

DPSS response to DBH monitoring 6.14.17

Kowalski, Jill

From: Kowalski, Jill
Sent: Wednesday, June 14, 2017 7:08 AM
To: Brockmeier, Lynne
Cc: Shiner, Lisa A; Concepcion, Rowena; Salas, Linda; Algrisan@rcmhd.org
Subject: Fw: DMH responses (4 projects) - DPSS response
Attachments: RCDMH Rapid Rehousing Response.docx; RUHS-BH Riverside- Response 6-12-17.docx; RUHS-BH Womens- Response 6-12-17 (1).docx; RCDMH HHOPE PH Response.docx

Hi Lynne,

Below is a response by DPSS to the responses you submitted to RUHS-BH monitoring reports dated June 13 and June 14 (these are attached).

Please see the responses to these reports in the text of this email (below) to all four RUHS-BH projects.

Thank you,
Jill

Grant Number: CA1136L9D081504
Project Name: RCDMH HHOPE Permanent Housing

Dear Ms. Brockmeier:

After careful review of the monitoring response, documents, and corrective action plan provided by Riverside University Health System Behavioral Health (RUHS-BH), the following has been determined:

Finding 1: Eligibility Documentation finding will remain as part of the monitoring report.

- Client ID 54961 – document provided is unacceptable, the document is not signed or dated. Furthermore, this document was not in the participant's file during the monitoring visit.

- Client ID 44185 – document provided is unacceptable, information of chronological error was added to the form after the monitoring visit and was not signed appropriately.
 - Client ID 56503 – document provided by RUHS-BH is unacceptable, the document was altered after the monitoring visit. Information was added to appear as if this client was an eligible participant; however, this client was and remains ineligible for services under the CoC Program.
 - Client ID 10772 – verification of homelessness is still missing. RUHS-BH did not provide in the monitoring response any documentation for this client.
- Finding 2: Housing Quality Standards finding will remain as part of the monitoring response.**
- Client ID 54961 - document provided by RUHS-BH as verification of 2016 inspection is incomplete. And a 2017 inspection was not received.
 - Client ID 56503 – verification of inspection that included a refrigerator was not submitted. A non-applicable statement is not acceptable.
 - Client ID 43871 – 2016 and 2017 records of inspections were not included as mentioned in the monitoring response.

Finding 3: Occupancy/Lease Agreements: finding will remain as part of the monitoring report. CoC Program participants residing in permanent housing must have a lease or sublease that has a term of at least one year, is automatically renewable upon expiration for terms that are at least one month long and is terminable only for cause. RUHS-BH did not provide written approval from HUD or DPSS for a reasonable accommodation to remove this statutory regulation from participants in this project.

Finding 4: Rent Calculations: finding will remain as part of the monitoring report. RUHS-BH did not provide supporting documentation and/or methodology on how the utility allowance is calculated. Furthermore, a copy of the local housing authority utility allowance standards worksheet as recommended by HUD was provided to RUHS-BH during the technical assistance on 10/18/2016. And, RUHS-BH staff attended the 2015 Start-Up CoC Training in Los Angeles on December 15, 2016 where it was also advised to use the local housing authority utility allowance.

Grant Number: CA1263L9D081502

Project Name: RCDMH Rapid Rehousing

Dear Ms. Brockmeier:

After careful review of the monitoring response, documents, and corrective action plan provided by Riverside University Health System Behavioral Health (RUHS-BH), the following has been determined:

Finding 1: Housing Quality Standards: finding will remain as part of the monitoring report. RUHS-BH provided an explanation for HQS conducted from 2009 until November 2016; however, the inspection in question is for client ID 67636 that moved into the unit on 1/7/2017, and the inspection was completed 10 days after. Under the CoC Program regulations, the unit must be inspected before any assistance will be provided on behalf of a program participant.

Finding 2: Timeliness Report: finding will remain as part of the monitoring report. This project has assisted only one family this grant period, the family moved into the unit on 1/7/17 and the file was created/entered in HMIS until 3/7/17; 59 days later. The average number of days for clients to be entered into HMIS is 14 calendar days (HMIS Policies and Procedures).

Finding 3: HMIS Data Quality: finding will be removed. RUHS-BH made the correction and indicated that staff will note the file accordingly and will update file appropriately.

Grant Number: CA0679L9D081508

Project Name: RCDMH Riverside Permanent Housing

Dear Ms. Brockmeier:

After careful review of the monitoring response, documents, and corrective action plan provided by RUHS-BH, the following has been determined:

Finding 1: Housing Quality Standards: finding will be removed from the monitoring report. RUHS-BH will continue conducting the initial and annual housing inspections. As a Subrecipient, RUHS-BH is responsible to meet all CoC Program regulations and recordkeeping requirements.

Grant Number: CA0684L9D081508

Project Name: RCDMH Women's Permanent Housing

Dear Ms. Brockmeier:

After careful review of the monitoring response, documents, and corrective action plan provided by RUHS-BH the following has been determined:

Finding 1: Eligibility documentation: finding will remain as part of the monitoring report. Client ID 7620 had no record of verification of homeless status. RUHS-BH did not provide the required verification with the monitoring response.

Finding 2: Housing Quality Standards: finding will remain as part of the monitoring report. Records of inspections were incomplete in the participants' files during the monitoring, and RUHS-BH provided the same documentation in the monitoring response; therefore, the documents are not acceptable.

Finding 3: Occupancy/Lease Agreements: finding will remain as part of the monitoring report. Continuum of Care Program participants residing in permanent housing must have a lease or sublease that has a term of at least one year, is automatically renewable upon expiration for terms that are at least one month long and is terminable only for cause. RUHS-BH provided leases without the one-year initial lease.

