



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

October 18, 2021

Sent via e-mail to: [Loretta.Denering@ventura.org](mailto:Loretta.Denering@ventura.org)

Loretta Denering, Division Chief, Substance Use Services  
Ventura County Health Care Agency, Behavioral Health Department  
1911 Williams Drive, Ste. 200  
Oxnard, CA 93036

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Division Chief Denering:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the Substance Abuse Block Grant (SABG) and the terms of the Contract operated by Ventura County.

The County Compliance Unit (CCU) within the Audits and Investigations Division (A&I) of DHCS conducted a review of the County's compliance with contract requirements based on responses to the monitoring instrument, discussion with county staff, and supporting documentation provided by the County.

Enclosed are the results of Ventura County's Fiscal Year 2020-21 SABG compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Ventura County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the Community Services Division (CSD), Community Support Branch (CSB), Policy, Monitoring and Financing Section (PMFS) Analyst by 12/20/2021. Please use enclosed CAP form and submit the completed CAP and supporting documentation by email to the PMFS analyst at [SABGcompliance@dhcs.ca.gov](mailto:SABGcompliance@dhcs.ca.gov).

If you have any questions, please contact me at [becky.counter@dhcs.ca.gov](mailto:becky.counter@dhcs.ca.gov).

Sincerely,

Becky Counter  
(916) 713-8567  
[becky.counter@dhcs.ca.gov](mailto:becky.counter@dhcs.ca.gov)

Audits and Investigations Division  
Medical Review Branch  
Behavioral Health Compliance Section  
County Compliance Unit  
1500 Capitol Ave., MS 2305  
Sacramento, CA 95814  
<http://www.dhcs.ca.gov>

Distribution:

To: Division Chief Denering,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief  
Lanette Castleman, Audits and Investigations, Behavioral Health Compliance Section Chief  
Ayesha Smith, Audits and Investigations, Behavioral Health Compliance Unit Chief  
Michael Bivians, Audits and Investigations, County Compliance Monitoring II Chief  
Tracie Walker, Community Services Division, Community Support Branch Chief  
Victoria King-Watson, Community Services Division, Operations Branch Chief  
Donna Ures, Community Services Division, Policy, Monitoring and Financing Section Chief  
Jessica Fielding, Community Services Division, Family Services Section Chief  
Angelina Azevedo, Community Services Division, Prevention Services Unit Chief  
Ashley Love, Community Services Division, Family Services Unit Chief  
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[SABGcompliance@dhcs.ca.gov](mailto:SABGcompliance@dhcs.ca.gov), Policy, Monitoring and Financing Section  
[MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov), County/Provider Operations and Monitoring Branch  
Courtney Lubell, Ventura County Special Projects Manager

## COUNTY REVIEW INFORMATION

**County:**

Ventura

**County Contact Name/Title:**

Courtney Lubell / Special Projects Manager

**County Address:**

1911 Williams Drive, Ste. 200  
Oxnard, CA 93036

**County Phone Number/Email:**

(805) 981-5453  
Courtney.Lubell@ventura.org

**Date of Review:**

9/22/2021

**Lead CCU Analyst:**

Becky Counter

**Assisting CCU Analyst:**

N/A

**Report Prepared by:**

Becky Counter

**Report Approved by:**

Ayesha Smith

## REVIEW SCOPE

- I. Regulations:
  - a. California Code of Regulations, Title 22, section 51341.1 – Drug Medi-Cal Substance Use Disorder Services
  - b. Code of Federal Regulations; Title 45, Part 96; Subpart L; section 96.121 through 96.137: Substance Abuse Prevention and Treatment Block Grant
  - c. United States Code, Title 42, Section 300x-21 through 300x-66: Block Grants regarding Mental Health and Substance Use
  - d. Health and Safety Code, Division 10.5, Section 11750 – 11970: Alcohol and Drug Programs
  
- II. Program Requirements:
  - a. Fiscal Year (FY) 2020-21 Substance Abuse Block Grant (SABG) Application, herein referred to as the SABG Application
  - b. State of California *Youth Treatment Guidelines Revised August 2002*
  - c. DHCS *Perinatal Practice Guidelines FY 2018-19*
  - d. National Culturally and Linguistically Appropriate Services (CLAS)
  - e. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
  - f. Behavioral Health Information Notices (BHIN)

## ENTRANCE AND EXIT CONFERENCE SUMMARIES

### **Entrance Conference:**

An Entrance Conference was conducted via WebEx on 9/22/2021. The following individuals were present:

- Representing DHCS:  
Becky Counter, Associate Governmental Program Analyst (AGPA)  
Kionna Howard, AGPA
  
