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Recommendation Status Summary

## Senate Budget & Fiscal Review Subcommittee 3 on Health and Human Services

*Report Number I2017-1*

*Investigations of Improper Activities by State Agencies and Employees: Misuse of Resources, Inaccurate Attendance Records, Disclosure of Confidential Information, and Improper Payments (March 2017)*

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
8. The Department of State Hospitals (State Hospitals) should initiate immediate action, in accordance with Government Code section 19838, to collect the overpayment from the pharmacist.	Department of State Hospitals	Fully Implemented
9. State Hospitals should provide counseling or training to the pharmacist and pharmacy management regarding proper time and attendance procedures.	Department of State Hospitals	Fully Implemented
10. State Hospitals should provide counseling or training to the responsible personnel staff regarding proper procedures for processing the attendance records.	Department of State Hospitals	Fully Implemented
11. State Hospitals should review the pharmacist's time and attendance records from September 2015 to present to ensure she was not overpaid for any additional hours or had leave balances that were not reduced because of absences.	Department of State Hospitals	Fully Implemented
20. The Department of Health Care Services (Health Care Services) should take appropriate corrective or disciplinary action regarding the employee's misuse of state time, computer, and support staff, and for engaging in activities incompatible with her state duties.	Department of Health Care Services	Fully Implemented
21. Health Care Services should provide the employee with training related to appropriate Internet and email use, time and attendance, and ethics in the workplace.	Department of Health Care Services	Fully Implemented
22. Health Care Services should implement the action it proposed in its investigative report. Specifically, its Office of Civil Rights should conduct equal employment opportunity training and provide counseling for the division chief and the division's management team to ensure that they understand the equal employment opportunity concerns related to the do-not-hire list and that they use job-related and objective examination criteria when evaluating candidates in the future.	Department of Health Care Services	Fully Implemented
23. Health Care Services should implement the action it proposed in its investigative report. Specifically, its Office of Civil Rights should implement a series of management training sessions to ensure that Health Care Services management fully understand and adhere to its nondiscrimination policy to ensure equal employment opportunity for all candidates and employees.	Department of Health Care Services	Fully Implemented
25. The Department of Social Services (Social Services) should continue to monitor the supervisor's duties related to addressing the work performance of her subordinate employees and continue to take appropriate corrective or disciplinary action when necessary.	Department of Social Services	Fully Implemented
26. Social Services should require that the supervisor undergo supervisory training, specifically about managing employee performance and appropriately applying the steps of progressive discipline.	Department of Social Services	Fully Implemented

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**Report Number 2016-126****California Department of Social Services: Its Caregiver Background Check Bureau Lacks Criminal History Information It Needs to Protect Vulnerable Populations in Licensed Care Facilities (March 2017)**

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
3. To ensure that all applicable entities share their administrative actions with each other as state law intends, the Legislature should amend state law to require that Social Services, the Department of Aging, the Department of Public Health (Public Health), Health Care Services, the Medical Services Authority, and county agencies provide each other their administrative action information.	Legislature	Legislation Vetoed
5. To ensure that it more effectively shares, receives, and uses administrative action information, Social Services should develop and maintain a centralized database containing its own administrative actions and those received from other state departments, in order to share this information among these departments as required by state law. Social Services should seek funding if it believes additional resources are necessary.	Department of Social Services	Partially Implemented
6. To ensure that it more effectively shares, receives, and uses administrative action information, until a centralized database can facilitate real-time information transmittal, Social Services should amend its interagency agreements to specify that the departments should share their administrative action information as soon as possible after the action is final, but no later than five business days after the end of the month in which it became final. It should begin amending its interagency agreements by July 2017.	Department of Social Services	Fully Implemented
7. To ensure that it more effectively shares, receives, and uses administrative action information, Social Services should amend its interagency agreements so that the agreements remain in effect indefinitely. It should begin amending its interagency agreements by July 2017.	Department of Social Services	Fully Implemented
8. To ensure that it more effectively shares, receives, and uses administrative action information, Social Services should, as it receives administrative action information from other departments, share this information with the county agencies that perform licensing duties on its behalf.	Department of Social Services	Fully Implemented
9. To ensure that it more effectively shares, receives, and uses administrative action information, Social Services should direct its exemption analysts to review the administrative action information as part of their background check reviews.	Department of Social Services	Fully Implemented
10. To ensure that Social Services evaluates the risk individuals may pose to vulnerable populations in its licensed care facilities as quickly as possible, by July 2017 Social Services should establish time frames for staff to evaluate individuals who are present in their facilities and who have received administrative actions from other departments. In addition, it should monitor and follow up with the appropriate staff regarding the status of their assessments of these individuals and their final decisions.	Department of Social Services	Partially Implemented
11. To better ensure the safety of clients in licensed facilities, the Legislature should amend state law to require that Social Services receive state and federal RAP sheets for individuals before allowing them access to licensed facilities.	Legislature	No Action Taken
12. To better ensure the safety of clients in licensed facilities, the Legislature should amend state law to expand the list of nonexemptible crimes to include the eight crimes we identified and any other crimes it deems appropriate.	Legislature	Legislation Proposed But Not Enacted
13. To comply with state law and better protect vulnerable populations in California's licensed care facilities, Social Services should immediately change its policy to require that its exemption analysts evaluate all infraction convictions, other than minor traffic violations, before granting exemptions to individuals. If Social Services believes it is not feasible to evaluate all of these convictions, it should report to the Legislature by June 2017 how it ensures that vulnerable populations are not at risk and should request that the Legislature change the law to eliminate infraction convictions as a crime category that Social Services must evaluate in order to grant an exemption.	Department of Social Services	Will Not Implement

