



WILL LIGHTBOURNE  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

May 25, 2021

Sent via e-mail to: [dutecht@fresnocountyca.gov](mailto:dutecht@fresnocountyca.gov)

Dawan Utecht, Director  
Fresno County Department of Behavioral Health  
1925 E. Dakota Avenue  
Fresno, CA 93726

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Director Utecht:

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

Fresno 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 July/25/2021. 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 [emanuel.hernandez@dhcs.ca.gov](mailto:emanuel.hernandez@dhcs.ca.gov).

Sincerely,

Emanuel Hernandez  
(916) 713-8667  
[emanuel.hernandez@dhcs.ca.gov](mailto:emanuel.hernandez@dhcs.ca.gov)

Audits and Investigations Division  
Medical Review Branch  
Behavioral Health Compliance Section  
County Compliance Unit  
1500 Capitol Ave., MS 2305  
Sacramento, CA 95814  
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Distribution:

To: Director Utecht,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief  
Lanette Castleman, Audits and Investigations, Behavioral Health Compliance Section Chief  
Ayesha Smith, Audits and Investigations, Behavioral Health Compliance Unit Chief  
Michael Bivians, Audits and Investigations, County Compliance Monitoring II Chief  
Janet Rudnick, Audits and Investigations, Provider Compliance Unit Chief  
Tracie Walker, Community Services Division, Community Support Branch Chief  
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[MCBHDMonitoring@dhcs.ca.gov](mailto:MCBHDMonitoring@dhcs.ca.gov), County/Provider Operations and Monitoring Branch  
Katherine Anderson, Fresno County Department of Behavioral Health Principal Analyst

## COUNTY REVIEW INFORMATION

**County:**

Fresno

**County Contact Name/Title:**

Katherine Anderson/Principal Analyst

**County Address:**

1925 E. Dakota Avenue, Fresno, CA 93726

**County Phone Number/Email:**

(559) 600-9193

[kathyanderson@fresnocountyca.gov](mailto:kathyanderson@fresnocountyca.gov)

**Date of Review:**

2/3/2021

**Lead CCU Analyst:**

Emanuel Hernandez

**Assisting CCU Analysts:**

N/A

**Report Prepared by:**

Emanuel Hernandez

**Report Approved by:**

Ayesha Smith

## REVIEW SCOPE

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

## ENTRANCE AND EXIT CONFERENCE SUMMARIES

### **Entrance Conference:**

An Entrance Conference was conducted via WebEx on 02/03/2021. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, AGPA
- Representing Fresno County:  
Dawan Utecht, Behavioral Health Director  
Katherine Anderson, Principal Analyst  
Youngok Lewis, Staff Analyst  
Sharon Erwin Sr., Staff Analyst  
Kannika Toonnachat, Division Manager, Technology & Quality Management  
Marcelia Black, Division Manager, Managed Care Division  
Stacey Vanbruggen, Division Manager, Adult Services Division  
Dalia Jimenez, Senior Licensed Mental Health Clinician  
Nicholas Delgado, Senior Substance Abuse Specialist  
Francisco Escobedo, Senior Staff Analyst  
Cesar Rodriguez, Senior Staff Analyst  
Analinda Reyes, Administrative Assistant

During the Entrance Conference, the following topics were discussed:

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

**Exit Conference:**

An Exit Conference was conducted via WebEx on 2/3/2021. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, AGPA
  
- Representing Fresno County:  
Dawan Utecht, Behavioral Health Director  
Katherine Anderson, Principal Analyst  
Youngok Lewis, Staff Analyst  
Sharon Erwin Sr., Staff Analyst  
Kannika Toonnachat, Division Manager, Technology & Quality Management  
Marcelia Black Division Manager, Managed Care Division  
Stacey Vanbruggen, Division Manager, Adult Services Division  
Dalia Jimenez, Senior Licensed Mental Health Clinician  
Nicholas Delgado, Senior Substance Abuse Specialist  
Francisco Escobedo, Senior Staff Analyst  
Cesar Rodriguez, Senior Staff Analyst  
Analinda Reyes, Administrative Assistant

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	1
2.0 Prevention	0
3.0 Perinatal	0
4.0 Adolescent/Youth Treatment	0
5.0 Data/CalOMS	2
6.0 Program Integrity	1
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 deficiency in regulations, standards or protocol requirements was identified:

### COMPLIANCE DEFICIENCY

#### **CD: 1.4.1:**

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

#### B. Performance Requirements

1. County shall provide services to all eligible persons in accordance with state and federal statutes and regulations. County shall assure that in planning for the provision of services, the following barriers to services are considered and addressed:
  - b. Geographic isolation and transportation needs of persons seeking services or remoteness of services.

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

1. Performance under the terms of this Enclosure is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol SABG allocation pursuant to HSC Sections 11814(a) and (b), County shall: (i) establish, and shall require its subcontractors to establish, written policies and procedures consistent with the control requirements set forth below; (ii) monitor for compliance with the written procedures; and (iii) be accountable for audit exceptions taken by DHCS against the County and its subcontractors for any failure to comply with these requirements:
  - g. CFR, Title 45, Part 96, Block Grants.

45 CFR § 96.124(e)(5)

(e) With respect to paragraph (c) of this section, the amount set aside for such services shall be expended on individuals who have no other financial means of obtaining such services as provided in § 96.137. All programs providing such services will treat the family as a unit and therefore will admit both women and their children into treatment services, if appropriate. The State shall ensure that, at a minimum, treatment programs receiving funding for such services also provide or arrange for the provision of the following services to pregnant women and women with dependent children, including women who are attempting to regain custody of their children:

- (5) Sufficient case management and transportation to ensure that women and their children have access to services provided by paragraphs (e) (1) through (4) of this section.

**Findings:** The County did not make available evidence demonstrating the County's planning for the provision of services ensuring the following barriers to services are considered and addressed: Geographic isolation and transportation needs of the persons seeking services or remoteness of services.

## Category 5: DATA/CALOMS

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

### COMPLIANCE DEFICIENCIES:

#### **CD: 5.1.1:**

SABG Application, Enclosure 2, III, 2, G

- G. County shall participate in CalOMS-Tx informational meetings, trainings, and conference calls. County staff responsible for CalOMS-Tx data entry must have sufficient knowledge of the CalOMS-Tx Data Quality Standards. All new CalOMS-Tx users, whether employed by the County or its subcontractors, shall participate in CalOMS-Tx trainings prior to inputting data into the system.

**Findings:** The County did not make available evidence demonstrating staff responsible for CalOMS-Tx data entry participated in CalOMS-Tx trainings prior to inputting data into the system.

#### **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 deficiency in regulations, standards or protocol requirements was identified:

### COMPLIANCE DEFICIENCY:

#### **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 14 of 21 SABG funded providers and submitted audits reports of these annual reviews to DHCS.
- The County submitted three (3) of 14 annual monitoring reports secure and encrypted to DHCS.
- The County submitted eight (8) of 14 annual monitoring reports within two weeks of completion to DHCS.

## **TECHNICAL ASSISTANCE**

No technical assistance was requested by the County.