- Representing Ventura County:  
Courtney Lubell, Special Projects Manager  
Loretta Denering, Substance Use Services (SUS) Division Chief  
Kathy Mulford, SUS Senior (Sr.) Manager  
Jessica Davis, Substance Use Treatment Services Behavioral Health Manager  
Anita Catapusan, DMC-ODS Plan Manager  
Ophra Ashur, Compliance Sr. Manager  
Chauntrece Washington, Quality Assurance Manager  
Sloane Burt, Quality Improvement Manager  
Shanna Zanolini, Quality Improvement Senior Program Administrator  
Geneveve Zapeda, Clinical Nurse Manager of Quality Assurance Unit- Utilization Review  
Dan Hicks, Prevention Services Manager  
Lansing Pillsbury, Principal Accountant  
Barbara Kramer, Contracts Administrator  
Maryza Seal, Contracts Manager  
Karen Lee, Quality Assurance Manager  
Leisa Donovan, Fiscal Manager  
Dani Yomtov, Program Administrator  
Narcisa Egan, Assistant Chief Financial Officer

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the monitoring process
- Ventura County overview of services

**Exit Conference:**

An Exit Conference was conducted via WebEx on 9/22/2021. The following individuals were present:

- Representing DHCS:  
Becky Counter, AGPA
  
- Representing Ventura County:  
Courtney Lubell, Special Projects Manager  
Loretta Denering, Substance Use Services (SUS) Division Chief  
Kathy Mulford, SUS Senior (Sr.) Manager  
Jessica Davis, Substance Use Treatment Services Behavioral Health Manager  
Anita Catapusan, DMC-ODS Plan Manager  
Ophra Ashur, Compliance Sr. Manager  
Chauntrece Washington, Quality Assurance Manager  
Sloane Burt, Quality Improvement Manager  
Shanna Zanolini, Quality Improvement Senior Program Administrator  
Geneveve Zapeda, Clinical Nurse Manager of Quality Assurance Unit- Utilization Review  
Dan Hicks, Prevention Services Manager  
Lansing Pillsbury, Principal Accountant  
Barbara Kramer, Contracts Administrator  
Maryza Seal, Contracts Manager  
Karen Lee, Quality Assurance Manager  
Leisa Donovan, Fiscal Manager  
Dani Yomtov, Program Administrator  
Narcisa Egan, Assistant Chief Financial Officer

During the Exit Conference, the following topics were discussed:

- Review of compliance deficiencies
- Follow up deadlines

## SUMMARY OF FY 2020-21 COMPLIANCE DEFICIENCIES (CD)

<u>Section</u>	<u>Number of CD's</u>
1.0 Administration	2
2.0 Prevention	0
3.0 Perinatal	0
4.0 Adolescent/Youth Treatment	0
5.0 Data/CalOMS	1
6.0 Program Integrity	2
7.0 Fiscal	0

## **CORRECTIVE ACTION PLAN (CAP)**

Pursuant to the SABG County Application, Enclosure 1, Part I, Section 3, B, 5-8 each CD identified must be addressed via a CAP. The CAP is due within sixty (60) calendar days of the date of this monitoring report.

Please provide the following within the completed FY 2020-21 CAP:

- a) A statement of the CD.
- b) A list of action steps to be taken to correct the CD.
- c) A date of completion for each CD.
- d) The name of the person who will be responsible for corrections and ongoing compliance.

The PMFS analyst will monitor progress of the CAP completion.



## Category 1: ADMINISTRATION

A review of the County's Maintenance of Records, service providers, referrals, services, contracts, and general provisions was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD: 1.5.2:**

##### SABG Application Enclosure 2, II, 2

###### 1. Hatch Act

County agrees to comply with the provisions of the Hatch Act (USC, Title 5, Part III, Subpart F., Chapter 73, Subchapter III), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

##### SABG Application, Enclosure 2, II, 23

###### 23. Subcontract Provisions

County shall include all of the foregoing provisions in all of its subcontracts.

**Findings:** The County did not make available evidence demonstrating all of the foregoing SABG Application, Enclosure 2, Section II general provisions are included in all executed subcontracts, specifically the Hatch Act.

#### **CD: 1.5.9:**

##### SABG Application, Enclosure 2, II, 14

###### 14. Tribal Communities and Organizations

County shall regularly review population information available through Census, compare to information obtained in the California Outcome Measurement System for Treatment (CalOMS-Tx) to determine whether the population is being reached, and survey Tribal representatives for insight in potential barriers to the substance use service needs of the American Indian/Alaskan Native (AI/AN) population within the County geographic area. Contractor shall also engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness, and accessibility of services available to AI/NA communities within the County.

