



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



GAVIN NEWSOM  
GOVERNOR

June 21, 2021

Sent via e-mail to: Martin, Judith (DPH) [judith.martin@sfdph.org](mailto:judith.martin@sfdph.org)

Director Martin  
San Francisco Department of Public Health-Behavioral Health  
1380 Howard Street  
San Francisco, CA 94103

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Director Martin:

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

San Francisco 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 8/21/2021. 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  
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Distribution:

To: Director Martin,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief  
Lanette Castleman, Audits and Investigations, Behavioral Health Compliance Section Chief  
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Elissa Velez, San Francisco BHS Coordinator Quality Manager

## COUNTY REVIEW INFORMATION

**County:**

San Francisco

**County Contact Name/Title:**

Elissa Velez/ San Francisco BHS Coordinator Quality Manager

**County Address:**

1380 Howard Street  
San Francisco, CA 94103

**County Phone Number/Email:**

(415) 305-9792  
elissa.velez@sfdph.org

**Date of Review:**

3/12/2021

**Lead CCU Analyst:**

Emanuel Hernandez

**Assisting CCU Analyst:**

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 03/12/2021. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, Associate Governmental Program Analyst (AGPA)  
Alexandra Clark, AGPA
- Representing San Francisco County:  
Judith Martin, Medical Director and AOD Administrator  
Elissa Velez, Managed Care Policy & Planning Coordinator Quality Management  
David Pating, Addiction Psychiatrist  
David Smith, Pharmacy Services  
Joseph Gorndt, Assistant SUD Auditor  
Farahnaz Farahmand, Director CYF  
Lisa Inman, MD Interim co-CMO Behavioral Health Services  
Liliane Dela Rosa, Quality Improvement Coordinator, BHS Quality Management  
Laurel Snead, Principal Administrative Analyst of Substance Use Disorder Services  
Kimberly Voelker, Ambulatory Care Applications Manager  
Kellee Hom, PhD – Clinical Informaticist  
Yoonjung Kim, Assistant Director at AOA SOC/Interim Program Manager at TAP  
Angelica Almeida, PhD – Director of Street Based and Justice Involved BHS  
Karen Strickland, Prevention Coordinator, CYF  
Marlo Simmons, Acting Director Behavioral Health Services  
Kitty Ha, Quality Improvement Coordinator  
Jose Luis Guzman, SUD System of Care Program Manager  
Furu Ouyang, Substance Use Disorder Senior Clerk  
Erik Dubon, SUD Project Manager  
Edwin Batongbacal, Director, Adult & Older Adult Systems of Care  
James Stillwell, Administrative Analyst SUDS  
Diane Prentiss, Interim Director of Quality Management BHS

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the monitoring process
- San Francisco County overview of services

**Exit Conference:**

An Exit Conference was conducted via WebEx on 3/12/2021. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, AGPA  
Alexandra Clark, AGPA
- Representing San Francisco County:  
Judith Martin, Medical Director and AOD Administrator  
Elissa Velez, Managed Care Policy & Planning Coordinator Quality Management  
David Pating, Addiction Psychiatrist  
David Smith, Pharmacy Services  
Joseph Gorndt, Assistant SUD Auditor  
Farahnaz Farahmand, Director CYF  
Lisa Inman, MD Interim co-CMO Behavioral Health Services  
Liliane Dela Rosa, Quality Improvement Coordinator, BHS Quality Management  
Laurel Snead, Principal Administrative Analyst of Substance Use Disorder Services  
Kimberly Voelker, Ambulatory Care Applications Manager  
Kellee Hom, PhD – Clinical Informaticist  
Yoonjung Kim, Assistant Director at AOA SOC/Interim Program Manager at TAP  
Angelica Almeida, PhD – Director of Street Based and Justice Involved BHS  
Karen Strickland, Prevention Coordinator, CYF  
Marlo Simmons, Acting Director Behavioral Health Services  
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Jose Luis Guzman, SUD System of Care Program Manager  
Furu Ouyang, Substance Use Disorder Senior Clerk  
Erik Dubon, SUD Project Manager  
Edwin Batongbacal, Director, Adult & Older Adult Systems of Care  
James Stillwell, Administrative Analyst SUDS  
Diane Prentiss, Interim Director of Quality Management BHS

