



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

November 1, 2021

Sent via e-mail to: erik.riera@santacruzcounty.us

Erik Riera, Behavioral Health Director
Santa Cruz County Behavioral Health Plan
1400 Emeline Ave.
Santa Cruz, CA 95060

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Director Riera:

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

Santa Cruz 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 1/3/2022. Please use enclosed CAP form and submit the completed CAP and supporting documentation by email to the PMFS analyst at SABGcompliance@dhcs.ca.gov.

If you have any questions, please contact me at michael.bivians@dhcs.ca.gov.

Sincerely,

Michael Bivians
(916) 713-8966

Audits and Investigations Division
Medical Review Branch
Behavioral Health Compliance Section
County Compliance Unit
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Distribution:

To: Director Riera,

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Anthony Jordan, Santa Cruz County Substance Use Disorder Services Director

COUNTY REVIEW INFORMATION

County:

Santa Cruz

County Contact Name/Title:

Anthony Jordan, Substance Use Disorder Services Director

County Address:

1440 Emeline Ave.
Santa Cruz, CA 95060

County Phone Number/Email:

(831) 454-4220
anthony.jordan@santacruzcounty.us

Date of Review:

9/29/2021

Lead CCU Analyst:

Michael Bivians

Assisting CCU Analyst:

Katrina Beedy

Report Prepared by:

Michael Bivians

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 9/29/2021. The following individuals were present:

- Representing DHCS:
Michael Bivians, Staff Services Manager I (SSM I)
Michael Ulibarri, SSM I
Christina Whitlock, Associate Governmental Program Analyst (AGPA)
- Representing Santa Cruz County:
Anthony Jordan, Substance Use Disorder Services Director
Casey Swank, Outpatient Services Manager
Cybele Lolly, Quality Improvement/Compliance Manager
Sube Robertson, Utilization Review Specialist
Lisa Todd, SUDS Senior Analyst
Michelle Sapena, Administrative Analyst
Sara Avila, Quality Improvement
Emily Kenville, Fiscal

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the review process

Exit Conference:

An Exit Conference was conducted via WebEx on 9/29/2021. The following individuals were present:

- Representing DHCS:
Michael Bivians, SSM I
Michael Ulibarri, SSM I
Christina Whitlock, AGPA
- Representing Santa Cruz County:
Anthony Jordan, Substance Use Disorder Services Director
Casey Swank, Outpatient Services Manager
Cybele Lolly, Quality Improvement/Compliance Manager
Sube Robertson, Utilization Review Specialist
Lisa Todd, SUDS Senior Analyst
Michelle Sapena, Administrative Analyst
Sara Avila, Quality Improvement
Emily Kenville, Fiscal

During the Exit Conference, the following topics were discussed:

- Follow-up documentation due date
- Feedback on monitoring protocols

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	1
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 1.2.4:

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 75.205 (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 make available two (2) completed FY 2020-21 pre-award risk assessments for current SABG subcontracted providers as requested.

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: 5.1.3:

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 deficiency in regulations, standards or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 6.2.5:

County Performance Contract, Attachment A, 1, C
Confidentiality Statement.

All persons that will be working with Department PHI or PI must sign a confidentiality statement that includes, at a minimum, General Use, Security and Privacy Safeguards, Unacceptable Use, and Enforcement Policies. The statement must be signed by the workforce member prior to access to Department PHI or PI. The statement must be renewed annually. The Contractor shall retain each person's written confidentiality statement for Department inspection for a period of six (6) years following termination of this Agreement.

Findings: The County did not make available two (2) of the three (3) requested signed confidentiality statements from the County staff as evidence of compliance.

TECHNICAL ASSISTANCE

Santa Cruz County requested Technical Assistance regarding the entries on their DATAR County Non-Compliance Report.