



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

April 12, 2017

Sent via e-mail to: ybrown@co.merced.ca.us

Yvonnia Brown, MSW, Director
Merced County Behavioral Health and Recovery Services
P.O. Box 2087
Merced, CA 95344

SUBJECT: State Fiscal Year (SFY) 2016-17 - County Monitoring Unit Report

Dear Director Brown:

Enclosed are the results of Merced County's 2016-17 Substance Abuse Prevention and Treatment (SAPT) Block Grant (BG)¹, and the State County Contract compliance review. The Department of Health Care Services (DHCS) is responsible for monitoring requirements of the SAPT BG and the terms of the State County Contract operated by Merced County.

The County Monitoring Unit (CMU) within the Performance Management Branch (PMB) of DHCS performed a comprehensive review based on responses to the monitoring instrument, discussion with county staff, supporting documentation and requirements. The enclosed report addresses and/or identifies compliance deficiencies, required corrective actions, advisory recommendations, and referral for technical assistance.

Merced County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CMU Analyst by May 15, 2017. The CAP must follow the guidelines detailed within the attached report. Please reference the enclosed CAP instructions and e-mail the CAP to the CMU Analyst. Supporting CAP documentation may be e-mailed or mailed to the address listed below. If you have any questions regarding this report or need assistance, please contact the CMU analyst.

Sincerely,

Eric Painter
CMU Analyst
(916) 916-327-2619
Eric.Painter@dhcs.ca.gov

¹ Title 45 Code of Federal Regulations, Part 96, Subpart L – Substance Abuse Prevention and Treatment Block Grant requirements

Substance Use Disorder
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County Monitoring Unit Report
Merced County

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Date: April 12, 2017

Report Prepared by: *Eric Painter, County Monitoring Analyst*

Manager Approval: *Susan Jones, County Monitoring Supervisor*

Lead CMU Analyst:
Eric Painter

Review Date: April 5-6, 2017

Assisting CMU Analyst(s):
N/A

Review Period: SFY 2016-17

County: Merced

County Address:
P.O. Box 2087
Merced, CA 95344

The Department of Health Care Services (DHCS) is required to provide programmatic, administrative, and fiscal oversight of the statewide Substance Abuse Prevention and Treatment Block Grant (SAPT BG), the State County Contract, and Drug Medi-Cal (DMC) Substance Use Disorder (SUD) services through annual compliance reviews.

This report summarizes the findings of the compliance review conducted by the County Monitoring Unit (CMU).

CORRECTIVE ACTION PLAN

Pursuant to the State County Contract, Exhibit A, Attachment I, Part V, Section 4, 7, (a-b) each deficiency identified must be addressed via a Corrective Action Plan (CAP). The CAP is due within thirty (30) calendar days of the date of this monitoring report. Advisory recommendations are not required to be addressed in the CAP.

The Corrective Action Plan shall:

1. Address each programmatic deficiency;
2. Provide a specific description of how the deficiency will be corrected;
3. Identify the staff person responsible for correcting the deficiency and ensuring future compliance;
4. Specify the target date for complete implementation of each deficiency; and
5. As deficiencies are corrected, include training documentation, revised policies/procedures, and other materials which demonstrate the correction of a deficiency, if applicable.

The CMU analyst will monitor progress of CAP implementation until complete.

REVIEW SCOPE

- I. Regulations:
 - a. 22 CCR § 51341.1 – Drug Medi-Cal Substance Use Disorder Services
 - b. 9 CCR, Division 4, Chapter 4, Subchapter 1 – 6: Narcotic Treatment Programs
 - c. 45 CFR; Part 96; Subpart L; §96.121 through 96.137: Substance Abuse Prevention and Treatment Block Grant
 - d. 42 USC, Section 300x-21 through 300x-66: Substance Abuse Prevention and Treatment Block
 - e. HSC, Division 10.5, Section 11750 – 11970: State Department of Health Care

- II. Program Requirements:
 - a. State Fiscal Year (SFY) 14/15 - 16/17 State County Contract, herein referred to as State County Contract
 - b. State of California *Youth Treatment Guidelines Revised August 2002*
 - c. DHCS *Perinatal Services Network Guidelines FY 2016-17*
 - d. National Culturally and Linguistically Appropriate Services (CLAS)
 - e. Alcohol and Drug Program (ADP) Bulletins
 - f. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

1.0 ADMINISTRATION

After review of the program's protocols, policies and procedures, no deficiencies in Administration were cited.

