



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

June 27, 2022

Sent via e-mail to: csmith@trinitycounty-ca.gov

Connie Smith, Director
Trinity County Behavioral Health Services
1450 Main Street
Weaverville, CA 96093

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Director Smith:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the Substance Abuse Block Grant (SABG) and the terms of the Contract operated by Trinity County.

The County Compliance Unit (CCU) within the Audits and Investigations Division (A&I) of DHCS conducted a review of the County's compliance with contract requirements based on responses to the monitoring instrument, discussion with county staff, and supporting documentation provided by the County.

Enclosed are the results of Trinity County's Fiscal Year 2021-22 SABG compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Trinity County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the Community Services Division (CSD), Community Support Branch (CSB), Policy, Monitoring and Financing Section (PMFS) Analyst by 8/29/2022. Please use enclosed CAP form and submit the completed CAP and supporting documentation by email to the PMFS analyst at SABGcompliance@dhcs.ca.gov.

If you have any questions, please contact me at becky.counter@dhcs.ca.gov.

Sincerely,

Becky Counter
(916) 713-8567

Audits and Investigations Division
Medical Review Branch
Behavioral Health Compliance Section
County Compliance Unit
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Sherry Chandler, Trinity County SUD Program Manager

COUNTY REVIEW INFORMATION

County:

Trinity

County Contact Name/Title:

Sherry Chandler/SUD Program Manager

County Address:

1450 Main Street
Weaverville, CA 96093

County Phone Number/Email:

(530) 623-1840
schandler@trinitycounty-ca.gov

Date of Review:

5/24/2022

Lead CCU Analyst:

Becky Counter

Assisting CCU Analyst:

N/A

Report Prepared by:

Becky Counter

Report Approved by:

Ayesha Smith

REVIEW SCOPE

- I. Regulations:
 - a. California Code of Regulations, Title 22, section 51341.1 – Drug Medi-Cal Substance Use Disorder Services
 - b. Code of Federal Regulations; Title 45, Part 96; Subpart L; section 96.121 through 96.137: Substance Abuse Prevention and Treatment Block Grant
 - c. United States Code, Title 42, Section 300x-21 through 300x-66: Block Grants regarding Mental Health and Substance Use
 - d. Health and Safety Code, Division 10.5, Section 11750 – 11970: Alcohol and Drug Programs

- II. Program Requirements:
 - a. Fiscal Year (FY) 2020-21 Substance Abuse Block Grant (SABG) Application, herein referred to as the SABG Application
 - b. Fiscal Year (FY) 2021-22 Substance Abuse Block Grant (SABG) Application, herein referred to as the SABG Application
 - c. State of California *Youth Treatment Guidelines Revised August 2002*
 - d. DHCS *Perinatal Practice Guidelines FY 2018-19*
 - e. National Culturally and Linguistically Appropriate Services (CLAS)
 - f. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
 - g. Behavioral Health Information Notices (BHIN)

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An Entrance Conference was conducted via WebEx on 5/24/2022. The following individuals were present:

- Representing DHCS:
Becky Counter, Associate Governmental Program Analyst (AGPA)
Michael Ulibarri, Staff Services Manager I (SSM I)
- Representing Trinity County:
Torri Cardilino, Deputy Director of Quality Assurance
Katie Prunty, Compliance Officer
Tiffany Forbes, Staff Services Analyst
Sherry Chandler, SUD Program Manager

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of review process
- Overview of services provided

Exit Conference:

An Exit Conference was conducted via WebEx on 5/24/2022. The following individuals were present:

- Representing DHCS:
Becky Counter, AGPA
Michael Ulibarri, SSM I
- Representing Trinity County:
Torri Cardilino, Deputy Director of Quality Assurance
Katie Prunty, Compliance Officer
Tiffany Forbes, Staff Services Analyst
Sherry Chandler, SUD Program Manager

During the Exit Conference, the following topics were discussed:

- Submitting follow-up evidence
- Due date for evidence submission

SUMMARY OF FY 2021-22 COMPLIANCE DEFICIENCIES (CD)

