

DBH Monitoring reports 6.3.17

Kowalski, Jill

From: Kowalski, Jill
Sent: Tuesday, June 6, 2017 7:42 AM
To: steve.f@cmoh.net; Angelina Coe; friddle@cityofpalmdesert.org; Robin Gilliland; Sims, Sterlon; Paul Flores; Spivacke, Robert
CC: Concepcion, Rowena; Joe Colletti - Urban Initiatives; Shiner, Lisa A; Kowalski, Jill
Subject: Fw: Monitoring Responses - RUHS-BH
Attachments: 5.29.17 HHOPE Housing Monitoring Response.pdf; 5.29.17 Riv PH Monitoring Response.pdf; 5.29.17 WPH Monitoring Response.pdf; 5.29.17 Rapid Rehousing Monitoring Response.pdf

Importance: High
Sensitivity: Private

Here are the responses from RUHS-BH.

Thank you,
Jill

From: Brockmeier, Lynne <lbrockme@rcmhd.org>
Sent: Saturday, June 3, 2017 11:55 AM
To: Salas, Linda
Cc: Concepcion, Rowena; Kowalski, Jill
Subject: Monitoring Responses

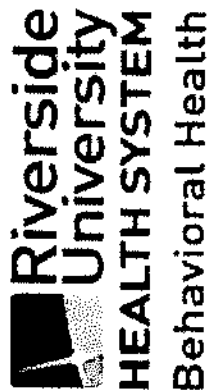
Please find attached our monitoring responses.
Thank you for your collaboration
Lynne

Lynne M. Brockmeier
Administrative Services Manager
Housing Region
Housing Crisis Response Team Manager

HomeConnect (CES) Lead

HHOPE Program Administration
Riverside University Health System -- Behavioral Health
1405 Spruce St. Ste A Riverside 92507
Manager Admin Office : 951-715-5049
Imbrockmeier@rcmhd.org
HHOPE Main Line 951-715-5050 F: 951-784-4986
HHOPE@rcmhd.org

www.rcdmh.org



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 **Riverside
University
HEALTH SYSTEM**
Behavioral Health

Reply to: HHOPE Program
1405 Spruce St
Riverside Ca 92507

May 29, 2017

Department of Social Services
County Circle
Riverside CA 92506

Homeless Programs Unit
Attn: Jill Kowalski

Re: Monitoring Response - Request for Copy of HQS inspections conducted by DPSS
Permanent Supportive Housing

Ms Kowalski,

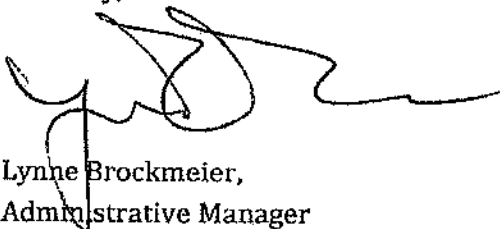
Thank you for the opportunity to review our process, ensure our compliance and quality of services through the monitoring process. During this monitoring process we have been cited by our Collaborative Applicant, DPSS, with "Findings" in four different Permanent Supportive Housing grants for not having past copies of the initial HQS. Until November of 2016 all the HQS inspections were through DPSS Homeless Programs Unit or your contractor.

Please provide copies of the HQS for all of five our Permanent Supportive Housing grants. This will allow us to meet the Collaborative Applicants requirements and allow us to add these to our grant participants files.

Thank you for your continued collaboration with RUHS-BH.

Please feel free to contact me at 951-715-5050, if you have any questions.

Sincerely,



Lynne Brockmeier,
Administrative Manager
Riverside University Health System- Behavioral Health
HHOPE Program
"Wellness Begins with a Home"

Reply HHOPE Program
1405 Spruce St
Riverside Ca 92507

May 29, 2017

Department of Social Services
County Circle
Riverside CA 92506

Homeless Programs Unit
Attn: Linda Salas

Re: Monitoring Response

Grant Number: CA1136L9D081504
Grant Period: 10/1/16 to 9/30/2017
Project Name: RCDMH HHOPE Housing
Type of Service: Permanent Supportive Housing

Thank you for the opportunity to review our process, ensure our compliance and quality of services.

Monitoring Summary

1. Fiscal Compliance: There are no fiscal concerns, nor findings.

2. Program Review:

Finding 1: Eligibility documentation

Client ID

54961 - not CH homeless

Client initial application was reviewed at the time and indicated that there was some conflict with the clients report and the eligibility. HHOPE program supervisor made phone call to worker Alice Pedraza, who had signed and verified/indicated client was CH and eligible. Ms Pedraza indicated client has been working with her since she was a homeless outreach staff on the streets since 2011 at least. In the conversation it indicates multiple episodes of homelessness since 2011 witnessed by outreach

staff. Limited understanding and memory of past homeless episodes.
See internal notes attached
This individual was and remains eligible.