<p>14. To comply with state regulations and its policies, the Caregiver Background Check Bureau (CBCB) should immediately ensure that its background check case files support its exemption decisions by including complete decision summaries and all required supporting documents. Also, it should immediately update its exemption-needed letter to identify all of the documents its policies require exemption analysts to evaluate when deciding whether to grant an exemption. The letter should also eliminate requests for documents that Social Services does not believe can be used if the applicant obtains them, such as law enforcement reports.</p>	<p>Department of Social Services</p>	<p>Fully Implemented</p>
<p>15. To ensure that its exemption analysts are receiving information that Social Services believes is necessary and relevant to make exemption decisions, Social Services should immediately revise its policy to require that exemption analysts obtain law enforcement reports on behalf of individuals who seek exemptions.</p>	<p>Department of Social Services</p>	<p>Fully Implemented</p>
<p>16. Until the Legislature requires that Social Services receive both California and federal criminal history information before issuing a clearance or processing an exemption, to better protect vulnerable populations, Social Services should immediately revise its policy to require its regional offices to obtain all self-disclosure forms for individuals who submit fingerprints to Justice as part of an application to be present in a licensed facility. The regional offices should then forward to the CBCB all self-disclosure forms that identify a conviction.</p>	<p>Department of Social Services</p>	<p>Pending</p>
<p>17. Until the Legislature requires that Social Services receive both California and federal criminal history information before issuing a clearance or processing an exemption, to better protect vulnerable populations, Social Services should immediately change its practice of allowing individuals who have not submitted a self-disclosure form to Social Services to have access to licensed facilities, thus reflecting the requirements of state law. In addition, the CBCB should develop a process to ensure that individuals cannot receive a clearance or an exemption without the CBCB first receiving both California and federal criminal history information if a regional office does not have a self-disclosure form for the individual.</p>	<p>Department of Social Services</p>	<p>Pending</p>
<p>21. To ensure that Social Services processes criminal history reviews as quickly as possible so that delays do not impede individuals whose presence in a licensed facility would pose no risk, by July 2017 the department should establish formal time frames and monitor the stages of the exemption process. At a minimum, Social Services should establish time frames for notifying individuals and facilities that a criminal history exemption is required, evaluating information it receives, and making decisions on exemptions. As part of monitoring, Social Services should identify when cases become backlogged and work to swiftly conclude those exemption reviews. In addition, if it determines that its staffing levels are insufficient to meet its time frames, it should seek additional resources.</p>	<p>Department of Social Services</p>	<p>Fully Implemented</p>
<p>22. To ensure that Social Services processes legal actions as quickly as possible so that delays do not impede individuals whose presence in a licensed facility would pose no risk, by July 2017 the department should establish formal time frames and monitor the stages of the legal process. At a minimum, Social Services should establish time frames for assigning cases to attorneys. Further, it should regularly monitor itself against the 120-day time frame for serving an accusation after the Legal Division receives a case.</p>	<p>Department of Social Services</p>	<p>Fully Implemented</p>
<p>23. To ensure that it can accurately monitor its pending cases, by May 2017 Social Services should develop a work plan to identify and address its exemption process backlog by September 2017. At a minimum, the work plan should include reviewing the cases its database identifies as open without activity 150 days after receiving a RAP sheet and closing the cases in its database where Social Services already performed its final exemption decision action.</p>	<p>Department of Social Services</p>	<p>Fully Implemented</p>
<p>24. To ensure that Social Services processes arrest-only cases as quickly as possible, it should immediately follow its arrest-only and investigation policies, and monitor against those time frames for the various stages of the process.</p>	<p>Department of Social Services</p>	<p>Fully Implemented</p>
<p>25. To ensure that its regional offices consistently verify that excluded individuals are no longer present at licensed facilities, at a minimum, Social Services should immediately revise its policy to require that regional offices conduct site visits after it issues exclusion orders. In addition, it should formalize the verification process it develops in its procedures, train all regional offices, and monitor compliance with the process.</p>	<p>Department of Social Services</p>	<p>Fully Implemented</p>

26. To ensure that regional offices pursue legal actions in a timely manner, by July 2017 Social Services' headquarters should identify a resource—such as a unit—to monitor and follow up with the regional offices regarding the status of their legal actions related to substantiated address matches of registered sex offenders at licensed facilities.	Department of Social Services	Pending
27. The CBCB should update its procedures manual so that it is a centralized document staff are able to use for the most up-to-date guidance in performing their duties. In addition, it should update the CBCB-specific policies and combine them into a centralized document.	Department of Social Services	Fully Implemented
28. To ensure that its procedures are consistent and clear, Social Services should update its arrest-only case procedures and document its process for addressing subsequent arrest-only cases.	Department of Social Services	Fully Implemented
29. The CBCB should follow its new schedule for its refresher training sessions on the exemption process and continue to offer sessions as managers or staff identify a need.	Department of Social Services	Fully Implemented
30. The CBCB's arrest-only unit should develop and periodically conduct trainings on the aspects of the arrest-only process for which its analysts have not yet received training.	Department of Social Services	Fully Implemented
31. The CBCB should implement its planned changes for ensuring that files in the file room are in the appropriate place and filed correctly.	Department of Social Services	Fully Implemented

### Report Number 2016-128

#### *In-Home Supportive Services: The State Could Do More to Help Providers Avoid Future Payment Delays (March 2017)*

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
1. To ensure that counties are handling timesheet exceptions consistently and minimizing delays, Social Services should develop and issue procedures by July 2017 to require the counties to first attempt to correct timesheet errors for specific types of exceptions before mailing blank replacement timesheets to providers. Additionally, Social Services should review a random sample of exceptions at least quarterly to ensure that the counties are following its new procedures.	Department of Social Services	Fully Implemented
2. To reduce the likelihood of inadvertent errors on replacement timesheets, Social Services should create functionality within the Case Management, Information and Payrolling System (CMIPS II) to allow replacement timesheets to be printed with data that had been submitted correctly on the original timesheet. Social Services should develop a plan by August 2017 that outlines actions, such as assessing the cost and seeking funding from the Legislature if necessary, that will be taken to create the functionality.	Department of Social Services	Will Not Implement
3. To ensure that counties follow a consistent and expeditious policy for responding to providers who report lost or stolen paychecks, Social Services should issue a policy by September 2017 that allows providers to request replacement paychecks after five business days from the issue date of the lost or stolen paychecks.	Department of Social Services	Fully Implemented
4. To assist counties in resolving exceptions efficiently and in managing their workload, Social Services should by December 2017 develop a timesheet exceptions report in CMIPS II that enables county staff to categorize common exceptions, identify providers with recurring exceptions, and track timesheet processing workload over a period of time. Social Services should also train county staff on the most effective use of these reports.	Department of Social Services	Resolved
5. To effectively communicate information to providers and reduce call volumes at counties, Social Services should implement functionality within CMIPS II by December 2017 to provide automated notifications to providers about the status of their timesheets and paychecks, including when timesheets are received and processed, when paychecks are processed, and whether there are exceptions on timesheets that would delay processing paychecks and whom to contact at the county to address those exceptions.	Department of Social Services	Resolved