- Client ID 6971 Lease provided by RUHS-BH is a six-month initial lease, commencement date of 9/14/2009.
- Client ID 26456 Lease provided by RUHS-BH is a six-month initial lease, commencement date of 3/24/2010.
- Client ID 47791 and 7620 leases were not provided.

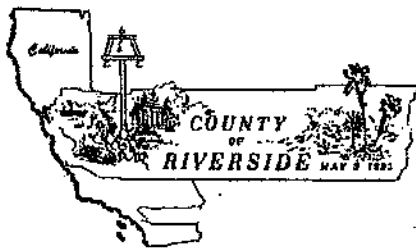
578.51 Lease Agreements (l)(1) of the rule requires any household receiving either PSH or RRH rental assistance to be the tenant on a lease that has an initial term of at least one year, is renewable, and is terminable only for cause. The leases must be automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party. These requirements are unrelated to the length of rental assistance.

Finding 4: Rent Calculations: finding will remain as part of the monitoring report. RUHS-BH did not provide supporting documentation and/or methodology on how the utility allowance is calculated. Furthermore, a copy of the local housing authority utility allowance standards worksheet as recommended by HUD was provided to RUHS-BH during the technical assistance on 10/18/2016. And, RUHS-BH staff attended the 2015 Start-Up CoC Training in Los Angeles on December 15, 2016 where it was also advised to use the local housing authority utility allowance.

Please let me know if you have any questions.

Thank you,

Jill



Department of Public Social Services

Administrative Office: 4060 County Circle Drive, Riverside, CA. 92503
(951) 358-3000 FAX: (951) 358-3036

Susan von Zabern, Director

June 29, 2017

Lynne Brockmeier
Riverside University Health System
Behavioral Health
1405 Spruce St. Suite A
Riverside, Ca 92507

Grant Number: CA1263L9D081502
Project Name: RCDMH Rapid Rehousing

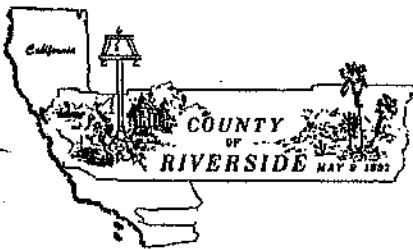
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Finding 3: HMIS Data Quality finding will be removed. RUHS-BH made the correction and indicated that staff will note the file accordingly and will update file appropriately.



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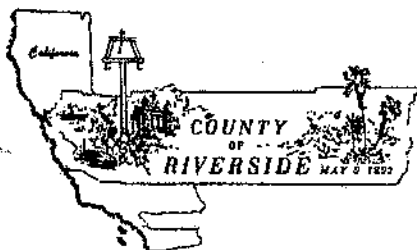
Lynne Brockmeier
Riverside University Health System
Behavioral Health
1405 Spruce St. Suite A
Riverside, CA 92507

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Project Name: RCDMH Riverside Permanent Housing

Dear Ms. Brockmeier:

After careful review of the monitoring response, documents, and corrective action plan provided by RUHS-BH, the following has been determined:

Finding 1: Housing Quality Standards finding was removed from the monitoring report. RUHS-BH will continue conducting the initial and annual housing inspections. As a Subrecipient RUHS-BH is responsible to meet all CoC Program regulations and recordkeeping requirements.



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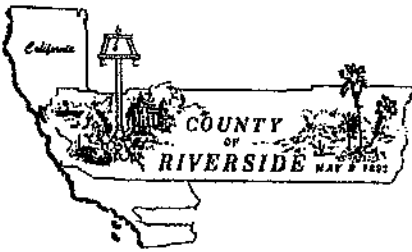
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Taken during monitoring visit 4/6/17

Received on 6/5/17

Burgett Clark HPH monitoring file

HIHOFF PROGRAM
SELF-CERTIFICATION OF HOMELESSNESS FORM
 For applicants completion

To qualify for any HIHOFF supportive housing program, you must be currently homeless and lack the resources to obtain housing on your own. For a chronic homelessness housing program, you will have to document either 12 months continuously homeless or a separate illness 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, empty garage)
 Emergency Shelter (includes vouchers paid by HIHOFF program)
 Transitional Housing (when you entered you came from the street or emergency shelter)

Chronic Homeless Certification

HIHOFF definition

Unaccompanied homeless individuals (and 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

Please describe your episodes of homelessness including dates and circumstances:

- 12/06 - 2/07 - sleeping outside. then stayed in transitional shelter.
- 4/12 - 6/12 - homeless shelter in Seaside, Oregon. then stayed in transitional shelter.
- 6/12 - 10/12 - homeless shelter in Seaside, Oregon. then stayed in transitional shelter.
- 10/12 - 11/12 - homeless shelter in Seaside, Oregon. then stayed in transitional shelter.
- 11/12 - 12/12 - homeless shelter in Seaside, Oregon. then stayed in transitional shelter.
- 1/13 - 2/13 - homeless shelter in Seaside, Oregon. then stayed in transitional shelter.

Comments

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

Applicant Name: [Redacted]

Signature: [Redacted] 3/6/13

Department of Mental Health | SELF-CERTIFICATION OF HOMELESSNESS FORM

HIHOFF PROGRAM
SELF-CERTIFICATION OF HOMELESSNESS FORM
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Comments

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

Applicant Name: [Redacted] 6/5/17

Signature: [Redacted]

Department of Mental Health | SELF-CERTIFICATION OF HOMELESSNESS FORM