and for inspection correspondence (e.g., visit findings letters, PIP approval or rejection letters). In addition, OCFS has developed site visit protocols and other guidance that identify the tools/templates to be used for inspections, time frames for completion, and the documents to be uploaded to SharePoint.

Recommendation 3

Develop procedures for monitoring the Regional Offices' oversight of residential domestic violence programs and each of their respective residences.

Status – Implemented

Agency Action – OCFS has instituted QA review processes to ensure that inspections are completed, regional staff update the tracking sheet, inspection correspondence is uploaded to SharePoint, and correspondence is accurate and meets requirements. In January 2018, OCFS implemented a process in which the DV Licensing Supervisor reviews the tracking spreadsheet monthly and notifies the Regional Director via email if there is missing or incomplete information and whether any inspections are due in the next month. Additionally, the DV Licensing Supervisor conducts quarterly reviews of inspection correspondence. A sample of 50 percent of visits completed within the quarter from each region is selected for review. Reviewers consider completeness, timeliness, and quality. Following the review, the DV Licensing Supervisor contacts the applicable region for any needed follow-up. In addition, quarterly reviews are discussed at bi-annual meetings with regional and home office staff. Finally, as part of a division-wide initiative started in January 2019, OCFS QA staff run monthly QA reports to ascertain whether timely inspections have been completed and site visit reports were sent to the agency within required time frames.

Recommendation 4

Formally assess the adequacy of the internal control environment at OCFS, and take necessary steps to ensure the control environment is adequate, including cooperation with authorized State oversight inquiries.

Status – Not Implemented

Agency Action – OCFS disagreed with this recommendation during our original audit and still disagrees with it. However, we maintain that, during our original audit, OCFS' overall lack of cooperation and delays in providing information, coupled with the contradictory information and denial of access to certain relevant information, limited our audit work and compromised the reliability of certain evidence provided to us. OCFS' pattern of a lack of cooperation during recent audits and its defensive and dismissive response are not indicative of an appropriate control environment. OCFS officials stated they firmly believe that they fully cooperated with OSC in the conduct of the underlying audit, while also maintaining adherence to the strict confidentiality protections afforded to victims of domestic violence under State and federal law. Therefore, OCFS has not formally assessed the adequacy of its internal control environment.

Major contributors to this report were: Amanda Eveleth, CFE; Vicki Wilkins, CIA; Jeffrey Dormond; and Amy Tedesco.

We would appreciate your response to this report within 30 days, indicating any actions planned to address the unresolved issues discussed in this report. We thank the management and staff of OCFS for the courtesies and cooperation extended to our auditors during this review.

Very truly yours,

Heather Pratt, CFE
Audit Manager

cc: Bonnie Hahn, Audit Liaison