



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

November 18, 2021

Sent via e-mail to: khill@sierracounty.ca.gov

Kathryn Hill, Clinical Director
Sierra County Behavioral Health
704 Mill Street
Loyalton, CA 96118

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Director Hill:

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 Sierra 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 Sierra County's Fiscal Year 2020-21 SABG compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Sierra 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 01/18/2021. 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 emanuel.hernandez@dhcs.ca.gov.

Sincerely,

A handwritten signature in cursive script that reads "Emanuel Hernandez".

Emanuel Hernandez
(916) 713-866

Audits and Investigations Division
Medical Review Branch
Behavioral Health Compliance Section
County Compliance Unit
1500 Capitol Ave., MS 2305
Sacramento, CA 95814
<http://www.dhcs.ca.gov>

Distribution:

To: Director Hill,

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MCBHDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch
Madera Schwary, Health Assistant I Sierra County Behavioral Health

COUNTY REVIEW INFORMATION

County:

Sierra

County Contact Name/Title:

Kathryn Hill, Director

County Address:

704 Mill Street
Loyalton, CA 96118

County Phone Number/Email:

530-993-6746
khill@sierracounty.ca.gov

Date of Review:

7/22/2021

Lead CCU Analyst:

Emanuel Hernandez

Assisting CCU Analyst:

N/A

Report Prepared by:

Emanuel Hernandez

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. State of California *Youth Treatment Guidelines Revised August 2002*
 - c. DHCS *Perinatal Practice Guidelines FY 2018-19*
 - d. National Culturally and Linguistically Appropriate Services (CLAS)
 - e. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
 - f. Behavioral Health Information Notices (BHIN)

ENTRANCE AND EXIT CONFERENCE SUMMARIES

Entrance Conference:

An Entrance Conference was conducted via WebEx on 07/22/2021. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, Associate Governmental Program Analyst (AGPA)
- Representing Sierra County:
Kathryn Hill, Sierra County Clinical Director
Robert Zopa, Sierra County SUD Program Manager
Madera Schwary, Sierra County Health Assistant

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the monitoring process
- Sierra County overview of services

Exit Conference:

An Exit Conference was conducted Via WebEx on 07/22/2021. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, AGPA
- Representing Sierra County:
Kathryn Hill, Sierra County Clinical Director
Robert Zopa, Sierra County SUD Program Manager
Madera Schwary, Sierra County Health Assistant

During the Exit Conference, the following topics were discussed:

- Review of compliance deficiencies
- Follow up deadlines

SUMMARY OF FY 2020-21 COMPLIANCE DEFICIENCIES (CD)

<u>Section</u>	<u>Number of CD's</u>
1.0 Administration	6
2.0 Prevention	0
3.0 Perinatal	1
4.0 Adolescent/Youth Treatment	0
5.0 Data/CalOMS	2
6.0 Program Integrity	3
7.0 Fiscal	0

CORRECTIVE ACTION PLAN (CAP)

Pursuant to the SABG County Application, Enclosure 1, Part I, Section 3, B, 5-8 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 2020-21 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 deficiencies in regulations, standards or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 1.1.2:

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

1. Performance under the terms of this Enclosure is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol SABG allocation pursuant to HSC Sections 11814(a) and (b), County shall: (i) establish, and shall require its subcontractors to establish, written policies and procedures consistent with the control requirements set forth below; (ii) monitor for compliance with the written procedures; and (iii) be accountable for audit exceptions taken by DHCS against the County and its subcontractors for any failure to comply with these requirements:

- a. Health and Safety Code (HSC), Division 10.5, Part 2 commencing with Section 11760, State Government's Role to Alleviate Problems Related to the Inappropriate Use of Alcoholic Beverages and Other Drug Use.
- b. California Code of Regulations (CCR), Title 9, Division 4, commencing with Chapter 1 (herein referred to as Title 9).
- c. Government Code (GC), Title 2, Division 4, Part 2, Chapter 2, Article 1.7, Federal Block Grant Funds.
- d. GC, Title 5, Division 2, Part 1, Chapter 1, Article 7, Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies, commencing with Section 53130.
- e. United State Code (USC), Title 42, Chapter 6A, Subchapter XVII, Part B, Subpart ii, commencing with Section 300x-21, Block Grants for Prevention and Treatment of Substance Abuse.
- f. Code of Federal Regulations (CFR), Title 45, Part 75, Uniform Administration Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- g. CFR, Title 45, Part 96, Block Grants.
- h. CFR, Title 42, Part 2, Confidentiality of Substance Use Disorder Patient Records.
- i. Title 42, CFR, Part 8, Medication Assisted Treatment for Opioid Use Disorders.
- j. CFR, Title 21, Chapter II, Drug Enforcement Administration, Department of Justice.
- k. State Administrative Manual (SAM), Chapter 7200, General Outline of Procedures.
County shall be familiar with the above laws, regulations, and guidelines and shall assure that its subcontractors are also familiar with such requirements.

