



JENNIFER KENT  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

April 13, 2017

Sent via e-mail to: [thobson@co.sutter.ca.us](mailto:thobson@co.sutter.ca.us)

Tony Hobson, PhD., Assistant Director  
Sutter-Yuba Mental Health Services  
1965 Live Oak Road  
Yuba City, CA 95991-7627

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

Dear Director Hobson:

Enclosed are the results of Sutter-Yuba County's 2016-17 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 Sutter-Yuba 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.

Sutter-Yuba 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,

*BL Counter*

Becky Counter  
CMU Analyst  
(916) 327-2656  
[Becky.counter@dhcs.ca.gov](mailto:Becky.counter@dhcs.ca.gov)

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<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**  
Sutter-Yuba County

Distribution:

To: Tony Hobson, Assistant Director, Sutter-Yuba Mental Health Services

CC: Victoria King-Watson, Substance Use Disorder Program, Policy and Fiscal Division, Assistant Division Chief  
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Denise Galvez, Policy and Prevention Branch, Section Chief  
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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  
Kelly Scott, Sutter-Yuba County Program Manager

Date: April 13, 2017

Report Prepared by: *Becky Counter, County Monitoring Analyst*  
Manager Approval: *Susan Jones, County Monitoring Supervisor*

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**Lead CMU Analyst:**  
Becky Counter

**Review Date:** April 4, 2017

**Assisting CMU Analyst(s):**  
Angela Duhart

**Review Period:** SFY 2016-17

**County:** Sutter-Yuba

**County Address:**  
1965 Live Oak Road  
Yuba City, CA 95661

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 were cited.

## 2.0 SAPT BG MONITORING

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

### 3.0 DRUG MEDI-CAL

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



## 4.0 PERINATAL

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

## 5.0 ADOLESCENT/YOUTH TREATMENT (AYT)

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

## 6.0 FISCAL AUDITING

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

## 7.0 PRIMARY PREVENTION

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

### **ADVISORY RECOMMENATIONS:**

#### **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 were cited.

## 9.0 ELECTRONIC HEALTH RECORDS (EHR)

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

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

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

## 11.0 PRIVACY AND INFORMATION SECURITY

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

### COMPLIANCE DEFICIENCIES:

#### **CD 11.60:**

State County Contract, Exhibit G-3, 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.

**Finding:** The County did not provide documentation of annual privacy and security training.

#### **CD 11.62:**

State County Contract, Exhibit G-3, 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.

**Finding:** The County does not renew each employee's confidentiality statement annually.

#### **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.



## 12.0 TECHNICAL ASSISTANCE

Sutter-Yuba County did not request Technical Assistance during FY 2016-17.