

County of San Mateo
Behavioral Health and Recovery Services
Alcohol and Other Drug Services
Contracted Prevention Lead Agency Evaluation
FY 2015-2016

Contractor:	Date:
Partnership:	
AOD Analyst:	
Attendees:	

Evaluation:

Y = Yes, in Compliance

NI = Needs Improvement; it is strongly suggested that the provider implement recommended actions.

CAP = Corrective Action Plan Required; provider must submit a Corrective Action Plan no later than 30 days after this report is received to address this deficiency.

NA = Not applicable

Y	CAP	Standard
<input type="checkbox"/>	<input type="checkbox"/>	<p>In addition to the Lead Agency Evaluation, the Contractor shall provide a written update on the partnership. The update shall include:</p> <ul style="list-style-type: none"> • Work Plan progress, changes, and rationale for changes • Partnership successes, challenges, and collaborations • Any changes in partnership members/participation • An attached budget that reflects the current Work Plan

Provider Organization and Administration						
	Y	NI	CAP	NA		Standard
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 18005	Board of Directors has at least 5 members .
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 18005	BOD meets at least quarterly.
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 18000	Current list of BOD members' names/addresses.
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 18005	BOD is active with assignments/committees/subcommittees.
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 18005	Review BOD meeting minutes for the last four quarters.
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 18005	Contractor agency has Articles of Incorporation and Bylaws.
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42 CFR Part 54	If contractor is faith-based, it has a written policy stating that its faith-based services are in compliance with Charitable Choice regulations, and that clients are informed of the availability and option of selecting another provider.
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS NNA-DMC Contract	Provider has a written policy stating it will not use federal funds for sectarian worship, instruction, or proselytization. No federal funds may be used to

County of San Mateo
Behavioral Health and Recovery Services
Alcohol and Other Drug Services
Contracted Prevention Lead Agency Evaluation
FY 2015-2016

						provide direct, immediate, or substantial support to any religious activity.
Notes/Observations:						

Facility Postings and Documentation						
	Y	NI	CAP	NA		Standard
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 26020	Hours of Operation are posted. Emergency numbers and other referral numbers are posted while provider is closed.
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 12050	Emergency numbers and non-emergency numbers for local fire department, police department, and ambulance services are posted, and the number to a crisis center.
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 26015	Fire Clearance is posted
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Equal Opportunity Act notification is posted.
						Written policies and procedures:
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 23000	Nondiscrimination in providing services
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 12010	Admit/serve those with physical/mental disabilities, conforming to Americans with Disabilities Act.
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HSC Sections 11999-11999.3	Provider has a written policy that no aspect of its substance use treatment program services shall include any messaging in the responsible use, if the use is unlawful, of drugs or alcohol.
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trafficking Victims Protection Act of 2000	Provider has a written policy and protocol for complying with all federal, state and local law enforcement agencies when investigating possible trafficking of persons to ensure punishment of traffickers, and to protect their victims.
						Provider has a written policy and protocol for complying with the following control requirements:
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS DMC-NNA Contract	HSC, Division 10.5, commencing with Section 11760 (Verbiage that addresses SUD and hinders stigma)
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS DMC-NNA Contract	Government Code, Article 7, Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies, Chapter 1, Part 1, Division 2, Title 5, commencing at Section 53130 (OMB Circular-133 of Single Audit Act of \$300k or

County of San Mateo
Behavioral Health and Recovery Services
Alcohol and Other Drug Services
Contracted Prevention Lead Agency Evaluation
FY 2015-2016

						more)
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS DMC-NNA Contract	Title 42 USC, Section 300x-31 through 300x-31, 300x-34, 300x-53, 300x-57, and 330x-65 and 66 (Continuing education is provided and budgeted for staff.)
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS DMC-NNA Contract	The Single Audit Act Amendments of 1996 (title 31, USC Sections 7501-7507) and the Office of Management and Budget (OMB) Circular A-133 revised June 27, 2003 and June 26, 2007. (Fiscal and Administrative Requirements: P&P to look for: - Audit requirements referencing OMB Circular - 133 of Single Audit Act of \$300k or more, - Auditing Controls and fiscal procedures, including restrictions of the expenditure of SAPT funds)
Notes/Observations:						

Personnel Policies and Records						
	Y	NI	CAP	NA		Standard
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Files maintained for all employees and include the following:
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Application and Resume
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Confirmation Letter
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10564	Date hired
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Pay Rate
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Job description
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Employee Evaluation (annual)
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10125	Last TB test date/result
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19015	Health Screening or Questionnaire
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10572(b)	CPR/First Aid training where applicable
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 10010	Signed Code of Conduct
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Provider has a written personal policies/procedure manual and or handbook, which is kept current and made available to all staff/volunteers.
						The policies/procedure manual and or handbook

County of San Mateo
Behavioral Health and Recovery Services
Alcohol and Other Drug Services
Contracted Prevention Lead Agency Evaluation
FY 2015-2016

						includes at least the following:
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Work Hours (overtime/compensatory time)
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Scheduled time off/leave (vacation/sick/holiday)
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Benefits (health/worker's compensation/unemployment)
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Hiring practices
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Discipline procedures
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Discharge procedures
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Promotion procedures
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Employee grievance procedure
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Equal Employment Opportunity policy
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Nondiscrimination policy
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Training and Development policy
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Salary schedules and merit adjustments
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19010	Code of conduct, including: use of alcohol and other drugs on and off the premises; personal relationships with participants; prohibition of sexual contact with participants; sexual harassment; unlawful discrimination; conflict of interest; and confidentiality.
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19020	Training and Development plan is updated annually, and includes seminars or workshops to discuss new developments in the field. Professional journals and other publications are available to staff. All training events are documented.
47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10564	Job descriptions for all staff positions clearly define minimum qualifications, including level of education/work experience required.
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	San Mateo County BHRS Agreement, Exhibit A, III, I	Program maintains a log to track the eligibility status of employees, interns and volunteers prior to hiring and on an annual basis thereafter. Eligibility status is checked with the Office of Inspector General

