



Austin/Travis County Health and Human Services Department



OFFICE OF THE DIRECTOR

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Austin, Texas 78767

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June 2, 2009

Ms. Amy Oehler
Director, Community Affairs Division
P.O. Box 13941
Austin, Texas 78711-3941

Re: Response to Monitoring Review Conducted February 17-20, 2009
FY 2008 Community Services Block Grant Contract #61080000198

Dear Ms. Oehler,

Enclosed is the City of Austin - Health and Human Services Department's response to your report of findings from the on-site review of the above-referenced Texas Department of Housing and Community Affairs contract.

Should you have any questions regarding this response, please do not hesitate to contact me at 972-5010. Thank you for your continued support.

Sincerely,

David Lurie
Director

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COMMUNITY SERVICES SECTION

cc: Vince Cobalis, Asst. Division Director, Human Services
Cathleen Rodriguez, HHS Manager, Healthy Neighborhood Unit
Melanie Miller, Chief Administrative Officer
Willie Harris, Grant Coordinator
Margaret Shaw, Director, Neighborhood Housing and Community Development

**2008 COMMUNITY SERVICES BLOCK GRANT
City of Austin – Health and Human Services Department**

Monitoring Response

Date(s) of Review: February 17-20, 2009

Focus of Review: **Community Services Block Grant (CSBG)**

Programmatic Year: FY2008
Contract Number: 61080000198
Contract Amount: \$862,566.65
Contract Period: 1/1/2008-12/31/2008

FINANCIAL REVIEW:

The Financial portion of the monitoring visit consisted of a review of the general ledger, chart of accounts, bank statements, cost allocation plan, bank signature cards, current fidelity bond, bills/invoices/receipts, and support documentation for CSBG expenditures reported as reported on the Monthly Funding Financial Performance Report (MFFPR) for the months of October 2008 and December 2008.

Finding # 1: **Late Performance and Expenditure Reports** – The City of Austin submitted several reports beyond the required deadline of the 20th of each month, the deadline for CSBG Expenditure and Performance reports. A total of seven expenditure reports and five performance reports were approved by the City after the 20th, however it should be noted that these reports rarely exceeded one day past due and were, at most, three days overdue.

Action Required: The City of Austin must complete reports with adequate time to route them internally and have them approved before the deadline. The City must provide to the Department an assurance that reports will be submitted in a timely fashion and describe what procedures will be implemented to ensure that this is done in a timely fashion. **Reference: 10TAC§5.211**

Management Response: The Health and Human Services Department (HHSD) shall ensure that all reports will be submitted by the 20th of each month.

Internal procedure requires for neighborhood center program supervisors to have the center performance reports completed by the 10th of each month to allow for review by the Healthy Neighborhood Unit Manager. The Unit Manager will continue to coordinate with the Accounting Unit for submission of the Financial report. Due to the City of Austin's financial system, the earliest the financial report can be submitted for data entry into the TDHCA Contractor system is the 19th of each month.

Finding #2:

Delinquent Inventory Report – City of Austin did not submit an updated cumulative inventory report to the Department in February of 2008. An annually updated inventory is a requirement of the CSBG contract with the Department. Please ensure that all future inventories are sent in a timely fashion as required by contract.

Action Required:

The City of Austin must submit an inventory report for the 2008 program year no later than forty-five (45) days from the date of this report. **Reference: 10TAC§5.8**

Management Response:

HHSD shall ensure submission of the annual cumulative inventory report by the end of February of each contract year. HHSD would like to note that the 2008 Inventory Report was provided during the monitoring visit. Attached is a copy of the report.

ADMINISTRATIVE REVIEW

The Administrative portion of the monitoring visit consisted of the review of Personnel Policies and Procedures, Bylaws, board roster, attendance records, board minutes and election/selection procedures for each section.

