



MICHELLE BAASS
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GAVIN NEWSOM
GOVERNOR

October 1, 2021

Sent via e-mail to: Bill.Carter@sonoma-county.org

Bill Carter, Director
Sonoma County Department of Health Services/Behavioral Health Division
2227 Capricorn Way Suite 207
Santa Rosa, CA 95403

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Director Carter:

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

Sonoma 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 12/01/2021. 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,

Emanuel Hernandez
Emanuel Hernandez
(916) 713-8667

Audits and Investigations Division
Medical Review Branch
Behavioral Health Compliance Section
County Compliance Unit
1500 Capitol Ave., MS 2305
Sacramento, CA 95814
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COUNTY REVIEW INFORMATION

County:

Sonoma

County Contact Name/Title:

Bill Carter, Director Sonoma County Department of Health Services - Behavioral Health Division

County Address:

2227 Capricorn Way, Suite 207
Santa Rosa, CA 95403

County Phone Number/Email:

(707) 565-7450
Bill.Carter@sonoma-county.org

Date of Review:

07/01/2021

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 07/01/2021. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, Associate Governmental Program Analyst (AGPA)
- Representing Sonoma County:
Bill Carter, Director Sonoma County Department of Health Services - Behavioral Health Division
Cammie Noah, Sonoma County Behavioral Health Division Quality Assurance Manager
Melissa Struzzo, Sonoma County Department of Health Services Program Manager
Lisa Storment, Contractor for Sonoma County Department of Health Services Q/A Audits
Masha McCarthy, Sonoma County Department of Health Services Healthcare Compliance Analyst

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the Monitoring Process
- Sonoma County Overview of Services

Exit Conference:

An Exit Conference was conducted via WebEx on 07/01/2021. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, AGPA
- Representing Sonoma County:
Bill Carter, Director Sonoma County Department of Health Services - Behavioral Health Division
Cammie Noah, Sonoma County Behavioral Health Division Quality Assurance Manager
Melissa Struzzo, Sonoma County Department of Health Services Program Manager
Lisa Storment, Contractor for Sonoma County Department of Health Services Q/A Audits
Masha McCarthy, Sonoma County Department of Health Services Healthcare Compliance Analyst

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	1
2.0 Prevention	0
3.0 Perinatal	1
4.0 Adolescent/Youth Treatment	2
5.0 Data/CalOMS	1
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 deficiency in regulations, standards or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

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 evidence 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 DEFICIENCIES:

CD 3.4.1:

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(c)

(c) In carrying out subsection (b), the State shall establish a waiting list management program which provides systematic reporting of treatment demand. The State shall require that any program receiving funding from the grant, for the purposes of treating injecting drug abusers, establish a waiting list that includes a unique patient identifier for each injecting drug abuser seeking treatment including those receiving interim services, while awaiting admission to such treatment.

For individuals who cannot be placed in comprehensive treatment within 14 days, the State shall ensure that the program provide such individuals interim services as defined in § 96.121 and ensure that the programs develop a mechanism for maintaining contact with the individuals awaiting admission. The States shall also ensure that the programs consult the capacity management system as provided in paragraph (a) of this section so that patients on waiting lists are admitted at the earliest possible time to a program providing such treatment within reasonable geographic area.

Findings: The County did not make available evidence demonstrating a mechanism is maintained to contact individuals awaiting admission.

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 4.1.1:

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/individuals/Pages/youthsuds services.aspx>

Youth Treatment Guidelines Section V, A, 1-4

A. Outreach

1. Counties should provide or arrange for outreach services that identify AOD-abusing youth and encourage them to take advantage of treatment services.
2. Outreach efforts should target youth in at-risk environments.
3. High priority should be placed on linking with public systems already serving youth with AOD problems, such as schools, child welfare, public health, mental health, and juvenile justice.
4. Outreach activities should also include educating professionals and policymakers in these systems so that they become referral sources for potential clients.

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:

- (a). Selecting, training and supervising outreach workers;
- (b). 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;
- (c). Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;
- (d). Recommend steps that can be taken to ensure that HIV transmission does not occur; and
- (e). Encouraging entry into treatment.

Findings: The County did not make available evidence demonstrating that youth 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 4.2.4:

SABG Application, Enclosure 2, II, 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/individuals/Pages/youthsuds services.aspx>

Youth Treatment Guidelines Section V, N

N. Continuing Care

Programs should provide or arrange for continuing care services to youth after the completion of formal treatment, and whenever professional intervention is needed, to prevent relapse and support the youth's transition into recovery. Continuing care services may include, but are not limited to, coordination of goals, identification of signs of relapse and a plan to respond to such signs, family involvement, linkages to other services as necessary, aftercare sessions, transition and emancipation options, and, self-help and peer support groups.

