

2018 Monitoring Summary
(PSH / RRH / SH / TH)

Project Name: Frontiers

Agency Name: CPSA

Does the PEM committee recommend a PIP for this project? No Yes
If yes, check the item(s) needing to be address by a PIP.

- LOCCS draws have not been occurring at least quarterly for the most recent 12 months
- Agency has not had a financial review / audit
- Project has not implemented Housing First / Low Barrier policies / procedures
- Project's agency does not have voting privileges in TPCH General Council
- Project does not use HMIS / HMIS-comparable database.
- * Project has not corrected any HUD findings.
- Recipient hasn't monitored sub-recipient(s) within the last 12 months.
- Sub-recipient has unresolved issues from recipient's most recent monitoring.
- Agency does not have a current SAM registration*

** Agency's financial management system does not meet federal standards (2 CFR 200.302)*

Date reviewed by PEM Committee: 5/16/18

Did project representative attend PEM review? Yes No

Date reviewed by TPCH Board: _____

Does TPCH Board agree that PIP is appropriate? Yes No N/A

PIP is due to PEM within 30 days of TPCH Board review.

Date PEM received PIP from project: _____

Issues must be resolved within 90 days of sending PIP to PEM Committee.

Date PEM received resolution(s) from project: _____

Date PEM reviewed resolution: _____

Date PEM reported resolution to Board: _____

* Project did not include HUD findings in the Monitoring packet.

** Project did not include documentation of correcting the financial audit finding.

Settle Madden

From: Sasha Hawman
Sent: Wednesday, July 18, 2018 8:35 AM
To: Settle Madden; Heidi DeDanaan
Cc: Terrance Watkins; Jennifer Dixon
Subject: Frontiers Monitoring - Plan...

Dear Settle and Heidi,
Please see CPSA's plan to correct the 2018 Monitoring for Frontiers:

1. CPSA will include the HUD findings that weren't included in the packet.
2. Project will include documentation of correcting the financial audit finding.

I have included Terrance who will be taking over my role. I will be walking him through on how we'll be completing this plan. If you have any questions, please don't hesitate to ask.

Thank you,

Sasha Hawman, MPA, BS
Collaborative Applicant Representative
Community Partnership of Southern Arizona
2502 N. Dodge Blvd. STE 130
O: (520) 901-6818 |
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Caring for All of You



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JUL 21 2017

Vanessa Seaney
Chief Executive Officer
Community Partnerships of Southern Arizona (CPSA)
4575 E Broadway
Tucson, Arizona 85711

Dear Ms. Seaney:

**SUBJECT: On-Site Monitoring of Continuum of Care (CoC) Grants
Numbers: AZ0110 and AZ0129**

From June 12-14, 2017, this Office conducted an onsite monitoring of the Continuum of Care (CoC) grants, to assess your organization's performance and compliance with applicable Federal program regulations and requirements. Program performance was assessed through a review of operations, file documentation, staff interviews and onsite inspections.

This letter transmits the results of the monitoring review and contains five Findings and no Concerns. A Finding is identified as a deficiency in program performance based on a statutory, regulatory or program requirement for which sanctions or other corrective actions are authorized. A Concern is a deficiency in program performance that is not based on a statutory, regulatory or other program requirement but is brought to the grantee's attention. Required corrective actions are identified for all Findings. Recommended actions are identified for Concerns. Although you are not required to respond to a Concern, a response to any actions you are taking would be appreciated. An exemplary practice is a noteworthy practice or activity being carried out by the grantee and may possibly be duplicated by another grantee.

OVERVIEW

Monitoring is the principal means by which HUD ensures that programs and technical areas are carried out efficiently, effectively, and that the programs comply with applicable laws and regulations. It assists grantees in improving their performance, developing or increasing capacity and augmenting their management and technical skills. Also, it provides a method for staying abreast of the efficacy of CPD-administered programs and technical areas within the communities HUD programs serve. Monitoring is not limited to a one-time review, but is meant to be an ongoing process that assesses the quality of a grantee's performance over a period of time involving continuous communication and evaluation. In determining which grantees will be monitored, the Department uses a risk-based approach to rate grantees, programs and functions, including assessing the Department's exposure to fraud, waste and mismanagement. This process not only assists the Department in determining which grantees to monitor, but also

identifies which programs and functions will be reviewed. Areas reviewed may result in the identification of findings, concerns or exemplary practices.

