



JENNIFER KENT  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

March 14, 2017

Sent via e-mail to: [vkelly@dbh.sbcounty.gov](mailto:vkelly@dbh.sbcounty.gov)

Veronica Kelley, LCSW  
Director, AOD Administrator  
San Bernardino County  
Department of Behavioral Health  
303 E. Vanderbilt Way  
San Bernardino, CA 92415-0026

SUBJECT: State Fiscal Year (SFY) 2016-17 - County Monitoring Unit Report

Dear Director Kelley:

Enclosed are the results of San Bernardino County's 16-17 Substance Abuse Prevention and Treatment (SAPT) Block Grant (BG)<sup>1</sup>, and the State County Contract compliance review. The Department of Health Care Services (DHCS), Substance Use Disorders (SUD) Division is responsible for monitoring requirements of the SAPT BG and the terms of the State County Contract operated by San Bernardino County.

The County Monitoring Unit (CMU) within the Performance Management Branch (PMB) of DHCS SUD Division performed a comprehensive review based on responses to the monitoring instrument, discussion with county staff, supporting documentation and requirements. The enclosed report addresses compliance deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

San Bernardino County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CMU Analyst by April 14, 2017. The CAP must follow the guidelines detailed within the attached report. Please reference the enclosed CAP instructions. Please email the CAP and supporting CAP documentation to the CMU analyst, or mail to the address listed below. If you have any questions regarding this report or need assistance, please contact the CMU analyst.

Sincerely,

*Kerri Stubblefield*

CMU Analyst  
(916) 327-2654  
Kerri.Stubblefield@dhcs.ca.gov

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<sup>1</sup> Title 45 Code of Federal Regulations, Part 96, Subpart L – Substance Abuse Prevention and Treatment Block Grant requirements



**County Monitoring Unit Report**  
San Bernardino County

Distribution:

To: Veronica Kelley, San Bernardino County Department of Behavioral Health, Director

CC: Victoria King-Watson, DHCS Substance Use Disorders (SUD) Program, Policy and Fiscal Division, Assistant Division Chief  
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Janet Rudnick, Postservice Postpayment Unit II, Supervisor  
Trudi Romero, Policy and Prevention Branch, Office Technician  
Vickie Baumbach, San Bernardino County Alcohol & Drug Services, Program Manager II

March 14, 2017

Report Prepared by: *Kerri Stubblefield, County Monitoring Analyst*

Manager Approval: *Susan Jones, County Monitoring Supervisor*

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**Lead CMU Analyst:**  
Kerri Stubblefield

**Review Date:** November 16 – 18, 2016

**Assisting CMU Analyst:**  
Tereza Majkovic

**Review Period:** SFY 2016-17

**County:** San Bernardino

**County Address:**  
San Bernardino County Dept. of Behavioral Health  
303 East Vanderbilt Way  
San Bernardino, CA 92415-0026

The Department of Health Care Services (DHCS) is required to provide programmatic, administrative, and fiscal oversight of the statewide Substance Abuse Prevention and Treatment Block Grant (SAPT BG), the State County Contract, and Drug Medi-Cal (DMC) Substance Use Disorder (SUD) services through annual compliance reviews.

This report summarizes the findings of the compliance review conducted by the County Monitoring Unit (CMU).

## CORRECTIVE ACTION PLAN (CAP)

Pursuant to the State County Contract, Exhibit A, Attachment I, Part V, Section 4, 7, (a-b) each compliance deficiency identified must be addressed via a Corrective Action Plan (CAP). The CAP is due within thirty (30) calendar days of the date of this monitoring report. Advisory recommendations are not required to be addressed in the CAP.

The CAP shall:

1. Address each programmatic deficiency;
2. Provide a specific description of how the deficiency will be corrected;
3. Identify the staff person responsible for correcting the deficiency and ensuring future compliance;
4. Specify the target date for complete implementation of each deficiency

As deficiencies are corrected, please send training documentation, revised policies/procedures, and/or other documentation to demonstrate the correction of a deficiency, if applicable.

