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Table 1
Recommendation Status Summary

Assembly Budget Subcommittee 1 on Health and Human Services

Report Number 2018-114

Disabled Veteran Business Enterprise Program: The Departments of General Services and Veterans Affairs Have Failed to Maximize Participation and to Accurately Measure Program Success (February 2019)

| RECOMMENDATION | ENTITY | STATUS OF RECOMMENDATION |
|---|-----------------------------|--------------------------|
| 27. To ensure that Disabled Veteran Business Enterprise (DVBE) participation data are reported accurately and consistently, the California Department of Public Health (CDPH) should implement or strengthen a review process to ensure that DVBE participation amounts entered into its data systems or the Financial Information System for California are accurate. This review process should include verification, on a sample basis, of the amounts awarded to, and the certification status of, the DVBE contractor or subcontractor for high-value contracts that include DVBE participation. | Department of Public Health | Fully Implemented |

Report Number 2018-111

Department of Health Care Services: Millions of Children in Medi-Cal Are Not Receiving Preventive Health Services (March 2019)

| RECOMMENDATION | ENTITY | STATUS OF RECOMMENDATION |
|---|------------------------------------|--------------------------|
| 1. To improve children's access to preventive health services, the Legislature should amend state law to direct the Department of Health Care Services (DHCS) to modify its criteria for evaluating managed care health plans' (health plans) alternative access standards requests to include not only whether health plan's efforts were reasonable but also whether the resulting times and distances are reasonable to expect a Medi-Cal beneficiary to travel. | Legislature | Legislation Enacted |
| 2. To improve children's access to preventive health services, the Legislature should amend state law to require any health plan unable to meet the criteria for time and distance access standards to allow its affected members to obtain services outside of the health plan's network. | Legislature | No Action Taken |
| 3. To improve children's access to preventive health services, the Legislature should amend state law to direct DHCS to require health plans to inform members allowed to obtain services outside of the health plan's network that they may do so. | Legislature | No Action Taken |
| 4. To improve children's access to preventive health services, the Legislature should amend state law to require health plans unable to meet the criteria for time and distance access standards to assist members in locating a suitable out-of-network provider. | Legislature | No Action Taken |
| 5. To improve the health of California's children, the Legislature should direct DHCS to implement financial incentives, such as a pay-for-performance program, designed to help ensure that health plans are more consistently providing preventive services to children in Medi-Cal. To the extent DHCS can demonstrate that additional funding is necessary to operate such a program, the Legislature should increase funding specifically for that purpose. | Legislature | No Action Taken |
| 6. To increase access to preventive health services for children in areas where they are needed most, DHCS should identify by September 2019 where more providers who see children are needed and propose to the Legislature funding increases to recruit more providers in these areas. | Department of Health Care Services | Will Not Implement |

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| 7. To ensure that children in Medi-Cal have access to all of the preventive services for which they are eligible, DHCS should modify by May 2019 its contracts to make it clear to health plans and providers that they are required to provide services according to Bright Futures. | Department of Health Care Services | Partially Implemented |
| 8. To ensure that eligible children and their families know about all the preventive services they are entitled to through Medi-Cal, DHCS should include by May 2019 clearer and more comprehensive information about those services in its written materials and by September 2019 ensure annual follow-up with any children and their families who have not used those services. | Department of Health Care Services | Pending |
| 9. To improve access and utilization rates, DHCS should establish by March 2020 performance measures that cover Bright Futures services through well-child visits for all age groups, and require health plans to track and report the utilization rates on those measures. | Department of Health Care Services | Pending |
| 10. To ensure that health plans and providers are adequately delivering children's preventive services, DHCS should implement by September 2019 audit procedures through its annual medical audits that address the delivery of EPSDT services to all eligible children for all health plans annually. | Department of Health Care Services | Fully Implemented |
| 11. To ensure that health plans address underutilization of children's preventive services, DHCS should require health plans by September 2019 to use their utilization management programs to identify barriers to usage specifically for these services and hold the health plans accountable to address the barriers they identify. | Department of Health Care Services | Pending |
| 12. To better ensure the accuracy of its data and ensure that California receives all available federal Medicaid funding, DHCS should require its external quality review organization (EQRO) to perform its encounter data validation studies annually using the most recent set of data available, and it should implement recommendations from its EQRO studies. | Department of Health Care Services | Pending |
| 13. To ensure that health plan provider directories are accurate, by September 2019 DHCS should begin using a 95 percent confidence level and not more than a 10 percent margin of error on its statistical sampling tool and should require at least 95 percent accuracy before approving a health plan's provider directory. In addition, DHCS should ensure that its staff adhere to its policy to retain all documentation related to its review of provider directories for at least three years. | Department of Health Care Services | Pending |
| 14. To mitigate health disparities for children of differing ethnic backgrounds and language needs, DHCS should revise by September 2019 the methodology for its EQRO's health disparity study to enable it to better make demographic comparisons, and it should use the findings to drive targeted interventions within health plan service areas. It should publish this study annually. | Department of Health Care Services | Pending |
| 15. To ensure that health plans are effectively mitigating child health disparities in their service area, DHCS should implement by September 2019 a policy to require the health plans to take action on the most significant findings cited in their group needs assessment reports, and to regularly follow up with the health plans to ensure they have addressed the findings. | Department of Health Care Services | Fully Implemented |
| 16. To help increase utilization rates, DHCS should begin by September 2019 to monitor and identify effective incentive programs at the health plan level and share the results with all health plans. | Department of Health Care Services | Pending |
| 17. To improve the usefulness of its Plan-Do-Study-Act process, DHCS should implement by September 2019 a process to share the results of successful strategies with all health plans and require health plans to share these results with providers who could benefit from them. | Department of Health Care Services | Fully Implemented |
| 18. To improve its ability to ensure that children are receiving recommended preventive health services, DHCS should create by September 2019 an action plan to annually address the EQRO's recommendations relating to children's preventive services, including recommendations left unaddressed from the previous two years' reports. | Department of Health Care Services | No Action Taken |
| 19. To maximize the benefits of the studies it commissions from its EQRO, DHCS should ensure that by September 2019 the EQRO's annual reports include an assessment of the actions health plans have taken to address the EQRO's prior-year recommendations. | Department of Health Care Services | Fully Implemented |

