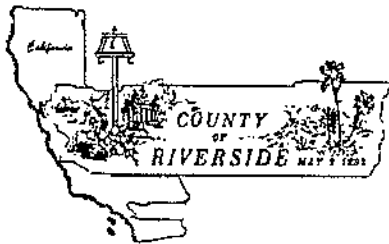


## **Monitoring report**

**RCDMH (RUHS-BH) Coachella Valley Permanent Housing**

**RCDMH (RUHS-BH) Men's Permanent Housing**



# 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

November 21, 2016

Lynne Brockmeier  
RCDMH  
1405 Spruce Street  
Riverside, CA 92507

RE: HUD-CoC Project Monitoring Report

Dear Ms. Brockmeier:

Thank you for the time and information provided by your agency and staff during our recent monitoring visits.

The monitoring visit was conducted for the following projects on November 15, 2016:

RCDMH Coachella Valley Permanent Housing CA0935L98D081506	Grant Period: 2/1/16 – 1/31/17
RCDMH Men's Permanent Housing CA0675L9D081508	Grant Period: 2/1/16 – 1/31/17

The monitoring team included: Linda Salas and Veronica Ramirez for Program Review, and Jennifer Rosales for HMIS Review. In addition, a desk fiscal review was conducted by MRU staff, Tiffani King, and Madeline Jones.

The discussion with agency staff and a review of appropriate documents provided DPSS with the opportunity to ensure that your agency is in compliance with all program and fiscal requirements. Specifically, the monitoring team evaluated your program in the following areas:

1. Fiscal Compliance
  - a. Timely submission of claims
  - b. Match
  - c. Cost Eligibility and supporting documentation
  - d. Recordkeeping and financial management
2. Program Review
  - a. Program Eligibility
  - b. Homeless Documentation
  - c. Program Quality and Capacity
  - d. Income Documentation and Rent Calculations
  - e. Housing Quality Standards
  - f. Performance Targets

- g. Compliance with HUD Policies and Procedures
- 3. HMIS Review
  - a. HMIS Self-Assessment Tool
  - b. Data Quality (accuracy and timeliness)
  - c. Privacy and Security
  - d. HMIS policies and Procedures

During the exit meeting, the observations and recommended actions to be in program compliance were discussed.

### **Program Descriptions**

#### **Riverside County Department of Mental Health (RCDMH) Coachella Valley Permanent Housing**

This project provides 25 beds with unlimited assistance and a low demand supportive housing component model similar to a basic Safe Haven model targeting those who are chronically homeless, disabled and diagnosed with a severe mental health diagnosis and high service needs. It is located in the north Palm Springs community. The project includes an outreach and engagement piece, with a drop in center utilized for engagement of individuals currently homeless on the streets.

#### **Riverside County Department of Mental Health (RCDMH) Men's Permanent Housing**

This is a permanent housing project for chronically homeless individuals and their families that provides 20 beds in scattered site apartments. Priority is given to those individuals or families who are chronically homeless, with high service needs.

### **Monitoring Summary**

The monitoring team was assisted by Lynne Brockmeier, Administrative Service Manager and Marcus Cannon, Mental Health Services Supervisor. At the time of the monitoring, between the two projects there were 34 actively enrolled clients and 8 exited clients; of these, samples of 11 clients were selected for file review.

1. **Fiscal Compliance:** There are no fiscal concerns or findings for grant # CA0935L98D081506

For RCDMH Men's PH CA0675L9D081508, fiscal department has presented the following:

**Concern #1:** Subrecipient has submitted 5 claims or 41.67%; Subrecipient has expended \$26,638.56 out of \$149,366 or 17.83%; indicating slow spending.

**Recommendation:** please generate and submit a plan of action to increase grant spending, in order to fully expend the grant funds.

2. **Program Review:** There are no program concerns or findings.
3. **HMIS Review:** There are no HMIS concerns or findings.

**Observation:** Client files that were reviewed are well organized and compliant with all Continuum of Care Program required documentation.

DPSS Homeless Programs Unit provides technical assistance for fiscal, program and HMIS to assist subrecipients with additional information related to the implementation and operations of the CoC Programs. This assistance is available upon request.

Please submit to DPSS by 12/21/2016 a corrective action plan and strategies on how the above concern will be or has been addressed.

Thank you for your service to the homeless community and the great work that you do to end homelessness in Riverside County. Please contact me at [LSalas@riversidedpss.org](mailto:LSalas@riversidedpss.org) or 951-358-4913, if you have any questions or need clarification. As always, we are here to help you make your projects successful.

Sincerely,



Linda Salas

Program Specialist I

Homeless Programs Unit

## HUD GRANT MONITORING / FISCAL REVIEW

Sponsor: Dept of Mental Health  
 Grant #: CA0935L9D081506  
 Monitoring Date: 11/16/2016  
 Grant Period: 2/01/2016 - 1/31/2017  
 Grant Amt: \$498,468.00

MRU Staff: Tiffani King / Madeline Jones  
 Sponsor Staff: Brandon Clark  
 Project Name: Coachella Valley PH  
 Type of Service: Permanent Housing

**A. GENERAL GRANT INFORMATION:**

1. Does the sponsor file contain a copy of the contract with DPSS?  Yes  No  n/a
2. Does the sponsor maintain a tracking spreadsheet showing all approved budget modifications and all approved monthly expenses after DPSS fiscal adjustments?  Yes  No  n/a

**B. MATCH:**

1. How often does the sponsor show match amounts on the claims?  Monthly  Quarterly  Other
2. Are the match contributions at least equal to the statutorily required match?  Yes  No  n/a  
 (Exhibit 13-5, #2)
3. List all sources of match (cash and in-kind) and the costs they are associated with:

Match consists of cash paid out for program services in all categories.

(Mental Health Services Act-Housing Vouchers/Staff Cost/Administrative Cost/Client Supplies/Equipment)

**C. RECORD KEEPING / FINANCIAL MANAGEMENT:**

1. Does the recipient have written procedures covering the recording of transactions, an accounting manual and a chart of accounts?  Yes  No  n/a  
 (Exhibit 13-8, #1) Subrecipient provided Accounting Manual and Procedures Table of Contents.
2. Does your agency allocate any costs?  Yes  No  n/a  
 If yes, please provide written methodology:

Within the HUD claims we allocate costs between match and billed amounts as-needed throughout the year.

This is to maintain the required 4:1 ratio between billed and match amounts.

3. Does the Sponsor turn in claims on a monthly basis?  
If no, please explain:

Yes  No  n/a

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is the LOCCS drawdown rate consistent with the projected point-in-time expenditures for the project's grant term and approved budget?  
(Exhibit 13-2, #2)

Yes  No  n/a

Subrecipient has submitted 8 claims or 66.67%; Subrecipient has expended \$355,886.82 out of \$495,470 or 71.83%; indicating spending on track.