The CMU analyst will monitor progress of CAP implementation until complete.

## REVIEW SCOPE

- I. Regulations:
  - a. 22 CCR § 51341.1 – Drug Medi-Cal Substance Use Disorder Services
  - b. 9 CCR, Division 4, Chapter 4, Subchapter 1 – 6: Narcotic Treatment Programs
  - c. 45 CFR; Part 96; Subpart L; §96.121 through 96.137: Substance Abuse Prevention and Treatment Block Grant
  - d. 42 USC, Section 300x-21 through 300x-66: Substance Abuse Prevention and Treatment Block Grant
  - e. HSC, Division 10.5, Section 11750 – 11970: Alcohol and Drug Programs
  
- II. Program Requirements:
  - a. State Fiscal Year (SFY) 14/15 - 16/17 State County Contract, herein referred to as State County Contract
  - b. State of California *Youth Treatment Guidelines*, revised August 2002
  - c. DHCS *Perinatal Services Network Guidelines FY 2016-17*
  - d. National *Culturally and Linguistically Appropriate Services (CLAS) Standards*
  - e. Alcohol and Drug Program (ADP) Bulletins
  - f. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

## Section 1: ADMINISTRATION

A review of the County's Organizational Chart, subcontracted contracts, and policies and procedures were reviewed to ensure compliance with applicable regulations and standards. The following deficiencies in regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 1.5:**

State County Contract, Exhibit A, Attachment I, Part I, G

*No Substance Abuse Prevention and Treatment (SAPT) Block Grant funds made available through this Contract shall be used to carry out any program that includes the distribution of sterile needles or syringes for the hypodermic injection of any illegal drug unless the State chooses to implement a demonstration syringe services program for injecting drug users.*

Exhibit A, Attachment I, Part I, X

*Contractor shall include all of the foregoing provisions in all of its subcontracts.*

**Finding:** The County does not include a provision within subcontracted provider contracts addressing the prohibition on distribution of sterile needles or syringes.

## Section 2: SAPT BG MONITORING

The following deficiencies in the SAPT BG monitoring requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 2.18**

State County Contract Exhibit A, Attachment I, Part IV, Section 3, A, 1, (a-e)

*Contractor's performance under this Exhibit A, Attachment I A2, Part IV, shall be monitored by the State during the term of this Contract. Monitoring criteria shall include, but not be limited to:*

- (a) Whether the quantity of work or services being performed conforms to Exhibit B A2;*
- (b) Whether the Contractor has established and is monitoring appropriate quality standards;*
- (c) Whether the Contractor is abiding by all the terms and requirements of this Contract;*
- (d) Whether the Contractor is abiding by the terms of the Perinatal Services Network Guidelines (Document 1G); and*
- (e) Contractor shall conduct annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements.*

*Contractor shall submit copy of their monitoring and audit reports to DHCS within two weeks of issuance. Reports should be sent by secure, encrypted e-mail to:*

*[sudcountyreports@dhcs.ca.gov](mailto:sudcountyreports@dhcs.ca.gov); or*

*Substance Use Disorder - Prevention, Treatment and Recovery Services  
Division, Performance Management Branch, Department of Health Care Services,  
PO Box 997413, MS-2627  
Sacramento, CA 95899-7413*

**Finding:** The County did not have all the SAPT BG program requirements within their monitoring tools. The following criteria is missing:

- DHCS 16/17 Perinatal Services Network Guidelines programmatic requirements for perinatal programs receiving SAPT BG funds
- DHCS Youth Treatment Guidelines requirements
- Intravenous Drug User (IVDU) Services
- Drug and Alcohol Treatment Access Report (DATAR)
- The 15 National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care should be monitored individually
- Fiscal requirements

#### **CD 2.20:**

State County Contract Exhibit A, Attachment I A2, Part IV, Section 3, A, 1, (e)

*Contractor shall conduct annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. Contractor shall submit copy of their monitoring and audit reports to DHCS within two weeks of issuance. Reports should be sent by secure, encrypted e-mail to:*

*[SUDCountyReports@dhcs.ca.gov](mailto:SUDCountyReports@dhcs.ca.gov); or*

*Substance Use Disorder - Prevention, Treatment and Recovery Services  
Division, Performance Management Branch, Department of Health Care Services  
PO Box 997413, MS-2627  
Sacramento, CA 95899-7413*

**Finding:** The County did not conduct annual on-site monitoring reviews of all county-run and county-subcontracted SAPT BG providers for fiscal SAPT BG requirements.