Report Number 2018-115

Department of Health Care Services: Although Its Oversight of Managed Care Health Plans Is Generally Sufficient, It Needs to Ensure That Their Administrative Expenses Are Reasonable and Necessary (April 2019)

| RECOMMENDATION | ENTITY | STATUS OF RECOMMENDATION |
|--|------------------------------------|--------------------------|
| 1. To help identify successful improvement projects, by September 2019 DHCS should require health plans to annually report the results of those projects they plan to continue or expand to other locations. | Department of Health Care Services | Fully Implemented |
| 2. Using the annual reports of successful improvement projects health plans plan to continue or expand to other locations, by December 2019 DHCS should compile a list of successful improvement projects to share with other health plans on a periodic basis, but at least annually. | Department of Health Care Services | Fully Implemented |
| 3. To ensure that DHCS consistently identifies health plans that do not have required processes to detect and prevent fraud, it should immediately reevaluate its audit program for medical audits and revise it as necessary to ensure that staff follow the audit procedures regarding fraud and abuse programs. | Department of Health Care Services | Fully Implemented |
| 4. By September 2019, and periodically thereafter, DHCS should conduct another risk assessment and ensure that it includes a comprehensive evaluation of which contract areas—including conflicts of interest—it should focus on in its annual medical audits. | Department of Health Care Services | Pending |
| 5. Going forward, DHCS should conduct a comprehensive risk assessment and ensure that it reviews health plans' conflict-of-interest controls at least once every three years. | Department of Health Care Services | Pending |
| 6. DHCS should develop and issue an All-Plan letter or other binding guidance by March 2020 to the health plans that specifically defines what constitutes reasonable and necessary administrative expenses. | Department of Health Care Services | Pending |
| 7. DHCS should provide guidance to health plans on what is a reasonable bonus program. In doing so, DHCS should perform the necessary oversight to ensure health plans comply with this direction. | Department of Health Care Services | Will Not Implement |

Report Number I2019-2

Investigations of Improper Activities by State Agencies and Employees: Inefficient Management of State Resources, Misuse of State Time and Inaccurate Attendance Records, and Inadequate Supervision (April 2019)

| RECOMMENDATION | ENTITY | STATUS OF RECOMMENDATION |
|---|-------------------------------|--------------------------|
| 27. The California Department of Social Services (DSS) should require that the supervisor retake supervisory training regarding managing employee performance and the importance of following the State's progressive discipline process. | Department of Social Services | Fully Implemented |
| 28. Within the guidelines of the relevant bargaining unit agreement, DSS should place appropriate documentation in the office technician's personnel or supervisory file to demonstrate that he failed to complete his work and wasted state time in the event that he returns to his job at DSS. | Department of Social Services | Fully Implemented |

Report Number I2019-3

Investigations of Improper Activities by State Agencies and Employees: Wasteful and Improper Travel Payments, Improper Promotion and Hiring Practices, and Misuse of State Resources (May 2019)

| RECOMMENDATION | ENTITY | STATUS OF RECOMMENDATION |
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| 9. The Department of State Hospitals (State Hospitals) should thoroughly and appropriately evaluate the administrator's position and duties to determine the headquarters location that will best meet State Hospitals' business needs. It should also ensure that a valid telecommute agreement is on file. | Department of State Hospitals | Fully Implemented |