44185

See attached - This individual was and remains eligible. Simple error in chronological date-10/25/13 instead of 10/25/12 . Individual was in housing in 10/ 2013 but last line indicates continuous 11-2012 homeless until 3-6-13 .
This individual was and remains eligible.

565103

See attached
Client - pregnant, custody of toddler, victim of past DV, was being evicted. She did note on her application that she could not pay rent of \$660 - which is why she was being evicted. At entry into emergency housing this individual was 8 months pregnant, at great risk and was applying directly to our program as the CES was not functioning at that time. Application was submitted as well for emergency shelter. She remained in emergency housing for several months, until after a difficult pregnancy, difficult delivery, long and difficult recovery, eventually locating her own apartment. RUHS-BH paid for her emergency shelter with other funding and provided extensive supports to allow her to maintain stability and retain custody of her children. She lost her housing 3-26-15 , moved into emergency housing 3-27-15 delivered infant in emergency housing 4-14-15 and moved into own apartment 7-2015. Notes and documents in her file clearly noted this circumstance.

10772

This individual was served in a CoC program S+C, but had left her home abruptly due to her daughter and grandchildren becoming homeless again. This individual was homeless for years with them and struggled with the concept of being housed herself and yet unable to help her daughter and grandchildren while they lived on streets. It had been determined that the S+C grant she was in would not allow her to have family and they advised her she would lose. She interpreted as lost housing and individual was on the streets while RUHS-BH and Housing Authority worked with her to get her back into her home. Client health became worse on streets (aging woman) daughter and grandchildren cared for her. Discussion was made between Housing Authority, DPSS and RUHS-BH and agreed to shift her into the RUHS-BH grant which allowed family members. She moved in with her daughter and two grandchildren from the streets. DPSS advised us all we needed to do was add her to HMIS.

Finding 2: Housing Quality Standards (HQS).

Response :

56873 – no record of initial inspection

10772 – no record of initial inspection

From 2009 until 2016 November, it was RUHS-BH instructions that either DPSS or their contract provider would do the required HQS inspections. This was announced abruptly at the time , with no real reason for the changes and when our program requested the copies at the time, we were advised that it was not required as DPSS kept the copies, so this was not a responsibility for the programs. RUHS-BH understands that no one on the Homeless Programs unit was in the team at the time but has consulted with Susan Larkin who was the inspector for a time and will be able to express the detail's around this. RUHS-BH discussed this with the auditors in previous monitoring in 2016 and they advised to ask for copies. We requested copies moving forward from the contractor Housing Authority. We were advised that copies were unavailable from them as it is a NCR form and is given to DPSS.

RUHS-BH has attached a formal request for all copies of past inspections from DPSS.

RUHS-BH continued throughout the years to do inspections and review issues with our tenants as part of the RUHS-BH supportive housing process. Those were included in the file. At the monitoring event- We did discuss the early dates and the requirements in that timeframe, again the monitors brushed off the concerns and indicated to note our explanation on the monitoring report .

Client Id -

54961 - initial inspection incomplete - no annual

See attached. It was complete and there are follow-up inspections

44185 – no copies of initial inspection - or others

See notes on the initial inspections above that DPSS completed
See attached for other

56503 - no DPSS record of initial – HHOPE record – no refrigerator?

See attached-

Inspection says "Not Applicable" in regards to one refrigerator for 4 residents as is needed in our shared housing programs . There was a refrigerator at the site.

43871 no initial - or annual

See above comments for the initial inspection done by DPSS and not provided to us
See attached for the other inspections

49551 no annual

See attached

This client was refusing contacts, resistant to services throughout 2016 for most of the staff, so her inspection was done later by other staff.

Plan

RUHS_BH requests that this be removed as Finding

- A) Attached are copies of the forms that were available as indicated above.
- B) Those forms that we do not have a copy for as DPSS conducted those inspections, we are asking for copies from DPSS Homeless programs.

RUHS-BH should not be held to a Finding on this, as DPSS had the copies and did not make them available.