<u>Section</u>	<u>Number of CD's</u>
1.0 Administration	1
2.0 Prevention	1
3.0 Perinatal	3
4.0 Adolescent/Youth Treatment	4
5.0 Data/CalOMS	0
6.0 Program Integrity	2
7.0 Fiscal	0

CORRECTIVE ACTION PLAN (CAP)

Pursuant to the SABG County Application, Enclosure 2, Part I, Section 3, B, 5-7 each CD identified must be addressed via a CAP. The CAP is due within sixty (60) calendar days of the date of this monitoring report.

Please provide the following within the completed FY 2021-22 CAP:

- a) A statement of the CD.
- b) A list of action steps to be taken to correct the CD.
- c) A date of completion for each CD.
- d) The name of the person who will be responsible for corrections and ongoing compliance.

The PMFS analyst will monitor progress of the CAP completion.

Category 1: ADMINISTRATION

A review of the County's Maintenance of Records, service providers, referrals, services, contracts, and general provisions was conducted to ensure compliance with applicable regulations and standards. The following deficiency in regulations, standards or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD: 1.5.3:

SABG Application Enclosure 2, II, 8

8. Nondiscrimination and Institutional Safeguards for Religious Providers

County shall establish such processes and procedures as necessary to comply with the provisions of USC, Title 42, Section 300x-65 and CFR, Title 42, Part 54.

SABG Application, Enclosure 2, II, 23

23. Subcontract Provisions

County shall include all of the foregoing provisions in all of its subcontracts.

Findings: The County did not provide evidence demonstrating County and subcontractor compliance with the Nondiscrimination and Institutional Safeguards for Religious Providers (USC, Title 42, Section 300x-65 and CFR, Title 42, Part 54) provision.

The County did not provide evidence demonstrating all of the foregoing SABG Application, Enclosure 2, Section II general provisions are included in all executed subcontracts, specifically Nondiscrimination and Institutional Safeguards for Religious Providers (USC, Title 42, Section 300x-65 and CFR, Title 42, Part 54) provision.

Category 2: PREVENTION

A review of the SABG Strategic Prevention Plan was conducted to ensure compliance with applicable regulations and standards. The following deficiency in regulations, standards or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD: 2.1.2:

SABG Application, Enclosure 2, III, 3 A-E

2. Primary Prevention Substance Use Disorder Data Service

The Primary Prevention Substance Use Disorder Data Service (PPSDS) business rules and requirements are:

- A. Contractors and/or subcontractors receiving SABG Primary Prevention Set-Aside funding shall input planning, service/activity and evaluation data into the service. When submitting data, County shall comply with the PPSDS Data Quality Standards.
[http://www.dhcs.ca.gov/progovpart/Documents/Substance%20Use%20Disorder-PPFD%20PPSDS Data Quality Standards.pdf](http://www.dhcs.ca.gov/progovpart/Documents/Substance%20Use%20Disorder-PPFD%20PPSDS%20Data%20Quality%20Standards.pdf)
- B. County shall report services/activities by the date of occurrence on an ongoing basis throughout each month. County shall submit all data for each month no later than the 10th day of the following month.
- C. County shall review all data input into the prevention data collection service on a quarterly basis. County shall verify that the data meets the PPSDS Data Quality Standards. Certification is due by the last day of the month following the end of the quarter.
- D. If County cannot meet the established due dates, a written request for an extension shall be submitted to DHCS Prevention Analyst 10 calendar days prior to the due date and must identify the proposed new due date. Note that extensions will only be granted due to system or service failure or other extraordinary circumstances.
- E. In order to ensure that all persons responsible for prevention data entry have sufficient knowledge of the PPSDS Data Quality Standards, all new users of the service, whether employed by the County or its subcontractors, shall participate in PPSDS training prior to inputting any data.

