



JENNIFER KENT  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

January 5, 2017

Sent via e-mail to: [mhale@ochca.com](mailto:mhale@ochca.com)

Mary Hale, Behavioral Health Director  
Orange County Health Care Agency  
Behavioral Health Services  
405 West 5th Street, Suite 726  
Santa Ana, CA 92701

SUBJECT: FY 16/17 County Monitoring Unit Report

Dear Director Hale:

Enclosed are the results of Orange County's FY 15/16 Substance Abuse Prevention and Treatment (SAPT) Block Grant (BG)<sup>1</sup>, 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 Orange 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.

Orange County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CMU Analyst by February 6, 2017. The CAP must follow the guidelines detailed within the attached report. Please reference the enclosed CAP instructions and email the CAP to the CMU Analyst. Supporting CAP documentation may be emailed or mailed to the address listed below. If you have any questions regarding this report or need assistance, please contact the CMU analyst.

Sincerely,

Emily Bautista  
CMU Analyst  
(916) 327-2624  
[Emily-Cresenciana.Bautista@dhcs.ca.gov](mailto:Emily-Cresenciana.Bautista@dhcs.ca.gov)

---

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



**County Monitoring Unit Report**  
Orange County

Distribution:

To: Mary Hale  
Behavioral Health Director

CC: Victoria King-Watson, Substance Use Disorder Program, Policy and Fiscal Division, Assistant Division Chief  
Tracie Walker, Performance Management Branch, Section Chief  
Patrick Daglia, Fiscal Management and Accountability Branch, Section Chief  
Denise Galvez, Policy and Prevention Branch, Section Chief  
Sandy Yien, Program Support and Grants Management Branch, Section Chief  
Susan Jones, County Monitoring Unit, Supervisor  
Cynthia Hudgins, Drug Medi-Cal Monitoring Unit I, Supervisor  
Stephanie Quok, Drug Medi-Cal Monitoring Unit II, Supervisor  
Danielle Stumpf, Office of Women, Perinatal and Youth Services, Supervisor  
Tiffany Stover, Postservice Postpayment Unit I, Supervisor  
Janet Rudnick, Postservice Postpayment Unit II, Supervisor  
Trudi Romero, Policy and Prevention Branch, Office Technician  
Jeffrey A. Nagel, Director of Operations  
David Horner, Director of Authority & Quality Improvement  
Brett O'Brien, Director of Children, Youth and Prevention Service  
Annette Mugrditchian, Director-Adult Older Adult Services  
Azahar V. López, SUD Support Manager

Date: January 5, 2017

Report Prepared by: *Emily Bautista, County Monitoring Analyst*  
Manager Approval: *Susan Jones, County Monitoring Supervisor*

<b>Lead CMU Analyst:</b> Emily Bautista	<b>Review Date:</b> December 6 – 7, 2016
<b>Assisting CMU Analyst(s):</b> N/A	<b>Review Period:</b> FY 2016-17
<b>County:</b> Orange	
<b>County Address:</b> Orange County Health Care Agency Behavioral Health Services 405 West 5th Street, Suite 724 Santa Ana, CA 92701	

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

A review of the County's Organizational Chart, subcontracted contracts, and Policies and Procedures was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

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

## 2.0 SAPT BG MONITORING

The following deficiencies in the SAPT BG monitoring requirements were identified:

### COMPLIANCE DEFICIENCIES:

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

### ADVISORY RECOMMENDATIONS:

#### **AR 2.1:**

Master Provider File Review

**Recommendation:** Provider shall consider implementing a timely system for verifying the County's Master Provider File is up-to-date with the County's SAPT BG Providers.

### 3.0 DRUG MEDICAL

The following DMC deficiencies in regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

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

ADVISORY RECOMMENDATIONS:

**AR 3.1:**

Master Provider File Review

**Recommendation:** Provider shall consider implementing a timely system for verifying the County's Master Provider File is up-to-date with the County's DMC Providers.



## 4.0 PERINATAL

The following deficiencies in Perinatal Services regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

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

## 5.0 ADOLESCENT/YOUTH TREATMENT (AYT)

The following deficiencies in Adolescent/Youth Treatment regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

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

## 6.0 FISCAL AUDITING

The following deficiencies in Fiscal Auditing regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

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

## 7.0 PRIMARY PREVENTION

The following deficiencies in Primary Prevention regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

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

## 8.0 CULTURAL COMPETENCE

The following deficiencies in Cultural Competence regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

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

## 9.0 ELECTRONIC HEALTH RECORDS (EHR)

The following deficiencies in Electronic Health Records regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 9.56.b:**

##### ADP Bulletin 10-01, 4

*4. County Alcohol and Drug Program Administrators complete a County Alcohol and Drug Program Administrator's Electronic Signature Certification form (Exhibit 2), certifying that electronic systems used by the county's alcohol and drug operations, including contract provider systems, meet the standards.*

**Finding:** While the County submitted a signed copy of the policies and procedures that govern the use of EHRs, a signed copy of the County Alcohol and Drug Program Administrator's Electronic Signature Certification form was not provided.

## 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.b:**

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's provider, 308049, did not report any CalOMS Tx data, and did not generate a Provider No Activity (PNA) report.

#### **CD 10.57.e:**

State County Contract, Exhibit A, Attachment I, Part III, G (1), (2)

*1. The Contractor shall be responsible for ensuring that the Contractor-operated treatment services and all treatment providers with whom Contractor makes a contract or otherwise pays for the services, submit a monthly DATAR report in an electronic copy format as provided by the State.*

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

**Finding:** The County's providers did not submit DATAR reports by the 10<sup>th</sup> of each month.

## 11.0 PRIVACY AND INFORMATION SECURITY

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

### COMPLIANCE DEFICIENCIES:

#### **CD 11.64.a:**

State County Contract, Exhibit G-3, 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.*

**Finding:** The County does not retain background checks for a minimum of three (3) years.



## 12.0 TECHNICAL ASSISTANCE

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

**Perinatal Services:** The County requested TA for Perinatal Services. DHCS's Perinatal Services Analyst has been contacted and a referral has been made.

**Drug Medi-Cal:** The County requested TA for DMC. DHCS's Drug Medi-Cal Unit has been contacted and a referral has been made.

**Co-occurring Disorders (COD):** The County requested TA for COD. DHCS's COD Analyst has been contacted and a referral has been made.

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