Specifics relating to this review are as follows:

HUD Reviewer(s):	Michael Flores, Senior Community Planning and Development Representative (CPD)
Grantee Staff and Other Participants:	Vanessa Seaney, CEO; Annette Church, Chief, Clinic Operations; Alexander "Sasha" Hawman, Manager, Housing Programs; Diane Layne, Director, Finance
Entrance Conference:	
Date	June 12, 2017
Representatives	Michael Flores, Sr. CPD Representative Vanessa Seaney, CEO; Annette Church, Chief, Clinic Operations; Alexander "Sasha" Hawman, Manager, Housing Programs; Diane Layne, Director, Finance
Exit Conference:	
Date	June 14, 2017
Representatives	Michael Flores, Sr. CPD Representative Vanessa Seaney, CEO; Annette Church, Chief, Clinic Operations; Alexander "Sasha" Hawman, Manager, Housing Programs; Diane Layne, Director, Finance.

SUMMARY OF RESULTS AND CONCLUSIONS

On June 12, 2017, Mr. Michael Flores, Senior Community Planning and Development Representative, initiated a monitoring review of the Community Partnerships of Southern Arizona (CPSA), Continuum of Care (CoC) grants. The purpose of the review was to determine if CPSA was adequately fulfilling its CoC program requirements and managing the programs effectively.

During the visit, Mr. Flores reviewed the CPSA's Collaborative Applicant responsibilities, CoC recordkeeping of housing participant files, overall grant systems, and financial management. On June 14, 2017, Mr. Flores had an exit conference with Annette Church, Chief, Clinical Operations and staff to provide a briefing on the results of his review. During the briefing, Mr. Flores presented the results of the monitoring visit, which included five findings, no concerns and one best practice.

The following areas were reviewed for Continuum of Care (CoC) grants:

Exhibits were used to guide the review from the *Community Planning and Development Monitoring Handbook 6509.2*; they are available at:

http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/hudclips/handbooks/cpd/6509.2.

Continuum of Care (CoC) grants

In 2015, Community Partnerships of Southern Arizona (CPSA) was a recipient of three CoC grants in the amount of \$534,591, respectively. CPSA staff and sub-recipients provided funding to assist homeless persons and families with children through homeless outreach, rental assistance and supportive services. The combined CoC grants have provided 68 permanent housing units for homeless disabled youth, chronically homeless and homeless persons. The use of this funding helped create stable, safe, decent and affordable housing for the most vulnerable homeless population in the Tucson area.

Using the CoC monitoring exhibits, a random selection of project files was reviewed. In addition, CPSA personnel were interviewed regarding the procedures used to implement and manage the grant programs, client entry, disability documentation, income eligibility and rental housing. It was evidenced that draws were made on a monthly-basis from HUD and rental assistance funds were reimbursed to sub-recipients on a monthly-basis upon file review. Additionally, Mr. Flores made an on-site visit to Primavera Foundation to review participant files, meet staff and tour the facility. Based on this monitoring review, it was determined that the CoC homeless programs have been operating successfully in compliance with program regulations.

Recordkeeping and Program Participants:

A review of CPSA's sub-recipient and homeless projects to determine that program participant eligibility was adequately documented in terms of their homelessness upon entry into the program. On-site file review, certifications of homelessness and backup documentation were submitted for each new client entering the program. The certifications were submitted with monthly requests for payment and Tenant Income Certifications were completed for new clients and annually for all clients. In addition, Mr. Flores conducted on-site visits at Primavera Foundation and met staff.

Overall Management Systems and Financial Management

An evaluation of CPSA's ability to carry out the administrative responsibilities for its CoC grant funds was performed. Mr. Flores reviewed documentation and written procedures to ensure that the grant funds were administered and processed within guidelines. While interviewing Primavera Foundation (Sub-recipient) staff, an exemplary practice was noted that CPSA prepared all policies and procedures for its sub-recipients to ensure they were in compliance with all HUD guidelines and regulations, plus they matched the recipient's policies and procedures as well. CoC grant funds were managed by CPSA's accounting

department and account manuals were available on-site. Administrative expenditures were only utilized for eligible costs and are only drawn for expenses already incurred. Detail Expenditure Transaction reports, source documents and payroll documents were reviewed on-site to determine compliance. A file review included job descriptions, which include eligible administrative costs, and time records for eligible costs for all administrative personnel.

Finding #1: Board of Directors composition

Condition: CPSA did not have at least one homeless or previously homeless person on the board of directors.

Cause: CPSA has had leadership and staff turnover over the past two years. The new leadership was unaware of the requirement.

Criteria: 24 CFR 578.75(g)(1); 24 CFR 578.103(a)(12) (or 24 CFR 578.103(a)(13) for funds awarded under the FY 2015 CoC Program Competition or later.

