



MICHELLE BAASS  
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Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

08/01/2022

Sent via e-mail to: [Karyn.Tribble@acgov.org](mailto:Karyn.Tribble@acgov.org)

Karyn L. Tribble, Director  
Alameda County Behavioral Health Care Services Department  
2000 Embarcadero Cove, Suite 400  
Oakland, CA 94606

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Director Tribble,

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 Alameda 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 Alameda County's Fiscal Year 2021-22 SABG compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Alameda 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 10/03/2022. Please use enclosed CAP form and submit the completed CAP and supporting documentation by email to the PMFS analyst at [SABGcompliance@dhcs.ca.gov](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

Audits and Investigations Division  
Medical Review Branch  
Behavioral Health Compliance Section  
County Compliance Unit  
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James Wagner, ACBH Clinical Operations Deputy Director  
Clyde Lewis, ACBH Substance Use Continuum of Care Director

## COUNTY REVIEW INFORMATION

**County:**

Alameda

**County Contact Name/Title:**

Clyde Lewis, ACBH Substance Use Continuum of Care Director

**County Address:**

2000 Embarcadero Cove  
Oakland, CA 94606

**County Phone Number/Email:**

(510) 567-8123  
clyde.lewis@acgov.org

**Date of Review:**

05/24/2022

**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. Fiscal Year (FY) 2021-22 Substance Abuse Block Grant (SABG) Application, herein referred to as the SABG Application
  - c. State of California *Youth Treatment Guidelines Revised August 2002*
  - d. DHCS *Perinatal Practice Guidelines FY 2018-19*
  - e. National Culturally and Linguistically Appropriate Services (CLAS)
  - f. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices
  - g. Behavioral Health Information Notices (BHIN)

## ENTRANCE AND EXIT CONFERENCE SUMMARIES

### **Entrance Conference:**

An Entrance Conference was conducted via WebEx on 5/24/2022. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, County Compliance Unit (CCU) Associate Governmental Program Analyst (AGPA)
- Representing Alameda County:  
Clyde Lewis, Alameda County Behavioral Health (ACBH) Substance Use Continuum of Care Director  
Jameka Polk, ACBH Support Admin  
Kripa Sooryanayana, ACBH Financial Services Specialist II Budget & Fiscal Services  
Ricca Espiridon, ACBH Substance Use Continuum of Care Assistant Director  
Yikki Yi, ACBH Supervising Financial Services Specialist, Audit and Cost Reporting Unit  
Danielle Benjamin, ACBH Information System Analyst, Information Support  
Jose Santiago, ACBH Financial Services Specialist II, CBO Audit Review Unit  
Macy Hui, ACBH Budget and Fiscal Services  
Lauren Rankin, ACBH Program Contract Manager Contracts Unit  
Karen Capece, ACBH Quality Management Program Director  
Melissa Yamamoto, ACBH Administrative Support Manager, Office of the Deputy Director, Clinical Operations  
Fonda Houston, ACBH Operational Specialist Substance Use Continuum of Care

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of review process
- Overview of services provided

**Exit Conference:**

An Exit Conference was conducted via WebEx on 05/24/2022. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, AGPA
  
- Representing Alameda County:  
Clyde Lewis, ACBH Substance Use Continuum of Care Director  
Jameka Polk, ACBH Support Admin  
Kripa Sooryanayana, ACBH Financial Services Specialist II Budget & Fiscal Services  
Ricca Espiridon, ACBH Substance Use Continuum of Care Assistant Director  
Yikki Yi, ACBH Supervising Financial Services Specialist, Audit and Cost Reporting Unit  
Danielle Benjamin, ACBH Information System Analyst, Information Support  
Jose Santiago, ACBH Financial Services Specialist II, CBO Audit Review Unit  
Macy Hui, ACBH Budget and Fiscal Services  
Lauren Rankin, ACBH Program Contract Manager Contracts Unit  
Karen Capece, ACBH Quality Management Program Director  
Melissa Yamamoto, ACBH Administrative Support Manager, Office of the Deputy Director, Clinical Operations  
Fonda Houston, ACBH Operational Specialist Substance Use Continuum of Care

During the Exit Conference, the following topics were discussed:

- Submitting follow-up evidence
- Due date for evidence submission

## SUMMARY OF FY 2021-22 COMPLIANCE DEFICIENCIES (CD)

<u>Section</u>	<u>Number of CD's</u>
1.0 Administration	2
2.0 Prevention	0
3.0 Perinatal	2
4.0 Adolescent/Youth Treatment	1
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 2, Part I, Section 3, B, 5-7 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 2021-22 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 1.2.2:**

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 provide evidence demonstrating the completion of sub-recipient pre-award risk assessments with all potential subcontractors annually prior to making an award.

#### **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.

**Findings:** The County did not provide evidence of the email submission to DHCS indicating the total number of referrals necessitated by a beneficiary's religious objection for FY 2020-21.

## Category 3: PERINATAL

A review of the SABG Perinatal services, outreach and Tuberculosis (TB) monitoring was conducted to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD: 3.1.1:**

SABG Application, Enclosure 2, I, 2, D

#### D. Perinatal Practice Guidelines

County shall comply with the perinatal program requirements as outlined in the Perinatal Practice Guidelines as listed online: [https://www.dhcs.ca.gov/Documents/CSD\\_KS/CSD%20Perinatal%20Services\\_/Perinatal-Practice-Guidelines.pdf](https://www.dhcs.ca.gov/Documents/CSD_KS/CSD%20Perinatal%20Services_/Perinatal-Practice-Guidelines.pdf).