Finding #3 Lease

Client 54961, 56503, 447401 - month to month lease

The individuals in our PSH grants all have significant barriers to maintaining their home related to their Behavioral Health challenges for themselves, as well as some of their family members. One of the barriers for many individuals, is related to their disability and the engagement with landlords who have concerns around their behavioral health condition, poor rental history and poor credit reports. Most of these individuals have multiple evictions, poor credit related to employment issues, low income and some legal issues resulting from their behavioral health challenges. Symptoms such as: severe anxiety, poor decision making, poor self control, confusion, poor memory, paranoia, inappropriate social skills, anger management issues, self isolation from social anxiety and depression, etc all affect their ability to maintain a home, positive landlord relationships, budgeting and decision making processes. Many landlords are resistant to accepting an individual with these multiple barriers and locking their housing into a full year long lease and consequently their property and funds into a costly eviction process. Some are willing to overlook the credit and eviction issues if the rental is limited to a month to month basis, knowing that we will be working with the individual and with their management company as well. If for some reason their tenancy is at risk at the location our goal becomes to reduce the negative impact on the individuals future stability as much as possible by preventing eviction and negative credit results. RUHS_BH is willing to support the tenant in their time out of their unit, perhaps using a emergency housing motel voucher if they lose that month to month tenancy due to inappropriate

actions, behaviors or difficulties around their housing, until we can assist with locating a fresh start and new housing. The tenant does not lose the PSH program housing slot nor their case management supports if evicted, therefore the need for a year long lease is mitigated.

Additionally, from the tenant perspective, our individuals who have experienced living on the streets for lengthy periods, are chronically homeless and individuals who have significant struggles with behavioral health challenges such as paranoia, anxiety, social isolation etc. They can have paralyzing concerns that often develop related to their housing location. We have found as a result of their disability that the individuals request frequent changes in a housing location. We see this happen especially with individuals who have been on the streets for an excessive amount of time and who are highly symptomatic and struggling with the severity of their Behavioral health challenges. We often encourage them to go ahead and just try a location, while encouraging them that if needed we can move relatively easy, that they have a choice in the process and this isn't a lifetime decision. At times, this is the real reassurance they need to convince them to actually move into housing.

Examples of reasons why tenants with these barriers may want to leave include; that a tenant often believe their neighbors are "targeting" them (which often is true, especially if their behavioral health challenge is fairly symptomatic), or paranoia that the landlord, neighborhood, janitor is "spying" on them and they feel unsafe because of the conspiracy against them, etc. Being able to have the freedom to move to another unit if needed with only a 30 day notice, truly meets their disability needs and unique barriers. If the tenant is having to break a lease, it is significantly more difficult and can add increasing stressors that affect their enjoyment of their housing, as well as their ability to maintain the stability in their home environment.

RUHS-BH staff work diligently with our landlords and community to try and locate an landlord who will work with the tenant who has so many barriers and secure a 12 month lease. It is only when we reach a point of being unable to locate housing and a 12 month lease is not available due to their barriers, do we even consider a month to month lease. RUHS-BH has identified this as an appropriate reasonable accommodation to meet the unique disability barriers of these individuals. Again, even if tenancy is lost in that leased location, the tenant does not lose the program housing supports, rental assistance nor their case management supports.

A "reasonable accommodation" is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling. We identify this accommodation as reasonable and believe and have demonstrated that it will not affect the outcomes in a negative manner.

The Department of Justice ("DOJ") and the Department of Housing and Urban Development ("HUD") are jointly responsible for enforcing the federal Fair Housing Act 42 U.S.C. §§ 3601 - 3619. (the "Act"), which prohibits discrimination in housing on the basis of race, color, religion, sex, national origin, familial status, and disability. *Bragdon v. Abbott*, 524 U.S. 624, 631 (1998)

One type of disability discrimination prohibited by the Act is the refusal to make reasonable accommodations in rules, policies, practices, or services when such accommodations may be

necessary to afford a person with a disability the equal opportunity to use and enjoy a dwelling. 42 U.S.C. § 3604(f)(3)(B).

Housing providers that receive federal financial assistance are also subject to the requirements of Section 504 of the Rehabilitation Act of 1973. 29 U.S.C. § 794. Section 504, and its implementing regulations at 24 C.F.R. Part 8, prohibit discrimination based on disability and require recipients of federal financial assistance to provide reasonable accommodations to applicants and residents with disabilities.

