



JENNIFER KENT  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

January 8, 2018

Sent via e-mail to: Karen.Larsen@YoloCounty.org

Karen Larsen, LMFT, Mental Health Director  
Yolo County Health and Human Services Agency  
137 N. Cottonwood Street, suite 2500  
Woodland, CA 95695

SUBJECT: Fiscal Year (FY) 2017-18 – County Monitoring Unit Report

Dear Director Larsen:

Enclosed are the results of Yolo County's 2017-18 Substance Abuse (SA) Block Grant (BG)<sup>1</sup>State County Contract compliance review. The Department of Health Care Services (DHCS) is responsible for monitoring requirements of the SABG County Contract operated by Yolo 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.

Yolo County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CMU Analyst by 2/8/2018. 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,

Becky Counter  
(916) 327-2656  
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



**Substance Abuse Block Grant**  
**County Monitoring Unit Report**  
Select County County

Distribution:

To: Director Larsen:

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Katherine Barrett, Yolo County, Manager I

Date: January 8, 2018

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:** 12/19/17 to 12/20/17

**Assisting CMU Analyst(s):**  
Eric Painter

**Review Period:** 2017-18

**County:** Yolo

**County Address:**  
137 N. Cottonwood Street, suite 2500  
Woodland, CA

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 (SABG), 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).

## REVIEW SCOPE

- I. Regulations:
  - a. 45 CFR; Part 96; Subpart L; §96.121 through 96.137: Substance Abuse Prevention and Treatment Block Grant
  - b. 42 USC, Section 300x-21 through 300x-66: Substance Abuse Prevention and Treatment Block
  - c. HSC, Division 10.5, Section 11750 – 11970: State Department of Health Care
  
- II. Program Requirements:
  - a. State Fiscal Year (SFY) 2017-18 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

## CORRECTIVE ACTION PLAN

Pursuant to the State County Contract, Exhibit A, Attachment I, Part I, Section 3, 7, (a-d) each deficiency (CD) and new requirement (NR) 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 CAP shall include:

- a) A statement of the compliance deficiency (CD) and new requirement (NR).
- b) A list of action steps to be taken to correct the CD/NR.
- c) A date of completion for each CD/NR.
- d) Who will be responsible for correction and ongoing compliance.

The CMU analyst will monitor progress of the CAP completion.

### **NEW REQUIREMENTS (NR)**

*Due to a delay in the SABG contract finalization, findings related to the standards and requirements will not be identified as a compliance deficiency; however, a plan to fulfil the new requirements must be submitted.*

## SUMMARY OF FY 2017-18 COMPLIANCE DEFICIENCIES (CD)

Section:	Number of CD's:
1.0 Administration	1
2.0 SABG Monitoring	0
3.0 Perinatal	0
3.0 Adolescent/Youth Treatment	0
4.0 Primary Prevention	0
5.0 Cultural Competence	0
6.0 CalOMS and DATAR	0
7.0 Privacy and Information Security	0

### PREVIOUS CAPs

During the FY 2017-18 review, the following CAP with CDs were discussed and are still outstanding.

#### **2016-17:**

CD 1.3: The County does not have the provision *D* within subcontracted provider contracts.

CD 1.5: The County does not include the provision *G* within subcontracted provider contracts.

CD 11.69: The County did not conduct an annual system risk assessment/security review.

CD 11.75: The County does not include a section, within subcontracts, that addresses compliance with security incidents or breaches of unsecured PHI.

Please provide the following within the completed 2017-18 CAP.

- a) A list of action steps to be taken to correct the CD.
- b) A date of completion for each CD.
- c) Who will be responsible for correction and ongoing compliance.

## 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:

#### **CD 1.4:**

State County Contract, Exhibit A, Attachment I, Part II, E

*None of the funds made available through this Contract may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).*

State County Contract Exhibit A, Attachment I, Part II, Y

*Subcontract Provisions*

*Contractor shall include all of the foregoing provisions in all of its subcontracts*

**Finding:** The County did not provide the SABG treatment provider contract that addresses compliance with the Limitation on Use of Funds for Promotion of Legalization of Controlled Substances.

#### **NR 1.14:**

State County Contract Exhibit A, Attachment I, Part I, Section 1, C, 5

*Contractor 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 as Document 2F (b), incorporated by reference. The incorporation of any new Minimum Quality Drug Treatment Standards into this Contract shall not require a formal amendment.*

**Finding:** According to the 2017-2020 State County Contract, programs are required to abide by the Minimum Quality Drug Treatment Standards, a component of the contract. Due to a delay in contract finalization, findings related to the standards will not be identified as a deficiency; however, a plan to fulfil the new requirements must be submitted. Minimum Quality Treatment Standards will need to be incorporated into the County's monitoring tool.

## 10.0 TECHNICAL ASSISTANCE

The County did not request any technical assistance during this fiscal review.