The PPSDS data quality standards require that:

- 1. Prevention data is valid;
- 2. Prevention data is complete;
- 3. Prevention data is unique;
- 4. Prevention data is timely;
- 5. Prevention data is orderly;
- 6. Prevention data is accurate;
- 7. Prevention data is auditable; and

8. Prevention data is consistent.

Findings: An internal review of data compliance standards finds the Primary Prevention SUD Data Service (PPSDS) data submitted during recent submissions to DHCS meets the PPSDS data quality standards. However, the County did not provide evidence describing the process to ensure the PPSDS data meet data quality standards of Unique, Auditable and Consistent.

Category 3: PERINATAL

A review of the SABG Perinatal services, outreach and Tuberculosis (TB) monitoring was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD: 3.1.1:

SABG Application, Enclosure 2, I, 2, D

D. Perinatal Practice Guidelines

County shall comply with the perinatal program requirements as outlined in the Perinatal Practice Guidelines as listed online: https://www.dhcs.ca.gov/Documents/CSD_KS/CSD%20Perinatal%20Services/Perinatal-Practice-Guidelines.pdf.

The County shall comply with the current version of these guidelines until new Perinatal Practice Guidelines are established and adopted. County must adhere to the Perinatal Practice Guidelines, regardless of whether the County exchanges perinatal funds for additional discretionary funds.

Perinatal Practice Guidelines, Section B, 7

7. ASSESSMENT AND PLACEMENT

It is essential for SUD providers to perform initial and ongoing assessments to ensure pregnant and parenting women are placed in the level of care that meets their needs.

SUD providers delivering perinatal residential services should attempt to obtain physical examinations for beneficiaries prior to or during admission. In addition, providers must obtain medical documentation that substantiates the woman's pregnancy.

Physical examination requirements are as follows:

- i. The physician shall review the beneficiary's most recent physical examination within 30 days of admission to treatment. The physical examination should be within a 12-month period prior to admission date.
- ii. Alternatively, the physician, a registered nurse, or a physician's assistant may perform a physical examination for the beneficiary within 30 calendar days of admission.
- iii. If neither requirements stated in (i) or (ii) are met, the provider shall document the goal of obtaining a physical examination in the beneficiary's initial or updated treatment plan, until the goal has been met.

Findings: The County did not provide evidence demonstrating how County and subcontractor providers obtain medical documentation that substantiates the woman's pregnancy.

CD 3.2.1:

SABG Application, Enclosure 2, I, 2, D

D. Perinatal Practice Guidelines

County shall comply with the perinatal program requirements as outlined in the Perinatal Practice Guidelines as listed online: https://www.dhcs.ca.gov/Documents/CSD_KS/CSD%20Perinatal%20Services/Perinatal-Practice-Guidelines.pdf.

The County shall comply with the current version of these guidelines until new Perinatal Practice Guidelines are established and adopted. County must adhere to the Perinatal Practice Guidelines, regardless of whether the County exchanges perinatal funds for additional discretionary funds.

Perinatal Practice Guidelines, Section B, 13

13. CASE MANAGEMENT

Case management allows for efficient use of resources, skills, and services across systems. Case management services are provided by a single point of contact who arranges, coordinates, and monitors the services to meet the needs of pregnant and parenting women and their families. Furthermore, case management offers cultural sensitivity and advocacy for each client.

SUD treatment providers must provide or arrange for case management to ensure that pregnant and parenting women, and their children, have access to the following services:

- i. Primary medical care, including prenatal care;
- ii. Primary pediatric care, including immunizations;
- iii. Gender-specific treatment; and
- iv. Therapeutic interventions for children to address developmental needs, sexual and psychological abuse, and neglect.

Findings: The County did not provide evidence demonstrating how subcontracted providers arrange case management to ensure pregnant and parenting women, and their children, have access to services, specifically:

- Primary medical care, including prenatal care;
- Primary pediatric care, including immunizations;
- Gender-specific treatment; and
- Therapeutic interventions for children to address developmental needs, sexual and psychological abuse, and neglect.