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| 10. State Hospitals should provide training to hiring managers and human resources staff to ensure that they follow proper procedures for determining work location assignments and for clearly indicating those locations in recruiting and job announcements. | Department of State Hospitals | Fully Implemented |
| 11. State Hospitals should provide training to travel unit staff responsible for auditing travel expense claims to recognize travel patterns that may indicate improper and excessive travel expense claims. | Department of State Hospitals | Fully Implemented |
| 12. State Hospitals should provide detailed and comprehensive instructions to managers, supervisors, and employees to ensure that they adhere to State Hospitals' telecommute policy requirements and limitations. | Department of State Hospitals | Fully Implemented |

Report Number 2018-126

Los Angeles County Department of Children and Family Services: It Has Not Adequately Ensured the Health and Safety of All Children in Its Care (May 2019)

| RECOMMENDATION | ENTITY | STATUS OF RECOMMENDATION |
|---|---|--------------------------|
| 1. To ensure that it protects children by completing investigations, assessments, home inspections, and background checks in a timely manner, by November 2019 the Los Angeles Department of Children and Family Services (department) should require staff and supervisors to utilize tracking reports and email alerts to identify investigations and Structured Decision Making (SDM) assessments not completed on time. | Los Angeles County Department of Children and Family Services | Fully Implemented |
| 2. To ensure that it protects children by completing investigations, assessments, home inspections, and background checks in a timely manner, by November 2019 the department should establish thresholds for the number of days that will trigger follow-up from the department's various levels of management. | Los Angeles County Department of Children and Family Services | Fully Implemented |
| 3. To ensure that it protects children by completing investigations, assessments, home inspections, and background checks in a timely manner, by November 2019 the department should implement a tracking mechanism to monitor and follow-up on uncompleted or undocumented initial home inspections and background checks. | Los Angeles County Department of Children and Family Services | Fully Implemented |
| 4. To ensure that it protects children by completing investigations, assessments, home inspections, and background checks in a timely manner, by November 2019 the department should implement a tracking mechanism to monitor live scan criminal record checks. | Los Angeles County Department of Children and Family Services | Fully Implemented |
| 5. To ensure that it protects children by completing investigations, assessments, home inspections, and background checks in a timely manner, by November 2019 the department should conduct annual reviews of community organizations that perform home environment assessments to ensure that they complete these assessments on schedule. | Los Angeles County Department of Children and Family Services | Fully Implemented |
| 6. To ensure that its staff appropriately use SDM assessments to identify safety threats and risks, the department should incorporate SDM instructions into its policies and procedures by July 2019 and provide mandatory annual SDM training for applicable staff, supervisors, and other members of management by May 2020. | Los Angeles County Department of Children and Family Services | Partially Implemented |
| 7. To ensure that supervisors review investigations, assessments, and other documentation on time, the department should, by November 2019, specify time frames by which each type of document should be reviewed. In doing so, the department should acknowledge the particular urgency of reviewing safety assessments and related safety plans, which are key to determining whether to leave a child in the home. | Los Angeles County Department of Children and Family Services | Fully Implemented |
| 8. To improve the accuracy of its assessments, the department should require supervisors to regularly review and evaluate assessments against available evidence and observations. It should implement this process by July 2019. | Los Angeles County Department of Children and Family Services | Fully Implemented |
| 9. To improve the quality of supervisors' reviews and to allow it to hold supervisors accountable, the department should, by May 2020, reduce the number of social workers assigned to each supervisor to at least the ratio specified in its union contract. | Los Angeles County Department of Children and Family Services | No Action Taken |

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| 10. To strengthen and improve its quality control processes, by November 2019 the department should follow through on its plan to create a quality improvement division and increase the number of cases it regularly reviews. | Los Angeles County Department of Children and Family Services | Fully Implemented |
| 11. To strengthen and improve its quality control processes, by November 2019 the department should enhance the focus of its case reviews to not only include a review of particular case outcomes, but to also determine whether critical assessments are accurate and thorough. | Los Angeles County Department of Children and Family Services | Fully Implemented |
| 12. To strengthen and improve its quality control processes, by November 2019 the department should broaden its case reviews to include an evaluation of the quality of supervisor reviews. | Los Angeles County Department of Children and Family Services | Partially Implemented |
| 13. To strengthen and improve its quality control processes, by November 2019 the department should establish a mechanism to identify and address case management problems that are prevalent and persistent among social workers, supervisors and regional offices. | Los Angeles County Department of Children and Family Services | Fully Implemented |
| 14. To strengthen and improve its quality control processes, by November 2019 the department should implement a tracking system to monitor the implementation and results of recommendations resulting from child-death reviews. | Los Angeles County Department of Children and Family Services | Fully Implemented |