2.0 SAPT BG MONITORING

After review of the program's protocols, policies and procedures, no deficiencies in SAPT BG Monitoring were cited.

ADVISORY RECOMMENDATION:

AR 2.18

State County Contract Exhibit A, Attachment I, Part IV, Section 3, A, 1, (a-e)

Contractor's performance under this Exhibit A, Attachment I A2, Part IV, shall be monitored by the State during the term of this Contract. Monitoring criteria shall include, but not be limited to:

- (a) Whether the quantity of work or services being performed conforms to Exhibit B A2;*
- (b) Whether the Contractor has established and is monitoring appropriate quality Standards...*

Recommendation: It is recommended for the National Culturally and Linguistically Appropriate Services (CLAS) Standards requirement, to list out all 15 standards on the tool(s).

3.0 DRUG MEDICAL (DMC)

After review of the program's protocols, policies and procedures, no deficiencies in DMC were cited.

4.0 PERINATAL

After review of the program's protocols, policies and procedures, no deficiencies in Perinatal were cited.

5.0 ADOLESCENT/YOUTH TREATMENT (AYT)

After review of the program's protocols, policies and procedures, no deficiencies in AYT were cited.

6.0 FISCAL AUDITING

After review of the program's protocols, policies and procedures, no deficiencies in Fiscal Auditing were cited.

7.0 PRIMARY PREVENTION

After review of the program's protocols, policies and procedures, no deficiencies in Primary Prevention were cited.

ADVISORY RECOMMENDATION:

AR 7.51.b:

State County Contract, Exhibit A, Attachment I, Part IV, Section 1, B, 4, (d)

(d) Meet the Member in Good Standing (MIGS) requirements, determined by DHCS in conjunction with the California Friday Night Live Partnership. If the Contractor does not meet the MIGS requirements, then the Contractor shall submit a technical assistance plan detailing how the Contractor intends to ensure satisfaction of the MIGS requirements to DHCS for approval.

Recommendation: The County's FNL program is not a Member in Good Standing (MIGS), and is expected to be in good standings by the end of the fiscal year 2016-17.

8.0 CULTURAL COMPETENCE

After review of the program's protocols, policies and procedures, no deficiencies in Cultural Competence were cited.

9.0 ELECTRONIC HEALTH RECORDS (EHR)

After review of the program's protocols, policies and procedures, no deficiencies EHR were cited.

**10.0 CALIFORNIA OUTCOMES MEASUREMENT SYSTEM TREATMENT (CalOMS Tx)
AND DRUG AND ALCOHOL TREATMENT ACCESS REPORT (DATAR)**

The following deficiencies in CalOMS and DATAR regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 10.57.d:

State County Contract, Exhibit A, Attachment I, Part III, F, (3)

Contractor shall comply with the treatment and prevention data quality standards established by the State. Failure to meet these standards on an ongoing basis may result in withholding non-DMC funds.

Finding: The County and its provider (Aegis - #242412) annual updates or client discharges, for beneficiaries in treatment over one year, were not submitted.

11.0 PRIVACY AND INFORMATION SECURITY

The following deficiencies in Privacy and Information Security regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 11.69:

State County Contract, Exhibit G-3, Attachment A, 3, A

System Security Review. *Contractor must ensure audit control mechanisms that record and examine system activity are in place. All systems processing and/or storing Department PHI or PI must have at least an annual system risk assessment/security review which provides assurance that administrative, physical, and technical controls are functioning effectively and providing adequate levels of protection. Reviews should include vulnerability scanning tools.*

Finding: The County does not conduct an annual system risk assessment/security review.

CD 11.71:

State County Contract, Exhibit G-3, Attachment A, 4, A

Emergency Mode Operation Plan. *Contractor must establish a documented plan to enable continuation of critical business processes and protection of the security of Department PHI or PI held in an electronic format in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this Agreement for more than 24 hours.*

Finding: The County did not provide a copy of the Emergency Mode Operation Plan or similar document.

12.0 TECHNICAL ASSISTANCE

DHCS's County Monitoring Analyst will make referrals for the training and/or technical assistance identified below.

CalOMS and DATAR: The County requested TA for CalOMS and/or DATAR. DHCS's Analyst has been contacted and a referral has been made.