



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

10/11/2021

Sent via e-mail to: MWilson@co.tuolumne.ca.us

Michael Wilson, Tuolumne County Behavioral Health Director
Tuolumne County Behavioral Health
105 Hospital Rd.
Sonora, CA 95370

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Director Wilson:

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

Tuolumne 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 12/11/2021. 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
<http://www.dhcs.ca.gov>

Distribution:

To: Director Wilson,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief
Lanette Castleman, Audits and Investigations, Behavioral Health Compliance Section Chief
Ayesha Smith, Audits and Investigations, Behavioral Health Compliance Unit Chief
Michael Bivians, Audits and Investigations, County Compliance Monitoring II Chief
Tracie Walker, Community Services Division, Community Support Branch Chief
Victoria King-Watson, Community Services Division, Operations Branch Chief
Donna Ures, Community Services Division, Policy, Monitoring and Financing Section Chief
Jessica Fielding, Community Services Division, Family Services Section Chief
Angelina Azevedo, Community Services Division, Prevention Services Unit Chief
Ashley Love, Community Services Division, Family Services Unit Chief
Denise Galvez, Community Services Division, Youth Services Section Chief
SABGcompliance@dhcs.ca.gov, Policy, Monitoring and Financing Section
MCBHDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch
Debora Dietz-Neves, Tuolumne County Behavioral Health Supervisor, SUD Program

COUNTY REVIEW INFORMATION

County:

Tuolumne

County Contact Name/Title:

Debora Dietz-Neves/ Tuolumne County Behavioral Health Supervisor, SUD Program

County Address:

105 Hospital Rd, Sonoma, CA 95370

County Phone Number/Email:

209-533-6245

dietz-neves@co.tuolumne.ca.us

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 Tuolumne County:
Michael Wilson, Tuolumne County Behavioral Health Director
Debora Dietz-Neves, Tuolumne County Behavioral Health Supervisor, SUD Program
Lindsay Lujan, Tuolumne County Agency Manager
Tami Mariscal, Tuolumne County Deputy Director
Brock Kolby, Tuolumne County Deputy Director

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the monitoring process
- Tuolumne 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 Tuolumne County:
Michael Wilson, Tuolumne County Behavioral Health Director
Debora Dietz-Neves, Tuolumne County Behavioral Health Supervisor, SUD Program
Lindsay Lujan, Tuolumne County Agency Manager
Tami Mariscal, Tuolumne County Deputy Director
Brock Kolby, Tuolumne County Deputy Director

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	5
2.0 Prevention	0
3.0 Perinatal	3
4.0 Adolescent/Youth Treatment	2
5.0 Data/CalOMS	2
6.0 Program Integrity	5
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.

The County did not make available two (2) completed FY 2020-21 pre-award risk assessments for current SABG subcontracted providers as requested.

The County did not make available a blank copy of the annual pre-award risk assessment and the scoring key.

CD: 1.5.2:

SABG Application Enclosure 2, II, 2

1. Hatch Act

County agrees to comply with the provisions of the Hatch Act (USC, Title 5, Part III, Subpart F., Chapter 73, Subchapter III), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

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 all of the foregoing SABG Application, Enclosure 2, Section II general provisions are included in all executed subcontracts, specifically the Hatch Act.

CD: 1.5.9:

SABG Application, Enclosure 2, II, 14

14. Tribal Communities and Organizations

County shall regularly review population information available through Census, compare to information obtained in the California Outcome Measurement System for Treatment (CalOMS-Tx) to determine whether the population is being reached, and survey Tribal representatives for insight in potential barriers to the substance use service needs of the American Indian/Alaskan Native (AI/AN) population within the County geographic area. Contractor shall also engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness, and accessibility of services available to AI/NA communities within the County.

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 Tribal Communities and Organizations.

The County did not make available evidence demonstrating all of the foregoing SABG Application, Enclosure 2, Section II general provisions are included in all executed subcontracts, specifically Tribal Communities and Organizations.

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 3.1.2:

SABG, Enclosure 2, 3, A, 1, d

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:
 - d. Whether the County is abiding by the terms of the Perinatal Practice Guidelines.

Perinatal Practice Guidelines, Section B, 4

2. PARTNERSHIPS

Effective communication between providers is essential to delivering quality care to pregnant and parenting women.

SUD providers shall coordinate treatment services with other appropriate services, including health, criminal justice, social, educational, and vocational rehabilitation well as additional services that are medically necessary to prevent risk to a fetus, infant, or mother. Providers shall also provide or arrange for transportation to ensure access to treatment.

