



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

January 25, 2022

Sent via e-mail to: csmith@trinitycounty-ca.gov

Connie Smith, Director
Trinity County Health and Human Services Agency
1450 Main Street
Weaverville, CA 96093

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Director Smith,

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

Trinity 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 3/25/2022. 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
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Sherry Chandler, Trinity County Substance Use Disorders Manager

COUNTY REVIEW INFORMATION

County:

Trinity

County Contact Name/Title:

Sherry Chandler/Trinity County Substance Use Disorders Manager

County Address:

1450 Main Street
Weaverville, CA 96093

County Phone Number/Email:

530-623-1840
schandler@trinitycounty-ca.gov

Date of Review:

10/28/2021

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 phone on 10/28/2021. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, Associate Governmental Program Analyst (AGPA)
- Representing Trinity County:
Sherry Chandler, Trinity County Substance Use Disorders Manager

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the monitoring process
- Trinity County overview of services

Exit Conference:

An Exit Conference was conducted via phone On 10/28/2021. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, AGPA
- Representing Trinity County:
Sherry Chandler, Trinity County Substance Use Disorders Manager

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	4
2.0 Prevention	0
3.0 Perinatal	3
4.0 Adolescent/Youth Treatment	5
5.0 Data/CalOMS	2
6.0 Program Integrity	2
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: 1.4.1:

SABG Application, Enclosure 2, I, 3, B, 2, b

B. Performance Requirements

1. County shall provide services to all eligible persons in accordance with state and federal statutes and regulations. County shall assure that in planning for the provision of services, the following barriers to services are considered and addressed:
 - b. Geographic isolation and transportation needs of persons seeking services or remoteness of services.

SABG Application, Enclosure 2, I, 1, A, 1, 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:
 - g. CFR, Title 45, Part 96, Block Grants.

45 CFR § 96.124(e)(5)

(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:

- (5) Sufficient case management and transportation to ensure that women and their children have access to services provided by paragraphs (e) (1) through (4) of this section.

Findings: The County did not make available evidence demonstrating the County's planning for the provision of services ensuring the following barriers to services are considered and addressed: Geographic isolation and transportation needs of the persons seeking services or remoteness of services.

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 County and subcontractor compliance with the Hatch Act.

CD: 1.5.6:

SABG Application, Enclosure 2, II, 5

5. Debarment and Suspension

County shall not subcontract with or employ any party listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp. p. 189) and 12689 (3 CFR part 1989., p. 235), "Debarment and Suspension." SAM exclusions contain the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

The County shall advise all subcontractors of their obligation to comply with applicable federal debarment and suspension regulations, in addition to the requirements set forth in 42 CFR Part 1001. If a County subcontracts or employs an excluded party, DHCS has the right to withhold payments, disallow costs, or issue a CAP, as appropriate, pursuant to HSC Code 11817.8(h).

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 Debarment and Suspension.

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.

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 3.1.5:

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 3.3.1:

SABG Application, Enclosure 2, II, 12

12. Tuberculosis Treatment

County shall ensure the following related to Tuberculosis (TB):

- A. Routinely make available TB services to each individual receiving treatment for AOD use and/or abuse.
- B. Reduce barriers to patients' accepting TB treatment.
- C. Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance.

SABG Application, Enclosure 2, II, 23

23. Subcontract Provisions

County shall include all of the foregoing provisions in all of its subcontracts

45 CFR § 96.127(a)(3)(i-ii)

Requirements regarding tuberculosis.

(a) States shall require any entity receiving amounts from the grant for operating a program of treatment for substance abuse to follow procedures developed by the principal agency of a State for substance abuse, in consultation with the State Medical Director for Substance Abuse Services, and in cooperation with the State Department of Health/Tuberculosis Control Officer, which address how the program -

(3) Will implement infection control procedures established by the principal agency of a State for substance abuse, in cooperation with the State Department of Health/Tuberculosis Control Officer, which are designed to prevent the transmission of tuberculosis, including the following:

- (i) Screening of patients;
- (ii) Identification of those individuals who are at high risk of becoming infected;

Findings: The County did not make available evidence demonstrating the all requirements for Tuberculosis Treatment including:

- Routinely make available TB services to each individual receiving treatment for AOD use and/or abuse.
- Reduce barriers to patients' accepting TB treatment.
- Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance.

CD 3.3.2:

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

- a. 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, 10

10. INTERIM SERVICES

SUD treatment providers will make interim services available for pregnant and parenting women awaiting admission into treatment. The purpose of providing interim services is to reduce the adverse health effects of substance use, promote the health of the woman, and reduce the risk of disease transmission.

If a SUD treatment provider has insufficient capacity to provide treatment services to pregnant and parenting women using drugs intravenously, and a referral to treatment has been made, the provider must:

- iii. At a minimum, interim services include the following:
- a. Counseling and education about the risks and prevention of transmission of HIV and TB;
- d. Referral for HIV or TB services.

Findings: The County did not make available evidence demonstrating interim services provided to pregnant and parenting women using drugs intravenously include the following required elements:

- Counseling and education about the risks and prevention of transmission of HIV and TB; and
- Referral for HIV or TB services.

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 4.1.2:

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/youthsudservices.aspx>

Youth Treatment Guidelines, Section X, B

A. Program Staffing

1. Each youth treatment program should have at least the following core staff:
 - a. a program or clinical supervisor, who should have management experience (i.e., staff supervision, fiscal operations, or business administration), and education and experience in AOD addiction counseling;
 - b. an AOD counselor, who should be certified by an AOD addiction counselor credentialing organization; and,
 - c. a family therapist, who should be licensed as either a marriage and family therapist, clinical social worker, psychologist, or a registered intern under the supervision of a licensed therapist. The family therapist may be a contracted employee.