<p>7. To ensure that Hewlett Packard Enterprise is meeting its contractual requirements, Social Services should review timesheet processing data and reports and follow up with the Office of Systems Integration (OSI) to make sure it is taking corrective action if Hewlett Packard Enterprise exceeds the agreed-upon processing time frames.</p>	<p>Department of Social Services</p>	<p>Fully Implemented</p>
<p>8. To ensure that OSI is adequately monitoring Hewlett Packard Enterprise and to allow for more proactive management of the In-Home Supportive Services (IHSS) program, Social Services should work with OSI to enforce the contract provision requiring Hewlett Packard Enterprise to submit monthly data on the number of timesheets with exceptions by county and the time taken to resolve those exceptions. Moreover, Social Services should develop a process for regularly reviewing these data to detect any discrepancies among the counties' processes for handling timesheets with exceptions.</p>	<p>Department of Social Services</p>	<p>Fully Implemented</p>
<p>10. To enable it to track whether the Employment Development Department (Employment Development) is meeting its contractual time frame for printing and mailing timesheets, Social Services should either modify its current agreement or require in the renewal of its agreement a method for tracking the time required to print and mail timesheets. Social Services should also perform monthly reviews of the activities performed by Employment Development and the State Controller's Office (SCO) to ensure compliance with the time frames for each agreement. Additionally, Social Services should implement a process to regularly test Employment Development and SCO processes to ensure that they are within the required time frames.</p>	<p>Department of Social Services</p>	<p>Pending</p>
<p>11. To more effectively address common problems reported by providers and recipients, Social Services should develop a formal process to document and address patterns of concerns conveyed through complaints. Specifically, the process should include a method for Social Services to identify and aggregate the complaints it receives, to analyze that information to determine whether there are common themes or broader issues to address within IHSS, and to obtain sufficient information to substantiate responses to the complaints. The process should also include steps to clarify ambiguous issues raised in the complaints and define clear deadlines and the steps to take when responding to complainants if those deadlines cannot be met.</p>	<p>Department of Social Services</p>	<p>Fully Implemented</p>
<p>12. To facilitate providers' efforts to report their time, and to reduce the potential for providers to be inadvertently suspended from the IHSS program, the Legislature should amend state law to define the pay period as two workweeks. Moreover, the Legislature should modify state law to require weekly hours as the basis for authorizing services but continue to allow flexibility for recipients to adjust the hours their providers work across workweeks in a manner similar to the provisions of the current law.</p>	<p>Legislature</p>	<p>Legislation Proposed But Not Enacted</p>
<p>13. Until state law is changed to facilitate providers' efforts to report their time and to reduce the potential for providers to be inadvertently suspended from the IHSS program, Social Services should inform providers of the weekly maximum number of service hours for each variation in the length of the month, rather than using a standard conversion that results in providers claiming more hours than their recipients are authorized.</p>	<p>Department of Social Services</p>	<p>Will Not Implement</p>
<p>14. If the Legislature amends state law as we recommend, Social Services should modify the timesheet format to incorporate the weekly authorization for services and the new two-workweek pay period. Social Services should also reconfigure its timesheet to require that all information be entered on one side of the document, including the signatures of the provider and recipient.</p>	<p>Department of Social Services</p>	<p>Will Not Implement</p>
<p>15. To ensure that it can quickly identify potential concerns with the number of timesheets received at the timesheet processing facility Social Services should develop procedures to review its timesheet volume report on a daily basis. Alternatively, Social Services could work with OSI to modify the reporting function within CMIPS II to require automated notifications to management when the timesheet volume report identifies an instance when the volume of timesheets falls below the threshold specified.</p>	<p>Department of Social Services</p>	<p>Fully Implemented</p>



**Report Number I2017-2****Investigations of Improper Activities by State Agencies and Employees: Inaccurate Attendance Records, Violation of State Laws, and Misuse of State Resources (October 2017)**

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
1. State Hospitals should take appropriate disciplinary action against the psychiatric technician.	Atascadero State Hospital	Resolved
2. State Hospitals should take steps to recoup the \$7,540 of overtime pay from the psychiatric technician.	Atascadero State Hospital	Fully Implemented
3. State Hospitals should take appropriate corrective actions to address the failures of the shift lead and the supervisor and to ensure they fulfill their responsibilities for recognizing and addressing attendance abuse.	Atascadero State Hospital	Fully Implemented

**Report Number 2017-117****Mental Health Services Act: The State Could Better Ensure the Effective Use of Mental Health Services Act Funding (February 2018)**