The Fair Housing Act's protection against disability discrimination covers not only home seekers with disabilities but also renters without disabilities who live or are associated with individuals with disabilities 42 U.S.C. § 3604(f)(1)(B), 42 U.S.C. § 3604(f)(1)(C), 42 U.S.C. § 3604(f)(2)(B), 42 U.S.C. § (f)(2)(C). *See also* H.R. Rep. 100-711 – 24 (reprinted in 1988 U.S.C.A.N. 2173, 2184-85)

Per the DOJ and HUD, the Fair Housing Act does not require that a request be made in a particular manner or at a particular time, such as a written form. A person with a disability need not personally make the reasonable accommodation request either and accommodation request can be made by someone acting on their behalf. An individual making a reasonable accommodation request does not need to mention the Act or use the words "reasonable accommodation" even, but simply address the barriers. Once a housing provider has established that a person meets the Act's definition of disability, the provider's request for documentation should seek only the information that is necessary to evaluate if the reasonable accommodation is needed because of a disability. Such information must be kept confidential and must not be shared with other persons unless they need the information to make or assess a decision to grant or deny a reasonable accommodation request or unless disclosure is required by law (*e.g.*, a court-issued subpoena requiring disclosure).

We are unable to locate any reference in any regulation that indicates that HUD must approve a reasonable accommodation, please advise where the regulation is located, so we can identify how to meet this requirement in a timely manner.

While HUD and Fair housing regulations indicate that there does not have to be specific forms, documents etc in place to request a reasonable accommodation, we do recognize and agree that it would be helpful and a best practice to formally note on the documentation somewhere that an accommodation was being met. We will change our documents to make this evident.

RUHS-BH discussed our reasonable accommodations decisions with DPSS staff in the past and then in 2016 submitted a question to HUD around the concerns expressed by DPSS and our approach to a reasonable accommodation. HUD replied and indicated that they were taking this to subject matter persons for further review to determine if there was a problem. This was also discussed in the meeting with DPSS in October 2016 .

HUD has not indicated to RUHS-BH at this time that this is an inappropriate use of the reasonable accommodation laws. Therefore we see this reasonable accommodation as a reasonable step to ensure our individuals have equal access to housing.

RUHS-BH asks respectfully that DPSS change the monitoring status and remove this as a Finding.

While we understand the need for the collaborative applicant to document their concerns, we have found that a Finding results in punitive responses on multiple levels for our grant scoring and acceptance. Until this is resolved through official HUD notification as requested, we feel it is inappropriate to negatively impact a program scoring and consequential rankings and funding opportunities.

Finding #4 Rental Calculation

The individuals in our PSH grants all have significant barriers to maintaining their home related to their Behavioral Health challenges for themselves, as well as some of their family members. One of the barriers for many individuals is related to their disability and the high costs of utilities as a result of affects of their disability conditions, as well as those with disability income having in equality in the income calculation process.

Symptoms such as: severe anxiety, confusion, poor memory, paranoia and obsessive behaviors and symptoms will create a tenants need for the lights, radios, televisions etc . to remain on throughout the night and day, medications that result in poor temperature regulation and easy overheating, can result in high use of air-conditioning systems in our hot California climate, social anxiety, inappropriate social skills resulting in self isolation leads to individuals remaining in their homes for most of the time, as opposed to others who leave and can reduce or conserve usage, etc, all of which can often result in excessive use of electricity or gas, resulting in excessively high costs. In our California utility areas, high costs are increased for those who are deemed excessive users. There is no utility exemption for these types of high utility usage. Another example is that obsessive behaviors can lead to incessant cleaning, washing and bathing resulting in high water bills in a drought area with very high costs for more than typical usage as well. Additionally many of the individuals have multiple health conditions resulting from their time on the streets, medications to treat their behavioral health symptoms which compounds their budgetary restrictions and the excessive use of utilities.

For those individuals who have no income, RUHS-BH utilizes other funding to pay for their utility bills in full, until they obtain their benefits or employment. Once they achieve disability income or

employment, RUSH-BH utilizes a increased utility allowance on the rental calculations as a Reasonable Accommodation to their disability , to aid the individual in successfully paying their own bills and maintaining the stability of their home, as well as their enjoyment of having a safe and comfortable home that meets their individual needs. We utilize a scale based on the unit size, ie \$150 for one bedroom, \$200 for a 2 bedroom, etc. While it does not significantly affect how much their rent share lowers, it does aid them to some extent in meeting their budget needs. In Southern California, especially in our triple digit summers, utility bills for a one bedroom can run as high as \$400 a month. We have seen individuals in a 3 bedroom have utility bills at over \$800 a month, which is almost their entire monthly income. This puts their housing stability at risk as well as increases stressors and develops an health, emotional and housing crisis.