5. Is there evidence that the staff duties are separated so that no one individual has complete authority over an entire financial transaction?  
(Exhibit 13-8, #14)

Yes  No  n/a

Subrecipient Provided table of contents for procedures

6. Are the expenses being claimed consistent with those described in the approved application?  
(Exhibit 13-1, #1)

Yes  No  n/a

7. Does a review of transaction records indicate that CoC expenditures were for eligible costs and supported by adequate source documentation?  
(Exhibit 13-8, #9)

Yes  No  n/a

8. What is the date of the agency's last audit by an independent certified public auditor?  
If applicable, was it an A-133 audit?  
(Please provide a copy of your last audit report)

6/30/2015

Yes  No  n/a

NOTES AND COMMENTS:

None

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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

  
MRU Fiscal Staff Signature

11/16/2016  
Date

## HUD GRANT MONITORING / FISCAL REVIEW

Subrecipient: Department of Mental Health  
 Grant #: CA0675L9D081508  
 Monitoring Date: 10/18/2016  
 Grant Period: 2/1/2016 - 1/31/2017  
 Grant Amt: \$149,366.00

MRU Staff: Tiffani King / Madeline Jones  
 Subrecipient Staff: Brandon Clark  
 Project Name: Men's PH  
 Type of Service: Permanent Housing

**A. GENERAL GRANT INFORMATION:**

1. Does the Subrecipient file contain a copy of the contract with DPSS?  Yes  No  n/a
2. Does the Subrecipient maintain a tracking spreadsheet showing all approved budget modifications and all approved monthly expenses after DPSS fiscal adjustments?  Yes  No  n/a

**B. MATCH:**

1. How often does the Subrecipient show match amounts on the claims?  Monthly  Quarterly  Other
2. Are the match contributions at least equal to the statutorily required match?  Yes  No  n/a  
(Exhibit 13-5, #2)
3. List all sources of match (cash and in-kind) and the costs they are associated with:

Match consists of cash paid out for program services in all categories.

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**C. RECORD KEEPING / FINANCIAL MANAGEMENT:**

1. Does the recipient have written procedures covering the recording of transactions, an accounting manual and a chart of accounts?  Yes  No  n/a  
(Exhibit 13-8, #1) Subrecipient provided Accounting Manual and Procedures Table of Contents.
2. Does your agency allocate any costs?  Yes  No  n/a  
If yes, please provide written methodology:

Within the HUD claims we allocate costs between match and billed amounts as-needed throughout the year.

This is to maintain the required 4:1 ratio between billed and match amounts.

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3. Does the Subrecipient turn in claims on a monthly basis?  Yes  No  n/a  
If no, please explain:

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4. Is the LOCCS drawdown rate consistent with the projected point-in-time expenditures for the project's grant term and approved budget? (Exhibit 13-2, #2)

Yes  No  n/a

Subrecipient has submitted 5 claims or 41.67%; Subrecipient has expended \$26,638.56 out of \$149,366 or 17.83%; indicating slow spending.

5. Is there evidence that the staff duties are separated so that no one individual has complete authority over an entire financial transaction? (Exhibit 13-8, #14)

Yes  No  n/a

Subrecipient Provided Organization Chart.

6. Are the expenses being claimed consistent with those described in the approved application? (Exhibit 13-1, #1)

Yes  No  n/a

7. Does a review of transaction records indicate that CoC expenditures were for eligible costs and supported by adequate source documentation? (Exhibit 13-8, #9)

Yes  No  n/a

8. What is the date of the agency's last audit by an independent certified public auditor?

6/30/2015

If applicable, was it an A-133 audit?  
(Please provide a copy of your last audit report)

Yes  No  n/a

**NOTES AND COMMENTS:**


Concern #1: Subrecipient has submitted 5 claims or 41.67%; Subrecipient has expended \$26,638.56 out of \$149,366 or 17.83%; indicating slow spending.

Recommendation: Please generate and submit a plan of action to increase grant spending, in order to fully expend the grant funds.

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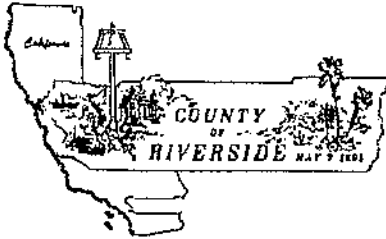
  
MRU Fiscal Staff Signature

10/18/2016  
Date



# **Monitoring report**

## **RCDMH (RUHS-BH) HHOPE Permanent Housing**



# 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

May 3, 2017

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

Grant Number: CA1136L9D081504  
Grant Period: 10/1/2016 – 9/30/2017  
Project Name: RCDMH HHOPE Permanent Housing  
Type of Service: Permanent Housing

Dear Ms. Brockmeier:

Thank you for the time and information provided by your agency and staff during our recent monitoring visit.

Monitoring of the aforementioned grant was conducted on 4/6/2017. The monitoring team included: Veronica Ramirez and Linda Salas for Program Review, and George Solis for HMIS Review. In addition, a desk fiscal review was conducted by MRU staff, Madeline Jones, on 4/27/2017.

The discussion with agency staff and a review of appropriate documents provided DPSS Homeless Programs Unit with the opportunity to ensure that your agency is in compliance with all program and fiscal requirements. During the monitoring, DPSS staff evaluated your program in the following areas:

1. Fiscal Compliance
  - a. Timely submission of claims
  - b. Match
  - c. Cost Eligibility and supporting documentation
  - d. Recordkeeping and financial management
2. Program Review
  - a. Program Eligibility
  - b. Homeless Documentation
  - c. Program Quality and Capacity
  - d. Income Documentation and Rent Calculations
  - e. Housing Quality Standards

- f. Performance Targets
  - g. Compliance with HUD Policies and Procedures
3. HMIS Review
- a. HMIS Self-Assessment Tool
  - b. Data Quality (accuracy and timeliness)
  - c. Privacy and Security
  - d. HMIS policies and Procedures

During the exit meeting, the observations and recommended actions to be in program compliance were discussed.

### Program Description

#### RCDMH HHOPE Permanent Housing

This project provides tenant based rental assistance in scattered site housing of the individual's choice; provides a total of 42 units/95 beds of housing assistance to participants needing intensive case management support and mental health services. Targeted priorities are individuals or families who are chronically homeless, with high service needs, disabled and with a severe mental health diagnosis.

### Monitoring Summary

The Monitoring Team was assisted by Marcus Cannon, Mental Health Services Supervisor. At the time of the monitoring, there were 34 actively enrolled clients, and 5 exited; of these, samples of 8 clients were selected for file review.

1. **Fiscal Compliance:** There are no fiscal concerns or findings.
2. **Program Review:**

**Finding 1:** Eligibility documentation. Four of the eight reviewed files did not contain a required documentation for program eligibility; i.e. a verification of chronically homeless status. This is not only a finding, but also non-compliance with federal regulations.