Finding # 3:

Board's public sector not in compliance with the CSBG Act – The City of Austin uses the Community Development Commission as the advisory board for CSBG programs. The Commission consist of fifteen members, of which, seven are appointed by the City Council (one per member) and seven are elected democratically, one from each Community Center. In addition to these fourteen members there is an additional 'at large' member making a total of fifteen. This 7+7+1 structure does not meet the definition of a tri-partite board under the CSBG act which requires one third of the members to be from the public sector, a minimum of one third to be representatives of the poor and the remainder (which can be less than one third) to be from the private sector. In effect, the 'public sector' serving on the Community Development Commission is too large. Sections 676B of the Community Services Block Grant Reauthorization Act of 1998 requires that, as a condition of designation, private

nonprofit entities and public organizations administer their CSBG program through tripartite boards that “fully participate in the development, planning, implementation, and evaluation of the program to serve low-income communities”

Action Required:

The City of Austin must either change the structure of the board to meet the definition found in Sections 676B of the Community Services Block Grant Reauthorization Act of 1998 or must request approval of its current structure to meet the definition of an alternative mechanism described in Sections 676 (b) 2, reserved for ‘public organizations.’ **Reference: Sections 676B of the Community Services Block Grant Reauthorization Act of 1998; HHS IM 82; and 10 TAC§5.213**

Management Response:

The Health and Human Services Department shall submit a request for approval of the Community Development Commission’s current structure to meet the definition of an alternative mechanism as described in Sections 676 (b) 2 which is reserved for ‘public organizations’.

HHSD would like to note at this time that the City of Austin City Council approved an ordinance in April, 2001 that changed the composition of the Community Development Commission from a 17 member commission to 15 members. Discussions between City of Austin staff and TDHCA occurred during that time to ensure compliance with board structure requirements. In addition, subsequent monitoring visits did not result in any findings concerning the CDC’s composition being out of compliance with the CSBG Act.

Finding #4:

Excessive Absences of Board Members – The Community Development Commission of the City of Austin serves as the advisory board for the City’s CSBG program. A review of the Commission’s attendance records show that two of the members exceeded the number of allowed unexcused absences described in the City’s Bylaws. Article 3 of the City’s by-laws states that, “a board member who is absent for three consecutive regular meetings or one third of all regular meetings in a twelve month period automatically vacates the member’s position.” During the 2008 program year there were twelve regular meetings and one special called meeting. Three commission members had four or more unexcused absences and one of these had four consecutive absences. None of these members vacated their positions as the by-laws require. Sections 676B of the Community Services Block Grant Reauthorization Act of 1998 requires that, as condition of

designation, private nonprofit entities and public organizations administer their CSBG program through tripartite boards that “fully participate in the development, planning, implementation, and evaluation of the program to serve low-income communities.”

Action Required:

The City of Austin must assure the Department that actions required by the by-laws will be followed and that board members, “fully participate”, as required by Section 676B of the Community Services Block Grant Reauthorization Act of 1998. While other remedies may be applicable such as modifying the by-laws or ensuring that commission members get excused, minimal participation is a basic requirement of all board members and the City’s by-laws requirements appear reasonable. Please provide the Department with the written assurances that the bylaws will be followed, and specifically describe what steps will be taken to ensure full participation by each sector no later than forty-five (45) days from the date of this report. **Reference: Sections 676B of the Community Services Block Grant Reauthorization Act of 1998; HHS IM 82 and 10TAC§5.213**

Management Response:

The City of Austin’s Neighborhood Housing and Community Development Department (NHCD) shall ensure adherence to the by-laws by members of the Community Development Commission. NHCD’s staff liaison is required to record the attendance of and provide an attendance report to commission members. Timely action will be taken by the responsible party for any member who exceeds the number of allowed unexcused absences as described in the by-laws. Commission members will be reminded to notify the staff liaison of an absence in order to record the absence as excused.

PROGRAMMATIC REVIEW

The Programmatic portion of the monitoring visit consisted of a review of performance reports submitted by the Contractor, 28 client files, case management files, and the National Performance Indicators activities to ensure the current year performance statement was being utilized and documented correctly.