Additionally in California food stamp costs are include in the disability SSI payment. We do not count the current food stamp/Cal Fresh costs as income if they have employment, yet we in essence we have to include those costs in our rental calculations as income if they receive disability benefits. This seems to be an unfair and discriminatory practice. We believe the increase in the utility allowance additionally helps to offset this disability discriminatory practice.

Many of our individuals who receive SSI disability spend 30% of their income on rent, yet have high utility bills, so in effect they are spending higher percentages of their income on the housing needs. For an individual who receives \$897 a month and must pay rent and groceries as well as the utilities from that funding , it is exceptionally challenging.

RUHS-BH has identified this utility allowance increase in the rental calculation as an appropriate reasonable accommodation to meet the unique disability barriers of individuals with significant behavioral health challenges. The Department of Justice ("DOJ") and the Department of Housing and Urban Development ("HUD") are jointly responsible for enforcing the federal Fair Housing Act 42 U.S.C. §§ 3601 - 3619. , which prohibits discrimination in housing on the basis of race, color, religion, sex, national origin, familial status, and disability. *Bragdon v. Abbott*, 524 U.S. 624, 631 (1998)

One type of disability discrimination prohibited by the Act, is the refusal to make reasonable accommodations in rules, policies, practices, or services when such accommodations may be necessary to afford a person with a disability the equal opportunity to use and enjoy a dwelling. 42 U.S.C. § 3604(f)(3)(B). A "reasonable accommodation" is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling.

Housing providers that receive federal financial assistance are also subject to the requirements of Section 504 of the Rehabilitation Act of 1973. 29 U.S.C. § 794. Section 504, and its implementing regulations at 24 C.F.R. Part 8, prohibit discrimination based on disability and require recipients of federal financial assistance to provide reasonable accommodations to applicants and residents with disabilities.

The Fair Housing Act's protection against disability discrimination covers not only home seekers with disabilities but also renters without disabilities who live or are associated with individuals with disabilities 42 U.S.C. § 3604(f)(1)(B), 42 U.S.C. § 3604(f)(1)(C), 42 U.S.C. § 3604(f)(2)(B), 42 U.S.C. § (f)(2)(C). *See also* H.R. Rep. 100-711 - 24 (reprinted in 1988 U.S.C.A.N. 2173, 2184-85)

Per the DOJ and HUD, the Fair Housing Act does not require that a request be made in a particular manner or at a particular time, such as a written form. A person with a disability need not personally make the reasonable accommodation request either and accommodation request can be made by someone acting on their behalf. An individual making a reasonable accommodation request does not need to mention the Act or use the words "reasonable accommodation" even, but simply address the barriers. Once a housing provider has established that a person meets the Act's definition of disability, the provider's request for documentation should seek only the information that is necessary to evaluate if the reasonable accommodation is needed because of a disability. Such information must be kept confidential and must not be shared with other persons unless they need the information to make or assess a decision to grant or deny a reasonable accommodation request or unless disclosure is required by law (e.g., a court-issued subpoena requiring disclosure).

We are unable to locate any reference in any regulation that indicates that HUD must approve a reasonable accommodation, please advise where the regulation is located so we can identify how to meet this requirement in a timely manner.

Additionally, while HUD and Fair housing regulations indicate that there does not have to be specific forms, documents etc in place to request a reasonable accommodation, we do recognize and agree that it would be helpful and a best practice to formally note on the documentation somewhere that an accommodation was being met. We will change our documents to make this evident

RUHS-BH discussed this reasonable accommodation with DPSS staff in the past. When requested to change our process in 2016, we submitted a question to HUD around the concerns expressed by DPSS and our approach to a reasonable accommodation. HUD replied and indicated they were taking this to subject matter persons for further review if there was a problem.

HUD has not indicated to RUHS-BH at this time, that this is an inappropriate use of the reasonable accommodation laws.

RUHS-BH asks respectfully that DPSS change the monitoring status and remove this as a Finding.

While we understand the need to document their concerns, we have found that a Monitoring Finding results in punitive responses on multiple levels for our grant scoring and acceptance.

3. HMIS Review

Concern #1 Timeliness report

The HMIS service provider Client Track did a software upgrade that affected our grant program files. As a result we had to enter many grant entries over again. This additionally affected our timeliness of updates as we had to back date all the information we re-entered.

This has been discussed at HMIS Council and DPSS is aware of this issue.

RUHS-BH should not be monitored on this issue related to a system error, not an RUHS-BH error or omission.