Findings: The County did not provide evidence or policies and procedures demonstrating the County's compliance with the following elements:

- Establish written policies and procedures consistent with control requirements;
- Require the County's subcontractors to establish written policies and procedures consistent with control requirements;
- Monitor compliance with the written procedures.

- Be accountable for audit exceptions taken by DHCS against the County for any failure to comply with control requirements; and
- Be accountable for audit exception taken by DHCS against the County's subcontractors for any failure to comply with control requirements.

CD 1.2.3:

SABG Application, Enclosure 2, I, 1, A, 1, f-g

1. Performance under the terms of this Enclosure is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol SABG allocation pursuant to HSC Sections 11814(a) and (b), County shall: (i) establish, and shall require its subcontractors to establish, written policies and procedures consistent with the control requirements set forth below; (ii) monitor for compliance with the written procedures; and (iii) be accountable for audit exceptions taken by DHCS against the County and its subcontractors for any failure to comply with these requirements:
 - f. Code of Federal Regulations (CFR), Title 45, Part 75, Uniform Administration Requirements, Cost Principles, and Audit Requirements for Federal Awards.
 - g. CFR, Title 45, Part 96, Block Grants.

45 CFR 75.329(f) (1-4)

- (f) Procurement by noncompetitive proposals. Procurement by noncompetitive proposals is procurement through solicitation of a proposal from only one source and may be used only when one or more of the following circumstances apply:
- (1) The item is available only from a single source;
 - (2) The public exigency or emergency for the requirement will not permit a delay resulting from competitive solicitation;
 - (3) The HHS awarding agency or pass-through entity expressly authorizes noncompetitive proposals in response to a written request from the non-Federal entity; or
 - (4) After solicitation of a number of sources, competition is determined inadequate.

45 CFR 75.333(b)(1)

- (b) The non-Federal entity must make available upon request, for the HHS awarding agency or pass-through entity pre-procurement review, procurement documents, such as requests for proposals or invitations for bids, or independent cost estimates, when:
- 1) The non-Federal entity's procurement procedures or operation fails to comply with the procurement standards in this part;

Findings: The County did not demonstrate the justification of procurement of SABG service providers with noncompetitive proposals included at least one or more of the following required elements:

- The service is available only from a single source;
- The public exigency or emergency for the requirement will not permit a delay resulting from competitive solicitation;
- The HHS awarding agency or pass-through entity expressly authorizes noncompetitive proposals in response to a written request from the non-Federal entity; and
- After solicitation of a number of sources, competition is determined inadequate.

The County did not make available a copy of the procurement proposal along with the justification for each noncompetitive SABG provider.

CD 1.2.4:

SABG Application, Enclosure 2, I, 3, C

C. Sub-recipient Pre-Award Risk Assessment

County shall comply with the sub-recipient pre-award risk assessment requirements contained in 45 CFR 75.205 (HHS awarding agency review of risk posed by applicants). County shall review the merit and risk associated with all potential subcontractors annually prior to making an award.

County shall perform and document annual sub-recipient pre-award risk assessments for each subcontractor and retain documentation for audit purposes.

Findings: The County did not provide evidence the County completes sub-recipient pre-award risk assessments with all potential subcontractors annually prior to making an award.

CD: 1.3.2:

SABG Application Enclosure 2, I, 3, A, 1, a-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:

- a. Whether the quantity of work or services being performed conforms to Enclosure 3.
- b. Whether the County has established and is monitoring appropriate quality standards.
- c. Whether the County is abiding by all the terms and requirements of this Contract.
- d. Whether the County is abiding by the terms of the Perinatal Practice Guidelines.
- 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 by secure, encrypted e-mail to:

SUDCountyReports@dhcs.ca.gov or

Audits and Investigations Division
Medical Review Branch Department of Health Care Services
PO Box 997413, MS-2703
Sacramento, CA 95899-7413

Findings: The County did not make available evidence demonstrating the County's process to monitor the use of SABG funds to provide services for clients referred out-of-county.

CD: 1.4.2:

SABG Application, Enclosure 2, I, 1, A, 1, g

1. Performance under the terms of this Enclosure is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol SABG allocation pursuant to HSC Sections 11814(a) and (b), County shall: (i) establish, and shall require its subcontractors to establish, written policies and procedures consistent with the control requirements set forth below; (ii) monitor for compliance with the written procedures; and (iii) be accountable for audit exceptions taken by DHCS against the County and its subcontractors for any failure to comply with these requirements:

- g. CFR, Title 45, Part 96, Block Grants.

45 CFR § 96.126(e)(1-5)

(e) The State shall require that any entity that receives funding for treatment services for intravenous drug abuse carry out activities to encourage individuals in need of such treatment to undergo such treatment. The States shall require such entities to use outreach models that are scientifically sound, or if no such models are available which are applicable to the local situation, to use an approach which reasonably can be expected to be an effective outreach method. The model shall require that outreach efforts include the following:

- (1) Selecting, training and supervising outreach workers;
- (2) Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2;
- (3) Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;
- (4) Recommend steps that can be taken to ensure that HIV transmission does not occur; and
- (5) Encouraging entry into treatment.