### Section 3: DRUG MEDI-CAL (DMC)

The following deficiencies in DMC regulations, standards, or protocol requirements were identified:

#### COMPLIANCE DEFICIENCIES:

##### **CD 3.27:**

State County Contract Exhibit A, Attachment I, Part V, Section 2 B-1 (a)

*... Contractor shall have a documented system for monitoring and evaluating accessibility of care, including a system for addressing problems that develop regarding waiting times and appointments.*

**Finding:** The “Admission Preference and Interim Services for High Risk Clients” policy submitted did not meet requirements as follows:

- It does not detail a documented system for monitoring and evaluating system of care, including a system for addressing problems that develop regarding waiting times and appointments.
- The admission preference order to treatment differs from the requirements in 45 CFR 96.131 which are: (1) Pregnant injecting drug users; (2) Pregnant substance abusers; (3) Injecting drug users; and (4) All others.

##### **CD 3.28:**

State County Contract Exhibit A, Attachment I, Part V, Section 3, A, 7

*If, at any time, a Subcontractor’s license, registration, certification, or approval to operate a substance use treatment program or provide a covered service is revoked, suspended, modified, or not renewed outside of DHCS, the Contractor must notify DHCS Fiscal Management & Accountability Branch by e-mail at DHCSMPF@dhcs.ca.gov within two business days of knowledge of Section 3(A(7)) of Exhibit A, Attachment I A1.*

**Finding:** The documentation provided during the review did not detail the County’s process for notifying DHCS in the event of a subcontractor’s license, registration, certification, or approval to operate a substance use treatment program or provide a covered service is revoked, suspended, modified, or not renewed outside of DHCS.

## Section 4: PERINATAL

The following deficiencies in Perinatal Services regulations, standards, or protocol requirements were identified:

**CD 4.38:**

45 CFR 96.131 (a), (b)

*(a) The State is required to, in accordance with this section, ensure that each pregnant woman in the State who seeks or is referred for and would benefit from such services is given preference in admissions to treatment facilities receiving funds pursuant to the grant. In carrying out this section, the State shall require all entities that serve women and who receive such funds to provide preference to pregnant women. Programs which serve an injecting drug abuse population and who receive Block Grant funds shall give preference to treatment as follows: (1) Pregnant injecting drug users; (2) Pregnant substance abusers; (3) Injecting drug users; and (4) All others.*

*(b) The State will, in carrying out this provision publicize the availability to such women of services from the facilities and the fact that pregnant women receive such preference. This may be done by means of street outreach programs, ongoing public service announcements (radio/television), regular advertisements in local/regional print media, posters placed in targeted areas, and frequent notification of availability of such treatment distributed to the network of community based organizations, health care providers, and social service agencies.*

**Finding:** Some of the outreach materials provided during the review did not publicize preference in admitting pregnant women into treatment. The following materials do not contain the required language:

- Partnership for Healthy Mothers and Babies brochure
- San Bernardino County Perinatal Outreach Advertisement #259
- Inland Behavioral and Health Services Perinatal Care Network brochure in English and Spanish
- Inland Valley Recovery Services brochure
- High Desert Child Adolescent and Family Services Center, Inc. brochure

### **Section 5: ADOLESCENT/YOUTH TREATMENT (AYT)**

The following deficiencies in Adolescent/Youth Treatment regulations, standards, or protocol requirements were identified:

There were no deficiencies identified in Section 5: Adolescent/Youth Treatment.

## Section 6: FISCAL AUDITING

The following deficiencies in Fiscal Auditing regulations, standards, or protocol requirements were identified:

There were no deficiencies identified in Section 6: Fiscal Auditing.