Concern #2 HMIS Data Quality

Clients: 54961 , 48551, 44741, 56873, 44185, 43871, 10772,

HMIS Authorization

- a. Since RUHS_BH (formerly RCDMH) has entered information into the HMIS system it has been agreed upon, by RUHS-BH and DPSS that RUHS_BH would only utilize the Riverside County Privacy Policy as determined appropriate by the Riverside County Counsel. The County of Riverside Notice of Privacy Practices is used as the client authorization.

DPSS was previously provided with a copy of the Notice of Privacy Practices. This requirement has been included in our contracts from DPSS every year since that time frame. At times, especially around the CES process, there will be other ROI's included in a client file.

- b. Data elements updated

Additional / different data then application in file

RUHS_BH is fortunate in that we have multiple contacts with the tenants and their families through many different providers, locations from clinic to home visits to group events.

As we work with the individuals we do often become aware of differing or changing circumstances which we will update the HMIS file for accuracy and most complete data available. All of this information is stored in the clients' Electronic medical file. HIPAA requires that we not allow you access to that electronic file.

Additionally, regarding data entered regarding the location client came from: if we are working with an individual from the streets with our outreach teams, we would then process them to emergency housing while applying for the PSH housing, as a next step we would note them as from the streets, which is when we first contacted them, not the emergency housing we assisted them in acquiring.

To assist with this in monitoring- We will update a form in the file to show those changes from this point forward, for the ease of the monitors benefit.

Differing project enter dates from lease dates

RUHS_BH has had instructions from DPSS initially regarding how to enter the data , we were instructed to enter the date we approved them for housing and not the lease up date.

The HMIS Council recently elected to have the data entry at lease up as opposed to the date of approval for the grant. RUHS-BH is continuing to enter in that manner now.

- Is DPSS requesting that we go and now back date all of these files differently to meet the new criteria?

No Intake form

See attached documents

While we currently try to use the DPSS monitors preferred form, there is no HUD regulation that requires a specific form. Our individuals work with us and complete many different pieces of information, which we utilize to put into the system.

The primary application/intake form our programs use for many years is the " HHOPE Program Housing Assistance Initial Information/Request " .

This form has often been reviewed by the DPSS monitoring team. This form is currently still electronic in our electronic medical record and is used for the individuals needing various housing, so it serves a multi-functional use.

We now try to include, as often as possible, the monitors preferred and requested "intake" form, but if the client is having difficulty and its seems oppressive to them or their workers, we use our simpler forms.

Plan - RUHS-BH will continue to enter as determined by the HMIS council

RUHS-BH would encourage DPSS to educate the monitors on all of the changes over the years. We should not have findings around directions provided to us in previous years or errors a system has made that we have no recourse in.

Again, we discussed this with the monitors and they said they would consider it, but that we would receive a monitoring report and to respond on our monitoring findings report with this information.

If DPSS feels that all the providers should change all the entry dates to align with the new criteria to keep these monitoring findings limited, then RUHS_BH would suggest a formal notification, with clear direction and of course approval from the HMIS council and the CoC membership . This would be significant work for some providers.

Thank you for your continued collaboration with RUHS-BH.

Please feel free to contact me at 951-715-5050, if you have any questions or need clarification on any of the above information.

Sincerely,



Lynne Brockmeier,
Administrative Manager
Riverside University Health System- Behavioral Health
HHOPE Program

"Wellness Begins with a Home"

Chronically homeless

rcvd application 3-17-15

CH status seems vague and differs from client

client

call to JWC Alice Pedraza, FSP BHSit current wellness partner reports individual has been working with her off and on for many years, since 2011, at least. Alice (street outreach until 2014) indicates she can verify her multiple times on street discrepancy on file is due to client poor level of functioning, memory and understanding indicates CH status is related to multiple issues

Jan-11 dispute with brother lead to abrupt leaving-homeless did occasionally have children in other homes, but she remained off and on on the street

2012 I she moved in with bro family multiple episodes due to family conflicts

3-4 mths

Dec-13 left - homeless due to family conflict stayed with friends occasionally but on the streets moved into apt 1st of 2014

Jan-14 lost housing due to fire, moved her into motel/emergency housing in and out of housing

3-4 mths at least

Jan-15 evicted again - past due rent

3 mths

alice linked family to Path of life and convinced to go into emergency housing again willing to continue and apply for Sh has poor recognition of being homeless; poor memory of past events etc. Alice indicates following her off and on throughout her episodes on the street - has no options at this point family will not support even for a day or two as before

due to multiple episodes of homelessness - clear indication of poor understanding - approved PSH

did sign ch verification

4-5 mths (minimum)

HHOPE PROGRAM

Staff - Chronic Homeless Verification Form

Applicant Name _____

Current Homeless Certification

Where did client sleep last night?