##### SABG Application, Enclosure 2, II, 23

###### 23. Subcontract Provisions

County shall include all of the foregoing provisions in all of its subcontracts.

**Findings:** The County did not make available evidence demonstrating all of the foregoing SABG Application, Enclosure 2, Section II general provisions are included in all executed subcontracts, specifically Tribal Communities and Organizations.

## Category 5: DATA/CALOMS

A review of data submissions via CalOMS was conducted to ensure compliance with applicable regulations and standards. The following deficiency in regulations, standards or protocol requirements was identified:

### COMPLIANCE DEFICIENCY:

#### **CD: 5.1.2:**

#### SABG Application, Enclosure 2, III, 2, C-F

#### 2. California Outcomes Measurement System for Treatment (CalOMS-Tx)

The CalOMS-Tx business rules and requirements are:

- C. Electronic submission of CalOMS-Tx data shall be submitted by County within 45 days from the end of the last day of the report month.
- D. County shall comply with data collection and reporting requirements established by the DHCS CalOMS-Tx Data Collection Guide (<https://www.dhcs.ca.gov/provgovpart/Pages/CalOMS-Treatment.aspx>) and all former Department of Alcohol and Drug Programs Bulletins and DHCS Information Notices relevant to CalOMS Tx data collection.
- E. County shall submit CalOMS-Tx admission, discharge, annual update, resubmissions of records containing errors or in need of correction, and “provider no activity” report records in an electronic format approved by DHCS.
- F. County shall comply with the CalOMS-Tx Data Compliance Standards established by DHCS for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines, and reporting method, as identified online at:  
<https://www.dhcs.ca.gov/provgovpart/Pages/CalOMS-Treatment.aspx>

**Findings:** The County’s Open Admissions Report is not in compliance.

## Category 6: PROGRAM INTEGRITY

A review of the SABG monitoring, privacy, and program integrity was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD: 6.1.1:**

##### SABG Application, Enclosure 2, I, 1, A, 1

1. Performance under the terms of this Enclosure is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol SABG allocation pursuant to HSC Sections 11814(a) and (b), County shall: (i) establish, and shall require its subcontractors to establish, written policies and procedures consistent with the control requirements set forth below; (ii) monitor for compliance with the written procedures; and (iii) be accountable for audit exceptions taken by DHCS against the County and its subcontractors for any failure to comply with these requirements:

##### SABG Application Enclosure 2, I, 1, A, 3-4

3. County shall adhere to the applicable provisions of Title 45, CFR, Part 75 and Part 96 in the expenditure of SABG funds.
4. County and all its subcontractors shall comply with the Minimum Quality Drug Treatment Standards for SABG for all Substance Use Disorder (SUD) treatment programs either partially or fully funded by SABG. The Minimum Quality Drug Treatment Standards for SABG are attached to this Contract in Enclosure 4.

**Findings:** The County's current blank monitoring tools used to monitor County and subcontracted providers for compliance with SABG program requirements does not include the following element:

- Primary Prevention

#### **CD 6.1.3:**

##### SABG Application Enclosure 2, I, 3, A, 1, a-e

1. County's performance under the County Performance Contract and the SABG County Application shall be monitored by DHCS during the term of the County Performance Contract. Monitoring criteria shall include, but not be limited to:
  - a. Whether the quantity of work or services being performed conforms to Enclosure 3.
  - b. Whether the County has established and is monitoring appropriate quality standards.
  - c. Whether the County is abiding by all the terms and requirements of this Contract.
  - d. Whether the County is abiding by the terms of the Perinatal Practice Guidelines.
  - e. Whether the County conducted annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. County shall submit copy of its monitoring and audit reports to DHCS within two weeks of issuance. Reports shall be sent by secure, encrypted e-mail to:

SUDCountyReports@dhcs.ca.gov or

Audits and Investigations Division  
Medical Review Branch  
Department of Health Care Services  
PO Box 997413, MS-2703  
Sacramento, CA 95899-7413

**Findings:** The County did not make available evidence it conducts an onsite monitoring review of each County managed and County subcontracted program providing SABG funded services.

- The County monitored one (1) of five (5) SABG funded providers and submitted the audit report of the annual review to DHCS.
- The one (1) annual monitoring report provided was not submitted to DHCS secure and encrypted.
- The one (1) annual monitoring report provided was not submitted to DHCS within two weeks of completion.

## **TECHNICAL ASSISTANCE**

Ventura County did not request Technical Assistance (TA) during the FY 20/21 review.