Findings: The County did not make available evidence demonstrating youth treatment programs have the minimally required core staff:

- A program or clinical supervisor with management experience, and education and experience in AOD addiction counseling;
- An AOD counselor certified by an AOD addiction counselor credentialing organization; and
- A family therapist licensed as either a marriage and family therapist, clinical social worker, psychologist, or a registered intern under the supervision of a licensed therapist.

CD 4.1.3:

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/youthsudservices.aspx>

Youth Treatment Guidelines, Section VI, A, 1, a-e

A. Case Management and Complementary Services

Except for early intervention programs, programs should provide or arrange for case management services for every youth in treatment. If the case manager function is provided directly by the treatment program, the case manager should:

1. Have training and skills in the following areas:
 - A. AOD treatment, an understanding of addiction, and the intergenerational nature of AOD abuse;
 - B. familiarity with community resources and other youth service systems (education, child welfare, juvenile justice, mental health, etc.);
 - C. physical and sexual abuse;
 - D. family dynamics; and,
 - E. legal issues (informed consent for minors, disclosure of confidential information, child abuse/neglect reporting requirements, and duty-to-warn issues).

Findings: The County did not make available evidence demonstrating youth treatment programs where the case manager function is provided; the case manager has the training and skills in the following areas:

- AOD treatment, an understanding of addiction, and the intergenerational nature of AOD abuse;
- Familiarity with community resources and other youth service systems (education, child welfare, juvenile justice, mental health, etc.);
- Physical and sexual abuse;
- Family dynamics; and
- Legal issues (informed consent for minors, disclosure of confidential information, child abuse/neglect reporting requirements, and duty-to-warn issues).

CD 4.2.1:

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/youthsudservices.aspx>

Youth Treatment Guidelines Section V, C, 1-7

C. Initial and Continuing Assessment

Assessment is not a single event upon the youth's admission to the program, but an ongoing process to gain insight into the youth's unique abilities, strengths, and needs. Assessment should be comprehensive, multi-faceted, and culturally as well as developmentally, appropriate.

Assessment should be used in the treatment planning of each individual admitted to treatment, and incorporate contextual factors contributed by family/caregiver circumstances.

1. Except for early intervention programs, the program should complete a comprehensive assessment on all youth with indications of possible AOD related problems (as a result of a brief screening), including those being admitted to treatment.
2. After screening indicates a probable need for treatment, the assessment should provide the information necessary to determine and document the level of severity of the youth's AOD-related problems and specifically address the level of care he/she should receive, as described in "E" of this section.

3. The assessment tool should be designed specifically for the developing adolescent, have established reliability and validity, and capture data related to the major life domains of an adolescent. This assessment tool should include, but not be limited to, issues of substance abuse, mental health, physical health, legal, development, school/education/employment, and family/peer relationships. The assessment tool should also be strength-based in order to accurately assess the youth's unique abilities and needs. As recommended, a staff person qualified to administer the instrument should perform assessments.
4. The assessment should include a health screening (including a medical health history, disease screening, dental, and mental health). (Programs assessing a youth should seek advice from public health professionals whenever appropriate.) If the health screening identifies an issue that warrants further evaluation, the program should provide or arrange for a physical examination and/or referral to the public health department or other appropriate care site, and take reasonable steps to assist the minor in accessing and receiving necessary care. Programs should develop and keep current lists of adolescent health provider referrals and provide appropriate assistance in accessing necessary health care services based on health assessment findings.
5. The assessment should include an evaluation of the youth's developmental and cognitive levels; and social, emotional, communication and self-help/independent living skills.
6. As soon as possible, the program should assess and identify safety issues, such as risk of suicide; current, or history of, physical and/or sexual abuse; or perpetration of physical or sexual abuse on others. The assessment should include an evaluation of risk to self and others. If the assessment indicates high risk of danger to the youth or others, an appropriate referral should be made immediately and the family/guardian should be notified. The assessment should be conducted with appropriate consent as provided by law.
7. The initial assessment should be completed as soon as possible, with the initial assessment occurring no later than 30 days after admission. Programs should attempt to gather as much information as soon as possible, and keep updating as more information is obtained (it may take some time to build trust and rapport with the youth before he/she will reveal more detailed and honest information).

Findings: The County did not make available evidence demonstrating the County's compliance with Initial and Continuing Assessments, including the assessment tools and health screening tools.

CD 4.2.3:

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/youthsudservices.aspx>

Youth Treatment Guidelines, Section V, E, 2

E. Placement.

Individuals and agencies making placement decisions for youth needing treatment should do the following:

2. Take into consideration the age, developmental stage, gender, culture, and behavioral, emotional, sexual or criminal problems of the youth and existing clientele, to ensure that the youth and other clients would not be adversely impacted by their interaction.

Youth Treatment Guidelines, Section V, F

A. Treatment Planning.

4. Services and therapeutic approaches identified in the treatment plan should reflect the youth's gender, and chronological, emotional, and psychological age.

Findings: The County did not make available evidence demonstrating the County's compliance with Youth Treatment Planning.

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/youthsudservices.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: 5.1.1:

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: 6.1.1:

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 tools used to monitor County and subcontracted providers for compliance with SABG program requirements does 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 County subcontracted program providing SABG funded services.

- The County monitored two (2) of two (2) SABG funded providers and submitted audits reports of these annual reviews to DHCS.
- The County did not send in the submitted annual monitoring reports secure and encrypted to DHCS.

TECHNICAL ASSISTANCE

The County did not request technical assistance.