



JENNIFER KENT  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

June 26, 2017

Sent via e-mail to: Bruce.Copley@hhs.sccgov.org

Bruce Copley, Director  
Santa Clara County Department of Alcohol and Drug Services  
976 Lenzen Avenue  
San Jose, CA 95126

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

Dear Director Copley:

Enclosed are the results of Santa Clara County's 2016-17 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) is responsible for monitoring requirements of the SAPT BG and the terms of the State County Contract operated by Santa Clara County.

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

Santa Clara County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to the CMU Analyst by July 26, 2017. The CAP must follow the guidelines detailed within the attached report. Please reference the enclosed CAP instructions and e-mail the CAP to the CMU Analyst. Supporting CAP documentation may be e-mailed or mailed to the address listed below. If you have any questions regarding this report or need assistance, please contact the CMU analyst.

Sincerely,

Becky Counter  
CMU Analyst  
(916) 327-2656  
Becky.counter@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**  
Santa Clara County

Distribution:

- To: Bruce Copley, Santa Clara County, Director  
County Director
- CC: Victoria King-Watson, Substance Use Disorder Program, Policy and Fiscal Division,  
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Tiffany Stover, Postservice Postpayment Unit I, Supervisor  
Janet Rudnick, Postservice Postpayment Unit II, Supervisor  
Trudi Romero, Policy and Prevention Branch, Office Technician  
Michael Hutchinson, MFT, Santa Clara County, Quality Improvement and Data Support

Date: June 26, 2017

Report Prepared by: *Becky Counter, County Monitoring Analyst*  
Manager Approval: *Susan Jones, County Monitoring Supervisor*

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**Lead CMU Analyst:**  
Becky Counter

**Review Date:** June 14-16, 2017

**Assisting CMU Analyst(s):**  
Eric Painter

**Review Period:** SFY 2016-17

**County:** Santa Clara

**County Address:**  
976 Lenzen Avenue  
San Jose, CA 95126

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

Pursuant to the State County Contract, Exhibit A, Attachment I, Part V, Section 4, 7, (a-b) each 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 Corrective Action Plan 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; and
5. As deficiencies are corrected, include training documentation, revised policies/procedures, and other materials which 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
  - e. HSC, Division 10.5, Section 11750 – 11970: State Department of Health Care
  
- 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)
  - e. Alcohol and Drug Program (ADP) Bulletins
  - f. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

## 1.0 ADMINISTRATION

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

### COMPLIANCE DEFICIENCIES:

#### **CD 1.13**

MHSUDS Information Notice No.: 16-058 Department of Health Care Services Oversight of Certifying Organizations

*In accordance with HSC Section 11833(b)(1), any individual who provides counseling services in a licensed or certified AOD program, except for licensed professionals, must be registered or certified with a DHCS approved certifying organization.*

**Finding:** The County did not require AOD counselor(s) to be certified upon providing services.

## 2.0 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 tool. The following criteria are missing:

- Primary Prevention
- National Culturally and Linguistically Appropriate Services (CLAS) Standards
- Americans with Disabilities Act
- Fiscal Requirements

### 3.0 DRUG MEDI-CAL

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

#### **COMPLIANCE DEFICIENCIES:**

##### **CD 3.26:**

State County Contract Exhibit A, Attachment I, Part V, Section 4 B-2 (a)  
*Contractor shall ensure that all Subcontractors receive training on the requirements of Title 22 regulations and DMC requirements at least annually. Documented attendance of any subcontracted provider at the annual trainings offered by DHCS (specified in Section 4, paragraph (A) (3) of this contract) shall suffice to meet the requirements of this provision. Contractor shall report compliance with this section to DHCS annually as part of the DHCS County monitoring process.*

**Finding:** The County has not provided current training materials and current sign-in sheets for Title 22 training.

#### **ADVISORY RECOMMENDATIONS:**

##### **AR 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](mailto:DHCSMPF@dhcs.ca.gov) within two business days of knowledge of Section 3(A(7)) of Exhibit A, Attachment I A1.*

**Recommendation:** The County shall consider directing all questions regarding a DMC provider, whether they be from the county or a provider, to the DMC help line @ 916-323-1945 or the DMC help email @ [DHCSDMCRecert@dhcs.ca.gov](mailto:DHCSDMCRecert@dhcs.ca.gov). A response will be provided within 24 hours. The County will either submit the DHCS 6001 Application or DHCS 6209 supplemental form, determined by DHCS.

##### **AR 3.30:**

State County Contract Exhibit A, Attachment I, Part V, Section 4, B, 4(a)  
*(a) All complaints received by Contractor regarding a DMC certified facility shall be forwarded to:*

*Drug Medi-Cal Complaints are to be submitted to:  
Department of Health Care Services  
P.O. Box 997413  
Sacramento, CA 95899-7413  
Call the Hotline  
Phone Toll-Free: (800) 822-6222*

**Recommendation:** The County will want to ensure they follow the above citation, when reporting a DMC complaint.



## 4.0 PERINATAL

After review of the program's protocols, policies and procedures, no deficiencies were cited.

## 5.0 ADOLESCENT/YOUTH TREATMENT (AYT)

After review of the program's protocols, policies and procedures, no deficiencies were cited.

## 6.0 FISCAL AUDITING

After review of the program's protocols, policies and procedures, no deficiencies were cited.

### **ADVISORY RECCOMENDATIONS:**

#### **AR 6.47:**

State County Contract, Exhibit B, A3, Part I, Section 1, H, 3

*Pursuant to 45 CFR 96.124 C 1-3 the Contractor shall expend a specified percentage of SAPT Block Grant funds for perinatal services, pregnant women, and women with dependent children each state fiscal year (SFY). The Contractor shall expend that percentage of SAPT Block Grant funds by, either establishing new programs or expanding the capacity of existing programs. In accordance with 45 CFR 96.124 (c)(1-3), the Contractor shall calculate the percentage of funds to be expended for perinatal services, pregnant women, and women with dependent children in the manner described in Exhibit G: County Share of SAPT Block Grant Women Services Expenditure Requirement.*

**Recommendation:** Santa Clara County explained expending and reporting perinatal funds during the site review yet did not have an updated policy or written procedure. It is a recommendation that Santa Clara County update their policy and procedure, for expending and reporting perinatal funds.

## 7.0 PRIMARY PREVENTION

After review of the program's protocols, policies and procedures, no deficiencies were cited.

## 8.0 CULTURAL COMPETENCE

After review of the program's protocols, policies and procedures, no deficiencies were cited.

## 9.0 ELECTRONIC HEALTH RECORDS (EHR)

After review of the program's protocols, policies and procedures, no deficiencies were cited.

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

After review of the program's protocols, policies and procedures, no deficiencies were cited.

## 11.0 PRIVACY AND INFORMATION SECURITY

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

### **COMPLIANCE DEFICIENCIES:**

#### **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 does not require subcontractors to renew employee's confidentiality statement 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 County's subcontracted providers anti-virus software is not updated daily.



## 12.0 TECHNICAL ASSISTANCE

The County did not request any technical assistance during this fiscal review.