



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

June 29, 2022

Sent via e-mail to: [anthony.jordan@santacruzcounty.us](mailto:anthony.jordan@santacruzcounty.us)

Anthony Jordan, Substance Use Disorder Services Director  
Santa Cruz County Behavioral Health  
1400 Emeline Avenue  
Santa Cruz, CA 95060

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Director Jordan:

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 2021-22 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 8/29/2022. 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 [katrina.beedy@dhcs.ca.gov](mailto:katrina.beedy@dhcs.ca.gov).

Sincerely,

Katrina Beedy  
(916) 713-8811

Audits and Investigations Division  
Medical Review Branch  
Behavioral Health Compliance Section  
County Compliance Unit  
1500 Capitol Ave., MS 2305  
Sacramento, CA 95814  
<http://www.dhcs.ca.gov>

Distribution:

To: Director Jordan,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief  
Lanette Castleman, Audits and Investigations, Behavioral Health Compliance Section Chief  
Ayesha Smith, Audits and Investigations, Behavioral Health Compliance Unit Chief  
Michael Bivians, Audits and Investigations, County Compliance Monitoring II Chief  
Cindy Berger, Audits and Investigations, Provider Compliance Unit Chief  
Tracie Walker, Community Services Division, Community Support Branch Chief  
Denise Galvez, Community Services Division, Operations Branch Chief  
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Jessica Fielding, Community Services Division, Family Services Section Chief  
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Casey Swank, Santa Cruz County Program Manager of Substance Use Disorder Services  
Cybele Lolley, Santa Cruz County Quality Improvement Director  
Lisa Todd, Santa Cruz County Senior Departmental Administrative Analyst  
Emily Kenville, Santa Cruz County Accountant III  
Michelle Sapena, Santa Cruz County Departmental Administrative Analyst  
Sara Avila, Santa Cruz County Utilization Review Specialist-DMC ODS programs

## COUNTY REVIEW INFORMATION

**County:**

Santa Cruz County

**County Contact Name/Title:**

Cybele Lolley, Quality Improvement Director

**County Address:**

1400 Emeline Avenue, Santa Cruz, CA 95060

**County Phone Number/Email:**

831-454-4221

cybele.lolley@santacruzcounty.us

**Date of Review:**

6/7/2022

**Lead CCU Analyst:**

Katrina Beedy

**Assisting CCU Analyst:**

N/A

**Report Prepared by:**

Katrina Beedy

**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 6/7/2022. The following individuals were present:

- Representing DHCS:  
Katrina Beedy, Associate Governmental Program Analyst (AGPA)  
Ayesha Smith, Staff Services Manager II (SSM II)  
Cristina Whitlock, AGPA
- Representing Santa Cruz County:  
Anthony Jordan, Substance Use Disorder Services (SUDS) Director  
Casey Swank, SUDS Program Manager  
Cybele Lolley, Quality Improvement Director  
Lisa Todd, Senior Departmental Administrative Analyst  
Emily Kenville, Accountant III  
Michelle Sapena, Departmental Administrative Analyst  
Sara Avila, Utilization Review Specialist-DMC ODS programs  
Chris Duarte, Accountant II

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 6/7/2022. The following individuals were present:

- Representing DHCS:  
Katrina Beedy, AGPA  
Ayesha Smith, SSM II  
Cristina Whitlock, AGPA  
Michael Ulibarri, Staff Services Manager 1 (SSM I)
- Representing Santa Cruz County:  
Anthony Jordan, Substance Use Disorder Services (SUDS) Director  
Casey Swank, SUDS Program Manager  
Cybele Lolley, Quality Improvement Director  
Lisa Todd, Senior Departmental Administrative Analyst  
Emily Kenville, Accountant III  
Michelle Sapena, Departmental Administrative Analyst  
Sara Avila, Utilization Review Specialist-DMC ODS programs  
Chris Duarte, Accountant II

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	0
2.0 Prevention	0
3.0 Perinatal	0
4.0 Adolescent/Youth Treatment	0
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 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 deficiencies 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 subcontracted program providing SABG funded services.

- The County monitored eight (8) of 10 SABG funded programs and submitted audit reports of these annual reviews to DHCS.

## **TECHNICAL ASSISTANCE**

Santa Cruz County did not request technical assistance for this review.