

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



June 9, 2021

Sent via e-mail to: trooney@countyofcolusa.com

Terence Rooney/Director Colusa County Behavioral Health 162 E Carson St. Colusa, CA 95932

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Director Rooney:

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

Colusa 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 8/9/2021. 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 (916) 713-8667 emanuel.hernandez@dhcs.ca.gov

> 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 Rooney,

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 Janet Rudnick, Audits and Investigations, Provider Compliance Unit Chief Tracie Walker, Community Services Division, Community Support Branch Chief 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 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 Jennifer McAllister, Colusa County Clinical Program Manager Jeannie Scroggins, Colusa County Quality Assurance Coordinator

COUNTY REVIEW INFORMATION

County:

Colusa

County Contact Name/Title:

Terence Rooney/Director

County Address:

162 E Carson St. Colusa, CA 95932

County Phone Number/Email:

(530) 458-0520

trooney@countyofcolusa.com

Date of Review:

02/04/2021

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 WebEx on 02/04/2021. The following individuals were present:

Representing DHCS:
 Emanuel Hernandez, Associate Governmental Program Analyst (AGPA)
 Ana Ruybal, Health Program Specialist I (HPS I)

Representing Colusa County:
 Jennifer McAllister, Clinical Program Manager
 Jeannie Scroggins, Quality Assurance Coordinator

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the Monitoring Process
- Colusa County Overview of Services

Exit Conference:

An Exit Conference was conducted via WebEx on 02/04/2021. The following individuals were present:

 Representing DHCS: Emanuel Hernandez, AGPA Ana Ruybal, HPS I

Representing Colusa County:
 Jennifer McAllister, Clinical Program Manager
 Jeannie Scroggins, Quality Assurance Coordinator

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>	Number of CD's
1.0	Administration	4
2.0	Prevention	0
3.0	Perinatal	0
4.0	Adolescent/Youth Treatment	0
5.0	Data/CalOMS	0
6.0	Program Integrity	2
7.0	Fiscal	0

CORRECTIVE ACTION PLAN (CAP)

Pursuant to the <u>SABG County Application</u>, <u>Enclosure 1</u>, <u>Part I</u>, <u>Section 3</u>, <u>B</u>, <u>5-8</u> 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 1.2.3:

SABG Application, Enclosure 2, I, 1, A, 1, f-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:
 - f. Code of Federal Regulations (CFR), Title 45, Part 75, Uniform Administration Requirements, Cost Principles, and Audit Requirements for Federal Awards.
 - g. CFR, Title 45, Part 96, Block Grants.

45 CFR 75.329(f) (1-4)

- (f) Procurement by noncompetitive proposals. Procurement by noncompetitive proposals is procurement through solicitation of a proposal from only one source and may be used only when one or more of the following circumstances apply:
 - (1) The item is available only from a single source;
 - (2) The public exigency or emergency for the requirement will not permit a delay resulting from competitive solicitation;
 - (3) The HHS awarding agency or pass-through entity expressly authorizes noncompetitive proposals in response to a written request from the non-Federal entity; or
 - (4) After solicitation of a number of sources, competition is determined inadequate.

45 CFR 75.333(b)(1)

- (b) The non-Federal entity must make available upon request, for the HHS awarding agency or passthrough entity pre-procurement review, procurement documents, such as requests for proposals or invitations for bids, or independent cost estimates, when:
 - 1) The non-Federal entity's procurement procedures or operation fails to comply with the procurement standards in this part;

Findings: The County did not demonstrate the justification of procurement of SABG service providers with noncompetitive proposals that included at least one or more of the following required elements:

- The service is available only from a single source;
- The public exigency or emergency for the requirement will not permit a delay resulting from competitive solicitation;

- The HHS awarding agency or pass-through entity expressly authorizes noncompetitive proposals in response to a written request from the non-Federal entity; and
- After solicitation of a number of sources.

CD 1.2.4:

SABG Application, Enclosure 2, I. 3, C

C. Sub-recipient Pre-Award Risk Assessment

County shall comply with the sub-recipient pre-award risk assessment requirements contained in 45 CFR 72.205 (HHS awarding agency review of risk posed by applicants). County shall review the merit and risk associated with all potential subcontractors annually prior to making an award.

County shall perform and document annual sub-recipient pre-award risk assessments for each subcontractor and retain documentation for audit purposes.

Findings: The County did not provide evidence the County completes sub-recipient pre-award risk assessments with all potential subcontractors annually prior to making an award.

CD: 1.4.1:

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

- B. Performance Requirements
- 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: 1.4.2:

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 § 96.126(e)(1-5)

- (e) The State shall require that any entity that receives funding for treatment services for intravenous drug abuse carry out activities to encourage individuals in need of such treatment to undergo such treatment. The States shall require such entities to use outreach models that are scientifically sound, or if no such models are available which are applicable to the local situation, to use an approach which reasonably can be expected to be an effective outreach method. The model shall require that outreach efforts include the following:
 - (1) Selecting, training and supervising outreach workers;
 - (2) Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2;
 - (3) Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;
 - (4) Recommend steps that can be taken to ensure that HIV transmission does not occur; and
 - (5) Encouraging entry into treatment.

Findings: The County did not make available evidence of fliers or advertisements to demonstrate Outreach events for the current fiscal year. The County did not make available evidence demonstrating Outreach strategies for targeted populations include all of the following required elements:

- Selecting, training and supervising outreach workers;
- Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2;
- Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;
- Recommend steps that can be taken to ensure that HIV transmission does not occur; and
- Encouraging entry into treatment.

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 zero (0) of five (5) SABG funded providers and submitted audits reports of these annual reviews to DHCS.

CD 6.2.4:

County Performance Contract, 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.

Findings: The County did not make available the signed training certificates for FY 2019-20 as evidence of completed training for County and sub-contracted providers. The County did not make available evidence demonstrating the Information Privacy and Security Training certificates are retained for a period of six years following the termination of the agreement.

TECHNICAL ASSISTANCE

No technical assistance was requested by the County.