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	3
2.0 Prevention	0
3.0 Perinatal	0
4.0 Adolescent/Youth Treatment	0
5.0 Data/CalOMS	2
6.0 Program Integrity	3
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 1.2.4:**

SABG Application, Enclosure 2, I. 3, C

##### C. Sub-recipient Pre-Award Risk Assessment

County shall comply with the sub-recipient pre-award risk assessment requirements contained in 45 CFR 72.205 (HHS awarding agency review of risk posed by applicants). County shall review the merit and risk associated with all potential subcontractors annually prior to making an award.

County shall perform and document annual sub-recipient pre-award risk assessments for each subcontractor and retain documentation for audit purposes.

**Findings:** The County did not provide evidence the County completes sub-recipient pre-award risk assessments with all potential subcontractors annually prior to making an award. The County did not make available a blank copy of the annual pre-award risk assessment and the scoring key.

#### **CD 1.3.1:**

SABG Application, Enclosure 2, III, 6

##### 6. Charitable Choice

County shall document the total number of referrals necessitated by religious objection to other alternative SUD providers. The County shall annually submit this information to DHCS by e-mail at [CharitableChoice@dhcs.ca.gov](mailto:CharitableChoice@dhcs.ca.gov) by October 1st. The annual submission shall contain all substantive information required by DHCS and be formatted in a manner prescribed by DHCS.

#### 45 CFR § 87.3(i)

(j) If a beneficiary or prospective beneficiary of a social service program supported by the HHS awarding agency objects to the religious character of an organization that provides services in the United States under the program, that organization must promptly undertake reasonable efforts to identify and refer the beneficiary to an alternative provider to which the beneficiary has no objection. A referral may be made to another faith-based or religious organization, if the beneficiary has no objection to that provider. But if the beneficiary requests a secular provider, and a secular provider is available, then a referral must be made to that provider. Except for services provided by telephone, internet, or similar means, the referral must be to an alternative provider that is in reasonable geographic proximity to the organization making the referral and that offers services that are similar in substance and quality to those offered by the organization. The alternative provider also must have the capacity to accept additional beneficiaries.

**Findings:** The County's email submission to DHCS providing the total number of referrals necessitated by a beneficiary's religious objection for FY 2019-20 was made available during the

review however; the email submission was not submitted to DHCS within the timeliness requirements for Charitable Choice.

**CD: 1.5.6:**

SABG Application, Enclosure 2, II, 5

5. Debarment and Suspension

County shall not subcontract with or employ any party listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp. p. 189) and 12689 (3 CFR part 1989., p. 235), "Debarment and Suspension." SAM exclusions contain the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

The County shall advise all subcontractors of their obligation to comply with applicable federal debarment and suspension regulations, in addition to the requirements set forth in 42 CFR Part 1001. If a County subcontracts or employs an excluded party, DHCS has the right to withhold payments, disallow costs, or issue a CAP, as appropriate, pursuant to HSC Code 11817.8(h).

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 County and subcontractor compliance with Debarment and Suspension.

## 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: 5.1.2:**

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 Provider Report is not in compliance.

#### **CD: 5.1.3:**

SABG Application, Enclosure 2, III, 5, C

#### 5. Drug and Alcohol Treatment Access Report (DATAR)

The DATAR business rules and requirements are:

- C. The County shall ensure that all DATAR reports are submitted by either County-operated treatment services and by each subcontracted treatment provider to DHCS by the 10th of the month following the report activity month.

**Findings:** The County’s DATAR 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 did not make available the County's current blank monitoring tool used to monitor County and subcontracted providers for compliance with SABG program requirements.

#### **CD 6.1.2:**

##### 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 did not make available evidence to support subcontracted providers are monitored for the Minimum Quality Drug Treatment Standards.

**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 zero (0) of sixteen (16) SABG funded providers and did not submit audit reports of these annual reviews to DHCS.

## **TECHNICAL ASSISTANCE**

No technical assistance was requested by the County.