Report Number 2018-122

Department of Health Care Services: It Has Not Ensured That Medi-Cal Beneficiaries in Some Rural Counties Have Reasonable Access to Care (August 2019)

| RECOMMENDATION | ENTITY | STATUS OF RECOMMENDATION |
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| 1. To ensure that beneficiaries in Regional Model counties have adequate access to care, DHCS should identify by August 2020 the locations requiring additional providers and the types of providers required. It should also develop strategies for recruiting and retaining providers in those locations. If it requires additional funding to complete this assessment or to implement actions to address its findings, DHCS should determine the amounts it needs and request that funding from the Legislature. | Department of Health Care Services | Will Not Implement |
| 2. To obtain assurance that health plans throughout the State exhaust all of their reasonable options to meet the access requirements before requesting alternative access standards, DHCS should immediately develop written guidance that specifies the conditions under which staff should approve, deny, or contact health plans for clarification regarding their alternative access standard requests. | Department of Health Care Services | Fully Implemented |
| 3. To obtain assurance that health plans throughout the State exhaust all of their reasonable options to meet the access requirements before requesting alternative access standards, DHCS should immediately determine a specific minimum number of providers that health plans must attempt to contract with before requesting an alternative access standard. | Department of Health Care Services | Fully Implemented |
| 4. To obtain assurance that health plans throughout the State exhaust all of their reasonable options to meet the access requirements before requesting alternative access standards, DHCS should immediately require health plans to report on their attempts to contract with providers when submitting their alternative access standard requests, including providing evidence of their efforts, such as the contact information for each provider with which they have attempted to contract. | Department of Health Care Services | Fully Implemented |
| 5. To obtain assurance that health plans throughout the State exhaust all of their reasonable options to meet the access requirements before requesting alternative access standards, DHCS should immediately establish a process for periodically verifying the health plans' efforts, such as contacting a sample of the listed providers and determining whether the plans attempted to contract with them. | Department of Health Care Services | Fully Implemented |

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| 6. To obtain assurance that health plans throughout the State exhaust all of their reasonable options to meet the access requirements before requesting alternative access standards, DHCS should immediately require health plans to authorize out-of-network care if they do not demonstrate they have exhausted all of their reasonable options to meet the access requirements, unless the health plans can demonstrate that closer providers are demanding unreasonably high rates or have documented deficiencies in quality of care. | Department of Health Care Services | Resolved |
| 7. To ensure that it promptly and sufficiently notifies counties and other stakeholders about health plans' quality of care deficiencies, DHCS should immediately post its medical audit reports to its website within one month after it issues the reports to the health plans. | Department of Health Care Services | Fully Implemented |
| 8. To ensure that it promptly and sufficiently notifies counties and other stakeholders about health plans' quality of care deficiencies, DHCS should immediately include information about its recently published medical audit reports and other monitoring efforts in its communication with counties and other stakeholders on its mailing list. | Department of Health Care Services | Fully Implemented |
| 9. To ensure that it promptly and sufficiently notifies counties and other stakeholders about health plans' quality of care deficiencies, DHCS should immediately ensure that relevant county officials are included on its mailing list. | Department of Health Care Services | Fully Implemented |
| 10. To ensure that all counties are aware of the managed care model options available to them and of the steps necessary to implement those models, DHCS should provide by December 2019 information to all counties that clearly defines each managed care model and the steps and legal requirements needed to establish each model. | Department of Health Care Services | Partially Implemented |
| 11. To ensure that it makes informed decisions regarding the extension or renewal of its contracts with managed care health plans, DHCS should immediately begin the practice of requesting annual feedback from the counties that the health plans serve and of using that feedback in its decision-making process. | Department of Health Care Services | Pending |
| 12. To ensure that beneficiaries in the Regional Model counties have reasonable access to care, DHCS should determine by June 2020 the specific causes of Anthem's and Health & Wellness's inability to provide reasonable access to care in the Regional Model counties. | Department of Health Care Services | Fully Implemented |
| 13. To ensure that beneficiaries in the Regional Model counties have reasonable access to care, DHCS should evaluate by June 2020 whether the structural characteristics of a county organized health system (COHS) Model would be better suited to providing reasonable access to care in the Regional Model counties and notify the counties whether a COHS would improve beneficiaries' access to care. If some or all of these counties desire to transition to a COHS, DHCS should assist them in making that change after their current contracts expire. | Department of Health Care Services | Will Not Implement |
| 14. To ensure that beneficiaries in the Regional Model counties have reasonable access to care, DHCS should evaluate by June 2020 whether it has the financial resources to provide assistance to counties interested in establishing a COHS or other managed care model after the current Regional Model contracts expire. If DHCS does not have the required financial resources, it should seek an appropriate amount of funding from the Legislature. | Department of Health Care Services | Will Not Implement |
| 15. To ensure that beneficiaries in the Regional Model counties have reasonable access to care, DHCS should provide these counties by June 2020 with reasonable opportunities to decide whether to change their managed care models after the expiration of the Regional Model health plan contracts. DHCS should provide counties that choose to do so sufficient time to establish their new models. DHCS should also include language in its 2020 request for proposal (RFP) to allow Regional Model counties that can demonstrate their ability to implement a COHS Model in their county by 2023 to opt out of the RFP process. | Department of Health Care Services | Will Not Implement |