## Section 7: PRIMARY PREVENTION

The following deficiencies in Primary Prevention regulations, standards, or protocol requirements were identified:

There were no deficiencies identified in Section 7: Primary Prevention.

## Section 8: CULTURAL COMPETENCE

The following deficiencies in Cultural Competence regulations, standards, or protocol requirements were identified:

There were no deficiencies identified in Section 8: Cultural Competence.

## Section 9: ELECTRONIC HEALTH RECORDS (EHR)

The following deficiencies in Electronic Health Records regulations, standards, or protocol requirements were identified:

There were no deficiencies identified in Section 9: Electronic Health Records.

**Section 10: CALIFORNIA OUTCOMES MEASUREMENT SYSTEM TREATMENT (CalOMS Tx)  
AND DRUG AND ALCOHOL TREATMENT ACCESS REPORT (DATAR)**

The following deficiencies in CalOMS and DATAR regulations, standards, or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

**CD 10.57.a:**

State County Contract, Exhibit A, Attachment I, Part III, F, (3)

*Contractor shall comply with the treatment and prevention data quality standards established by the State. Failure to meet these standards on an ongoing basis may result in withholding non-DMC funds.*

State County Contract, Exhibit A, Attachment I, Part III, D (6)

*Contractor shall comply with the CalOMS-Tx Data Compliance Standards established by DHCS identified in Document 3S for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines and reporting method.*

Department of Health Care Services, California Outcome Measurement System Treatment (CalOMS Tx), Data Compliance Standards, NNA Contract: Document 3S

*Standard: Total late submissions or re-submissions shall not exceed five percent (5%) for any report month.*

**Finding:** The County's CalOMS Tx submissions and re-submissions exceed five percent (5%).

**CD 10.57.b:**

State County Contract, Exhibit A, Attachment I, Part III, F, (3)

*Contractor shall comply with the treatment and prevention data quality standards established by the State. Failure to meet these standards on an ongoing basis may result in withholding non-DMC funds.*

State County Contract, Exhibit A, Attachment I, Part III, D (6)

*Contractor shall comply with the CalOMS-Tx Data Compliance Standards established by DHCS identified in Document 3S for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines and reporting method.*

Department of Health Care Services, California Outcome Measurement System Treatment (CalOMS Tx), Data Compliance Standards, NNA Contract: Document 3S

*Standard: All providers must submit CalOMS Tx data each month. If a provider has no reportable CalOMS Tx activity, the provider must report "No Activity" as defined in the CalOMS Tx Input Data File Instructions and the CalOMS Tx Data Dictionary.*

**Finding:** The County, provider ID 368636, did not report any CalOMS Tx data, and did not generate a Provider No Activity (PNA) report.

**CD 10.57.d:**

State County Contract, Exhibit A, Attachment I, Part III, F, (3)

*Contractor shall comply with the treatment and prevention data quality standards established by the State. Failure to meet these standards on an ongoing basis may result in withholding non-DMC funds.*

State County Contract, Exhibit A, Attachment I, Part III, D (6)

*Contractor shall comply with the CalOMS-Tx Data Compliance Standards established by DHCS identified in Document 3S for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines and reporting method.*

Department of Health Care Services, California Outcome Measurement System Treatment (CalOMS Tx), Data Compliance Standards, NNA Contract: Document 3S

*Standard: Counties shall account for all one hundred percent (100%) of their county contracted treatment providers in their monthly submission(s) of CalOMS Tx data. DHCS will review the completeness of the CalOMS Tx monthly submissions reported by the counties (counties are responsible for their county contracted providers) and direct providers. Counties are responsible for their county contracted providers and shall report for all (100 percent) of their treatment providers in their monthly submission that includes data for all of their providers: admissions, discharges, or annual updates.*

**Finding:** The County and its provider(s) did not report monthly submission data on discharges or annual updates as needed.