45 CFR § 96.132(c)

Additional agreements.

(c) The State shall coordinate prevention and treatment activities with the provision of other appropriate services (including health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services). In evaluating compliance with this section, the Secretary will consider such factors as the existence of memoranda of understanding between various service providers/agencies and evidence that the State has included prevention and treatment services coordination in its grants and contracts.

Findings: The County did not make available evidence demonstrating effective communication by County and providers with the coordination of treatment services with other appropriate services including:

- Health Services;
- Criminal Justice;
- Social Services;
- Educational Services;
- Vocational Services; and
- Employment Services.

CD 3.1.5:

SABG, Enclosure 2, 3, A, 1, d

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:
 - d. Whether the County is abiding by the terms of the Perinatal Practice Guidelines.

CHILD CARE

For women in SUD treatment, access to child care is a critical factor that may serve as a barrier to a woman's participation in treatment. Children born to mothers with SUDs are at a greater risk of in-utero exposure to substances. As a result, many of these children struggle to achieve basic developmental milestones and they often require child care that extends beyond basic supervision.

SUD treatment providers are encouraged to provide on-site, licensed child care in accordance with child care licensing requirements. Conducting child care within close proximity of the SUD treatment provider may serve as a motivation for the mothers to stay in treatment.

When a SUD treatment provider is unable to provide licensed on-site child care services, the SUD treatment provider should partner with local, licensed child care facilities. Providers can also offer on-site, license-exempt child care through a cooperative arrangement between parents for the care of their children.

All of the following conditions must be met in the event of a cooperative arrangement:

- A. Parents shall combine their efforts, so each parent rotates as the responsible care giver with respect to all the children in the cooperative arrangement;
- B. Any person caring for the children shall be a parent, legal guardian, stepparent, grandparent, aunt, uncle, or adult sibling of at least one of the children in the cooperative arrangement;
- C. No monetary compensation, including receipt of in-kind income, may be provided in exchange for the provision of care; and
- D. No more than 12 children can receive care in the same place at the same time.

When possible, it is recommended that women offering child care in the cooperative arrangement be directed under the supervision of an experienced staff member with expertise in child development. This staff member can teach the women how to respond appropriately to a child's needs and help women address child-specific issues. NOTE: This staff member should have passed a background check before working in the program's child care.

In addition, it is recommended that child care services include therapeutic and developmentally appropriate services to help identify a child's developmental delays, including emotional and behavioral health issues. When appropriate, child care services should be tailored to each child and support the child's individual developmental needs. This includes considering a child's culture and language to incorporate culturally responsive practices and deliver culturally appropriate services.

Furthermore, if other clinical treatment services for the child are deemed medically necessary, services should be comprehensive and, at a minimum, include the following;

- A. Intake;

- B. Screening and assessment of the full range of medical, developmental, emotional related-factors;
- C. Care planning;
- D. Residential care;
- E. Case management;
- F. Therapeutic child care;
- G. Substance abuse education and prevention;
- H. Medical care and services;
- I. Developmental services; and
- J. Mental health and trauma services.

45 CFR § 96-124(e)(4)

(e) With respect to paragraph (c) of this section, the amount set aside for such services shall be expended on individuals who have no other financial means of obtaining such services as provided in § 96.137. All programs providing such services will treat the family as a unit and therefore will admit both women and their children into treatment services, if appropriate. The State shall ensure that, at a minimum, treatment programs receiving funding for such services also provide or arrange for the provision of the following services to pregnant women and women with dependent children, including women who are attempting to regain custody of their children:

(4) therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, their issues of sexual and physical abuse, and neglect; and

Findings: The County did not make available evidence demonstrating treatment programs receiving SABG funding provide or arrange for the provision of the following therapeutic interventions to pregnant women and women with dependent children, including women who are attempting to regain custody:

- Gender specific substance use treatment;
- Issues of relationships;
- Sexual and Physical Abuse;
- Parenting; and
- Child care while the women are receiving these services.

CD 3.2.2:

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. § 96.131(a)-(b)

(a) The State is required to, in accordance with this section; ensure that each pregnant woman in the State who seeks or is referred for and would benefit from such services is given preference in admissions to treatment facilities receiving funds pursuant to the grant. In carrying out this section, the State shall require all entities that serve women and who receive such funds to provide preference to pregnant women. Programs which serve an injecting drug abuse population and who receive Block Grant funds shall give preference to treatment as follows:

- (1) Pregnant injecting drug users;
- (2) Pregnant substance abusers;
- (3) Injecting drug users; and
- (4) All others.