- Stayed in a place not meant for human habitation (ie: street, park, car, camp ground)
- Emergency Shelter (includes motels paid by HHOPE program)

How are you aware of this : _____

Chronic Homeless Certification

HUD definition:

Unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.

- Homeless for one year or more.
- Homeless four or more times during the last three years.
 - Episodes of homelessness including dates and circumstances:
 - 12/2006 - 4/2007 sleeping outside then ^(Homeless) went to cross winds Church
 - 4/2012 to 6/2012 Salvation Army in Hawaii ^{(Homeless) IN PEARLS}
 - 6/2012 to 10/31/2012 SLEPT IN A BORROWED CAR, THEN WENT TO A FLOP HOUSE ^(Homeless) W/NO UTILITIES
 - 10/25/13 to 10/31/13 SLEPT OUTSIDE - RIVERSIDE AREA ^(Homeless)
 - 11/1/2012 to CURRENT SLEEPING IN CAR, AND WAS ^(Homeless) SLEEPING ON FLOOR OF FLOP HOUSE W/NO UTILITIES

Verification process

- Phone call log _____
- Letters _____
- Personal observation CLIENT IS VISIBLY DIRTY, ODOROUS, BEING DRUNK IN BAR.
- Other ADDS ON RECORD IN ELMER
- Comments _____

I hereby certify that the information provide is truthful and accurate.

Staff Name: IDA BACH CTI Date 3-6-13

Signature: Ida Bach CTI Date: 3-6-13

error
2012 not 2013

HHOPE PROGRAM

SELF-CERTIFICATION of HOMELESSNESS FORM

For applicants completion

To qualify for any HUD supportive housing programs, you must be currently homeless and lack the resources to obtain housing on your own. For a chronic homeless housing program, you will have to document either 12 months continuously homeless or 4 separate times in a three year period

Current Homeless Certification

Where did you sleep last night?

- Stayed in a place not meant for human habitation (ie: street, park, car, camp ground)
- Emergency Shelter (includes motels paid by HHOPE program)
- Transitional Housing (when you entered you came from the street or emergency shelter)

Chronic Homeless Certification

HUD definition:

Unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.

I have been homeless for one year or more. Please list date when you first became homeless: _____

I have been homeless four or more times during the last three years.

Please list date when you first became homeless: 4-2012

o Please describe your episodes of homelessness including dates and circumstances:

- 12/06 - 4/07 sleeping outside then went to Crosswinds Church
- 4/12 - 6/12 Homeless went to Salvation Army ^{in Petros, CA} Area
- 6/12 - 10/12 Homeless slept in borrowed car, then went to flap house
- 10/25/12 - 10/31/12 Homeless slept outside - Riverside area ^{with utilities}
- 11/1/12 - to current lived in flap house with no utilities, then got a car two weeks ago and currently sleeps in car.

Comments

I hereby certify that the information provide is truthful and accurate.

Applicant Name: _____

Signature: Clark R. Baston

Date: 3/6/13

error
2012 not
2013

Taken during monitoring visit 4/6/17

Received on 6/5/17

SHOPE PROGRAM
Staff - Chronic Homeless Verification Form

Applicant Name: [Redacted]

Current Homeless Certification

Where did client sleep last night?

Stayed in a place not covered for housing tabulation (ie. street, park, etc. camp ground).
Emergency Shelter (includes private paid by HUD/VA program)

How are you aware of this?

Chronic Homeless Certification

HUD Definition:

Unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.

Homeless for one year or more:

Homeless for more than 180 days during the last three years:

- Episodes of homelessness including dates and circumstances:
- 12/2016 - 5/2017 Sleeping outside street (camp site)
- 4/2017 - 12/2017 Shelter Army in Illinois (Homeless)
- 6/2017 to 10/2017 Street outside - Illinois (Homeless)
- 10/2017 to 1/2018 Street outside - Illinois (Homeless)
- 1/2018 to 4/2018 Sleeping in car, and not (Homeless)

Verification process:

Phone call log

Letters

Personal observation (client is visibly dirty, disheveled, homeless in some other way) (client is dirty, disheveled, homeless in some other way)

Comments

I hereby certify that the information provided is truthful and accurate.

Staff Name: JDA BACH CT1 Date: 3-6-13

Signature: Jda Bach CT1 Date: 3-6-13

SHOPE PROGRAM
Staff - Chronic Homeless Verification Form

Applicant Name: [Redacted]

Current Homeless Certification

Where did client sleep last night?