Report Number 2018-124

Gold Coast Health Plan: Its Reimbursements to Pharmacies Are Reasonable, but Its Pharmacy Benefits Manager Did Not Always Process Claims Correctly (August 2019)

| RECOMMENDATION | ENTITY | STATUS OF RECOMMENDATION |
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| 1. To ensure that the public clearly understands the Ventura County Medi-Cal Managed Care Commission's (commission) decisions, the commission should report its reasoning for awarding contracts with adequate detail or the legal basis, if any, for choosing not to do so. | Gold Coast Health Plan | Fully Implemented |
| 2. To ensure that it addresses any significant performance issues by its contractors in a timely manner, Gold Coast Health Plan (Gold Coast) should establish a process to immediately require contractors to take necessary corrective action to resolve such issues and ensure that they do not recur. This process should include deadlines for implementing the corrective action and the steps Gold Coast must take to ensure that the contractor has implemented the action as directed. | Gold Coast Health Plan | Fully Implemented |

Report Number 2019-105

Childhood Lead Levels: Millions of Children in Medi-Cal Have Not Received Required Testing for Lead Poisoning (January 2020)

| RECOMMENDATION | ENTITY | STATUS OF RECOMMENDATION |
|---|------------------------------------|--------------------------------------|
| 1. Because of the severe and potentially permanent damage that lead poisoning can cause in children, DHCS should ensure that all children in Medi-Cal receive lead tests by finalizing, by December 2020, its performance standard for lead testing of one- and two-year-olds. DHCS should use its existing data to assess the progress of managed care plans in meeting that performance standard and impose sanctions or provide incentive payments as appropriate to improve performance. | Department of Health Care Services | Pending |
| 2. To ensure that families know about the lead testing services that their children are entitled to receive, DHCS should send a reminder to get a lead test for children who missed required tests. It should send this reminder in the required annual notification it is developing to send to families of children who have not used preventive services over the course of a year. | Department of Health Care Services | Partially Implemented |
| 3. To increase California's lead testing rates and improve lead test reporting, DHCS should, by no later than June 2020, incorporate into its contracts with health plans a requirement for the health plans to identify each month all children with no record of receiving a required test and remind the responsible health care providers of the requirement to test the children. DHCS should also develop and implement a procedure to hold health plans accountable for meeting this requirement. | Department of Health Care Services | Pending |
| 4. To provide sufficient information to homebuyers and renters, the Legislature should require CDPH, by December 2021, to provide an online lead information registry that allows the public to determine the lead inspection and abatement status for properties. To accomplish this task, CDPH should use the information it already maintains only to the extent that it can ensure that it does not make personally identifying information, including medical information, public. | Legislature | Legislation Proposed But Not Enacted |
| 5. To identify the highest priority areas for using resources to alleviate lead exposure among children, CDPH should immediately complete and publicize an analysis of high-risk areas throughout the State. | Department of Public Health | Partially Implemented |
| 6. To ensure that local childhood lead poisoning prevention programs' (local prevention programs) outreach results in a reduced number of children with lead poisoning, CDPH should, by December 2020, require local prevention programs to demonstrate the effectiveness of their outreach in meeting this goal. If the local prevention programs are unable to demonstrate the effectiveness of their outreach in reducing the number of children with lead poisoning, CDPH should analyze the cost-effectiveness of other approaches, including proactive abatement, and require the local prevention programs to replace or augment outreach to the extent resources allow. | Department of Public Health | No Action Taken |