- Client ID # 54961 provided a self-certification document indicating that he was homeless for 105 days (3.5 months). In order to meet the "chronically homeless" definition, the individual must have been homeless for at least 12 months.
- Client ID # 44185 has a homeless verification signed by the client and RUHS-BH staff on 3/6/13 providing dates of homelessness; however, the dates of homelessness are post-dated for 10/25/2013.
- Client ID # 56503 completed a certified-statement indicating that she was renting a place for 8 months with a monthly rent of \$660.00. This client was not homeless at program entry.
- Client ID # 10772 did not have verification of homelessness. Furthermore, this client was assisted by another CoC project within Riverside County. The Housing.

Authority All County I Permanent Supportive Housing; however, there was no evidence a transfer was made between projects.

**Recommended Action:** Review of eligibility documentation is conducted to ensure that participant eligibility has been adequately documented upon entry to the program. In addition, this review is to assess whether the project is serving its target population. The documents and verifications must be maintained in the client file at all times. If the initial assessment is not available a new assessment needs to be conducted as verification that the client came from the target population and there is sufficient documentation of the client's homeless status. It is also recommended that RUHS-BH review the remainder of the caseload files carefully to ensure program eligibility is met under 578.3, 578.37 (a)(1)(i). Ensure that your outreach efforts prioritize eligible participants with the greatest needs for available turnover beds, as indicated in HUD Notice, CPD-16-11 (July 25, 2016).

§ 582.301 Recordkeeping. (a)(b) Homeless status. The sub-recipient must maintain and follow written intake procedures to ensure compliance with the homeless definition in § 582.5. The procedures must require documentation at intake of the evidence relied upon to establish and verify homeless status. The procedures must establish the order of priority for obtaining evidence as third-party documentation first, intake worker observations second, and certification from the person seeking assistance third.

RUHS-BH must take immediate action to transition the participants that did not meet eligibility under § 578.3, § 578.37 (a)(1)(i) to a non-CoC funded permanent housing program. Please send a report to DPSS by 6/5/2017 with an updated status of this request.

**Finding 2:** Housing Quality Standards (HQS). This was a concern on previous monitoring conducted on 8/3/2016, and discussed during the technical assistance provided on 10/18/2016.

Seven of eight reviewed files did not contain the required home inspection record.

- Client ID # 54961 initial inspection in 2016 was incomplete, and there was no annual inspection.
- Client ID # 44185 had no records of initial 2013 or annual inspections thereafter.
- Client ID # 56873 had no record of initial inspection.
- Client ID # 56503 had record of initial inspection; however, the unit had no refrigerator at the time of the inspection. Therefore, the inspection should not have passed because a refrigerator is a HQS food preparation requirement.
- Client ID # 10772 had no record of initial inspection.
- Client ID # 43871 had no record of initial inspection (2013) or any annual inspections thereafter.
- Client ID # 49551 had no record of annual inspection.

Housing leased with Continuum of Care program funds, must meet the applicable Housing Quality Standards (HQS) under 24 CFR 982.401 of this title. (1) Before any assistance will be provided on behalf of a program participant, the recipient, or sub recipient, must physically inspect each unit to assure that the unit meets HQS.

**Recommended Action:** Complete and keep a record of home inspection of the unit. It is imperative that the inspection takes place prior to the participant moving into the unit. In addition, recipients or sub recipients must inspect all units at least annually during the grant period to ensure that the units continue to meet HQS.

**Finding 3:** Occupancy/Lease Agreements. Three of eight reviewed files had an initial lease agreement with a month-to-month term. Client ID #s 54961, 56503, and 44741.

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. HUD has determined that requiring a lease for a term of at least one year assists program participants in obtaining stability in housing. § 578.49 Leasing. (b)(5) Occupancy agreements and subleases. Occupancy agreements and subleases are required as specified in § 578.77(a).

**Recommended Action:** Ensure that lease, sublease or occupancy agreement for program participants meet program requirements and are in compliance with the Continuum of Care Interim Rule.

**Finding 4:** Rent Calculations. This was a concern on previous monitoring conducted on 8/3/2016, and discussed during the technical assistance provided on 10/18/2016.

Five of the eight reviewed files had an incorrect rent calculation due to utility allowance amounts, erroneously applied. Client ID # 54961, 56503, 43871, 49551, and 10772. The rent calculations provided were completed after the technical assistance on 10/18/2016.

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. In addition, 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.

**Recommended Action:** Review all active enrolled participants' files and complete new rent calculations to ensure the correct utility allowance is being provided.

3. **HMIS Review:** Riverside University Health System-Behavioral Health (RUHS-BH) completed the HMIS Self-Assessment Survey and is compliant with HMIS privacy, data entry, and training and participation guidelines.

**Concern 1:** Timeliness Report. The average number of days for clients to be entered into HMIS is 14 calendar days (HMIS Policies and Procedures). RUHS-BH PH project reports the following:

- Average Days from Entry: 108

**Recommended Action:** Ensure that client information is entered into HMIS within 14 calendar days from the point of the event, (intake/enrollment, service delivery, or discharge), according to the HMIS Charter. However, HUD strongly recommends the real-time data entry as best practice for reporting accuracy. It is strongly recommended that agency run the HMIS Data Entry Timing Report ensuring the client information (intake/enrollment, service delivery, or discharge) is recorded timely and available as up-to date information when it is expected and needed.

**Concern 2:** HMIS Data Quality.

Client # 54961

- Universal data element #3.10 (Project entry date). Project entry date in HMIS is 3/26/15. Lease agreement in client's file was dated 5/1/15.
- Universal data elements #4.9 (mental health problem) #4.10 (substance abuse) – client file indicated mental health problem; HMIS record indicated mental health and alcohol abuse.

Client # 49551

- Universal data element #3.917 (Living Situation/ type of residence). Client file indicated that the client was renting a room at risk of eviction; HMIS record indicated client entered from place not meant for human habitation.
- Universal data element #3.10 (Project entry date). Project entry date in HMIS is 6/1/15. Lease agreement in client's file was dated 8/31/16.

Client # 44741

- Universal data element #3.917 (Living Situation/ type of residence). Client file indicated that the client entered from emergency shelter; HMIS record indicated client entered from place not meant for human habitation.
- Universal data element #3.10 (Project entry date). Project entry date in HMIS is 3/27/13. Lease agreement in client's file was dated 4/15/13.
- Universal data element #4.2 (income and sources). Client file indicated income at project entry was \$200.00; HMIS record indicated \$331.00.
- Universal data elements #4.3 (non-cash benefits), #4.4 (health insurance), #4.11 (domestic violence) – could not verify data elements from client's file.

- Universal data elements #4.7 (chronic health), #4.9 (mental health problem) #4.10 (substance abuse) – client file indicated mental health problem; HMIS record indicated chronic health, mental health and alcohol abuse.