Findings: The County did not make available evidence demonstrating Outreach strategies for targeted populations include all of the following required elements:

- Selecting, training and supervising outreach workers;
- Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2;
- Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;
- Recommend steps that can be taken to ensure that HIV transmission does not occur; and
- Encouraging entry into treatment.

CD: 1.5.3:

SABG Application Enclosure 2, II, 3

3. No Unlawful Use or Unlawful Use Messages Regarding Drugs

Contractor agrees that information produced through these funds, and which pertains to drugs and alcohol - related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol - related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999-11999.3). By signing this Contract, Contractor agrees that it will enforce, and will require its Subcontractors to enforce, these requirements.

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 make available all evidence requested demonstrating County and subcontractor compliance with No Unlawful Use or Unlawful Use Messages Regarding Drugs.

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 deficiency in regulations, standards or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

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/individuals/Pages/Perinatal-Services.aspx>.

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.

45 C.F.R. § 96.126(e)(3)

(e) The State shall require that any entity that receives funding for treatment services for intravenous drug abuse carry out activities to encourage individuals in need of such treatment to undergo such treatment. The States shall require such entities to use outreach models that are scientifically sound, or if no such models are available which are applicable to the local situation, to use an approach which reasonably can be expected to be an effective outreach method. The model shall require that outreach efforts include the following:

(3) Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;

Findings: The County did not make available evidence demonstrating Perinatal Outreach strategies for targeted populations include the following required element:

- Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV.

Category 5: DATA/CALOMS

A review of data submissions via CalOMS was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD: 5.1.1:

SABG Application, Enclosure 2, III, 2, G

- G. County shall participate in CalOMS-Tx informational meetings, trainings, and conference calls. County staff responsible for CalOMS-Tx data entry must have sufficient knowledge of the CalOMS-Tx Data Quality Standards. All new CalOMS-Tx users, whether employed by the County or its subcontractors, shall participate in CalOMS-Tx trainings prior to inputting data into the system.

Findings: The County did not make available evidence demonstrating staff responsible for CalOMS-Tx data entry participated in CalOMS-Tx trainings prior to inputting data into the system.

CD: 5.1.3:

SABG Application, Enclosure 2, III, 5, C

5. Drug and Alcohol Treatment Access Report (DATAR)

The DATAR business rules and requirements are:

- C. The County shall ensure that all DATAR reports are submitted by either County-operated treatment services and by each subcontracted treatment provider to DHCS by the 10th of the month following the report activity month.

Findings: The County's DATAR Report is not in compliance.

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 6.1.3:

SABG Application Enclosure 2, I, 3, A, 1, a-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:
 - a. Whether the quantity of work or services being performed conforms to Enclosure 3.
 - b. Whether the County has established and is monitoring appropriate quality standards.
 - c. Whether the County is abiding by all the terms and requirements of this Contract.
 - d. Whether the County is abiding by the terms of the Perinatal Practice Guidelines.
 - 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 by secure, encrypted e-mail to:

SUDCountyReports@dhcs.ca.gov or

Audits and Investigations Division
Medical Review Branch
Department of Health Care Services
PO Box 997413, MS-2703
Sacramento, CA 95899-7413

Findings: The County did not make available evidence it conducts an onsite monitoring review of each County managed and County subcontracted program providing SABG funded services.

- The County monitored zero (0) of four (4) SABG funded providers and did not submit audit reports to DHCS.

CD 6.2.4:

County Performance Contract, Attachment A, 1, A Employee Training.

All workforce members who assist in the performance of functions or activities on behalf of the Department, or access or disclose Department PHI or PI must complete information privacy and security training, at least annually, at Contractor's expense. Each workforce member who receives information privacy and security training must sign a certification, indicating the member's name and the date on which the training was completed. These certifications must be retained for a period of six (6) years following termination of this Agreement.

Findings: The County did not make available the signed training certificates for FY 2019-20 as evidence of completed Privacy and Security training for County staff.

The County did not make available the signed training certificates for FY 2019-20 as evidence of completed Privacy and Security training for subcontracted provider staff.

CD 6.2.5:

County Performance Contract, Attachment A, 1, C
Confidentiality Statement.

All persons that will be working with Department PHI or PI must sign a confidentiality statement that includes, at a minimum, General Use, Security and Privacy Safeguards, Unacceptable Use, and Enforcement Policies. The statement must be signed by the workforce member prior to access to Department PHI or PI. The statement must be renewed annually. The Contractor shall retain each person's written confidentiality statement for Department inspection for a period of six (6) years following termination of this Agreement.

Findings: The County did not make available evidence demonstrating the County's compliance with the annual requirement for all person working with Department PHI or PI to sign a Confidentiality Statement.

TECHNICAL ASSISTANCE

CalOMS-Tx and DATAR: The County requested process information and direction on how to address older information on the DATAR report. Please communicate the required technical assistance to:

Kathryn Hill
530-993-6746
khill@sierracounty.ca.gov