Finding # 5:

Improper Use of Declaration of Income (DIS) Form – A review of case files revealed that the Declaration of Income forms (DIS) in three case files were missing the final signature and one case file lacked income verification.

Action Required:

City of Austin must provide signed copies of the unsigned DIS forms and submit procedures for Department approval that assures that the final signature will be provided on a regular basis. Please provide the Department with the required documentation no later than forty-five (45) days from the date of this report. **Reference:**

10TAC§5.20

Management Response:

The Healthy Neighborhood Unit Manager has required all center program supervisors to review the Declaration of Income Statement form and instructions with their respective staff. In addition, HNU Manager has implemented revisions to the standard of practice ensuring that program supervisors are conducting ongoing client record reviews utilizing the revised audit tool. The results of these reviews will be submitted to the unit office on a quarterly basis by the program supervisors. The quarterly report will ensure timely reviews are being conducted by the program supervisors. In addition, the unit office will conduct monthly onsite reviews at each of the neighborhood centers as an added measure of ensuring compliance with federal regulations. All unit staff, including the Community Health Initiative Outreach team, will be required to attend additional Data Collection/Reporting training on July 13, 2009. As requested, signed copies of the unsigned DIS forms are attached, as well, as procedures for staff to follow when filling out the DIS form.



Austin/Travis County Health and Human Services Department



Healthy Neighborhood Unit

Title: Declaration of Income Statement

Policy Number: 0.1

Type: Programmatic

Approved:

Unit/Program Manager: Cathleen Rodriguez

Supervisor (if appropriate): _____

Discipline Professional (if applicable): _____

Attachments: Declaration of Income Statement

Effective Date: May 1, 2009

Revision/Reviewed Dates: xxx

I. **Purpose:** To ensure that staff determine client eligibility level at 125% of the federal poverty level in effect at the time the client makes an application for services

II. **Scope: (programs or employee titles within your unit)**

☒ Community Workers
☒ Community Job Counselors
☒ Social Workers
☐ Senior Registered Nurses
☐ Grants Coordinator
☒ Program Supervisors
☒ HHS Manager

III. **Policy:** It is a policy of the Healthy Neighborhood Unit that all employees will complete a Declaration of Income Statement (DIS) if proof of income is unavailable. The applicant must complete and sign a Texas Department of Housing and Community Affairs approved Declaration of Income Statement.

IV. **Procedure:**

The employee will:

- Annualize eligibility for services on household income from thirty (30) days prior to the date of application for assistance.
- Obtain documentation of income from all sources for all household members eighteen (18) years and older for the entire thirty (30) day period.
- Have applicant complete a Declaration of Income Statement for household members eighteen (18) years and older who cannot provide proof of income **AND/OR** have no income to declare.
- Complete all sections of the Declaration of Income Statement.
- Obtain applicant signature, street address and date on the DIS.
- Sign and date the DIS as the program representative.
- Obtain program supervisor signature and date to confirm review and approval. If supervisor or designee is unavailable, then the employee will place client record in designated area in the file room awaiting supervisor or designee review and approval.

Supervisor will:

- Review and approve any pending Declaration of Income Statements within 24 hours.
- Ensure that client record is filed back in its appropriate section in the file room.

Unit Manager will:

- Be required to review and approve any exceptions in utilizing the Declaration of Income Statement in one-of-a-kind events.

DECLARATION OF INCOME STATEMENT (DECLARACION DE INGRESOS)

I, Robert Hagan, do hereby declare on 1/2/08 (date) that:
(Yo) (Applicant's Name/Nombre del Solicitante) (declaro que:) en esta fecha

- I have no documented proof of income due to the following situation not working and applying for disability benefits
(No tengo prueba para documentar mis ingresos por medio de tal razones)

- I am applying for assistance from SJNC
(Yo deseo aplicar para asistencia con (agencia):) (Agency Name)

My household consists of 1 number of persons and the following household members, 18 years and older, have earned the following gross income during the 30 day period prior to the date of application for assistance:

Name: <u>Robert Hagan</u>	Gross Amount Earned: <u>0</u>
Name: _____	Gross Amount Earned: _____
Name: _____	Gross Amount Earned: _____
Name: _____	Gross Amount Earned: _____

(En mi hogar radican (¿cuántas?) personas, y los siguientes miembros que tienen 18 años de edad ó más que han ganado dinero durante los pasados 30 días antes de aplicar para asistencia. Indique el nombre y los ingresos ganados de cada miembro.)