Client # 56873

- Universal data element #3.10 (Project entry date). Project entry date in HMIS is 3/26/15. Lease agreement in client's file was dated 2/10/16.
- Universal data elements #3.11 (project exit date), #3.12 (exit destination) – there was no exit paperwork in client's file, could not verify exit date or exit destination.
- Universal data elements #4.5 (physical disability), #4.9 (mental health problem) #4.10 (substance abuse) – client file indicated physical disability, mental health problem and drug abuse; HMIS record indicated physical disability, mental health, drug abuse and alcohol abuse.

Client # 44185

- There was not an Intake form in client file.
- Client file did not contain HMIS Authorization form but rather a DPSS ROI form.
- Universal data elements #3.4 (race), #3.5 (ethnicity), #3.7 (veteran status), #4.11 (domestic violence) – could not verify data elements from client's file.
- Universal data element #3.10 (Project entry date). Project entry date in HMIS is 3/27/13. Lease agreement in client's file was dated 6/26/14.
- Universal data element #4.2 (income and sources). Client file indicated income at project entry was \$810.00; HMIS record indicated \$898.00.
- Universal data elements #4.5 (physical disability), #4.7 (chronic health), #4.9 (mental health problem) – client file indicated mental health problem; HMIS record indicated chronic health, mental health and physical disability.

Client # 43871

- There was not an Intake form in client file.
- Client file did not contain HMIS Authorization form but rather a DPSS ROI form.
- Universal data element #3.10 (Project entry date). Project entry date in HMIS is 2/24/13. Lease agreement in client's file was dated 2/3/15.
- Universal data elements #3.11 (project exit date), #3.12 (exit destination) – there was no exit paperwork in client's file, could not verify exit date or exit destination.
- Universal data element #4.11 (domestic violence) – could not verify data element from client's file.

Client # 10772

- There was not an Intake form in client file.
- Client file did not contain HMIS Authorization form but rather a DPSS ROI form.

- Universal data elements #3.2 (SSN), #3.4 (race), #3.5 (ethnicity), #3.6 (gender), 3.7 (veteran status), 4.3 (non-cash benefits), #4.4 (health insurance), #4.11 (domestic violence) - could not verify data elements from client's file.
- Universal data element #3.10 (Project entry date). Project entry date in HMIS is 10/1/12. Lease agreement in client's file was dated 8/8/12.
- Universal data elements #4.7 (chronic health), #4.9 (mental health problem) – client file indicated mental health problem; HMIS record indicated chronic health, and mental health.

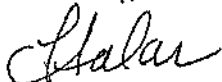
**Recommended Action:** Enter all client data into HMIS within 14 calendar days per HMIS Charter. Correct missing or inaccurate client data to achieve 100% HMIS data quality within 5 business days per HMIS Charter. Project entry dates for Permanent Supportive Housing projects should be the first date of occupancy in the project per HUD 2014 HMIS Data Standards. Ensure all clients have signed HMIS consent forms for release of HMIS data collection per HMIS Charter.

Technical assistance for any of the areas reviewed, Program and HMIS is available upon request. Please note that a technical support training conducted by DPSS HPU is accessible and highly recommended. The training can be modified to be focused on the concerns and findings mentioned in this report and additional information related to the implementation and operations of CoC Programs.

Submit to DPSS by **6/5/2017** a corrective action plan and strategies on how each of the above concerns and findings will be or have been addressed. If similar instances of non-compliance occur, DPSS will consider this when awarding future CoC renewal grants to Riverside University Health System-Behavioral Health.

Thank you for your service to the homeless community and the great work that you do to end homelessness in Riverside County. Please contact me at [LSalas@rivco.org](mailto:LSalas@rivco.org) or 951-358-4913, if you have any questions or need clarification. As always, we are here to help you make your project successful.

Sincerely,



Linda Salas

Program Specialist I

Homeless Programs Unit



## HUD GRANT MONITORING / FISCAL REVIEW

Sponsor: Department of Mental Health  
 Grant #: CA1136L9D081504  
 Monitoring Date: \_\_\_\_\_  
 Grant Period: 10/1/2016 - 9/30/2017  
 Grant Amt: \$381,528.00

MRU Staff: Madeline Jones  
 Sponsor Staff: Charlotte DiJohn  
 Project Name: HHOPE  
 Type of Service: Permanent Housing

**A. GENERAL GRANT INFORMATION:**

1. Does the sponsor file contain a copy of the contract with DPSS?  Yes  No  n/a
2. Does the sponsor maintain a tracking spreadsheet showing all approved budget modifications and all approved monthly expenses after DPSS fiscal adjustments?  Yes  No  n/a

**B. MATCH:**

1. How often does the sponsor show match amounts on the claims?  Monthly  Quarterly  Other
2. Are the match contributions at least equal to the statutorily required match?  Yes  No  n/a  
 (Exhibit 13-5, #2)
3. List all sources of match (cash and in-kind) and the costs they are associated with:

The primary source of match is Rental Assistance, and the secondary is Supportive Services.

**C. RECORD KEEPING / FINANCIAL MANAGEMENT:**

1. Does the recipient have written procedures covering the recording of transactions, an accounting manual and a chart of accounts?  Yes  No  n/a  
 (Exhibit 13-8, #1)
2. Does your agency allocate any costs?  Yes  No  n/a  
 If yes, please provide written methodology:

Chart of Accounts and Separation of Duties provided.

The Supportive Services expenditures are coded to unique county program codes and Department ID's that allow expenditures to be allocated to a particular program. The Rental Assistance is allocated under the Department ID 4100217559.74750, HHOPE Permanent Housing Program for all claims.

3. Does the Sponsor turn in claims on a monthly basis?  
If no, please explain:

Yes     No     n/a

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is the LOCCS drawdown rate consistent with the projected point-in-time expenditures for the project's grant term and approved budget?  
(Exhibit 13-2, #2)

Yes     No     n/a

To date, 5 claims have been received, or 41.67%; and \$153,814.92 out of \$381,528 has been spent, or 40.32%.

5. Is there evidence that the staff duties are separated so that no one individual has complete authority over an entire financial transaction?  
(Exhibit 13-8, #14)

Yes     No     n/a

6. Are the expenses being claimed consistent with those described in the approved application?  
(Exhibit 13-1, #1)

Yes     No     n/a

7. Does a review of transaction records indicate that CoC expenditures were for eligible costs and supported by adequate source documentation?  
(Exhibit 13-8, #9)

Yes     No     n/a

8. What is the date of the agency's last audit by an independent certified public auditor?  
If applicable, was it an A-133 audit?  
(Please provide a copy of your last audit report)

June 30, 2016

Copy of Audit Report received.