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
1. To effectively monitor Mental Health Services Act (MHSA) spending and provide guidance to the local mental health agencies, Health Care Services should publish its proposed regulations in the California Regulatory Notice Register by June 2018 and subsequently develop an MHSA fiscal reversion process to ensure that the State can reallocate any MHSA funds that local mental health agencies do not spend within the statutory reversion time frames to other local mental health agencies that are better positioned to use the funds to meet the MHSA's intent.	Department of Health Care Services	Pending
2. To effectively monitor MHSA spending and provide guidance to the local mental health agencies, Health Care Services should publish its proposed regulations in the California Regulatory Notice Register by June 2018 and subsequently clarify that the interest the local mental health agencies earn on unspent MHSA funds is subject to the same reversion requirements as the MHSA funds they receive.	Department of Health Care Services	Resolved
3. To effectively monitor MHSA spending and provide guidance to the local mental health agencies, Health Care Services should publish its proposed regulations in the California Regulatory Notice Register by June 2018 and subsequently establish and enforce an MHSA reserve level that will allow local mental health agencies to maintain sufficient funds to continue providing crucial mental health services in times of economic hardship, but that will not result in them holding reserves that are excessive. Health Care Services should also establish controls over local mental health agencies' deposits and withdrawals to their reserves.	Department of Health Care Services	Pending
4. Health Care Services should complete its analysis of the \$225 million fund balance in the Mental Health Services Fund by May 1, 2018, to determine why this balance existed, whether there is any impact on funding to the local mental health agencies and, if so, distribute those funds accordingly. Further, it should establish a process to regularly scrutinize the MHS Fund to identify any excess fund balances and the reasons for such balances.	Department of Health Care Services	Fully Implemented
5. To ensure that it provides effective oversight of local mental health agencies' reporting of MHSA funds, Health Care Services should publish its proposed regulations in the California Regulatory Notice Register by June 2018. Health Care Services should then subsequently implement a process that will enable it to withhold MHSA funds from local mental health agencies that fail to submit their annual reports on time.	Department of Health Care Services	Pending
6. To ensure that it provides effective oversight of local mental health agencies' reporting of MHSA funds, Health Care Services should publish its proposed regulations in the California Regulatory Notice Register by June 2018. Health Care Services should then subsequently implement a process that will enable it to withhold MHSA funds from local mental health agencies that fail to submit their annual reports on time.	Department of Health Care Services	Pending



<p>7. To ensure that local mental health agencies comply with their performance contracts and MHSA requirements, Health Care Services should establish a process for conducting comprehensive program reviews and begin conducting those reviews by July 2018.</p>	<p>Department of Health Care Services</p>	<p>Partially Implemented</p>
<p>8. To ensure that local mental health agencies are able to spend Innovation program funds in a timely manner, the Mental Health Services Oversight and Accountability Commission (Oversight Commission) should continue its efforts to help local mental health agencies understand the types of Innovation projects that the commissioners believe are appropriate. These efforts should include engagement and dialogue with local mental health agencies through Innovation events and forums about the types of innovative approaches that would meet the requirements of the MHSA. The Oversight Commission should use meetings of the Innovation subcommittee or a similar mechanism to evaluate the progress of its efforts to reduce unspent Innovation funds and the need for continued engagement and dialogue with local mental health agencies.</p>	<p>Mental Health Services Oversight and Accountability Commission</p>	<p>Pending</p>
<p>9. To ensure proper oversight and evaluation of outcomes for the Prevention and Innovation projects, the Oversight Commission should finalize its internal processes for reviewing and analyzing the program status reports no later than July 2018. Further, in order to fulfill its statutory responsibility to provide oversight and accountability for MHSA programs, the Oversight Commission should ensure that it launches all three data tools to track local mental health agencies' funding, services, and outcomes as it intends.</p>	<p>Mental Health Services Oversight and Accountability Commission</p>	<p>Pending</p>
<p>10. To ensure that the MHSA-funded triage grants are effective, the Oversight Commission should require that local mental health agencies uniformly report data on their uses of triage grants. It should also establish statewide metrics to evaluate the impact of triage grants by July 2018.</p>	<p>Mental Health Services Oversight and Accountability Commission</p>	<p>Pending</p>
<p>11. To strengthen its monitoring of MHSA projects and ensure that it spends MHSA funds appropriately, Alameda should develop and implement MHSA program monitoring guidelines to ensure that staff appropriately perform and document their monitoring activities.</p>	<p>Alameda County Behavioral Health Care Services</p>	<p>Pending</p>

**Report Number 2017-112**

**Homelessness in California: State Government and the Los Angeles Homeless Services Authority Need to Strengthen Their Efforts to Address Homelessness(April 2018)**

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
<p>1. To better serve the needs of homeless Californians, and to provide statewide leadership to agencies at all levels for better coordination of efforts to address homelessness, the Legislature should enact legislation and include funding within the Budget Act of 2018 that will allow the Homeless Coordinating and Financing Council (state homeless council) to hire permanent staff, including the appointment of an executive director.</p>	<p>Legislature</p>	<p>Legislation Enacted</p>
<p>2. To better serve the needs of homeless Californians, and to provide statewide leadership to agencies at all levels for better coordination of efforts to address homelessness, the Legislature should enact legislation and include funding within the Budget Act of 2018 that will allow California's Continuum of Care (CoC) areas to obtain the state funding necessary to better implement U.S. Housing and Urban Development (HUD) recommended activities, including annually counting the unsheltered homeless population, improving efforts to raise nonfederal funding, and improving their coordination with other agencies; and to more fully meet HUD requirements, including implementation and administration of the Homeless Management Information System and coordinated entry systems.</p>	<p>Legislature</p>	<p>Legislation Enacted</p>