- My household's gross income, for all household members 18 years and older, for the 30 day period prior to the date of application for assistance is \$ 0
(El total de los ingresos de mi hogar, para los miembros que tienen 18 años de edad ó mas por los pasado 30 días pasados, antes de aplicar por asistencia es (¿cuánto?))

- and my household's gross annualized income based on the 30 day period prior to the date of application for assistance is \$ 0
(y el ingreso anual de mi hogar ha sido calculado para el año, según los pasados 30 días, antes de aplicar para asistencia, llegan a (¿cuántos dólares?))

I certify that the above information for the income of all household members 18 years and older is true and correct to the best of my knowledge and belief. (Yo certifico que la información proveída de los ingresos de los miembros de mi hogar que tienen 18 años ó mas es verdadera y correcta según mi saber y creencia.)

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. (Comprendo que la información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveído información falsa ó fraudulenta.)

X Robert M. Hagan
Applicant Signature/Firma del Solicitante

1/2/08
(Date/Fecha)

<u>7101 N. IH 35 Apt 320</u>	<u>Austin</u>	<u>Travis</u>	<u>78752</u>
Street Address/Dirección	(City/Ciudad)	(County/Condado)	(Zip/Código Postal)

<u>John Hernandez</u>	<u>1/2/08</u>
Subrecipient Representative's Signature and Title	Date

<u>Spets C. All</u>	<u>2/9/08</u>
Reviewed & Approved (Ex. Dir. or Prog. Dir. Name & Title)	Date

DECLARATION OF INCOME STATEMENT (DECLARACION DE INGRESOS)

I, Connie Buckley, do hereby declare on 7/9/08 (date) that:
(Yo) (Applicant's Name/Nombre del Solicitante) (declaro que:) en esta fecha

- I have no documented proof of income due to the following situation Unemployed
Has signed up to S.S. Management
(No tengo prueba para documentar mis ingresos por medio de tal razones)

- I am applying for assistance from SICC
(Yo deseo aplicar para asistencia con) (agencia:)(Agency Name)

My household consists of number of persons and the following household members, 18 years and older, have earned the following gross income during the 30 day period prior to the date of application for assistance:

Name: <u>Connie Buckley</u>	Gross Amount Earned: <u> </u>
Name: <u>OTIS BUCKLEY</u>	Gross Amount Earned: <u> </u>
Name: <u> </u>	Gross Amount Earned: <u> </u>
Name: <u> </u>	Gross Amount Earned: <u> </u>

(En mi hogar radican (¿cuántas?) personas, y los siguientes miembros que tienen 18 años de edad ó más que han ganado dinero durante los pasados 30 días antes de aplicar para asistencia. Indique el nombre y los ingresos ganados de cada miembro.)

- My household's gross income, for all household members 18 years and older, for the 30 day period prior to the date of application for assistance is \$
(El total de los ingresos de mi hogar, para los miembros que tienen 18 años de edad ó mas por los pasado 30 días pasados, antes de aplicar por asistencia es (¿cuánto?).)
- and my household's gross annualized income based on the 30 day period prior to the date of application for assistance is \$
(y el ingreso anual de mi hogar ha sido calculado para el año, según los pasados 30 días, antes de aplicar para asistencia, llegan a (¿cuántos dólares?))

I certify that the above information for the income of all household members 18 years and older is true and correct to the best of my knowledge and belief. (Yo certifico que la información proveída de los ingresos de los miembros de mi hogar que tienen 18 años ó mas es verdadera y correcta según mi saber y creencia.)