Yes     No     n/a

**NOTES AND COMMENTS:**

There are no fiscal concerns or findings.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MRU Fiscal Staff Signature

4/27/2017

Date

# **Monitoring report**

## **RCDMH (RUHS-BH) Women's Permanent Housing**



# 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**

May 3, 2017

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

Grant Number: CA0684L9D081508  
Grant Period: 12/1/2016 – 11/30/2017  
Project Name: RCDMH Women's Permanent Housing  
Type of Service: Permanent Housing

Dear Ms. Brockmeier:

Thank you for the time and information provided by your agency and staff during our recent monitoring visit.

Monitoring of the aforementioned grant was conducted on 4/7/2017. The monitoring team included: George Solis for HMIS Review and Linda Salas for Program Review. In addition, a desk fiscal review was conducted by MRU staff, Madeline Jones, on 4/27/2017.

The discussion with agency staff and a review of appropriate documents provided DPSS Homeless Programs Unit with the opportunity to ensure that your agency is in compliance with all program and fiscal requirements. During the monitoring, DPSS staff evaluated your program in the following areas:

1. Fiscal Compliance
  - a. Timely submission of claims
  - b. Match
  - c. Cost Eligibility and supporting documentation
  - d. Recordkeeping and financial management
2. Program Review
  - a. Program Eligibility
  - b. Homeless Documentation
  - c. Program Quality and Capacity
  - d. Income Documentation and Rent Calculations
  - e. Housing Quality Standards

- f. Performance Targets
- g. Compliance with HUD Policies and Procedures

### 3. HMIS Review

- a. HMIS Self-Assessment Tool
- b. Data Quality (accuracy and timeliness)
- c. Privacy and Security
- d. HMIS policies and Procedures

During the exit meeting, the observations and recommended actions to be in program compliance were discussed.

### Program Description

#### RCDMH Women's Permanent Housing

Provides tenant based rental assistance in scattered site housing in the community of the individual's choice. This project provides 13 units with 15 beds. There are no pre-conditional requirements and intensive ongoing support is provided. The target population is the chronically homeless, disabled and living with a severe mental health diagnosis.

### Monitoring Summary

The Monitoring Team was assisted by Marcus Cannon, Mental Health Services Supervisor. At the time of the monitoring, there was 15 actively enrolled clients, and 0 exited; of these 6 were selected for file review.

1. **Fiscal Compliance:** There are no fiscal concerns or findings.
2. **Program Review:**

**Finding 1:** Eligibility documentation. One of the six reviewed files did not contain a required documentation for program eligibility; i.e. a verification of chronically homeless status. This is not only a finding, but also non-compliance with federal regulations.

- Client ID #7620 had no record of verification of homeless status.

**Recommended Action:** Review of eligibility documentation is conducted to ensure that participant eligibility has been adequately documented upon entry to the program. In addition, this review is to assess whether the project is serving its target population. The documents and verifications must be maintained in the client file at all times. If the initial assessment is not available a new assessment needs to be conducted as verification that the client came from the target population and there is sufficient documentation of the client's homeless status. It is also recommended that RUHS-BH review the remainder of the caseload files carefully to ensure program eligibility is met under 578.3, 578.37 (a)(1)(i). Ensure that your outreach efforts prioritize eligible

participants with the greatest needs for available turnover beds, as indicated in HUD Notice, CPD-16-11 (July 25, 2016).

§ 582.301 Recordkeeping. (a)(b) Homeless status. The sub-recipient must maintain and follow written intake procedures to ensure compliance with the homeless definition in § 582.5. The procedures must require documentation at intake of the evidence relied upon to establish and verify homeless status. The procedures must establish the order of priority for obtaining evidence as third-party documentation first, intake worker observations second, and certification from the person seeking assistance third.

RUHS-BH must take immediate action to transition the participant that did not meet eligibility under § 578.3, § 578.37 (a)(1)(i) to a non-CoC funded permanent housing program. Please send a report to DPSS by 6/5/2017 with an updated status of this request.

**Finding 2:** Housing Quality Standards (HQS). This was a concern on previous monitoring conducted on 10/12/2016, and discussed during the technical assistance provided on 10/18/2016.

Four of six reviewed files did not contain the required home inspection record.

- Client ID # 6971, 26456, and 47791 had no records of initial inspection.
- Client ID # 47791 annual inspection conducted in November 2016 was incomplete.
- Client ID # 4044 initial inspection was incomplete.

Housing leased with Continuum of Care program funds, must meet the applicable housing quality standards (HQS) under 24 CFR 982.401 of this title. (1) Before any assistance will be provided on behalf of a program participant, the recipient, or sub recipient, must physically inspect each unit to assure that the unit meets HQS.

**Recommended Action:** Complete and keep a record of home inspection of the unit. It is imperative that the inspection takes place prior to the participant moving into the unit. In addition, recipients or sub recipients must inspect all units at least annually during the grant period to ensure that the units continue to meet HQS.

**Finding 3:** Occupancy/Lease Agreements. This was a concern on previous monitoring conducted on 10/12/2016, and discussed during the technical assistance provided on 10/18/2016.

Four of the six reviewed files did not have the proper occupancy/lease agreement documentation.

- Client ID # 6971 and # 26456 had no lease agreement record.

- Client ID # 47791 and # 7620 had initial lease agreements with a month-to-month lease term.

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. HUD has determined that requiring a lease for a term of at least one year assists program participants in obtaining stability in housing. § 578.49 Leasing. (b)(5) Occupancy agreements and subleases. Occupancy agreements and subleases are required as specified in § 578.77(a).

**Recommended Action:** Ensure that lease, sublease or occupancy agreement for program participants meet program requirements and are in compliance with the Continuum of Care Interim Rule.

**Finding 4:** Rent Calculations. This was a concern on previous monitoring conducted on 10/12/2016, and discussed during the technical assistance provided on 10/18/2016.

Two of the six reviewed files had an incorrect rent calculation due to a utility allowance of \$150 erroneously applied. Client ID # 7620 and # 6971.

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. In addition, 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.

**Recommended Action:** Review all active enrolled participants' files and complete new rent calculations to ensure the correct utility allowance is being provided.

3. **HMIS Review:** Riverside University Health System-Behavioral Health (RUHS-BH) completed the HMIS Self-Assessment Survey and is compliant with HMIS privacy, data entry, and training and participation guidelines.

**Concern 1:** Timeliness Report. The average number of days for clients to be entered into HMIS is 14 calendar days (HMIS Policies and Procedures). RUHS-BH PH project reports the following:

- Average Days from Entry: 217

**Recommended Action:** Ensure that client information is entered into HMIS within 14 calendar days from the point of the event, (intake/enrollment, service delivery, or discharge), according to the HMIS Charter. However, HUD strongly recommends the real-time data entry as best practice for reporting accuracy. It is strongly recommended that agency run the HMIS Data Entry Timing Report ensuring the client information

(intake/enrollment, service delivery, or discharge) is recorded timely and available as up-to-date information when it is expected and needed.