Effect: Without a member on the board having homelessness experience, the board lacks insight into the severity of the homelessness issues and may overlook possible solutions. By adding a homeless or formerly homeless person to the board, the board gains credibility with the homeless community and better insight into the homelessness problem.

Required Corrective Action: CPSA must add at least one homeless or formerly homeless person to its board of directors.

Finding #2: FFATA Requirements

Condition: CPSA did not provide evidence of compliance with the FFATA requirements.

Cause: New staff and leadership have overlook some of the detailed requirements of the program, while focusing on the larger issues with its homelessness programs.

Criteria: 24 CFR 578.99(c)

Effect: The FFATA requirements ensures information on federal awards (federal financial assistance and expenditures) are made available to the public via a single, searchable website, which is www.USASpending.gov. If the recipient does not register, then the public cannot access the recipient's information and the program will lack transparency.

Required Corrective Action: CPSA must register on the FFATA website and establish compliance with FFATA requirements.

Finding #3: Staff Time and Activity Sheets

Condition: Ms. Settler Madden, CPSA staff member, did not maintain time and activity time sheets nor have a semi-annual certification of time.

Cause: CPSA was unaware that Ms. Madden was not completing time and activity sheets and corrected the issue during the monitoring visit.

Criteria: 24 CFR 578.99(e); OMB Circular A-87, Attachment B, 8(h)(3)

Effect: Ms. Madden's staff time charged to the CoC grant could not be verified.

Required Corrective Action: Ms. Madden must complete time and activity time sheets daily and have a supervisor or manager review and certify them.

Housing and Lead-Based Paint (LBP) program:

The HUD Lead Safe Housing Rule references the applicability of the lead paint requirements in 24 CFR Part 35. The Lead Safe Housing Rule, specifically 24 CFR 35.88, sets forth disclosure requirements for sellers and lessors. The following activity shall be completed before the purchaser or lessee is obligated under any contract to purchase or lease target housing. The seller or lessor shall provide the purchaser or lessee with an EPA-approved lead hazard information pamphlet. Such pamphlets include the EPA document entitled Protect Your Family from Lead in Your Home (EPA-747-K-94-001) or an equivalent pamphlet that has been approved for use in that State by EPA.

Finding #4: Lead Base Paint Inspections

Condition: CPSA did not have a certified Lead Based Paint (LBP) inspector/assessor.
Cause: CPSA was misinformed that if its staff graduated and were certified as a Housing Qualified Standards (HQS) Inspector, they could also perform Lead Based Paint assessments/inspections on units older than 1978 with children under 6 years old residing in them.
Criteria: 24 CFR 578.75(b); 24 CFR 578.99(f); 24 CFR 35.700-730; 24 CFR 35.900-940; 24 CFR 35.1000-1020; 24 CFR 35.1200-1225
Effect: CPSA has unit(s) that have not been Lead Based Paint assessed/inspected by a LBP certified inspector.
Required Corrective Action: CPSA must identify and inspect all participant units that are older than 1978 and have a child of 6 years old or younger residing in it.

Finding #5: Lead Based Paint information sharing requirements

Condition: CPSA does not share Lead Based Paint data with the local health department on a quarterly basis.
Cause: This requirement was added recently and CPSA was not aware of it.
Criteria: 24 CFR 35.1225(f)
Effect: Local health departments are compiling information concerning LBP identified housing with children that have been affected by lead based paint poisoning. Without the data, local health department cannot ensure LBP housing has been identified or remediated.
Required Corrective Action: CPSA must review all of its participant files and ensure all housing identified as having a lead based paint issue(s) has been identified and the occupant data is shared with the local health department now and on a quarterly basis.

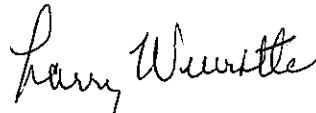
Mr. Flores performed 13 participant file reviews and found that CPSA completed all HQS inspections; however, not all lead-based paint assessments, as required. Based on the

monitoring review, it was determined that CPSA is meeting HUD HQS requirements, but needs to identify and inspect housing units older than 1978 with children under 6 years old.

If you disagree with any of HUD's determinations or conclusions in this monitoring letter, please address these issues in writing to this Department within 30 days of this letter. Your written communication should explain your reasons why you disagree along with supporting evidence and documentation. All communication should be sent to the Department of Housing and Urban Development, Phoenix Office, Community Planning and Development Division, 1 North Central Ave, 6th Floor, Phoenix, AZ 85004.