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| 7. To offset the cost of mitigating lead exposure in the highest-risk areas of the State, CDPH should seek out and apply for additional lead prevention funding as funding opportunities become available from the federal Centers for Disease Control and Prevention, the U.S. Department of Housing and Urban Development, and the federal Centers for Medicare & Medicaid Services. To the extent necessary, CDPH should enter into a memorandum of understanding with DHCS to apply for and obtain this funding. | Department of Public Health | Partially Implemented |
| 8. To better hold local prevention programs accountable for performing required activities, CDPH should, by June 2020, conduct direct oversight through site visits for each of the local prevention programs, and it should ensure that it continues to do so at least once per contract cycle. In addition, CDPH should use the local prevention programs' biannual progress reports to assess local prevention programs' performance and provide feedback on their strengths and shortcomings. | Department of Public Health | Pending |
| 9. To support CDPH's efforts to efficiently monitor lead test results, the Legislature should amend state law to require that laboratories report Medi-Cal identification numbers or equivalent identification numbers with all lead test results. | Legislature | Legislation Proposed But Not Enacted |
| 10. To ensure that CDPH can contact the families of children with lead poisoning and has alternative information to match lead tests to the children's records that do not have unique identification numbers, the Legislature should amend state law to require laboratories to report phone numbers and addresses with all lead test results. | Legislature | Legislation Proposed But Not Enacted |
| 11. To better ensure that children with lead poisoning are identified and treated, CDPH should prioritize meeting legislative requirements related to these issues, including doing the following by March 2020: Finish developing the lead risk evaluation regulations and include in them multiple risk factors, such as those used in lead risk evaluation questionnaires in other states. It should also commence the formal rulemaking process. | Department of Public Health | No Action Taken |
| 12. To better ensure that children with lead poisoning are identified and treated, CDPH should prioritize meeting legislative requirements related to these issues, including doing the following by March 2020: Provide guidance to health care providers about the risks of childhood lead exposure and statutory requirements related to lead testing. | Department of Public Health | Fully Implemented |
| 13. To ensure a more equitable distribution of resources for treating children with lead poisoning, CDPH should, by June 2020, update its methodology for allocating funds to local prevention programs, including accounting for the most recent annual count of children with lead poisoning in each jurisdiction. CDPH should revise the allocations before each contract cycle. | Department of Public Health | Partially Implemented |

Report Number I2020-1

Investigation of Improper Activities by State Agencies and Employees: Waste of State Funds, Misuse of Bereavement Leave, Misuse of State Resources, Dishonesty, and Supervisory Neglect of Duty (April 2020)

| RECOMMENDATION | ENTITY | STATUS OF RECOMMENDATION |
|--|-------------------------------|--------------------------|
| 15. DSS should recoup or correct all overpayments made to the employee we determined to have taken inappropriate bereavement leave. | Department of Social Services | Fully Implemented |
| 20. DSS should notify all employees of bereavement leave requirements and where they can find additional information specific to bereavement leave. | Department of Social Services | Fully Implemented |
| 25. DSS should remind supervisors of their responsibilities to ensure that employees charge leave properly, including bereavement leave, and to not allow employees to exceed the allowable limits that the bargaining agreements and state law provide. | Department of Social Services | Fully Implemented |
| 37. Within 60 days, State Hospitals should take appropriate corrective or disciplinary action against the technician for improperly reporting hours worked. | Department of State Hospitals | Fully Implemented |
| 38. State Hospitals should recover overpayments made to the technician or adjust the technician's leave balances to account for the missed work time. | Department of State Hospitals | Fully Implemented |
| 39. State Hospitals should ensure that supervisory staff are present at the beginning and end of the employee's work shifts to ensure proper time reporting. | Department of State Hospitals | Resolved |
| 40. CDPH should take appropriate corrective or disciplinary actions against employees A and B for their misuse of state time and for their dishonesty during the investigation. | Department of Public Health | Partially Implemented |

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| 41. CDPH should determine the amount of time employees A and B can be charged to account for their missed work hours, reduce their leave balances accordingly, and, if applicable, seek to recover from them any wages paid to them for time they did not work. | Department of Public Health | Partially Implemented |
| 42. CDPH should take appropriate corrective or disciplinary actions against the employees' supervisor for failing to verify that his subordinates accurately reported their attendance. | Department of Public Health | Fully Implemented |
| 43. CDPH should require that these employees, along with any other employees who may be using the outdated version, fill out the most updated version of the State's standard monthly timesheet. | Department of Public Health | Fully Implemented |
| 51. DSS should determine whether corrective action is appropriate for the manager in the human resource services branch who was aware of the salary overpayment yet failed to promptly initiate action to recover the funds. | Department of Social Services | Resolved |
| 52. DSS should ensure that procedures are in place to monitor employees' use of bereavement leave so that all such claims comply with state law or union bargaining agreements. | Department of Social Services | Fully Implemented |