**Concern 2: HMIS Data Quality.**

**Client #22966**

- Client file did not contain HMIS Authorization form but rather a DPSS ROI form.
- Universal data element #3.917 (Living Situation). Client file indicated that the client entered from an Emergency Shelter, HMIS record indicated client entered from Place not meant for habitation.
- Universal data element #3.10 (Project entry date). Project entry date in HMIS is 5/2/11. The only lease agreement in the clients file was dated 5/4/15.
- Universal data elements #4.2 (non-cash benefits), #4.4 (health insurance), #4.5 (physical disability), #4.6 (developmental disability), #4.7 (chronic health condition), #4.8 (HIV/AIDS), 4.9 (Mental health problem), #4.10 (Substance Abuse), #4.11 (Domestic Violence) – could not verify data elements from client file.

**Client #6971**

- Client file did not contain HMIS Authorization form but rather a DPSS ROI form.
- Universal data element #3.917 (Living Situation). Client file indicated that the client entered from an Emergency Shelter, HMIS record indicated client entered from Place not meant for habitation. Could not verify length of stay in the prior living situation.
- Universal data element #3.10 (Project entry date). Project entry date in HMIS is 3/17/09. Lease agreement in the clients file was dated 9/14/09.
- Universal data elements #4.3(non-cash benefits), #4.4 (health insurance), #4.11 (Domestic Violence) – could not verify data elements from client file.

**Client #47791**

- Universal data elements #4.2 (income and sources), #4.3 (non-cash benefits), #4.4 (health insurance), #4.5 (physical disability), #4.6 (developmental disability), #4.7 (chronic health condition), #4.8 (HIV/AIDS), 4.9 (Mental health problem), #4.10 (Substance Abuse), #4.11 (Domestic Violence) – could not verify data elements from client file.

**Client #26456**

- Client file did not contain HMIS Authorization form but rather a DPSS ROI form.
- Universal data element #3.917 (Living Situation). Client file indicated that the client entered from an Emergency housing, HMIS record indicated client entered from Place not meant for habitation.
- Universal data element #3.10 (Project entry date). Project entry date in HMIS is 3/24/10. Lease agreement in the clients file was dated 4/1/10.
- Universal data elements #4.2 (income and sources), #4.3 (non-cash benefits), #4.11 (Domestic Violence) – could not verify data elements from client file.



- Universal data elements #4.7 (chronic health condition), 4.9 (Mental health problem). Clients file indicated mental health problems; HMIS record indicated chronic health and mental health problems.

Client #4044

- Universal data element #3.7 (Veteran status). Client file indicated veteran status as "no"; HMIS record indicated "yes"
- Universal data elements #4.3 (non-cash benefits), #4.4 (health insurance), #4.11 (Domestic Violence) – could not verify data elements from client file.

Client #7520

- Universal data element #3.10 (Project entry date). Project entry date in HMIS is 7/06/07. Lease agreement in the clients file was dated 4/20/10.
- Universal data elements #4.3 (non-cash benefits), #4.4 (health insurance), #4.11 (Domestic Violence) – could not verify data elements from client file.

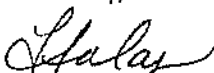
**Recommended Action:** Enter all client data into HMIS within 14 calendar days per HMIS Charter. Correct missing or inaccurate client data to achieve 100% HMIS data quality within 5 business days per HMIS Charter. Project entry dates for Permanent Supportive Housing projects should be the first date of occupancy in the project per HUD 2014 HMIS Data Standards. Ensure all clients have signed HMIS consent forms for release of HMIS data collection per HMIS Charter.

Technical assistance for any of the areas reviewed, Program and HMIS is available upon request. Please note that a technical support training conducted by DPSS HPU is accessible and highly recommended. The training can be modified to be focused on the concerns and findings mentioned in this report and additional information related to the implementation and operations of CoC Programs.

Submit to DPSS by **6/5/2017** a corrective action plan and strategies on how each of the above concerns and findings will be or have been addressed. If similar instances of non-compliance occur, DPSS will consider this when awarding future CoC renewal grants to Riverside University Health System-Behavioral Health.

Thank you for your service to the homeless community and the great work that you do to end homelessness in Riverside County. Please contact me at [LSalas@rivco.org](mailto:LSalas@rivco.org) or 951-358-4913, if you have any questions or need clarification. As always, we are here to help you make your project successful.

Sincerely,



Linda Salas  
Program Specialist II  
Homeless Programs Unit

## HUD GRANT MONITORING / FISCAL REVIEW

Sponsor: Department of Mental Health  
 Grant #: CA0684L9D081508  
 Monitoring Date: \_\_\_\_\_  
 Grant Period: 12/1/2016 - 11/30/2017  
 Grant Amt: \$113,887.00

MRU Staff: Madeline Jones  
 Sponsor Staff: Charlotte DiJohn  
 Project Name: Women's PH  
 Type of Service: Permanent Housing

**A. GENERAL GRANT INFORMATION:**

1. Does the sponsor file contain a copy of the contract with DPSS?  Yes  No  n/a
2. Does the sponsor maintain a tracking spreadsheet showing all approved budget modifications and all approved monthly expenses after DPSS fiscal adjustments?  Yes  No  n/a

**B. MATCH:**

1. How often does the sponsor show match amounts on the claims?  Monthly  Quarterly  Other
2. Are the match contributions at least equal to the statutorily required match?  Yes  No  n/a  
 (Exhibit 13-5, #2)

3. List all sources of match (cash and in-kind) and the costs they are associated with:

The primary source of match is Rental Assistance, and the secondary is Supportive Services.

**C. RECORD KEEPING / FINANCIAL MANAGEMENT:**

1. Does the recipient have written procedures covering the recording of transactions, an accounting manual and a chart of accounts?  Yes  No  n/a  
 (Exhibit 13-8, #1)

Chart of Accounts and Separation of Duties provided.

2. Does your agency allocate any costs?  Yes  No  n/a  
 If yes, please provide written methodology:

The Supportive Services expenditures are coded to unique county program codes and Department ID's that allow expenditures to be allocated to a particular program. The Rental Assistance is allocated under the Department ID 4100217841.74750, Women's Permanent Housing Program for all claims.

3. Does the Sponsor turn in claims on a monthly basis?  
If no, please explain:

Yes     No     n/a

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4. Is the LOCCS drawdown rate consistent with the projected point-in-time expenditures for the project's grant term and approved budget?  
(Exhibit 13-2, #2)

Yes     No     n/a

3 claims have been received, or 25%; and \$33,353.93 out of \$113,887 has been spent, or 29.29%.