3. The Legislature should require the state homeless council to develop and implement by April 1, 2019, a statewide strategic plan for addressing homelessness in California, including goals and objectives and timelines for achieving them, and metrics for measuring their achievements. Included among the goals and objectives should be the identification of additional funding sources that state and local agencies can use to better address California's homelessness issues.	Legislature	Legislation Proposed But Not Enacted
4. The Legislature should require the state homeless council to implement steps by January 1, 2019, to assist CoC lead agencies in better implementing HUD-recommended activities including conducting annual counts of the unsheltered homeless population, raising nonfederal funding, and coordinating with other agencies.	Legislature	Legislation Proposed But Not Enacted
5. The Legislature should require the state homeless council to implement steps by January 1, 2019, to assist CoC lead agencies in better meeting HUD requirements, including implementation of the HMIS and entry systems. The state homeless council should include among its considerations the establishment of a balance-of-state CoC area to help alleviate the administrative burdens imposed on CoC lead agencies, especially in rural areas.	Legislature	Legislation Proposed But Not Enacted
6. To ensure the consistency and transparency of its processes, the Los Angeles Homeless Authority (Authority) should implement updated written policies and procedures by July 2018.	Los Angeles Homeless Services Authority	Pending
7. To ensure the consistency and transparency of its processes, the Authority should update its written policies and procedures regularly to reflect changes in its processes.	Los Angeles Homeless Services Authority	Fully Implemented
8. To ensure that its funding recommendations are effective, consistent, and transparent, the Authority should develop and implement a process by July 2018 to ensure that staff complete evaluation tools as intended.	Los Angeles Homeless Services Authority	Fully Implemented
9. To ensure that its funding recommendations are effective, consistent, and transparent, the Authority should develop and implement a process by July 2018 to document supervisory review of its application evaluation process and of meetings in which it discusses funding decisions.	Los Angeles Homeless Services Authority	Pending
10. To ensure that its funding recommendations are effective, consistent, and transparent, the Authority should include the previously mentioned changes to its processes in its updated written policies and procedures by July 2018.	Los Angeles Homeless Services Authority	Pending
11. To expand the number of service providers through targeted technical assistance, the Authority should evaluate the use of a document management system to support the application evaluation process and implement the appropriate system by December 2018.	Los Angeles Homeless Services Authority	Pending
12. To expand the number of service providers through targeted technical assistance, the Authority should evaluate the effectiveness of the selected system within 12 months after implementation.	Los Angeles Homeless Services Authority	Pending
13. To expand the number of service providers through targeted technical assistance, the Authority should develop and implement a process by December 2018 to track aggregate application evaluation data, including the common reasons applicants fail to qualify for funding, among other information.	Los Angeles Homeless Services Authority	Pending
14. To expand the number of service providers through targeted technical assistance, the Authority should track service areas in its database management system or by another mechanism to identify accurately the results of its application evaluation process, amounts awarded, amounts funded, and amounts disbursed by service area by July 2018.	Los Angeles Homeless Services Authority	Pending
15. To expand the number of service providers through targeted technical assistance, the Authority should track HUD awards, including renewal projects, by service area by July 2018.	Los Angeles Homeless Services Authority	Fully Implemented
16. To expand the number of service providers through targeted technical assistance, the Authority should track the reasons that service providers who attend the mandatory bidders conference do not apply for funding, and address any barriers by July 2018.	Los Angeles Homeless Services Authority	Pending
17. To expand the number of service providers through targeted technical assistance, the Authority should continue its efforts to develop and implement technical assistance programs for service providers, and track and analyze the results of that assistance by April 2019.	Los Angeles Homeless Services Authority	Pending

**Report Number 2017-109**

**Skilled Nursing Facilities: Absent Effective State Oversight, Substandard Quality of Care Has Continued (May 2018)**

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
<p>1. To ensure that the State supports and encourages skilled nursing facilities' (nursing facilities) efforts to improve their quality of care, the Legislature should modify the quality assurance fee by requiring nursing facilities to demonstrate quality-of-care improvements to receive all or some of their quality assurance fee payments. If nursing facilities do not demonstrate adequate quality-of-care improvements, Health Care Services should redistribute their quality assurance fee payments to those nursing facilities that have improved. In modifying this program, the Legislature should consider the best practices we identified and the feedback that Health Care Services receives from stakeholders.</p>	Legislature	No Action Taken
<p>2. To ensure that Public Health's oversight results in nursing facilities improving their quality of care, the Legislature should require Public Health to develop by November 2018 a proposal for legislative consideration that outlines the factors it will consider when approving or denying applications from nursing facilities of the same class based on each applicant's ability to provide quality patient care. This proposal should outline the specific criteria—including relevant quality-of-care metrics—that Public Health will consider and the specific thresholds at which higher-level management must approve decisions. Public Health should review its proposal with its stakeholders before forwarding it to the Legislature. The Legislature should codify Public Health's proposal as appropriate.</p>	Legislature	No Action Taken
<p>3. To ensure that Public Health's oversight results in nursing facilities improving their quality of care, the Legislature should require Public Health to conduct state and federal inspections concurrently by aligning federal and state timelines. Specifically, because federal inspections must occur no later than 15 months since the last federal inspection, the Legislature should require that state inspections occur every 30 months.</p>	Legislature	No Action Taken
<p>4. To ensure that Public Health's oversight results in nursing facilities improving their quality of care, the Legislature should require that Public Health increase citation penalty amounts annually by—at a minimum—the cost of inflation.</p>	Legislature	No Action Taken
<p>5. The Legislature should require nursing facilities to submit annually their related-parties' profit and loss statements to Health Care Services when total transactions exceed a specified monetary threshold. The purpose of these statements would be to assist Health Care Services in its audits.</p>	Legislature	Legislation Enacted
<p>6. To improve coordination and efficiency among the state agencies that oversee nursing facilities, the Legislature should require that the Office of Statewide Health Planning and Development (Health Planning), Public Health, and Health Care Services collaborate to assess the information that each collects from nursing facilities and to develop a proposal by May 2019 for any legislative changes that would be necessary to increase the efficiency of their collection and use of the information. The agencies' goals should include the collection of information by only one agency and the development of a method to share that information with each other. By May 2020, the three agencies should report to the Legislature on the results of implementing their proposal, such as the efficiencies gained through their increased coordination.</p>	Legislature	No Action Taken
<p>7. To more effectively communicate with consumers about nursing facilities' financial conditions and quality of care, the Legislature should require a state entity—such as Health Planning, Public Health, or Health Care Services—to develop, implement, and maintain for consumers by May 2020 an online dashboard that includes at a minimum information about nursing facilities' net income and quality of care.</p>	Legislature	No Action Taken