I would like to thank you and your staff for your professionalism and cooperation during the review. Your HUD representative, Michael Flores, Sr. CPD Representative, is available to discuss the results of this monitoring letter or provide technical assistance, if requested, and can be reached at (602) 379-7166 and/or michael.p.flores@hud.gov.

Sincerely,



Larry Wuerstle
Program Manager
Community Planning and
Development Division



**September 30, 2017 Single Audit Report
Housing Corrective Action Plan
As of April 9, 2018**

Number	Finding Title	Description (Cause and Effect)	Auditors Recommendations	Management Response	Updates (Action Steps)
2017-004	Activities Allowed or Unallowed, Control Activities (Significant Deficiency) and Compliance	This finding was the result of an internal control breakdown with respect to the retention of case records and documentation in accordance with the program requirements. Not maintaining appropriate case records for each individual in the program and lack of a detailed review of tenant case files could lead to unsupported and/or fraudulent amounts billed under the contracts.	We recommend the Organization implement policies and procedures to improve the retention and maintenance of required documentation within the tenant case files.	<ul style="list-style-type: none"> • CPSA will be reviewing and updating the Handbook Manual for HUD and Supported Housing projects. • Part of updating the Handbook, we will make sure a process for internal audits is established and implemented. • CPSA administrative team will be auditing all housing programs in the next 60 days. During this process, the administration team will be not only making sure the case files are current and complete, but make sure the electronic health record, tenant data base, and spreadsheets are 100% compliant. • After this audit, CPSA will provide the Housing Specialists monthly updates on their charts and the data systems. • After the initial internal audit, CPSA admin team will audit one program on a monthly basis. • The Housing Programs Manager will be providing oversight on the internal audits, processes, and data systems. 	<p><u>Update as of April 9, 2018</u></p> <ul style="list-style-type: none"> • CPSA is still in the middle of updating its Handbook. CPSA has completed its final audit (4th of 2018). At this moment, we're working on combining the gaps (findings) the auditors have identified. We will then review our processes based on these gaps, and making updates as needed. This is ongoing... • CPSA is still in the middle of the internal audit, and will be making updates after it has been completed. This is ongoing... • CPSA still intends to provide the Housing Specialists monthly updates after we complete the internal audit. This will be ongoing... • The Housing Programs Manager is providing over site. This will be ongoing...



**September 30, 2017 Single Audit Report
Housing Corrective Action Plan
As of April 9, 2018**

Number	Finding Title	Description (Cause and Effect)	Auditors Recommendations	Management Response	Updates (Action Steps)
2017-005	Activities Allowed or Unallowed, Control Activities (Significant Deficiency) and Compliance	This finding was the result of an internal control breakdown with respect to the retention of case records and documentation in accordance with the program requirements. Not maintaining appropriate case records for each individual in the program and lack of a detailed review of tenant case files could lead to unsupported and/or fraudulent amounts billed under the contracts.	We recommend the Organization implement policies and procedures to improve the retention and maintenance of required documentation within the tenant case files. In addition, we recommend the Organization implement policies and procedures to improve the periodic review of tenant case files for appropriate case records for each individual in the program.	<ul style="list-style-type: none"> • CPSA has reviewed its processes to make sure they are fulfilling HUD requirements. • CPSA is working to improve its internal auditing process as it was stated previously. They have made sure the internal audit form covers all the components that need to go into the case file and the data systems. • CPSA administrative staff plan to audit all charts with the new audit checklist that has been created. • CPSA administrative staff on a monthly basis will update the Housing Specialists on which documents they need to submit to make sure the charts are in compliance. 	<p><u>Update as of April 9, 2018</u></p> <ul style="list-style-type: none"> • CPSA will continue to review its processes to meet HUD requirements. This will be ongoing. • CPSA has improved its internal audit process and have fully implemented it. The internal audit will be ongoing. • CPSA is currently auditing all of its charts. This will be completed within 60 days. This is ongoing. • CPSA still intends to provide the Housing Specialists monthly updates after we complete the internal audit. This will be ongoing...
2017-006	Eligibility, Control Activities (Significant Deficiency) and Compliance	This finding was the result of an internal control breakdown with respect to the retention of case records and documentation in accordance with the program requirements. Not maintaining appropriate case records for each individual in the program and lack of a detailed review of tenant case files could lead to unsupported	We recommend the Organization implement policies and procedures to improve the retention and maintenance of case files, including documentation related to the eligibility of the individual.	<ul style="list-style-type: none"> • As it was stated above, CPSA understands the importance of providing the proof of homelessness and disability to meet HUD requirements. • As part of the internal auditing process, proving homelessness 	<p><u>Update as of April 9, 2018</u></p> <ul style="list-style-type: none"> • CPSA will continue to review its processes to meet HUD requirements. This will be ongoing.