5. Is there evidence that the staff duties are separated so that no one individual has complete authority over an entire financial transaction?  
(Exhibit 13-8, #14)

Yes     No     n/a

6. Are the expenses being claimed consistent with those described in the approved application?  
(Exhibit 13-1, #1)

Yes     No     n/a

7. Does a review of transaction records indicate that CoC expenditures were for eligible costs and supported by adequate source documentation?  
(Exhibit 13-8, #9)

Yes     No     n/a

8. What is the date of the agency's last audit by an independent certified public auditor?  
If applicable, was it an A-133 audit?  
(Please provide a copy of your last audit report)

June 30, 2016

Copy of Audit Report received

Yes     No     n/a

**NOTES AND COMMENTS:**

There are no fiscal concerns or findings.

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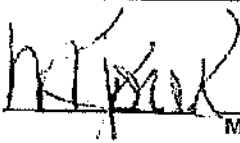
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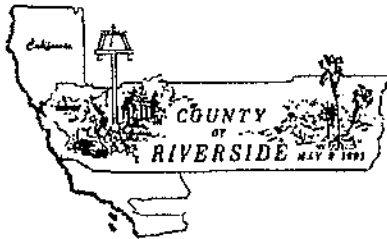


MRU Fiscal Staff Signature

4/27/2017  
Date

# **Monitoring report**

## **RCDMH (RUHS-BH) Riverside Permanent Housing**



# 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

May 4, 2017

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

Grant Number: CA0679L9D081508  
Grant Period: 7/1/2016 – 6/30/2017  
Project Name: RCDMH Riverside Permanent Housing  
Type of Service: Permanent Supportive Housing

Dear Ms. Brockmeier:

Thank you for the time and information provided by your agency and staff during our recent monitoring visit.

Monitoring of the aforementioned grant was conducted on 4/6/2017. The monitoring team included: Veronica Ramirez and Linda Salas for Program Review, and George Solis for HMIS Review. In addition, a desk fiscal review was conducted by MRU staff, Madeline Jones, on 4/27/2017.

The discussion with agency staff and a review of appropriate documents provided DPSS Homeless Programs Unit with the opportunity to ensure that your agency is in compliance with all program and fiscal requirements. During the monitoring, DPSS staff evaluated your program in the following areas:

1. Fiscal Compliance
  - a. Timely submission of claims
  - b. Match
  - c. Cost Eligibility and supporting documentation
  - d. Recordkeeping and financial management
2. Program Review
  - a. Program Eligibility
  - b. Homeless Documentation

- c. Program Quality and Capacity
- d. Income Documentation and Rent Calculations
- e. Housing Quality Standards
- f. Performance Targets
- g. Compliance with HUD Policies and Procedures

### 3. HMIS Review

- a. HMIS Self-Assessment Tool
- b. Data Quality (accuracy and timeliness)
- c. Privacy and Security
- d. HMIS policies and Procedures

During the exit meeting, the observations and recommended actions to be in program compliance were discussed.

### Program Description

#### RCDMH Riverside Permanent Housing

This project provides permanent supportive housing in the City of Riverside to 25 participants in a 13 unit-shared housing location and shared living space. This "Housing First" model is a low demand supportive housing for those who are chronically homeless, disabled and diagnosed with a severe mental health conditions. The model includes an outreach and engagement piece, with a drop in center utilized for engagement of individuals currently homeless on the streets. Supportive services are provided onsite, as well as in community locations or the mental health services clinic. The program functions similar to a Safe haven model, but with a permanent housing component and it serves those with the greatest risk and it serves those with the greatest risk and vulnerability and not normally served by most programs.

### Monitoring Summary

The Monitoring Team was assisted by Marcus Cannon, Mental Health Services Supervisor. At the time of the monitoring, there was 23 actively enrolled clients, and 9 exited; of these 7 were selected for file review.

1. **Fiscal Compliance:** There are no fiscal concerns or findings.

2. **Program Review:**

**Finding 1:** Housing Quality Standards (HQS). This was a concern on previous monitoring conducted on 2/3/2016. Four of seven reviewed files did not contain the required home inspection record.

- Client ID # 60093, 48063, and 9766 had no records of initial inspection.
- Client ID # 36113 initial inspection was incomplete.

Housing leased with Continuum of Care program funds, must meet the applicable housing quality standards (HQS) under 24 CFR 982.401 of this title. (1) Before any assistance will be provided on behalf of a program participant, the recipient, or sub recipient, must physically inspect each unit to assure that the unit meets HQS.

**Recommended Action:** Complete and keep a record of home inspection of the unit. It is imperative that the inspection takes place prior to the participant moving into the unit. In addition, recipients or sub recipients must inspect all units at least annually during the grant period to ensure that the units continue to meet HQS.

**Concern 1:** Occupancy/Lease Agreements. Seven of the seven reviewed files did not have the proper occupancy/lease agreement documentation. Client ID # 36113, 60093, 48063, 19543, 9766, 48998, and 24700 had no lease agreement record.

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. HUD has determined that requiring a lease for a term of at least one year assists program participants in obtaining stability in housing. § 578.49 Leasing. (b)(5) Occupancy agreements and subleases. Occupancy agreements and subleases are required as specified in § 578.77(a).

**Recommended Action:** Ensure that lease, sublease or occupancy agreement for program participants meet program requirements and are in compliance with the Continuum of Care Interim Rule.

3. **HMIS Review:** Riverside University Health System-Behavioral Health (RUHS-BH) completed the HMIS Self-Assessment Survey and is compliant with HMIS privacy, data entry, and training and participation guidelines.

**Concern 1:** Timeliness Report. The average number of days for clients to be entered into HMIS is 14 calendar days (HMIS Policies and Procedures). RUHS-BH PH project reports the following:

- Average Days from Entry: 48

**Recommended Action:** Ensure that client information is entered into HMIS within 14 calendar days from the point of the event, (intake/enrollment, service delivery, or discharge), according to the HMIS Charter. However, HUD strongly recommends the real-time data entry as best practice for reporting accuracy. It is strongly recommended that agency run the HMIS Data Entry Timing Report ensuring the client information (intake/enrollment, service delivery, or discharge) is recorded timely and available as up-to date information when it is expected and needed.

**Concern 2:** HMIS Data Quality.

Client #36133

- Client file did not contain HMIS Authorization form but rather a DPSS ROI form.
- Universal data element #3.4 (race) – could not verify from client's file.
- Universal data element #3.917 (Living Situation/ number of times homeless). Client file indicated that the client had 4 or more episodes of homelessness; HMIS record indicated one time.
- Universal data element #3.10 (Project entry date). There was no lease agreement in client's file, could not verify project entry date.
- Universal data element #4.3 (non-cash benefits) – Client's file indicated food stamps for the amount of \$200, non-cash benefit was not recorded in HMIS.
- Universal data elements #4.9 (mental health problem) #4.10 (substance abuse) – client file indicated mental health problem; HMIS record indicated mental health, alcohol abuse and drug abuse.