Findings: The County did not make available evidence demonstrating the County's compliance with Continuing Care Services for Youth, Specifically:

- Coordination of goals,
- Identification of signs of relapse and a plan to respond to such signs,
- Family involvement,
- Linkages to other services as necessary,
- Aftercare sessions,
- Transition and emancipation options, and
- Self-help and peer support groups.

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: 5.1.2:

SABG Application, Enclosure 2, III, 2, C-F

2. California Outcomes Measurement System for Treatment (CalOMS-Tx)

The CalOMS-Tx business rules and requirements are:

- C. Electronic submission of CalOMS-Tx data shall be submitted by County within 45 days from the end of the last day of the report month.
- D. County shall comply with data collection and reporting requirements established by the DHCS CalOMS-Tx Data Collection Guide (<https://www.dhcs.ca.gov/provgovpart/Pages/CalOMS-Treatment.aspx>) and all former Department of Alcohol and Drug Programs Bulletins and DHCS Information Notices relevant to CalOMS Tx data collection.
- E. County shall submit CalOMS-Tx admission, discharge, annual update, resubmissions of records containing errors or in need of correction, and “provider no activity” report records in an electronic format approved by DHCS.
- F. County shall comply with the CalOMS-Tx Data Compliance Standards established by DHCS for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines, and reporting method, as identified online at:
<https://www.dhcs.ca.gov/provgovpart/Pages/CalOMS-Treatment.aspx>

Findings: The County’s Open Admissions Report is not in compliance.

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: 6.1.1:

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

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:

SABG Application Enclosure 2, I, 1, A, 3-4

3. County shall adhere to the applicable provisions of Title 45, CFR, Part 75 and Part 96 in the expenditure of SABG funds.
4. County and all its subcontractors shall comply with the Minimum Quality Drug Treatment Standards for SABG for all Substance Use Disorder (SUD) treatment programs either partially or fully funded by SABG. The Minimum Quality Drug Treatment Standards for SABG are attached to this Contract in Enclosure 4.

Findings: The County's current blank monitoring tool(s) used to monitor County and subcontracted providers for compliance with SABG program requirements did not include the following element:

- Primary Prevention

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 three (3) of seven (7) SABG funded providers and submitted audits reports of these annual reviews to DHCS.

CD 6.2.3:

County Performance Contract, Exhibit E-1, 3, D, 9

9. Amendment of Department PHI. To make any amendment(s) to Department PHI that were requested by a patient and that the Department directs or agrees should be made to assure compliance with 45 CFR Section 164.526, in the time and manner designated by the Department, with the Contractor being given a minimum of twenty days within which to make the amendment.

45 CFR § 164.526

(a) *Standard: Right to amend.*

(1) *Right to amend.* An individual has the right to have a covered entity amend protected health information or a record about the individual in a designated record set for as long as the protected health information is maintained in the designated record set.

(2) *Denial of amendment.* A covered entity may deny an individual's request for amendment, if it determines that the protected health information or record that is the subject of the request:

- (i) Was not created by the covered entity, unless the individual provides a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment;
- (ii) Is not part of the designated record set;
- (iii) Would not be available for inspection under § 164.524; or
- (iv) Is accurate and complete.

(b) *Implementation specifications: Requests for amendment and timely action -*

(1) *Individual's request for amendment.* The covered entity must permit an individual to request that the covered entity amend the protected health information maintained in the designated record set. The covered entity may require individuals to make requests for amendment in writing and to provide a reason to support a requested amendment, provided that it informs individuals in advance of such requirements.

(2) *Timely action by the covered entity.*

(i) The covered entity must act on the individual's request for an amendment no later than 60 days after receipt of such a request, as follows.

(A) If the covered entity grants the requested amendment, in whole or in part, it must take the actions required by paragraphs (c)(1) and (2) of this section.

(B) If the covered entity denies the requested amendment, in whole or in part, it must provide the individual with a written denial, in accordance with paragraph (d)(1) of this section.

(ii) If the covered entity is unable to act on the amendment within the time required by paragraph (b)(2)(i) of this section, the covered entity may extend the time for such action by no more than 30 days, provided that:

(A) The covered entity, within the time limit set by paragraph (b)(2)(i) of this section, provides the individual with a written statement of the reasons for the delay and the date by which the covered entity will complete its action on the request; and

(B) The covered entity may have only one such extension of time for action on a request for an amendment.

