

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



GAVIN NEWSOM GOVERNOR

June 8, 2021

Sent via e-mail to: jafrica@marincounty.org

Jei Africa, Director Marin County Department of Health & Human Services 20 North San Pedro Road San Rafael, CA 94903

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Director Africa:

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

Marin 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 8/9/2021. Please use enclosed CAP form and submit the completed CAP and supporting documentation by email to the PMFS analyst at <u>SABGcompliance@dhcs.ca.gov</u>.

If you have any questions, please contact me at becky.counter@dhcs.ca.gov.

Sincerely,

Becky Counter (916) 713-8567 becky.counter@dhcs.ca.gov

> 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 Africa,

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 Janet Rudnick, Audits and Investigations, Provider Compliance Unit Chief Tracie Walker, Community Services Division, Community Support Branch Chief Victoria King-Watson, Community Services Division, Operations Branch Chief Donna Ures, Community Services Division, Policy, Monitoring and Financing Section Chief Jessica Fielding, Community Services Division, Family Services Section Chief Angelina Azevedo, Community Services Division, Prevention Services Unit Chief Denise Galvez, Community Services Division, Youth Services Section Chief SABGcompliance@dhcs.ca.gov, Policy, Monitoring and Financing Section MCBHDMonitoring@dhcs.ca.gov, County/Provider Operations and Monitoring Branch Catherine Condon, Marin County BHRS Division Director

COUNTY REVIEW INFORMATION

County:

Marin

County Contact Name/Title: Catherine Condon/ BHRS Division Director

County Address:

20 North San Pedro Road San Rafael, CA 94903

County Phone Number/Email:

(415) 473- 4218 ccondon@marincounty.org

Date of Review:

4/21/2021

Lead CCU Analyst: Becky Counter

Assisting CCU Analyst:

Susan Volmer

Report Prepared by:

Becky Counter

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 4/21/2021. The following individuals were present:

- Representing DHCS: Becky Counter, Associate Governmental Program Analyst (AGPA) Susan Volmer, AGPA Hernando Hernandez, AGPA
- Representing Marin County: Jei Africa, BHRS Director
 Catherine Condon, BHRS Division Director-SUS Jordan Hall, Program Manager
 Leigh Steffy, Dept. Analyst II
 Susanne Mitchell, Dept. Analyst II
 Cody Miller, Senior Program Coordinator
 Roxy Yekta, Senior Program Coordinator
 Cynthia Nisbet, Admin. Services Technician
 Steve Jones, BHRS Division Director-QM
 Rosanna Lallanna, Compliance/Privacy Officer
 Kaitlyn Motley, Sr. Dept. Analyst

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the monitoring process

Exit Conference:

An Exit Conference was conducted via WebEx on 4/21/2021. The following individuals were present:

- Representing DHCS: Becky Counter, AGPA Susan Volmer, AGPA Hernando Hernandez, AGPA
- Representing Marin County: Jei Africa, BHRS Director
 Catherine Condon, BHRS Division Director-SUS Leigh Steffy, Dept. Analyst II
 Cynthia Nisbet, Admin. Services Technician

During the Exit Conference, the following topics were discussed:

- Review of compliance deficiencies
- Follow-up deadlines

SUMMARY OF FY 2020-21 COMPLIANCE DEFICIENCIES (CD)

Section Number of CD's

1.0	Administration	1
2.0	Prevention	0
3.0	Perinatal	1
4.0	Adolescent/Youth Treatment	0
5.0	Data/CalOMS	0
6.0	Program Integrity	1
7.0	Fiscal	0

CORRECTIVE ACTION PLAN (CAP)

Pursuant to the <u>SABG County Application</u>, <u>Enclosure 1</u>, <u>Part I</u>, <u>Section 3</u>, <u>B</u>, <u>5-8</u> 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.</u>

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: 1.5.9:

SABG Application, Enclosure 2, II, 14

14. Tribal Communities and Organizations

County shall regularly review population information available through Census, compare to information obtained in the California Outcome Measurement System for Treatment (CalOMS-Tx) to determine whether the population is being reached, and survey Tribal representatives for insight in potential barriers to the substance use service needs of the American Indian/Alaskan Native (Al/AN) population within the County geographic area. Contractor shall also engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness, and accessibility of services available to Al/NA communities within the County.

SABG Application, Enclosure 2, II, 23

23. Subcontract Provisions

County shall include all of the foregoing provisions in all of its subcontracts.

Findings: The County did not make available evidence demonstrating all of the foregoing SABG Application, Enclosure 2, Section II general provisions are included in all executed subcontracts, specifically Tribal Communities and Organizations.

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 deficiency in regulations, standards or protocol requirements was identified:

COMPLIANCE DEFICIENCY:

CD 3.3.1:

SABG Application, Enclosure 2, II, 12

12. Tuberculosis Treatment

- County shall ensure the following related to Tuberculosis (TB):
- A. Routinely make available TB services to each individual receiving treatment for AOD use and/or abuse.
- B. Reduce barriers to patients' accepting TB treatment.
- C. Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance.

SABG Application, Enclosure 2, II, 23

23. Subcontract Provisions

County shall include all of the foregoing provisions in all of its subcontracts

45 CFR § 96.127(a)(3)(i-ii)

Requirements regarding tuberculosis.

(a) States shall require any entity receiving amounts from the grant for operating a program of treatment for substance abuse to follow procedures developed by the principal agency of a State for substance abuse, in consultation with the State Medical Director for Substance Abuse Services, and in cooperation with the State Department of Health/Tuberculosis Control Officer, which address how the program -

(3) Will implement infection control procedures established by the principal agency of a State for substance abuse, in cooperation with the State Department of Health/Tuberculosis Control Officer, which are designed to prevent the transmission of tuberculosis, including the following:

- (i) Screening of patients;
- (ii) Identification of those individuals who are at high risk of becoming infected;

Findings: The County did not make available evidence demonstrating all of the foregoing SABG Application, Enclosure 2, Section II general provisions are included in all executed subcontracts, specifically Tuberculosis Treatment.

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 6.1.3:

SABG Application Enclosure 2, I, 3, A, 1, a-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:
 - a. Whether the quantity of work or services being performed conforms to Enclosure 3.
 - b. Whether the County has established and is monitoring appropriate quality standards.
 - c. Whether the County is abiding by all the terms and requirements of this Contract.
 - d. Whether the County is abiding by the terms of the Perinatal Practice Guidelines.
 - 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 by secure, encrypted e-mail to:

SUDCountyReports@dhcs.ca.gov or

Audits and Investigations Division Medical Review Branch Department of Health Care Services PO Box 997413, MS-2703 Sacramento, CA 95899-7413

Findings: The County monitored 16 of 17 SABG funded providers and submitted audits reports of these annual reviews to DHCS.

- The County submitted five (5) of 17 annual monitoring reports secure and encrypted to DHCS.
- The County submitted 14 of 17 annual monitoring reports within two weeks of completion to DHCS.

TECHNICAL ASSISTANCE

Marin County did not request Technical Assistance for FY 2020/21.