8. As the Legislature considers changes to state law, Public Health should take the steps necessary to ensure that its oversight results in nursing facilities improving their quality of care by amending its application licensing reviews by developing a defined process that specifies how an analyst will determine whether an applicant has demonstrated its ability to comply with state and federal requirements. This process also needs to ensure that analysts conduct complete and standardized reviews of each nursing facility application within each class of facility. Specifically, these processes should clearly outline what factors analysts will consider when determining whether an applicant is in compliance, how analysts will weigh those factors for each class of facility, and what objective thresholds will prompt analysts to elevate applications for review and approval by higher-level management. Additionally, Public Health should document the additional factors higher-level management will consider if applications are elevated for their review to ensure that Public Health conducts standardized reviews of nursing facility applications of the same class. Finally, Public Health should develop processes ensuring that it documents its decisions adequately.	Department of Public Health	Pending
9. As the Legislature considers changes to state law, Public Health should take the steps necessary to ensure that its oversight results in nursing facilities improving their quality of care by ensuring that it issues citations in a timely manner, especially for immediate jeopardy deficiencies.	Department of Public Health	Pending
10. To ensure that it provides the public with nursing facility information that is accurate and comprehensible, Health Planning should update its regulations to do the following: <ul style="list-style-type: none"> <li>• Append additional schedules to the template for the annual cost report to enable nursing facilities to fully disclose related-party transactions.</li> <li>• Provide a single location in the annual cost report template for nursing facilities to enter related-party transaction amounts next to the amounts they are claiming for Medi-Cal reimbursement.</li> <li>• Create an additional schedule in the cost report template that depicts how a company is investing in quality-of-care improvements.</li> </ul>	Office of Statewide Health Planning and Development	Pending
11. To improve the availability and transparency of information, Public Health should upload all inspection findings to Cal Health Find and review ownership data by May 2019.	Department of Public Health	Pending
12. Health Care Services should use current data to revise and update the peer groups it uses to set Medi-Cal rates. In doing so, it should take into consideration the consolidation of the nursing facility industry.	Department of Health Care Services	Pending

### Report Number 2017-124

#### *San Diego County's Health and Human Services Agency: It Cannot Demonstrate That It Employs the Appropriate Number of Public Health Nurses to Efficiently Serve Its Residents (July 2018)*

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
1. To better ensure and demonstrate that it efficiently meets public health needs of at-risk county residents, and that it employs the appropriate number of Public Health Nurses (PHN) in the right locations to address those needs, the San Diego County Health and Human Services Agency (Health Agency) should measure and assess PHN efficiency. Specifically, the Health Agency should direct the chief nursing officer to begin developing and implementing PHN efficiency measures by January 1, 2019. These measures could address such factors as caseload, case complexity, and overtime.	San Diego County Health and Human Services Agency	Pending
2. To better ensure that its PHNs are prepared for future public health emergencies, the Health Agency should distribute its surge plan to its PHNs and train them on its protocols.	San Diego County Health and Human Services Agency	Fully Implemented

**Report Number 2017-129**

**Department of Rehabilitation: Its Inadequate Guidance and Oversight of the Grant Process Led to Inconsistencies and Perceived Bias in Its Evaluations and Awards of Some Grants (July 2018)**

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
1. To comply with federal and state requirements, and to ensure consistency and fairness in its grant process, the Department of Rehabilitation (Rehabilitation) should issue regulations describing its grant process from request for applications (RFA) development through appeals. It should submit its proposed regulations to the Office of Administrative Law no later than December 2018.	Department of Rehabilitation	Pending
2. To ensure that management and staff involved in the grant process are sufficiently informed about the process and their responsibilities, Rehabilitation should require these employees to attend a kickoff meeting before the development of each RFA in which participants discuss the key stages of the grant review process, each individual's roles and responsibilities, and requirements surrounding conflicts of interest and confidentiality. Further, it should record these discussions in meeting minutes to ensure that expectations of employees are clearly defined and documented.	Department of Rehabilitation	Pending
3. To comply with state laws and regulations and help ensure that staff involved in making governmental decisions during the grant process are impartial, Rehabilitation should ensure that they receive ethics training, which includes conflict-of-interest training, at least every two years.	Department of Rehabilitation	Pending
4. To help ensure that staff involved in the grant process adequately protect confidential information, Rehabilitation should develop confidentiality procedures for each grant. Further, it should ensure that staff involved in the grant process sign the conflict-of-interest and confidentiality forms before the development of the RFA for each grant.	Department of Rehabilitation	Pending
5. To ensure that it has received sufficient input and feedback from the disability community to inform the development of RFAs, Rehabilitation should solicit and document stakeholder input and feedback before and during the development of each RFA.	Department of Rehabilitation	Pending
6. To increase transparency and ensure that applicants have the information necessary to understand the grant process, Rehabilitation should include in its RFAs clear scoring criteria and descriptions of the evaluation, award, and appeals processes, including the process it will use to address applications that receive tied scores.	Department of Rehabilitation	Pending
7. To ensure that Rehabilitation maintains all relevant grant documentation and responds fully to requests for public records, it should immediately adhere to its records retention policy and save all grant-related documents, including email correspondence and attachments, to a centralized location.	Department of Rehabilitation	Pending
8. To avoid bias or the perception of bias, the Legislature should enact legislation that prohibits state agencies from selecting as an evaluator of grant applications a representative, former member, or former staff of any organization or person that is applying to receive grant funding from the state agency.	Legislature	No Action Taken
9. To ensure consistency and fairness in the evaluation process, Rehabilitation should make sure that it accepts only complete applications submitted before the deadline, unless otherwise specified in the RFA. If the RFA specifies a hard deadline and applicants submit incomplete applications, Rehabilitation should not accept any portions of the applications submitted after the deadline and should assess the penalty for incomplete applications specified in the RFA.	Department of Rehabilitation	Pending
10. To help ensure that evaluators adequately protect confidential information and that the evaluation process is fair, Rehabilitation should develop standardized evaluator training for confidentiality procedures and conflicts of interest, including a discussion of bias or the appearance of bias. Rehabilitation should also ensure that the candidates receive this training and sign conflict-of-interest and confidentiality forms before it selects evaluators. Further, it should prohibit program staff who participate in the development of an RFA from acting as evaluators for the applications Rehabilitation receives in response to that RFA.	Department of Rehabilitation	Pending