(c) *Implementation specifications: Accepting the amendment.* If the covered entity accepts the requested amendment, in whole or in part, the covered entity must comply with the following requirements.

(1) *Making the amendment.* The covered entity must make the appropriate amendment to the protected health information or record that is the subject of the request for amendment by, at a minimum, identifying the records in the designated record set that are affected by the amendment and appending or otherwise providing a link to the location of the amendment.

(2) *Informing the individual.* In accordance with paragraph (b) of this section, the covered entity must timely inform the individual that the amendment is accepted and obtain the individual's identification of and agreement to have the covered entity notify the relevant persons with which the amendment needs to be shared in accordance with paragraph (c)(3) of this section.

(3) *Informing others.* The covered entity must make reasonable efforts to inform and provide the amendment within a reasonable time to:

(i) Persons identified by the individual as having received protected health information about the individual and needing the amendment; and

(ii) Persons, including business associates, that the covered entity knows have the protected health information that is the subject of the amendment and that may have relied, or could foreseeably rely, on such information to the detriment of the individual.

(d) *Implementation specifications: Denying the amendment.* If the covered entity denies the requested amendment, in whole or in part, the covered entity must comply with the following requirements.

(1) *Denial.* The covered entity must provide the individual with a timely, written denial, in accordance with paragraph (b)(2) of this section. The denial must use plain language and contain:

(i) The basis for the denial, in accordance with paragraph (a)(2) of this section;

(ii) The individual's right to submit a written statement disagreeing with the denial and how the individual may file such a statement;

(iii) A statement that, if the individual does not submit a statement of disagreement, the individual may request that the covered entity provide the individual's request for amendment and the denial with any future disclosures of the protected health information that is the subject of the amendment; and

(iv) A description of how the individual may complain to the covered entity pursuant to the complaint procedures established in § 164.530(d) or to the Secretary pursuant to the procedures established in § 160.306. The description must include the name, or title, and telephone number of the contact person or office designated in § 164.530(a)(1)(ii).

(2) *Statement of disagreement.* The covered entity must permit the individual to submit to the covered entity a written statement disagreeing with the denial of all or part of a requested amendment and the basis of such disagreement. The covered entity may reasonably limit the length of a statement of disagreement.

(3) *Rebuttal statement.* The covered entity may prepare a written rebuttal to the individual's statement of disagreement. Whenever such a rebuttal is prepared, the covered entity must provide a copy to the individual who submitted the statement of disagreement.

(4) *Recordkeeping.* The covered entity must, as appropriate, identify the record or protected health information in the designated record set that is the subject of the disputed amendment and append or otherwise link the individual's request for an amendment, the covered entity's denial of the request, the individual's statement of disagreement, if any, and the covered entity's rebuttal, if any, to the designated record set.

(5) *Future disclosures.*

(i) If a statement of disagreement has been submitted by the individual, the covered entity must include the material appended in accordance with paragraph (d)(4) of this section, or, at the election of the covered entity, an accurate summary of any such information, with any subsequent disclosure of the protected health information to which the disagreement relates.

(ii) If the individual has not submitted a written statement of disagreement, the covered entity must include the individual's request for amendment and its denial, or an accurate summary of such information, with any subsequent disclosure of the protected health information only if the individual has requested such action in accordance with paragraph (d)(1)(iii) of this section.

(iii) When a subsequent disclosure described in paragraph (d)(5)(i) or (ii) of this section is made using a standard transaction under part 162 of this subchapter that does not permit the additional material to be included with the disclosure, the covered entity may separately transmit the material required by paragraph (d)(5)(i) or (ii) of this section, as applicable, to the recipient of the standard transaction.

(e) *Implementation specification: Actions on notices of amendment.* A covered entity that is informed by another covered entity of an amendment to an individual's protected health information, in accordance with paragraph (c)(3) of this section, must amend the protected health information in designated record sets as provided by paragraph (c)(1) of this section.

(f) *Implementation specification: Documentation.* A covered entity must document the titles of the persons or offices responsible for receiving and processing requests for amendments by individuals and retain the documentation as required by § 164.530(j).

Findings: The County did not make available evidence demonstrating the County's compliance with the Amendment of Department PHI.

TECHNICAL ASSISTANCE

CalOMS-Tx and DATAR: The County requested process information and direction on how to address older information on the DATAR report. Specifically for R House provider #494945 and California Human Development #495189.