Stayed in a place not covered for housing tabulation (ie. street, park, etc. camp ground).
Emergency Shelter (includes private paid by HUD/VA program)

How are you aware of this?

Chronic Homeless Certification

HUD Definition:

Unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.

Homeless for one year or more:

Homeless for more than 180 days during the last three years:

- Episodes of homelessness including dates and circumstances:
- 12/2016 - 5/2017 Sleeping outside street (camp site)
- 4/2017 - 12/2017 Shelter Army in Illinois (Homeless)
- 6/2017 to 10/2017 Street outside - Illinois (Homeless)
- 10/2017 to 1/2018 Street outside - Illinois (Homeless)
- 1/2018 to 4/2018 Sleeping in car, and not (Homeless)

Verification process:

Phone call log

Letters

Personal observation (client is visibly dirty, disheveled, homeless in some other way) (client is dirty, disheveled, homeless in some other way)

Comments

I hereby certify that the information provided is truthful and accurate.

Staff Name: JDA BACH CT1 Date: 3-6-13

Signature: Jda Bach CT1 Date: 3-6-13

Taken during monitoring visit 4/6/17

Client ID 56503

Received on 6/5/17

HOPE PROGRAM
Staff - Chronic Homeless Verification Form

Assigned Name: _____
Current Homeless Certification: _____

When did client sleep last night?

Respond to a phone call request for human habitation (ie. meals, park, etc. camp grounds) Emergency Shelter (includes vouchers paid by HOPE program) _____

How are you aware of this? _____

Chronic Homeless Certification
HOPE definition: _____

Unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.

Homeless for the past 90 days:

- episodes of homelessness in the last three years
- Homeless Shelter in 2015 for 2-3 months
- Homeless Shelter in 2016 for 2 months
- Homeless Shelter in 2017 for 2 weeks and then returned to shelter
- Homeless Shelter in 2018 for 2 weeks
- Homeless Shelter in 2019 for 2 weeks

Verification process: Staff in different states - 11 months that includes HOPE Family Center

Phone call log _____
Letters _____
Personal observation _____
Other _____
Comments _____

I hereby certify that the information provided is truthful and accurate.
Staff Name: Janey Lytle Date: 3/19/15
Signature: _____ Date: 3/19/15

Department of Mental Health | Staff - Chronic Homeless Verification Form

HOPE PROGRAM
Staff - Chronic Homeless Verification Form

Assigned Name: _____
Current Homeless Certification: _____

When did client sleep last night?

Respond to a phone call request for human habitation (ie. meals, park, etc. camp grounds) Emergency Shelter (includes vouchers paid by HOPE program) _____

How are you aware of this? _____

Chronic Homeless Certification
HOPE definition: _____

Unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.

Homeless for the past 90 days:

- episodes of homelessness in the last three years
- Homeless Shelter in 2015 for 2-3 months
- Homeless Shelter in 2016 for 2 months
- Homeless Shelter in 2017 for 2 weeks and then returned to shelter
- Homeless Shelter in 2018 for 2 weeks
- Homeless Shelter in 2019 for 2 weeks

Verification process: Staff in different states - 11 months that includes HOPE Family Center

Phone call log _____
Letters _____
Personal observation _____
Other _____
Comments _____

I hereby certify that the information provided is truthful and accurate.
Staff Name: Janey Lytle Date: 3/19/15
Signature: _____ Date: 3/19/15

Department of Mental Health | Staff - Chronic Homeless Verification Form

HHOPE PROGRAM

Staff - Chronic Homeless Verification Form

Applicant Name _____

Current Homeless Certification

Where did client sleep last night?

- Stayed in a place not meant for human habitation (ie: street, park, car, camp ground)
- Emergency Shelter (includes motels paid by HHOPE program)

How are you aware of this :

Chronic Homeless Certification

HUD definition:

Unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.

- Homeless for one year or more.
- Homeless four or more times during the last three years.
 - Episodes of homelessness including dates and circumstances:
 - Homeless Shelter in 2008 for 2-3 months
 - Homeless Shelter in 2000 for 6 months
 - Was placed in motel in 2012 for 2 wks and then transitional
 - after transitional housing for 6 months - lived place housing
 - in place for several months

Verification process

- Phone call log _____
- Letters _____
- Personal observation _____
- Other eviction - DV - moved into _____
- Comments emergency housing - 2 mths pregnant _____

been in current residence 8 months but costs too much monthly eviction

I hereby certify that the information provide is truthful and accurate.

Staff Name: Gomni Ryzher Date: 3/19/15
 Signature: [Signature] Date: 3/19/15