Client #48998

- Universal data element #3.10 (Project entry date). There was no lease agreement in client's file, could not verify project entry date.
- Universal data elements #3.11 (project exit date), #3.12 (exit destination) – there was no exit paperwork in client's file, could not verify exit date or exit destination.

Client #60093

- Universal data element #3.10 (Project entry date). There was no lease agreement in client's file, could not verify project entry date.
- Universal data elements #3.11 (project exit date), #3.12 (exit destination) – there was no exit paperwork in client's file, could not verify exit date or exit destination.
- Universal data element #4.3 (non-cash benefits) – Client's file indicated food stamps for the amount of \$194, non-cash benefit was not recorded in HMIS.

Client #19543

- Client file did not contain HMIS Authorization form but rather a DPSS ROI form.
- Universal data element #3.10 (Project entry date). There was no lease agreement in client's file, could not verify project entry date.
- Universal data elements #3.11 (project exit date), #3.12 (exit destination) – there was no exit paperwork in client's file, could not verify exit date or exit destination.



- Universal data elements #4.5 (physical disability), #4.9 (mental health problem) #4.10 (substance abuse) – client file indicated mental health problem; HMIS record indicated mental health, alcohol abuse and physical disability.

Client #48063

- Client file did not contain HMIS Authorization form but rather a DPSS ROI form.
- Universal data element #3.10 (Project entry date). There was no lease agreement in client's file, could not verify project entry date.
- Universal data elements #4.9 (mental health problem) #4.10 (substance abuse) – client file indicated mental health problem; HMIS record indicated mental health and drug abuse.

Client #9766

- There was not an Intake form in client file.
- Client file did not contain HMIS Authorization form but rather a DPSS ROI form.
- Universal data elements #3.4 (race), #3.5 (ethnicity), #3.6 (gender), #3.7 (veteran status), #4.3 (non-cash benefits), #4.4 (health insurance), #4.11 (domestic violence) – could not verify from client's file.
- Universal data element #3.10 (Project entry date). There was no lease agreement in client's file, could not verify project entry date.

Client #24700

- Client file did not contain HMIS Authorization form but rather a DPSS ROI form.
- Universal data element #3.10 (Project entry date). There was no lease agreement in client's file, could not verify project entry date.
- Universal data elements #4.4 (health insurance), #4.5 (physical disability), #4.6 (developmental disability), #4.7 (chronic health condition), #4.8 (HIV/AIDS), 4.9 (Mental health problem), #4.10 (Substance Abuse), #4.11 (Domestic Violence) – could not verify data elements from client file. There was a statement of disability in client's file but it did not list any of the barriers.

**Recommended Action:** Enter all client data into HMIS within 14 calendar days per HMIS Charter. Correct missing or inaccurate client data to achieve 100% HMIS data quality within 5 business days per HMIS Charter. Project entry dates for Permanent Supportive Housing projects should be the first date of occupancy in the project per HUD 2014 HMIS Data Standards. Ensure all clients have signed HMIS consent forms for release of HMIS data collection per HMIS Charter.

Technical assistance for any of the areas reviewed, Fiscal, Program and HMIS is available upon request. Please note that a technical support training conducted by DPSS HPU is accessible and highly recommended. The training can be modified to be focused on the concerns and findings

mentioned in this report and additional information related to the implementation and operations of CoC Programs.

Submit to DPSS by **6/5/2017** a corrective action plan and strategies on how each of the above concerns and findings will be or have been addressed. If similar instances of non-compliance occur, DPSS will consider this when awarding future CoC renewal grants to Riverside University Health System-Behavioral Health.

Thank you for your service to the homeless community and the great work that you do to end homelessness in Riverside County. Please contact me at [LSalas@rivco.org](mailto:LSalas@rivco.org) or 951-358-4913, if you have any questions or need clarification. As always, we are here to help you make your project successful.

Sincerely,

A handwritten signature in cursive script that reads "LSalas".

Linda Salas

Program Specialist II

Homeless Programs Unit

## HUD GRANT MONITORING / FISCAL REVIEW

Sponsor: Department of Mental Health  
Grant #: CA0679L9D081508  
Monitoring Date: \_\_\_\_\_  
Grant Period: 7/1/2016 - 6/30/2017  
Grant Amt: \$359,743.00

MRU Staff: Madeline Jones  
Sponsor Staff: Charlotte DiJohn  
Project Name: Riverside PH  
Type of Service: Permanent Housing

### A. GENERAL GRANT INFORMATION:

1. Does the sponsor file contain a copy of the contract with DPSS?  Yes  No  n/a
2. Does the sponsor maintain a tracking spreadsheet showing all approved budget modifications and all approved monthly expenses after DPSS fiscal adjustments?  Yes  No  n/a

### B. MATCH:

1. How often does the sponsor show match amounts on the claims?  Monthly  Quarterly  Other
2. Are the match contributions at least equal to the statutorily required match?  Yes  No  n/a  
(Exhibit 13-5, #2)

3. List all sources of match (cash and in-kind) and the costs they are associated with:

Riverside County Supportive Cost, Recovery Innovations: Supportive Services Cost, Operating Costs, HMIS Cost, Administration Costs, and Utility Cost.

### C. RECORD KEEPING / FINANCIAL MANAGEMENT:

1. Does the recipient have written procedures covering the recording of transactions, an accounting manual and a chart of accounts?  Yes  No  n/a  
(Exhibit 13-8, #1)

Chart of Accounts and Separation of Duties provided.

2. Does your agency allocate any costs?  Yes  No  n/a  
If yes, please provide written methodology:

The expenditures are coded to unique county program codes and Department ID's that allow expenditures to be identified for a particular program.

## HUD GRANT MONITORING / FISCAL REVIEW

3. Does the Sponsor turn in claims on a monthly basis?  Yes  No  n/a  
If no, please explain:

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4. Is the LOCCS drawdown rate consistent with the projected point-in-time expenditures for the project's grant term and approved budget? (Exhibit 13-2, #2)  Yes  No  n/a
- 8 claims have been received, or 66.67%; and \$283,720.71 out of \$359,743 has been spent, or 78.87%.

5. Is there evidence that the staff duties are separated so that no one individual has complete authority over an entire financial transaction? (Exhibit 13-8, #14)  Yes  No  n/a

6. Are the expenses being claimed consistent with those described in the approved application? (Exhibit 13-1, #1)  Yes  No  n/a

7. Does a review of transaction records indicate that CoC expenditures were for eligible costs and supported by adequate source documentation? (Exhibit 13-8, #9)  Yes  No  n/a

8. What is the date of the agency's last audit by an independent certified public auditor? June 30, 2016  
If applicable, was it an A-133 audit? Copy of Audit Report received  
(Please provide a copy of your last audit report)  Yes  No  n/a

**NOTES AND COMMENTS:**

There are no fiscal concerns or findings.

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MRU Fiscal Staff Signature

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4/27/2017  
Date