The County shall comply with the current version of these guidelines until new Perinatal Practice Guidelines are established and adopted. County must adhere to the Perinatal Practice Guidelines, regardless of whether the County exchanges perinatal funds for additional discretionary funds.

Perinatal Practice Guidelines, Section B, 7

#### 7. ASSESSMENT AND PLACEMENT

It is essential for SUD providers to perform initial and ongoing assessments to ensure pregnant and parenting women are placed in the level of care that meets their needs.

SUD providers delivering perinatal residential services should attempt to obtain physical examinations for beneficiaries prior to or during admission. In addition, providers must obtain medical documentation that substantiates the woman's pregnancy.

Physical examination requirements are as follows:

- i. The physician shall review the beneficiary's most recent physical examination within 30 days of admission to treatment. The physical examination should be within a 12-month period prior to admission date.
- ii. Alternatively, the physician, a registered nurse, or a physician's assistant may perform a physical examination for the beneficiary within 30 calendar days of admission.
- iii. If neither requirements stated in (i) or (ii) are met, the provider shall document the goal of obtaining a physical examination in the beneficiary's initial or updated treatment plan, until the goal has been met.

**Findings:** The County did not provide evidence demonstrating how County and subcontractor providers delivering perinatal residential services attempt to obtain physical examinations for beneficiaries within the specified timelines prior to or during admission.

The County did not provide evidence demonstrating how County and subcontractor providers obtain medical documentation that substantiates the woman's pregnancy.

**CD 3.1.2:**

SABG Application, Enclosure 2, I, 2, D

D. Perinatal Practice Guidelines

County shall comply with the perinatal program requirements as outlined in the Perinatal Practice Guidelines as listed online: [https://www.dhcs.ca.gov/Documents/CSD\\_KS/CSD%20Perinatal%20Services\\_Perinatal-Practice-Guidelines.pdf](https://www.dhcs.ca.gov/Documents/CSD_KS/CSD%20Perinatal%20Services_Perinatal-Practice-Guidelines.pdf).

The County shall comply with the current version of these guidelines until new Perinatal Practice Guidelines are established and adopted. County must adhere to the Perinatal Practice Guidelines, regardless of whether the County exchanges perinatal funds for additional discretionary funds.

Perinatal Practice Guidelines, Section B, 7

7. ASSESSMENT AND PLACEMENT

All SUD providers shall document treatment services, activities, sessions, and assessments.

In addition, the provider shall complete a personal, medical, and substance use history within 30 calendar days of admission to treatment.

Pregnant women who are dependent on opioids and have a documented history of addiction to opioids, may be admitted to maintenance treatment without documentation of a 2-year addiction history or two prior treatment failures.

Physicians shall reevaluate the pregnant woman no later than 60 days postpartum to determine whether continued maintenance treatment is appropriate.

**Findings:** The County did not provide evidence demonstrating how County and subcontracted providers document treatment services, activities, sessions and assessments for pregnant women, specifically:

- Personal History completed within 30 days of admission to treatment.
- Medical History completed within 30 days of admission to treatment.
- Substance Use History completed within 30 days of admission to treatment.
- Physician reevaluation of pregnant beneficiary no later than 60 days postpartum.

## Category 4: ADOLESCENT/YOUTH TREATMENT

A review of the SABG Adolescent/Youth Treatment program and services was conducted to ensure compliance with applicable regulations and standards. The following deficiency in regulations, standards, or protocol requirements was identified:

### COMPLIANCE DEFICIENCY:

#### **CD 4.2.3:**

SABG Application, Enclosure 2, II. General, 16

#### 16. Youth Treatment Guidelines

County must comply with DHCS guidelines in developing and implementing youth treatment programs funded under this Enclosure, until new Youth Treatment Guidelines are established and adopted. Youth Treatment Guidelines are posted online at: <https://www.dhcs.ca.gov/provgovpart/Pages/Youth-Services.aspx>.

#### Youth Treatment Guidelines Section VIII, E, 1-2

##### E. Buildings/Grounds

1. All residential facilities must be licensed in accordance with applicable state licensing statutes and regulations and remain in compliance with such requirements.
2. All facilities should be clean, sanitary, and in good repair at all times for the safety and well-being of youth, staff, and visitors.

**Findings:** The County did not provide evidence demonstrating how County and subcontracted providers ensure facilities are in compliance with licensing and regulations.

## 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, 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.

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

##### SABG Application, Enclosure 2, III, 5, A-D

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

The DATAR business rules and requirements are:

- A. The County shall be responsible for ensuring that the County-operated treatment services and all treatment providers, with whom County makes a contract or otherwise pays for the services, submit a monthly DATAR report in an electronic copy format as provided by DHCS.
- B. The County shall ensure that treatment providers who reach or exceed 90 percent of their dedicated capacity, report this information to [DHCSPerinatal@dhcs.ca.gov](mailto:DHCSPerinatal@dhcs.ca.gov) within seven days of reaching capacity.
- 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.
- D. The County shall ensure that all applicable providers are enrolled in DHCS’ web-based DATARWeb program for submission of data, accessible on the DHCS website when executing the subcontract.

**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 6.1.2:**

#### SABG Application Enclosure 2, I, 3, A, 1, 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:
  - 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 via a Secure Managed File Transfer system specified by DHCS.

**Findings:** The County did not provide evidence demonstrating it conducted onsite monitoring reviews of each County managed and subcontracted program providing SABG funded services.

- The County monitored 29 of 36 SABG funded programs and submitted audit reports of these annual reviews to DHCS.

## **TECHNICAL ASSISTANCE**

Alameda County did not request technical assistance.