

2024 – OVERVIEW SELF-MONITORING RESULTS

This year Samish has continued using the self-monitoring plans for recipients, as provided by HUD on their website one the Grant Oversight and Monitoring page, to complete our required annual self-monitoring. During this year we completed the following monitoring plans as applicable to current Samish NAHASDA programs and any areas of non-compliance or improvements needed are noted:

A. IHBG Self-Monitoring

Issue: Self-Monitoring was completed late for 2022. Program staff poor communication and potential retaliation in response to findings.

Corrective Action Plan/Taken: N/A

Comments: 2022 Self-monitoring was completed late. Quarter 4 and the following new year Quarter 1 have become increasingly difficult to schedule and dedicate time to reviewing and completing the Annual Self-Monitoring. 2023 experienced similar time constraints. Plans with Housing and Compliance for 2024 to spread out sections to review and complete starting in August with a final review of sections in December. Monitoring

In 2022, Housing Director voiced concerns regarding Compliance viewing client identifying documents during Self-monitoring. In an attempt to better protect client information, all Self-Monitoring documents replaced citizen names with unique identifiers. Housing Director For 2024, Housing Director issued concern again. In preparation for admission section, before starting, advised everyone of the importance of confidentiality and names of clients seen during review should not be used outside of the self-monitoring and if any names were recognizable, that is our professional duty to not share or comment on this knowledge.

In December 2024, Essential Services Senior Director bypassed Compliance Executive Director to discuss potential changes with whom should conduct HUD Self-Monitoring in the future, citing concerns with the number of findings and that self-monitoring would not be completed on time. Discussion was brought up to only CFO and COO. CFO notified Compliance Executive Director of issued concern, however elected to not forward email for review. Concern was not shared with Compliance and self-monitoring was at the time on-track to be completed by the end of the year. Presented agenda and updated agenda as back up. CFO has shared an updated drafted job detailing change in role regarding role in self-monitoring.

B. APR & IHP Compliance

Issue:

APR resubmitted multiple times for correction

Corrective Action Plan/Taken:

C. Organization & Structure

Issue: No areas of non-compliance or improvement noted.

Corrective Action Plan/Taken: N/A

Comments:

The Samish Indian Nation's new organizational chart was formalized January 1st, 2023. This change added Executive and Senior Director levels. Related to Housing, the Housing Director reports to the Essential Services Senior Director, who reports to the Citizen & Client Services Executive Director, who reports to the Chief Operations Officer. Additionally, a Performance & Quality Improvement Specialist was created, which reports directly to the Essential Services Senior Director.

Housing Director and Case Manager Supervisor participated in Self-Monitoring. Previous Performance & Quality Improvement Specialist took new role in October 2024 and was not able to assist with 2024 Self-Monitoring. New

Performance & Quality Improvement Specialist was hired December 2024. Essential Services Senior Director did not participate in Self-Monitoring.

Citizen & Client Services Executive Director retired in August 2024; position remains unfilled as of December 2024.

D. Admissions & Occupancy

Issue:

Area of concern with submission of program participant list. Compliance discovered the list submitted contained duplicate file numbers and delayed file selection process.

Systematic issue with completing HUD Inspection forms. 7 of 10 TBRA/HP/RRH files tested had missed sections and/or errors when completing HUD Inspection Form.

Area of concern with training and knowledge regarding altering signed electronic documents. Samish employees have pdf editor software. During Admissions and Occupancy an signed and dated electronic document was

Corrective Action Plan/Taken:

Training schedule 12/23/2024 to review administrative concerns, specifically HUD inspection process and proper protections of electronic documents when using Foxit PDF editor.

Comments:

In 2021 conflict of interest process was updated to be completed during the annual recertification with all participants. In 2023 there were no instances of failure to disclose or missing conflict of interest.

An overall change was made to the methodology of the client file selection process or testing. After meeting with the ONAP self-monitoring trainer, Samish is adopting a file selection process which targets new client files during Admissions and Occupancy testing. This best practice focuses on catching errors (if any) upfront. Housing and Compliance find this new practice adequate since the Performance & Quality Improvement Specialist also completes reviews of files during recertification in addition to those performed during Self-Monitoring.

Compliance discovered the list submitted contained duplicate file numbers and delayed file selection process. Housing Director stated participant list was created by the previous Performance and Quality Assurance Specialists and they did not double check before sending to Compliance. One-off concern at this time. No corrective action needed.

E. Draft Lead-Based Paint

Issue: No areas of non-compliance or improvement noted.

Corrective Action Plan/Taken: N/A

Comments:

Completed Corrective Action plan from 2021. The program now has updated form to clarify common areas are inspected for Lead-Based paint deterioration in residence built before 1978, where children under the age of 6 reside.

F. Section 504 Accessibility

Issue: No areas of non-compliance or improvement noted.

Corrective Action Plan/Taken: N/A

G. Procurement & Contract Administration

Issue: No areas of non-compliance or improvement noted.

Corrective Action Plan/Taken: N/A

Comments: No self-assessment required, Samish still uses the \$10,000.00 Micro purchase threshold. Concern with no available in MIP report to determine vendors when employee credit cards are used. CFO confirmed no report at the time and determining vendors for all Samish Credit Cards would cause an extreme administrative burden.

C. Finance Compliance

Issue:

Quarterly SF425 for 55IT5313870 due July 2024 was completed late due to CFO being out sick and then out of office.

Corrective Action Plan/Taken:

CFO will train back up to complete SF425s to have better redundancy in the event of absence.

H. Environmental Review Compliance

Issue: No areas of non-compliance or improvement noted.

Corrective Action Plan/Taken: N/A

Comments: Determination of Exemptions completed sign.

I. Maintenance and Inspection

Issue: No areas of non-compliance or improvement noted.

Corrective Action Plan/Taken: N/A

Comments: Original communication from Housing Director was that HUD funds had not been used to pay for John L Scott contract. Research into finances found Green Ocean Real Estate is the property management section of John L Scott. Sample size of maintenance orders will need to be reviewed at next Self-Monitoring.

Completed By 

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