



WILL LIGHTBOURNE
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

November 10, 2021

Sent via e-mail to: Ian.Evans@yolocounty.org

Ian Evans
AOD Administrator, Adult & Aging Branch Director
137 N. Cottonwood Street
Woodland, CA 95695

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Director Evans:

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

Yolo 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 1/10/2022. 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 susan.volmer@dhcs.ca.gov.

Sincerely,

Susan Volmer
(916) 713-8677

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 Ian Evans,

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
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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
Amy Leino, Yolo County Behavioral Health Quality Management Supervising Clinician

COUNTY REVIEW INFORMATION

County:

Yolo

County Contact Name/Title:

Ian Evans, AOD Administrator, Adult & Aging Branch Director

County Address:

137 N. Cottonwood Street
Woodland, CA 95695

County Phone Number/Email:

Ian.Evans@yolocounty.org
530-666-8297

Date of Review:

9/29/2021

Lead CCU Analyst:

Susan Volmer

Assisting CCU Analyst:

N/A

Report Prepared by:

Susan Volmer

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 9/29/2021. The following individuals were present:

- Representing DHCS:
Susan Volmer, Associate Government Program Analyst (AGPA)
- Representing Yolo County:
Ian Evans, AOD Administrator, Adult & Aging Branch Director
Mila Green, Adult & Aging Branch Deputy Director, Behavioral Health Quality Management Manager
Julie Freitas, Clinical Manager, SUD, Forensic, & Homeless Services
Glenn Johnson, AOD Program Coordinator
Katherine Barrett, Behavioral Health Compliance Officer
Amy Leino, Behavioral Health Quality Management Supervising Clinician
Sophia Sandoval, Behavioral Health Quality Management Senior Analyst
Sajana Budhathoki, Behavioral Health Quality Management Analyst
Jennifer Gay, Behavioral Health Quality Management Clinician
Erica Brown, Behavioral Health Quality Management Clinician
Steven Jensen, Health Program Manager
Marcie Azevedo, Accountant III
Nicole Jamison, Contracts Unit Supervisor
Fabian Valle, Analyst, MHSA
Tessa Smith, Cultural Competence Coordinator, MHSA
Clint Pyeatt, Program Coordinator, MHSA

During the Entrance Conference, the following topics were discussed:

- Introductions
- Yolo County overview of services
- Overview of monitoring process

Exit Conference:

An Exit Conference was conducted via WebEx on 9/29/2021. The following individuals were present:

- Representing DHCS:
Susan Volmer, AGPA

- Representing Yolo County:
Ian Evans, AOD Administrator, Adult & Aging Branch Director
Mila Green, Adult & Aging Branch Deputy Director, Behavioral Health Quality Management Manager
Julie Freitas, Clinical Manager, SUD, Forensic, & Homeless Services
Glenn Johnson, AOD Program Coordinator
Katherine Barrett, Behavioral Health Compliance Officer
Amy Leino, Behavioral Health Quality Management Supervising Clinician
Sophia Sandoval, Behavioral Health Quality Management Senior Analyst
Sajana Budhathoki, Behavioral Health Quality Management Analyst
Jennifer Gay, Behavioral Health Quality Management Clinician
Erica Brown, Behavioral Health Quality Management Clinician
Steven Jensen, Health Program Manager
Marcie Azevedo, Accountant III
Nicole Jamison, Contracts Unit Supervisor
Fabian Valle, Analyst, MHSA
Tessa Smith, Cultural Competence Coordinator, MHSA
Clint Pyeatt, Program Coordinator, MHSA

During the Exit Conference, the following topics were discussed:

- Submitting follow-up evidence
- Due date for evidence submission

SUMMARY OF FY 2020-21 COMPLIANCE DEFICIENCIES (CD)

<u>Section</u>	<u>Number of CD's</u>
1.0 Administration	0
2.0 Prevention	0
3.0 Perinatal	0
4.0 Adolescent/Youth Treatment	0
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 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: 5.1.2:

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 Admission Report is not in compliance.

CD: 5.1.3:

SABG Application, Enclosure 2, III, 5, C

5. Drug and Alcohol Treatment Access Report (DATAR)

The DATAR business rules and requirements are:

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

Findings: The County’s DATAR 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 ten (10) of twelve (12) SABG funded providers and submitted audit reports of these annual reviews to DHCS.
- The County submitted seven (7) of ten (10) annual monitoring reports within two weeks of completion to DHCS.

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 two (2) of three (3) subcontractor's signed confidentiality statements for FY 2019-20 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.

TECHNICAL ASSISTANCE

Yolo County did not request Technical Assistance (TA) during this review.