CD 3.3.1:

SABG Application, Enclosure 2, I, 2, D

D. Perinatal Practice Guidelines

County shall comply with the perinatal program requirements as outlined in the Perinatal Practice Guidelines as listed online: https://www.dhcs.ca.gov/Documents/CSD_KS/CSD%20Perinatal%20Services/Perinatal-Practice-Guidelines.pdf.

The County shall comply with the current version of these guidelines until new Perinatal Practice Guidelines are established and adopted. County must adhere to the Perinatal Practice Guidelines, regardless of whether the County exchanges perinatal funds for additional discretionary funds.

Perinatal Practice Guidelines, Section B, 8

8. TREATMENT PLANNING

It is important to develop an individual treatment plan for each pregnant and parenting woman with a SUD. This helps to ensure that pregnant and parenting women are receiving the most effective care for their SUD.

Individual treatment planning shall be provided to pregnant and parenting women. The provider shall prepare an individualized treatment plan based on the information obtained at intake and assessment. SUD treatment providers shall make an effort to engage all beneficiaries, including pregnant and parenting women, to meaningfully participate in the preparation of the initial and updated treatment plans.

In addition, providers offering perinatal services shall address treatment issues specific to the pregnant and parenting women. Perinatal-specific services shall include the following:

- i. Mother/child habilitative and rehabilitative services, such as parenting skills and training in child development;
- ii. Access to services, such as arrangement for transportation;
- iii. Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and
- iv. Coordination of ancillary services, such as medical/dental, education, social services, and community services.

Findings: The County did not provide evidence demonstrating how County and subcontracted perinatal providers ensure treatment for pregnant and parenting women includes perinatal-specific services, specifically:

- Mother/child habilitative and rehabilitative services, such as parenting skills and training in child development;
- Access to services, such as arrangement for transportation;
- Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and
- Coordination of ancillary services, such as medical/dental, education, social services, and community services.

Category 4: ADOLESCENT/YOUTH TREATMENT

A review of the SABG Adolescent/Youth Treatment program and services was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 4.1.2:

SABG Application, Enclosure 2, II. General, 16

16. Youth Treatment Guidelines

County must comply with DHCS guidelines in developing and implementing youth treatment programs funded under this Enclosure, until new Youth Treatment Guidelines are established and adopted. Youth Treatment Guidelines are posted online at: <https://www.dhcs.ca.gov/provgovpart/Pages/Youth-Services.aspx>.

Youth Treatment Guidelines Section V, H, 1

H. Youth Development Approaches to Treatment

1. Programs should integrate a youth development philosophy as the foundation of treatment for youth. Youth development approaches include the following:
 - a. assessment and treatment planning processes that are strength-based rather than deficit-based;
 - b. uncovering what is unique about the youth and building on his/her individual abilities and strengths;
 - c. frequent expressions of support and consistent, clear and appropriate messages about what is expected of the youth; and,
 - d. encouragement and assistance in developing multiple supportive relationships with responsible, caring adults.

Findings: The County did not provide evidence demonstrating how County providers integrate a youth development philosophy as the foundation of treatment for youth, including:

- assessment and treatment planning processes that are strength-based rather than deficit-based;
- uncovering what is unique about the youth and building on his/her individual abilities and strengths;
- frequent expressions of support and consistent, clear and appropriate messages about what is expected of the youth; and
- encouragement and assistance in developing multiple supportive relationships with responsible, caring adults.

CD 4.1.3:

SABG Application, Enclosure 2, II. General, 16

16. Youth Treatment Guidelines

County must comply with DHCS guidelines in developing and implementing youth treatment programs funded under this Enclosure, until new Youth Treatment Guidelines are established and adopted. Youth Treatment Guidelines are posted online at: <https://www.dhcs.ca.gov/provgovpart/Pages/Youth-Services.aspx>.

Youth Treatment Guidelines Section V, H, 2

H. Youth Development Approaches to Treatment

2. Programs should provide or arrange for opportunities for youth to:

- a. advise and made decisions related to program policies and procedures that impact them;
- b. plan, organize, and lead program activities and projects;
- c. develop social skills and decision-making abilities;
- d. learn values and marketable skills for adulthood; and,
- e. contribute to their community and serve others.

