

## **2025 – OVERVIEW SELF-MONITORING RESULTS**

This year Samish has continued using the self-monitoring plans for recipients, as provided by HUD on their website on 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:** We were unable to find the completed self-monitoring plans for 2023 and 2024 for two areas, including the Finance Plan, with all relevant appendixes, and the ERR Plan. However, these areas were addressed within the result report.

**Corrective Action Plan/Taken:** Complete these Plans again for both 2023 & 2024 to add to the record and make it complete before year-end.

**Recommendations:** Last year duplicative client numbers were identified as an issue; however, in discussion with the PQI Specialist, each client has an independent file for each program, and thus I find we should duplicate to ensure each file within each program has an equal opportunity for review since an independent file exists. Additionally, I will be setting meetings for the 2026 Self-Monitoring at the close of our 2025 sessions to ensure we have plenty of time to both prepare and complete the work for self-monitoring, and I plan to make this procedure permanent.

**Comments:** This year the HUD website is inaccessible; every link sends you to a error code, then a political message regarding the government shut-down; As a result, we were unable to download current self-Monitoring Plans, or confirm not newer edition was unavailable, so we are using those we have in our possession from last year.

### **B. APR & IHP Compliance**

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

**Corrective Action Plan/Taken:** N/A

**Recommendations:** N/A

**Comments:** N/A

### **C. Organization & Structure**

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

**Corrective Action Plan/Taken:** N/A

**Recommendations:**

It was not clear in interview how conflicts are reviewed again in the re-certification process; I recommend that process is added into the re-certification procedure and forms to ensure

conflicts are identified. This is important because Conflict can arise after entry to the program due to marriage, death, or elections, and our duty is to provide notice of a conflict, real or apparent, for those in our program. I am recommending this a way to strengthen our program but do not find it is a material weakness rising to an issue.

The PQI and Compliance are developing a checklist for items needing to be published to website for Public Notice and access; The PQI requested this document be created as an internal control to strengthen our procedures and ensure compliance. The checklist will have documents, timeline for posting, and date posted all to help track the process through a program year.

**Comments:** We intend to create internal grievance tracking procedure using client database software, but current assessment of the software in place, Arctic IT System, has not resulted in a clear way to implement that as yet; Ongoing evaluation will continue as capacity allows or new software become available as a solution to add this to strengthen our program.

#### **D. Section 504 Accessibility**

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

**Corrective Action Plan/Taken:** N/A

**Recommendations:** N/A

**Comments:** N/A

#### **E. Environmental Review Compliance**

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

**Corrective Action Plan/Taken:** N/A

**Recommendations:** N/A

**Comments:** N/A

#### **F. Draft Lead-Based Paint**

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

**Corrective Action Plan/Taken:** N/A

**Recommendations:** N/A

**Comments:** N/A

#### **G. Procurement & Contract Administration**

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

**Corrective Action Plan/Taken:** N/A

**Recommendations:** N/A

**Comments:** N/A

## **H. Maintenance & Inspections**

**Issue:** Continued errors/omissions on inspections forms. As 7 of 10 errors or omissions were identified last year in Self-monitoring and a corrective action for training took place, we have found that corrective action was not enough to solve the issue completely.

**Corrective Action Plan/Taken:** The new Performance and Quality Improvement Specialist, Mikhala, will be adding an additional review into the inspection process in her duties to ensure full cross-checking for full completion. Her role was created to bring the capacity to our program for these types of processes. She will be doing an annual review of all inspections completed in each FY to ensure no errors or omissions are present. The Case Management Supervisor will also continue to review the inspections once completed by each case manager. This added layer of review will bring full compliance to this procedure. For 2025, the Case Management Supervisor re-reviewed all 2025 client files to ensure accuracy prior to the end of the review on this section of the Plan.

**Recommendations:** N/A

**Comments:** Although Samish does not have IHBG housing stock operating in 2025, the maintenance procedures used via a 3<sup>rd</sup> party vendor John L Scott for Samish' income units at 34<sup>th</sup> street offer a very good example that we can incorporate when we are able to identify housing stock to acquire in 2026.

## **I. Admissions & Occupancy**

**Issue:** Area of Non-Compliance was found and corrective actions have been completed at this time. Intake form accidentally had the Conflict Verification section removed spanning from Aug 2024 to March of 2025; Once identified as missing, the program sought verification of conflict of interest through using other recent intake forms from prior or new admission applications or worked with clients directly to recreate that section as verification for the file.

**Corrective Action Plan/Taken:** Program has documented the error via memo and identified 70 possible client applications missing the verification, 8 admitted clients that did not have the verification otherwise completed in other housing and/or enrollment documents. Program is now seeking verification for those 8 clients; however, as those 8 clients have since exited the program, none have been responsive and the effort to contact has been ceased after three attempts with no response. Mitigation for this error included adding the conflict verification section back onto our application form and making the application form a PDF fillable document rather than a word document to ensure accidental erasure cannot be repeated.

**Recommendations:** Definition for Immediate Family is robust and may not need to be as HUD defers to our definition; consider if the definition is broader than it needs to be; if kept, consider

including the definition in the intake form for RRH & HP, like it is for TBRA, so the client understands what they are attesting to – not just parent and siblings.

**Comments:** N/A

**J. Financial & Fiscal Management (including Appendixes 1-8 as relevant,)**

**Issue:** Staff turnover in the Accounting department for compliance staff resulted in a late SF425 submission by one week in 2024.

**Corrective Action Plan/Taken:** CFO has developed a plan to increase staff capacity in this area of the accounting department and it is currently being reviewed by Tribal Council for approval. This increase in staff capacity would ensure better cross-coverage of duties and stability of compliance duties for the Tribe; however, in the interim, the Special Projects position is working with the CFO to ensure cross-coverage is in place for program deadlines until that capacity increase occurs.

**Recommendations:** N/A

**Comments:** N/A