**CD 10.57.e:**

State County Contract, Exhibit A, Attachment I, Part III, G (1), (2)

*1. The Contractor shall be responsible for ensuring that the Contractor-operated treatment services and all treatment providers with whom Contractor makes a contract or otherwise pays for the services, submit a monthly DATAR report in an electronic copy format as provided by the State.*

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

**Finding:** The County's provider(s) do not submit DATAR reports by the 10<sup>th</sup> of each month.

## Section 11: PRIVACY AND INFORMATION SECURITY

The following deficiencies in Privacy and Information Security regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 11.60:**

State County Contract, Exhibit G-3, Attachment A, 1, A  
*Employee Training. All workforce members who assist in the performance of functions or activities on behalf of the Department, or access or disclose Department PHI or PI must complete information privacy and security training, at least annually, at Contractor's expense. Each workforce member who receives information privacy and security training must sign a certification, indicating the member's name and the date on which the training was completed. These certifications must be retained for a period of six (6) years following termination of this Agreement.*

**Finding:** The County does not require annual information privacy and security training for all workforce members, including county-subcontracted providers.

#### **CD 11.61:**

State County Contract, Exhibit G-3, 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.*

**Finding:** The County does not require county-subcontracted program staff to sign a confidentiality statement prior to accessing Department Protected Health Information (PHI) or Personal Information (PI).

#### **CD 11.62:**

State County Contract, Exhibit G-3, 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.*

**Finding:** The County did not demonstrate county staff and county-subcontracted program staff renew confidentiality statements annually.

**CD 11.64.a:**

State County Contract, Exhibit G-3, Attachment A, 1, D

**Background Check.** *Before a member of the workforce may access Department PHI or PI, a background screening of that worker must be conducted. The screening should be commensurate with the risk and magnitude of harm the employee could cause, with more thorough screening being done for those employees who are authorized to bypass significant technical and operational security controls. The Contractor shall retain each workforce member's background check documentation for a period of three (3) years.*

**Finding:** The County does not retain background checks for a minimum of three (3) years.

**CD 11.66.a:**

State County Contract, Exhibit G-3, Attachment A, 2, E

**Antivirus software.** *All workstations, laptops and other systems that process and/or store Department PHI or PI must install and actively use comprehensive anti-virus software solution with automatic updates scheduled at least daily.*

**Finding:** The anti-virus software used by the County and county-subcontracted providers does not have automatic updates scheduled at least daily.

**CD 11.71:**

State County Contract, Exhibit G-3, Attachment A, 4, A

**Emergency Mode Operation Plan.** *Contractor must establish a documented plan to enable continuation of critical business processes and protection of the security of Department PHI or PI held in an electronic format in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this Agreement for more than 24 hours.*

**Finding:** The County did not provide a copy of the Emergency Mode Operation Plan or similar document.

**CD 11.72:**

State County Contract, Exhibit G-3, Attachment A, 4, B

**Data Backup Plan.** *Contractor must have established documented procedures to backup Department PHI to maintain retrievable exact copies of Department PHI or PI. The plan must include a regular schedule for making backups, storing backups offsite, an inventory of backup media, and an estimate of the amount of time needed to restore Department PHI or PI should it be lost. At a minimum, the schedule must be a weekly full backup and monthly offsite storage of Department data.*

**Finding:** The County did not provide written procedures of a data backup plan that include all of the following:

- A regular schedule for making backups
- Storing backups offsite
- An inventory of backup media
- An estimate of the amount of time needed to restore Department PHI or PI should it be lost

ADVISORY RECOMMENDATION:

**AR 11.68:**

State County Contract, Exhibit G, Attachment A, 2, G

*Passwords must be changed at least every 90 days, preferably every 60 days.*

**Recommendation:** It is recommended to change passwords on user accounts every 60 days.

## Section 12: TECHNICAL ASSISTANCE (TA)

DHCS's County Monitoring Analyst will make referrals for the training and/or technical assistance identified below.

CalOMS and DATAR: The County requested TA for CalOMS and/or DATAR. A referral for TA has been made to the DHCS CalOMS Analyst.