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11. To increase the transparency of its selection process and to ensure that it receives the most qualified evaluators possible, Rehabilitation should issue a public solicitation for evaluators for each grant that includes a description of essential and desirable qualifications.	Department of Rehabilitation	Pending
12. To ensure that evaluators have the information necessary to sufficiently and fairly assess and score applications, Rehabilitation should develop training by December 2018 that can be tailored to each grant and includes at minimum the following topics: <ul style="list-style-type: none"> <li>• The purpose and relevant regulatory requirements for the grant.</li> <li>• Instructions on how to score applications, including an applicant’s financial information, and direction that they must provide comments to support their scores.</li> <li>• Rehabilitation should provide this training to evaluators before allowing them to score applications.</li> </ul>	Department of Rehabilitation	Pending
13. To ensure that it provides sufficient oversight of the grant process, Rehabilitation should ensure that the technical review teams it assigns to grants provide the director and chief deputy with a memorandum summarizing the evaluation process and the evaluators’ recommended grant awardees. Rehabilitation should also designate an individual responsible for reviewing and approving the memorandum and recommended awardees before it publishes its notice of intent to award.	Department of Rehabilitation	Pending
14. If it finds errors in an evaluation that merit restarting the grant process, rescoring of applications, or convening a new evaluation panel, Rehabilitation should resolve any issues before it begins the rescoring process. It should also notify applicants to ensure that they are aware of any changes to the process due to the errors. Further, it should consider promulgating regulations and amending its grant manual to permit staff to request evaluators to rescore applications or convene a new evaluation panel when it finds issues with an evaluation.	Department of Rehabilitation	Pending
15. To ensure that it consistently and thoroughly evaluates appeals, Rehabilitation should establish in state regulations and its grant manual that staff at the appropriate level of authority are to acknowledge all appeal requests, notify intended awardees that could be affected by the appeals, and inform the appellant of the qualifications of the review committee members. Staff at the appropriate level of authority must also notify all affected parties of the review committee’s final decision within the time frame Rehabilitation establishes in regulations.	Department of Rehabilitation	Pending
16. To ensure that Rehabilitation has appropriate oversight of its grant process and can sufficiently demonstrate that it followed the process, it should designate staff, separate from those involved in the respective grant process, to conduct a review of each grant process for procedural errors, evaluator prejudice, and whether evaluators supported their scores with evidence from the relevant applications before it awards grants.	Department of Rehabilitation	Pending
17. To comply with federal and state requirements, and to ensure consistency and fairness in its grant process, Rehabilitation should revise and formalize the policies and procedures in its grant manual to incorporate the rules adopted by regulation and to address the recommendations in this report. The grant manual should specify that any deviations from the required grant process must be for good cause and be documented.	Department of Rehabilitation	Pending
18. To ensure that it consistently and thoroughly evaluates appeals, Rehabilitation should establish in state regulations and its grant manual a process for the review committees to request additional information from appellants or program staff. To allow time for an adequate review of any additional information, Rehabilitation should consider extending the time for review committees to issue their decision on appeals from 30 days to 45 days.	Department of Rehabilitation	Pending
19. To ensure that it consistently and thoroughly evaluates appeals, Rehabilitation should establish in state regulations and its grant manual that to be able to rescore applications when necessary, the review committee members should be subject-matter experts or, if they are not subject-matter experts, the review committee should have the authority to recommend a new evaluation panel instead of rescoring applications itself when it identifies a reason to invalidate previous evaluations.	Department of Rehabilitation	Pending



**Report Number 2018-102**

***Tulare Local Healthcare District: Past Poor Decisions Contributed to the Closure of the Medical Center, and Licensing Issues May Delay Its Reopening (October 2018)***

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
1. To ensure that the Tulare Local Health Care District (district) can demonstrate that its decisions for selecting contractors are justified and are in the best interest of the district's residents, by April 2019 the district should establish formal procedures designed to ensure that it follows a rigorous and appropriate evaluation and contract awarding process.	Tulare Local Healthcare District	Pending
2. To ensure that the district pays only reasonable and appropriate contract administrative costs, before the district signs any future management contract, it should prepare estimates of the costs for all proposed contract terms related to compensation.	Tulare Local Healthcare District	Pending
3. To ensure that it complies with state law, by April 2019 the district should update its policy related to conflicts of interest to include procedures requiring the district to obtain and maintain copies of all designated individuals' statements of economic interests at the medical center.	Tulare Local Healthcare District	Pending
4. To ensure that the district recovers funds inappropriately used to pay for work outside the district, it should immediately take steps to seek reimbursement from Healthcare Conglomerate Associates (HCCA) for payments the district made to HCCA for time the former Chief Financial Officers and other employees spent working at Southern Inyo Healthcare District.	Tulare Local Healthcare District	Pending
5. To ensure that the district is able to reopen by mid-October 2018, it should continue to address requirements to reinstate its license and should arrange for Public Health to verify compliance with licensing operational requirements as soon as it has completed addressing the requirements to reopen.	Tulare Local Healthcare District	Resolved
6. To ensure that the district budgets for all costs necessary to reopen, it should immediately include in its budget the costs to pay pre-petition debt for vendors with whom it must reestablish relationships before it can resume operations.	Tulare Local Healthcare District	Pending
7. To ensure that the district is able to obtain the supplies and purchased services necessary to reopen the medical center, the district should continue its efforts toward reestablishing relationships with vendors so that it can reopen the medical center by mid-October 2018.	Tulare Local Healthcare District	Resolved
8. To ensure that it uses bond proceeds for allowable purposes and improves its consistency and accountability in processing payments from bond proceeds, by April 2019 the district should formalize and document policies and procedures for verifying that it uses bond proceeds for allowable purposes and for approving expenditures paid from general obligation bond proceeds.	Tulare Local Healthcare District	No Action Taken
9. To ensure that it maintains adequate oversight of expenditures from any future bond proceeds, by April 2019 the district should establish a formal policy to include, as part of the charter for any future bond oversight committee, a requirement that the committee review bond expenditures quarterly at a minimum. The policy should also require the committee to report the results of its reviews to the board quarterly.	Tulare Local Healthcare District	No Action Taken
10. To ensure that any future bond oversight committee meets specified reporting requirements, by April 2019 the district should establish a written process to periodically monitor committee compliance with reporting requirements.	Tulare Local Healthcare District	No Action Taken
11. To increase the effectiveness of its monitoring to ensure that bond proceeds are used only for the purposes that the voters intended, by April 2019 the district should establish and follow a written process to document the steps it will take to address findings and recommendations identified in any future external audits of the bond proceeds.	Tulare Local Healthcare District	No Action Taken
12. To ensure that it can demonstrate that invoices it pays are for contracted services, by April 2019 the district should update its contract management policy to include a requirement to retain a copy of all contracts similar to the State's requirement of seven years.	Tulare Local Healthcare District	Pending