**September 30, 2017 Single Audit Report
Housing Corrective Action Plan
As of April 9, 2018**

Number	Finding Title	Description (Cause and Effect)	Auditors Recommendations	Management Response	Updates (Action Steps)
		and/or fraudulent amounts billed under the contracts.		and disability will be one category we'll be checking for.	
2017-007	Eligibility, Control Activities (Significant Deficiency) and Compliance	This finding was the result of an internal control breakdown with respect to the retention of case records and documentation in accordance with the program requirements. Not maintaining appropriate case records for each individual in the program and lack of a detailed review of tenant case files could lead to unsupported and/or fraudulent amounts billed under the contracts.	We recommend the Organization implement policies and procedures to improve the retention and maintenance of case files, including documentation related to the eligibility of the individual. In addition, we recommend the Organization implement policies and procedures to improve the periodic review of tenant case files for appropriate case records for each individual in the program.	<ul style="list-style-type: none"> • As it was stated above, CPSA understands the importance of providing the proof of homelessness to meet HUD requirements. • As part of the internal auditing process, proving homelessness and disability will be one category we'll be one of the categories they will be checking. 	<p><u>Update as of April 9, 2018</u></p> <ul style="list-style-type: none"> • See post above.
2017-008	Allowable Costs/Cost Principles, Control Activities (Significant Deficiency) and Compliance	This finding was the result of an internal control breakdown with respect to the review and approval of monthly billings. A lack of a detailed review and approval of monthly billings could lead to unsupported and/or fraudulent amounts billed under the contracts.	We recommend that one individual be responsible for preparing each monthly billing and that a separate individual be responsible to perform an independent review and approval of each billing comparing amounts billed to source documents for accuracy and that this review and approval be evidenced via signature (or initials) and the date of review on the billing. A copy of each billing should be maintained to evidence the control is operating as intended.	<ul style="list-style-type: none"> • CPSA acknowledges the importance of making sure billing is correct. • The process is that the administrative staff will complete the billing, the Housing Programs Manager checks for any errors. If there are any errors, the Housing Programs Manager informs the administrative staff about the error. • The administrative staff will make the corrections and give it 	<p><u>Update as of April 9, 2018</u></p> <ul style="list-style-type: none"> • CPSA Housing Specialist completes the billing, the Housing Programs Manager signs off on the billing after checking for accuracy with staff from Finance. We are making sure this process is followed to perfection. This will decrease errors.



**September 30, 2017 Single Audit Report
Housing Corrective Action Plan
As of April 9, 2018**

Number	Finding Title	Description (Cause and Effect)	Auditors Recommendations	Management Response	Updates (Action Steps)
				<p>back to the Housing Programs Manager for signature.</p> <ul style="list-style-type: none">• For City of Tucson (COT), COT staff also checks the billing for accuracy. If there are any errors, they will report back to the Housing Programs Manager and the administrative staff that completed the billing. This should prevent any errors from occurring.	



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MAY - 2 2018

Vanessa Seaney, CEO
Community Partnerships of Southern Arizona (CPSA)
4575 E. Broadway
Tucson, Arizona 85711

Dear Ms. Seaney:

**SUBJECT: FY 2017 Continuum of Care Monitoring Finding Closeout
Community Partnership of Southern Arizona**

From June 12-14, 2017, this Office conducted onsite monitoring of CPSA's Continuum of Care (CoC) grants, to assess your organization's performance and compliance with applicable Federal program regulations and requirements. As a result of the review, a monitoring letter was sent to your office dated July 21, 2017, which identified and outlined five monitoring findings that required corrective actions.

On February 28, 2018, CPSA responded to the monitoring letter and provided the requested documentation needed to close all five outstanding findings. Based on the documentation provided, HUD has closed the following Findings for CPSA:

- Finding 1: Board of Directors composition
- Finding 2: FFATA Requirements
- Finding 3: Staff Time and Activity Sheets
- Finding 4: Lead Base Paint Inspections
- Finding 5: Lead Based Paint information sharing requirements

As of the date of this letter, all FY 2017 monitoring findings are now closed.

I would like to thank you and your staff for your professionalism and cooperation during the review. Your HUD representative, Michael Flores, Senior Community Planning and Development Representative, is available to discuss the contents of this letter or provide technical assistance, if requested, and can be reached at (602) 379-7166 and/or michael.p.flores@hud.gov.

Sincerely,



Kimberly Nash
Director
Community Planning and
Development Division

Cc:
Alexander "Sasha" Hawman, Housing Program Manager