Report Number 2019-119

Lanterman-Petris-Short Act: California Has Not Ensured That Individuals With Serious Mental Illnesses Receive Adequate Ongoing Care(July 2020)

| RECOMMENDATION | ENTITY | STATUS OF RECOMMENDATION |
|--|--|--------------------------|
| 1. To ensure that counties are able to access important data about individuals whom they place on involuntary holds under the Lanterman Petris Short Act (LPS Act), the Legislature should amend state law to do the following: <ul style="list-style-type: none"> Require the California Department of Justice (DOJ) to make the information that mental health facilities report to it about involuntary holds available to DHCS on an ongoing basis. Require treatment facilities to report to DHCS all short-term holds that result from the grave disability criterion. Direct DHCS to obtain daily the mental health facility information from DOJ and make that information, as well as the information that facilities report directly to it, available to county mental health departments for county residents, and for a limited time for nonresidents on an involuntary hold within the county. | Legislature | No Action Taken |
| 2. To ensure that it is informed about the costs of providing adequate care to individuals treated through the LPS Act, the Legislature should require State Hospitals to report by no later than April 2021 about the cost of expanding its facilities' capacities to reduce and stabilize the LPS waitlist. The report should include a range of options including, but not limited to, reducing the LPS waitlist to limit wait times to within 60 days. | Legislature | No Action Taken |
| 3. To protect the privacy of individuals who are the subject of conservatorship proceedings, the Legislature should amend state law to explicitly prohibit these proceedings from being open to the public unless the subjects of the proceedings direct otherwise. | Legislature | No Action Taken |
| 4. To evaluate and address shortages in the capacity of its treatment facilities, San Francisco Department of Public Health (San Francisco) should, by August 2021, conduct an assessment that determines the number and type of treatment beds that it needs to provide adequate care for individuals who require involuntary treatment. Once the county completes the assessment, it should adopt plans to develop the needed capacity. | San Francisco Department of Public Health | Partially Implemented |
| 5. To evaluate and address shortages in the capacity of its treatment facilities, Shasta County Health and Human Services Agency (Shasta) should, by August 2021, conduct an assessment that determines the number and type of treatment beds that it needs to provide adequate care for individuals who require involuntary treatment. Once the county completes the assessment, it should adopt plans to develop the needed capacity. | Shasta County Health and Human Services Agency | Pending |

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| 6. To ensure that it connects patients who have been placed on multiple short-term holds to appropriate ongoing treatment, Los Angeles County Department of Mental Health (Los Angeles) should, by no later than August 2021, adopt a systematic approach to identifying such individuals, obtaining available mental health history information about these individuals, and connecting these individuals to services that support their ongoing mental health. | Los Angeles County Department of Mental Health | Pending |
| 7. To ensure that it connects patients who have been placed on multiple short-term holds to appropriate ongoing treatment, San Francisco should, by no later than August 2021, adopt a systematic approach to identifying such individuals, obtaining available mental health history information about these individuals, and connecting these individuals to services that support their ongoing mental health. | San Francisco Department of Public Health | Pending |
| 8. To ensure that conservatorships do not terminate because of the absence of testimony from doctors, Los Angeles should immediately implement a comprehensive solution to this problem, such as using its own staff as expert witnesses when individuals' treating physicians are unable to testify. In addition, by no later than August 2021, it should develop a revised approach to scheduling conservatorship hearings and trials so that it significantly reduces the rate at which doctors' failures to testify result in terminated conservatorships. | Los Angeles County Department of Mental Health | Pending |
| 9. To allow counties to provide effective treatment to individuals in the least restrictive setting, the Legislature should amend the criteria for assisted outpatient treatment programs to do the following: <ul style="list-style-type: none"> • Allow individuals who are exiting or have recently exited conservatorships to be eligible for those programs. • Provide express authority to include medication requirements in court-ordered outpatient treatment plans so long as the medication is self-administered. • Include progressive measures to encourage compliance with assisted outpatient treatment plans, such as additional visits with medical professionals and more frequent appearances before the court. | Legislature | No Action Taken |
| 10. The Legislature should amend state law to require counties to adopt assisted outpatient treatment programs. However, to ensure the counties' ability to effectively implement such programs, the amended law should allow counties to opt out of adopting assisted outpatient treatment programs by seeking a time-limited waiver from DHCS. The Legislature should require a county seeking a waiver to specify what barriers exist to adopting an assisted outpatient treatment program and how the county will attempt to remove those barriers. The Legislature should require DHCS to make a final determination as to whether a county will be permitted to opt out of adopting an assisted outpatient treatment program. | Legislature | Legislation Enacted |