Findings: The County did not provide evidence demonstrating how County and subcontracted providers arrange opportunities for youth, specifically:

- advise and made decisions related to program policies and procedures that impact them;
- plan, organize, and lead program activities and projects;
- develop social skills and decision-making abilities;
- learn values and marketable skills for adulthood; and
- contribute to their community and serve others.

CD 4.2.1:

SABG Application, Enclosure 2, II. General, 16

16. Youth Treatment Guidelines

County must comply with DHCS guidelines in developing and implementing youth treatment programs funded under this Enclosure, until new Youth Treatment Guidelines are established and adopted. Youth Treatment Guidelines are posted online at: <https://www.dhcs.ca.gov/provgovpart/Pages/Youth-Services.aspx>.

Youth Treatment Guidelines Section VIII, D, 1-2

D. Detoxification Services

Youth in need of detoxification services should be placed in the most appropriate site for the provision of services.

1. When indicated, appropriately trained personnel under the direction of a physician or other health care professional should monitor medical detoxification with specific expertise in management of alcohol and drug detoxification and withdrawal.
2. Written protocols should be developed and staff trained to ensure that all programs have the capacity to adequately manage and/or make referral arrangements for youth that appear at the program site under the influence.

Findings: The County did not provide evidence demonstrating how County and subcontracted providers arrange detoxification services for youth in need.

CD 4.2.3:

SABG Application, Enclosure 2, II. General, 16

16. Youth Treatment Guidelines

County must comply with DHCS guidelines in developing and implementing youth treatment programs funded under this Enclosure, until new Youth Treatment Guidelines are established and adopted. Youth Treatment Guidelines are posted online at: <https://www.dhcs.ca.gov/provgovpart/Pages/Youth-Services.aspx>.

Youth Treatment Guidelines Section VIII, E, 1-2

E. Buildings/Grounds

1. All residential facilities must be licensed in accordance with applicable state licensing statutes and regulations and remain in compliance with such requirements.
2. All facilities should be clean, sanitary, and in good repair at all times for the safety and well-being of youth, staff, and visitors.

Findings: The County did not provide evidence demonstrating how County and subcontracted providers ensure facilities are in compliance with licensing and regulations.

Category 6: PROGRAM INTEGRITY

A review of the SABG monitoring, privacy, and program integrity was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD: 6.1.1:

SABG Application, Enclosure 2, I, 1, A, 1, a-b

1. County's performance under the Performance Contract and the SABG County Application, shall be monitored by DHCS during the term of the Performance Contract. Monitoring criteria shall include, but not be limited to:
 - a. Whether the quantity of work or services being performed conforms to Enclosures 2, 3, 4, and 5.
 - b. Whether the County has established and is monitoring appropriate quality standards.

Findings: The County did provide current blank monitoring tools used to monitor County and subcontracted providers for compliance with the SABG program requirements. However, the monitoring tools provided did not include the following elements:

- Perinatal Practice Guidelines
- Fiscal

CD 6.1.2:

SABG Application Enclosure 2, I, 3, A, 1, e

1. County's performance under the County Performance Contract and the SABG County Application shall be monitored by DHCS during the term of the County Performance Contract. Monitoring criteria shall include, but not be limited to:
 - e. Whether the County conducted annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. County shall submit copy of its monitoring and audit reports to DHCS within two weeks of issuance. Reports shall be sent via a Secure Managed File Transfer system specified by DHCS.

Findings: The County monitored one (1) of one (1) SABG funded programs and submitted audit reports of these annual reviews to DHCS.

- The County submitted zero (0) of one (1) annual monitoring reports secure and encrypted to DHCS.

TECHNICAL ASSISTANCE

Trinity County requested Technical Assistance (TA) in any of the area listed below. A referral for the technical assistance has been completed and forwarded to SABGcompliance@dhcs.ca.gov.

CalOMS-Tx and DATAR: Trinity County is requesting updated training on CalOMS.