County of San Mateo
Behavioral Health and Recovery Services
Alcohol and Other Drug Services
Contracted Prevention Lead Agency Evaluation
FY 2015-2016

						www.Exclusions.OIG.HHS.Gov. and with the Department of Health Care Services http://files.medical.ca.gov/pubsdoco/faq.asp Verification of this ineligible screening process is due on January 2nd of each contract year.
49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	San Mateo County BHRS Agreement, Attachment E	Program fingerprints each of its employees, volunteers, consultants, agents, and any other persons who have supervisory or disciplinary power over a child to determine whether or not they have a criminal history which would compromise the safety of children. Fingerprint information received from the DOJ is retained or disposed of pursuant to DOJ directive.
Notes/Observations:						

Fiscal Practices						
	Y	NI	CAP	NA		Standard
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	Provider has written policies and procedures that govern their fiscal management system, such as: Who holds purchasing authority, who handles accounts receivable, cash, billings and cost allocation.
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	Provider has a written procedure for assessing and assuring the integrity of the financial books of record at least once every three years.
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	Provider has a uniform, consistent and reasonable procedure for determining costs of services provided.
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	Provider has a reporting mechanism that indicates the relation of the budget to actual income and expenses to date.
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	Provider has an accounting system based on accepted accounting principles.
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	Provider prepares a projection of revenues and expenditures (a line-item budget) for each fiscal year that correlates with quarterly and annual written operation reports and is approved by the BOD.
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	Provider has liability insurance or is bonded.
57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 45 CFR, Part 92, Section 92.3	Provider tracks the obligations and expenditures of SAPT BG funds, including but not those limited to those spent on primary prevention, services to pregnant women and women with dependent children, and HIV early intervention services.

County of San Mateo
Behavioral Health and Recovery Services
Alcohol and Other Drug Services
Contracted Prevention Lead Agency Evaluation
FY 2015-2016

58	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 45 CFR, Section 96.135	Provider has a fiscal policy to ensure compliance with SAPT BG Restrictions on Expenditures guidelines.
59	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HSC Sections 11999-11999.3	Provider has a written policy stating it will not use any SAPT BG funds to carry out any programs distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS DMC-NNA Contract	Provider has a written policy stating that no part of any federal funds shall be used to pay the salary and wages of an individual at a rate in excess of Level I of the Executive Schedule. (Schedule can be found at http://www.opm.gov/oca)
Notes/Observations:						

Data Integrity, Accuracy and Timeliness						
	Y	NI	CAP	NA		Standard
61	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS NNA-DMC Contract	Provider and subcontractors report services/activities in CalOMS Pv on an ongoing basis each month. Data is submitted for each month no later than the 10 th day of the following month.
62	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS NNA-DMC Contract	Provider and subcontractors comply with the CalOMS Pv Data Quality Standards (Document #1T) when entering data into CalOMS Pv.
63	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS NNA-DMC Contract	Provider and subcontractor staff entering data have completed the web-based CalOMS Pv training modules.
Notes/Observations:						

Clinical Policies and Procedures						
	Y	NI	CAP	NA		Standard
64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	San Mateo County BHRS Agreement, Exhibit A. III.C.2	The Program has provided a written narrative on their current status of compliance with the Standard of Care Policy.
65	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	San Mateo County BHRS Agreement, Exhibit A.III.C.3.a	The Program has staff dedicated to attending the Change Agents meetings to maintain and enhance the program's COD capability.
66	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	San Mateo County BHRS Agreement, Exhibit A.III.C.4.b	Provider has an established Quality Improvement Committee that is comprised of staff throughout all levels of the Agency.
67	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	San Mateo County BHRS Agreement, Exhibit A, III.C.4.d	Provider has a written Quality Improvement Plan that is updated annually, with written quarterly reports documenting progress.
68	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	San Mateo County BHRS Agreement, Exhibit A, III.C.5	Provider solicits feedback from service recipients on an annual basis, through focus groups, client

County of San Mateo
 Behavioral Health and Recovery Services
 Alcohol and Other Drug Services
 Contracted Prevention Lead Agency Evaluation
 FY 2015-2016

						satisfaction surveys, or other mechanisms. The feedback is incorporated into the Quality Improvement plan.
69	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	San Mateo County BHRS Agreement, Exhibit A, III, G.2	Program has at least one staff dedicated to attend the Cultural Competence Council and the program is actively participating in at least one cultural competence effort within BHRS.
Notes/Observations:						

Analyst Signature:	Date:
Supervisor Signature:	Date:

County of San Mateo
Behavioral Health and Recovery Services
Alcohol and Other Drug Services
Contracted Prevention Lead Agency Evaluation
FY 2015-2016

Receipt of Notification from Contractor

Contractor Name: _____

BHRS Analyst: _____

Date of Agency Site Visit: _____

Please select one of the following:

1. _____ Contractor has received the SMC BHRS-AOD Contracted Prevention Lead Agency Evaluation. We concur with SMC BHRS-AOD that no further action is required/necessary.
2. _____ Contractor has received SMC BHRS-AOD Contracted Prevention Lead Agency Evaluation. Corrective Action Plan is attached.

Contractor has the right to submit a rebuttal or written response if in disagreement with any deficiencies or noted non-compliant items in the report. However, a Corrective Action Plan is due by _____ regardless of any disagreement.

Signature of Contractor Staff completing form

Date