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| <p>11. To increase the accountability for and effectiveness of the counties' use of mental health funds, the Legislature should amend state law to do the following:</p> <ul style="list-style-type: none"> • Assign primary responsibility to the Mental Health Accountability and Oversight Commission (Oversight Commission) for comprehensive tracking of spending on mental health programs and services from major fund sources and of program- and service-level and statewide outcome data. The Legislature should require the Oversight Commission to consult with state and local mental health authorities to carry out this responsibility. The Legislature should also require the Oversight Commission to explore available data and information when developing this reporting framework, and it should grant the Oversight Commission authority to obtain relevant data and information from other state entities. • Require the Oversight Commission to develop categories of mental health programs and services, similar to those we present in Figure 11, that are tailored to inform assessments of spending patterns. The Legislature should subsequently require counties to report to the Oversight Commission their expenses in each of these categories as well as their unspent funding from all major funding sources. • Require counties to report to the Oversight Commission, in a format prescribed by the commission, program- and service-level outcomes that enable stakeholders to determine whether counties' use of funds benefits individuals living with mental illnesses. • Direct the Oversight Commission to develop statewide measurements of mental health—such as those we highlight in Figure 11—and report publicly about those measurements annually so that stakeholders and policymakers can assess the progress the State is making in addressing mental health needs. • Require the Oversight Commission to work with counties and other state and local agencies as necessary to use the information it collects to improve mental health in California. | <p>Legislature</p> | <p>No Action Taken</p> |
| <p>12. To better serve individuals who are among the most in need of critical, community-based treatment and services, the Legislature should amend state law to do the following:</p> <ul style="list-style-type: none"> • Identify those who have left LPS Act holds and who experience serious mental illnesses as a population that Mental Health Services Act (MHSA) funds must target. • Establish a goal in the MHSA of connecting all such individuals to the community-based programs and services that they would benefit from—such as assisted outpatient treatment—and require counties to fund efforts to link these individuals to those programs and services. The Legislature should also establish that a goal of providing those programs and services is to reduce the number of repeated involuntary holds or conservatorships that occur. • Specify that counties can use any portion of their MHSA funds for this purpose as long as they comply with other statutory and regulatory requirements. | <p>Legislature</p> | <p>No Action Taken</p> |
| <p>13. If DHCS does not follow through with its plan to provide, on its website, information about each county's unspent MHSA funds, the Legislature should amend state law to explicitly require counties to include information about their balances of unspent MHSA funds in their MHSA annual revenue and expenditure reports.</p> | <p>Legislature</p> | <p>No Action Taken</p> |

Report Number 2019-125**Youth Suicide Prevention: Local Educational Agencies Lack the Resources and Policies Necessary to Effectively Address Rising Rates of Youth Suicide and Self-Harm (September 2020)**

| RECOMMENDATION | ENTITY | STATUS OF RECOMMENDATION |
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| 1. To increase students' access to mental health services, the Legislature should provide funding for CDPH to award grants for a pilot program that would establish school health centers at a selection of local educational agencies (LEAs) located in counties with high rates of youth suicide and self-harm. The Legislature should require CDPH to collaborate with the California Department of Education (CDE) to collect data on the pilot program and to provide annual reports on the effectiveness and cost of the program. If the school health center program is deemed affordable and effective, the Legislature should consider expanding it to LEAs throughout the State. | Legislature | No Action Taken |
| 5. To ensure that LEAs take full advantage of federal funds for Medi-Cal-eligible students, DHCS should work with CDE to inform LEAs that they may partner with their county offices of education to centralize the administrative responsibilities necessary to obtain reimbursement through the billing option program. | Department of Health Care Services | * |
| 6. To support LEAs' efforts to provide mental health services, CDPH should establish the support program for school health centers as state law requires. If CDPH lacks the funding to do so, it should request additional funds as needed. The support program should assist LEAs in establishing school health centers and in identifying and applying for available funding as authorized by law, such as Medi-Cal reimbursement and MHSA funds. | Department of Public Health | Pending |

Report Number I2020-2**Investigation of Improper Activities by State Agencies and Employees: Waste of State Funds, Misuse of Bereavement Leave, Misuse of State Resources, Dishonesty, and Supervisory Neglect of Duty (October 2020)**

| RECOMMENDATION | ENTITY | STATUS OF RECOMMENDATION |
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| 1. Within 30 days, State Hospitals should consult with the California Department of Human Resources (CalHR) to obtain its determination about whether telepsychiatrists meet the criteria for safety retirement benefits. If CalHR determines that telepsychiatrists do not meet the criteria for safety retirement benefits, take immediate action to reclassify telepsychiatrists to the appropriate retirement category and notify all affected employees. | Department of State Hospitals | Partially Implemented |
| 2. Within 30 days, State Hospitals should consult with CalHR, the California Public Employees' Retirement System, and the State Controller's Office to retroactively correct any errors made to affected employees' retirement contributions, including Social Security deductions. | Department of State Hospitals | Pending |
| 3. Within 60 days, State Hospitals should distribute CalHR's policy on the safety retirement benefits designation to HR staff at each state hospital facility and instruct staff to consult with CalHR as the law requires. | Department of State Hospitals | Pending |

* As of December 31, 2020, the entity has not provided a response to the California State Auditor (State Auditor) or the State Auditor has not assessed the entity's response.