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. (Comprendo que la información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveído información falsa ó fraudulenta.)

Connie L. Buckley
Applicant Signature/Firma del Solicitante

7-09-08
(Date/Fecha)

Gessner Dr. Apt 1704 Austin Travis 78753
Street Address/Dirección (City/Ciudad) (County/Condado) (Zip/Código Postal)

[Signature] 7/9/08
Subrecipient Representative's Signature and Title Date

[Signature] 2/19/09
Reviewed & Approved (Ex. Dir. or Prog. Dir. Name & Title) Date

DECLARATION OF INCOME STATEMENT (DECLARACION DE INGRESOS)

I, Herman Richardson, do hereby declare on 1/24/08 (date) that:
(Yo) (Applicant's Name/Nombre del Solicitante) (declaro que:) en esta fecha

- I have no documented proof of income due to the following situation I am unemployed

(No tengo prueba para documentar mis ingresos por medio de tal razones)

- I am applying for assistance from SJCL
(Yo deseo aplicar para asistencia con) (agencia:)(Agency Name)

My household consists of number of persons and the following household members, 18 years and older, have earned the following gross income during the 30 day period prior to the date of application for assistance:

Name: <u>Herman Richardson</u>	Gross Amount Earned: <u>0</u>
Name: <u> </u>	Gross Amount Earned: <u> </u>
Name: <u> </u>	Gross Amount Earned: <u> </u>
Name: <u> </u>	Gross Amount Earned: <u> </u>

(En mi hogar radican (¿cuántas?) personas, y los siguientes miembros que tienen 18 años de edad ó mas que han ganado dinero durante los pasados 30 días antes de aplicar para asistencia. Indique el nombre y los ingresos ganados de cada miembro.)

- My household's gross income, for all household members 18 years and older, for the 30 day period prior to the date of application for assistance is \$ 0
(El total de los ingresos de mi hogar, para los miembros que tienen 18 años de edad ó mas por los pasados 30 días pasados, antes de aplicar por asistencia es (¿cuánto?).)
- and my household's gross annualized income based on the 30 day period prior to the date of application for assistance is \$ 0
(y el ingreso anual de mi hogar ha sido calculado para el año, según los pasados 30 días, antes de aplicar para asistencia, llegan a (¿cuántos dólares?))

I certify that the above information for the income of all household members 18 years and older is true and correct to the best of my knowledge and belief. (Yo certifico que la información proveída de los ingresos de los miembros de mi hogar que tienen 18 años ó mas es verdadera y correcta según mi saber y creencia.)

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. (Comprendo que la información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveído información falsa ó fraudulenta.)

Herman Richardson
(Applicant Signature/Firma del Solicitante)

1/24/08
(Date/Fecha)

1307 East St Johns Apt Austin Travis
(Street Address/Dirección) (City/Ciudad) (County/Condado) 78752
(Zip/Código Postal)

Jean Hummel BSN
(Subrecipient Representative's Signature and Title)

1/24/08
Date

Pat C. [Signature]
(Reviewed & Approved (Ex. Dir. or Prog. Dir. Name & Title))

2/19/09
Date

COPY

COPY

Shredder Qty 5	12/13/2002	\$629.00	2512186 2512190 2512192 2512584 2512191	Good Good Good Good Good	100% 100% 100% 100% 100%
Folding Tables Hon Qty 2	12/16/2002	\$1269.90		Good Good	100% 100%
Refrigerator Qty 3	12/16/2002	\$752.00	EW4548699 EW4548726 EW4548852	Good Good Good	100% 100% 100%
Refrigerator Qty 1	11/21/2003	\$613.00	EP4628599	Good	100%
Multi Desk	02/21/2005	\$359.98		Good	100%
Desk Chair	02/18/2005	\$286.00		Good	100%

Refer to General Action Required Memorandum 2007 – 11.9 for guidance on reporting requirements.

I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

15. *David L. Gurn* 2/13/09
Signature and Date