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**Report Number 2018-603****Department of Health Care Services: It Paid Billions in Questionable Medi-Cal Premiums and Claims Because It Failed to Follow Up on Eligibility Discrepancies (October 2018)**

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
1. To ensure that Health Care Services adequately monitors the counties' resolution of system discrepancies, the Legislature should require Health Care Services to report publicly on counties' compliance with the performance standards set forth in state law, as well as Health Care Services' actions taken in response to counties not complying with the standards.	Legislature	No Action Taken
2. To recover inappropriately spent funds, prevent future erroneous payments, and ensure eligible individuals' access to care, Health Care Services should resolve the discrepancies we identified and recover erroneous payments where allowable by June 30, 2019.	Department of Health Care Services	*
3. To prevent future erroneous payments, Health Care Services should implement procedures by December 31, 2018, to ensure the timely resolution of system discrepancies. These procedures should include Health Care Services regularly following up on recurring, unresolved system discrepancies with the responsible county.	Department of Health Care Services	*
4. To prevent future erroneous payments, Health Care Services should establish procedures by December 31, 2018, that define when it will use its authority as defined in state law to sanction unresponsive counties that do not remedy known discrepancies.	Department of Health Care Services	*
5. To assist counties in addressing discrepancies, Health Care Services should find a cost-effective method to provide its exception reports in an electronic format readable by common database and spreadsheet software products that would allow users to sort and filter the data readily by December 31, 2018.	Department of Health Care Services	*
6. To assist counties in addressing discrepancies, Health Care Services should reevaluate and update its guidance to the counties related to prioritizing Medi-Cal Eligibility Data System alerts by December 31, 2018.	Department of Health Care Services	*

**Report Number 2018-116****San Diego's Hepatitis A Outbreak: By Acting More Quickly, the County and City of San Diego Might Have Reduced the Spread of the Disease (December 2018)**

RECOMMENDATION	ENTITY	STATUS OF RECOMMENDATION
1. To better ensure that local health officers can promptly respond to disease outbreaks, the Legislature should clarify existing state law to specify that the local health officer for each geographic jurisdiction may issue directives to other governmental entities within that jurisdiction to take action as the officer deems necessary to control the spread of communicable diseases.	Legislature	No Action Taken
2. To ensure that each local public entity has the information necessary to adequately respond and protect the public health of its residents during disease outbreaks, the Legislature should enact legislation requiring local health officers to promptly notify and update local public entities within the health officers' jurisdictions about communicable disease outbreaks that affect them. The legislation should also require health officers to make available relevant information to these local public entities, including the locations of concentrations of cases, the number of residents affected, and the measures that the local public entities should take to assist with outbreak response efforts.	Legislature	No Action Taken

<p>3. To prevent delays when responding to future communicable disease outbreaks, San Diego County (county) should ensure that in the event of an outbreak, its response plans include the following critical elements: specific and achievable objectives, time frames by which it expects to achieve these objectives, and the resources necessary to achieve its objectives within the planned time frames. Furthermore, the county should update its emergency operations plan and other planning documents to reflect these changes by April 30, 2019.</p>	<p>San Diego County</p>	<p>*</p>
<p>4. To better ensure effective collaboration and cooperation with other local jurisdictions, the county should finalize its draft policy that requires it to respond to future outbreaks by promptly convening policy groups that include representatives from relevant local jurisdictions. Furthermore, to facilitate improved communication with and participation from jurisdictions potentially affected by disease outbreaks, the county should promptly share relevant data with each jurisdiction.</p>	<p>San Diego County</p>	<p>*</p>
<p>5. To ensure that it takes appropriate action to protect the public health of the residents of the city of San Diego (city), the county should enter into an agreement—such as a memorandum of understanding—with the city or should negotiate revisions in its contract with the city by March 31, 2019, to clarify each entity’s roles and responsibilities over public health matters, and to include city leadership in coordinating response efforts when public health matters, such as disease outbreaks, affect the city’s residents.</p>	<p>San Diego County</p>	<p>*</p>
<p>6. To ensure that the city is sufficiently aware of future disease outbreaks and other public health concerns that affect its residents and that it can take appropriate action to protect the public health of its residents, the city should enter into an agreement—such as a memorandum of understanding—with the county or should negotiate revisions in its contract with the county by March 31, 2019, to clarify each entity’s roles and responsibilities over public health matters, and to include city leadership in coordinating response efforts when public health matters, such as disease outbreaks, affect the city’s residents.</p>	<p>City of San Diego</p>	<p>*</p>
<p>7. To identify and address any unresolved issues that may have contributed to delays in implementing sanitation measures before the county health officer’s September 2017 declaration of a local health emergency, the city should, by March 31, 2019, examine its actions related to the hepatitis A outbreak before the emergency declaration, identify any such issues, and use the results of that examination to develop a corrective action plan to address them.</p>	<p>City of San Diego</p>	<p>*</p>
<p>8. To better enable other jurisdictions to more promptly respond to future hepatitis A outbreaks, Public Health should amend its Hepatitis A Outbreak Response Plan by February 28, 2019, to recommend that the jurisdictions set vaccination targets as soon as possible, establish dates by when they expect to achieve those targets, and determine the quantities of resources necessary to administer the vaccinations by those dates.</p>	<p>Department of Public Health</p>	<p>*</p>
<p>9. To further clarify the authority of local health officers, Public Health should finalize and issue its medical powers guide by April 30, 2019, and revise it to describe to the greatest extent possible the types of actions that local health officers can take within their jurisdictions to prevent or contain the spread of infectious disease.</p>	<p>Department of Public Health</p>	<p>*</p>

\* The status of recommendations for audits issued between late October and December 2018 is based on the entities’ initial response, which is included in the original audit report, available on the California State Auditor’s (State Auditor) website: [www.auditor.ca.gov](http://www.auditor.ca.gov).