(b) The State will, in carrying out this provision publicize the availability to such women of services from the facilities and the fact that pregnant women receive such preference. This may be done by means of street outreach programs, ongoing public service announcements (radio/television), regular advertisements in local/regional print media, posters placed in targeted areas, and frequent notification of availability of such treatment distributed to the network of community based organizations, health care providers, and social service agencies.

Findings: The County did not make available evidence demonstrating Outreach strategies for pregnant women include any the following elements:

- Street Outreach Programs;
- Ongoing public service announcements (radio/television);
- Regular advertisements in local/regional print media;
- Posters place in targeted areas;
- Notification distributions to community based organizations;
- Notification distributions to health care providers; and
- Notification distributions to social service agencies.

The County did not make available evidence demonstrating preference in admissions to treatment facilities is as follows:

1. Pregnant injecting drug users;
2. Pregnant substance abusers;
3. Injecting drug users; and
4. All others.

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/youthsudservices.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 Outreach strategies for AOD-abusing youth include any the following elements:

- Encourage AOD-abusing youth to take advantage of treatment services;
- Targeting youth in at-risk environments;

- Linking with public systems already serving youth with AOD problems such as schools, child welfare, public health, mental health, and juvenile justice; and
- Educating professionals and policymakers so they become referral sources for potential clients.
- The County did not make available evidence of fliers or advertisements to demonstrate youth Outreach events for the current fiscal year.

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 4.2.2:

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, I, 1-2

I. Family Interventions and Support Systems

Research has found that effective treatment for youth almost always involves the family, and the effectiveness of family therapy has been documented extensively, especially among those youth who are normally the most difficult to treat. Therefore, whenever possible, parents/caregivers should participate in all phases of their child's treatment. However, it makes no ethical or legal sense to insist on the involvement of estranged parents in decision-making regarding their child's treatment. Instead, the program should create new opportunities for youth to develop supportive relationships with appropriate adults who will remain involved in their lives, both during treatment and recovery, and beyond.

1. Programs should make efforts to:

- a. identify family dynamics, engage and include the family in the youth's treatment as early as possible (as part of the intake and assessment process), if clinically appropriate and specified in the treatment plan; and
- b. provide individual family counseling, multi-family groups, and parental education sessions as clinically appropriate and specified in the treatment plan.

2. The program should assist the youth in developing a support system to help reinforce behavioral gains made during treatment, and provide ongoing support to prevent relapse.

Findings: The County did not make available evidence demonstrating the County's compliance with Family Interventions and Support Systems, specifically:

- Identifying family dynamics and if clinically appropriate engage family in the youth's treatment.
- Provide individual or group counseling, if clinically appropriate for family or multi-family sessions.
- Assist youth with developing a support system to provide ongoing support.

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: 5.1.2:

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.

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 two (2) SABG funded providers and did not submit audit reports of annual reviews to DHCS.

CD 6.2.1:

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

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. Code of Federal Regulations (CFR), Title 42, Part 2, Confidentiality of Substance Use Disorder Patient Records.

SABG Application, Enclosure 2, II, 19, L

19. Federal Law Requirements:

L. Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2, Subparts A – E).

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 the County's compliance with ensuring the Confidentiality of Substance Use Disorder Patient Records under 42 CFR Part 2, Subparts A-E.

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 evidence demonstrating the County's compliance with the completion of annual employee training regarding Information Privacy and Security training.

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 evidence demonstrating the Information Privacy and Security training certificates are retained for a period of six years following the termination of the agreement.

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.

The County did not make available the County staff's signed confidentiality statements as evidence of compliance.

The County did not make available evidence demonstrating the confidentiality statements are retained for a period of six years following the termination of the agreement.

CD 6.2.6:

County Performance Contract, Attachment A, 1, D
Background Check.

Before a member of the workforce may access Department PHI or PI, a background screening of that worker must be conducted. The screening should be commensurate with the risk and magnitude of harm the employee could cause, with more thorough screening being done for those employees who are authorized to bypass significant technical and operational security controls. The Contractor shall retain each workforce member's background check documentation for a period of three (3) years.

Findings: The County did not make available evidence demonstrating the County's compliance with background screening for workforce members with access to Department PHI or PI.

TECHNICAL ASSISTANCE

No technical assistance was requested by the County.