



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



GAVIN NEWSOM
GOVERNOR

June 1, 2021

Sent via e-mail to: cboyden@smcgov.org

Clara Boyden, Deputy Director
San Mateo County Behavioral Health and Recovery Services
310 Harbor Blvd, Bldg. E
Belmont, CA 94002

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Deputy Director Boyden:

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

San Mateo 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 8/2/2021. Please use enclosed CAP form and submit the completed CAP and supporting documentation by email to the PMFS analyst at SABGcompliance@dhcs.ca.gov.

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: Deputy Director Boyden,

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
Diana Hill, San Mateo County Health Services Manager

COUNTY REVIEW INFORMATION

County:

San Mateo

County Contact Name/Title:

Diana Hill/Health Services Manager

County Address:

310 Harbor Blvd, Bldg. E
Belmont, CA 94002

County Phone Number/Email:

(650) 802-7695
dhill@smcgov.org

Date of Review:

3/15/2021

Lead CCU Analyst:

Becky Counter

Assisting CCU Analyst:

Michael Bivians

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 3/15/2021. The following individuals were present:

- Representing DHCS:
Becky Counter, Associate Governmental Program Analyst (AGPA)
Michael Bivians, Staff Services Manager I (SSMI)
- Representing San Mateo County:
Clara Boyden, Deputy Director
Edith Cabuslay, Program Services Manager
Diana Hill, Health Services Manager I
Mary Fullerton, Clinical Services Manager II- Mental Health
Christine O'Kelly, Behavioral Health and Recovery Services Supervisor
Ingull Bull, Quality Assurance Manager

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the Monitoring Process
- San Mateo County Overview of Services

Exit Conference:

An Exit Conference was conducted via Webex on 3/15/2021. The following individuals were present:

- Representing DHCS:
Becky Counter, AGPA
Michael Bivians, SSMI
- Representing San Mateo County:
Clara Boyden, Deputy Director
Edith Cabuslay, Program Services Manager
Diana Hill, Health Services Manager I
Mary Fullerton, Clinical Services Manager II- Mental Health
Christine O'Kelly, Behavioral Health and Recovery Services Supervisor
Ingull Bull, Quality Assurance Manager

During the Exit Conference, the following topics were discussed:

- Review of Compliance Deficiencies
- Follow-Up Deadlines

SUMMARY OF FY 2020-21 COMPLIANCE DEFICIENCIES (CD)

<u>Section</u>	<u>Number of CD's</u>
1.0 Administration	3
2.0 Prevention	0
3.0 Perinatal	0
4.0 Adolescent/Youth Treatment	1
5.0 Data/CalOMS	2
6.0 Program Integrity	2
7.0 Fiscal	0

CORRECTIVE ACTION PLAN (CAP)

Pursuant to the SABG County Application, Enclosure 1, Part I, Section 3, B, 5-8 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 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 deficiencies in regulations, standards or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 1.2.4:

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 72.205 (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 make available two (2) completed FY 2020-21 pre-award risk assessments for current SABG subcontracted providers as requested.

CD: 1.5.2:

SABG Application Enclosure 2, II, 2

1. Hatch Act

County agrees to comply with the provisions of the Hatch Act (USC, Title 5, Part III, Subpart F., Chapter 73, Subchapter III), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

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, including the Hatch Act.

CD: 1.5.4:

SABG Application, Enclosure 2, II, 4

4. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

None of the funds made available through this Contract may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

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, including the Limitation on Use of Funds for Promotion of Legalization of Controlled Substances.

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 4.2.1:

SABG Application, Enclosure 2, II, 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/individuals/Pages/youthsudservices.aspx>

Youth Treatment Guidelines Section V, C, 1-7

C. Initial and Continuing Assessment

Assessment is not a single event upon the youth's admission to the program, but an ongoing process to gain insight into the youth's unique abilities, strengths, and needs. Assessment should be comprehensive, multi-faceted, and culturally as well as developmentally, appropriate.

Assessment should be used in the treatment planning of each individual admitted to treatment, and incorporate contextual factors contributed by family/caregiver circumstances.

1. Except for early intervention programs, the program should complete a comprehensive assessment on all youth with indications of possible AOD related problems (as a result of a brief screening), including those being admitted to treatment.
2. After screening indicates a probable need for treatment, the assessment should provide the information necessary to determine and document the level of severity of the youth's AOD-related problems and specifically address the level of care he/she should receive, as described in "E" of this section.
3. The assessment tool should be designed specifically for the developing adolescent, have established reliability and validity, and capture data related to the major life domains of an adolescent. This assessment tool should include, but not be limited to, issues of substance abuse, mental health, physical health, legal, development, school/education/employment, and family/peer relationships. The assessment tool should also be strength-based in order to accurately assess the youth's unique abilities and needs. As recommended, a staff person qualified to administer the instrument should perform assessments.
4. The assessment should include a health screening (including a medical health history, disease screening, dental, and mental health). (Programs assessing a youth should seek advice from public health professionals whenever appropriate.) If the health screening identifies an issue that warrants further evaluation, the program should provide or arrange for a physical examination and/or referral to the public health department or other appropriate care site, and take reasonable steps to assist the minor in accessing and receiving necessary care. Programs should develop and keep current lists of adolescent health provider referrals and provide

appropriate assistance in accessing necessary health care services based on health assessment findings.

5. The assessment should include an evaluation of the youth's developmental and cognitive levels; and social, emotional, communication and self-help/independent living skills.
6. As soon as possible, the program should assess and identify safety issues, such as risk of suicide; current, or history of, physical and/or sexual abuse; or perpetration of physical or sexual abuse on others. The assessment should include an evaluation of risk to self and others. If the assessment indicates high risk of danger to the youth or others, an appropriate referral should be made immediately and the family/guardian should be notified. The assessment should be conducted with appropriate consent as provided by law.
7. The initial assessment should be completed as soon as possible, with the initial assessment occurring no later than 30 days after admission. Programs should attempt to gather as much information as soon as possible, and keep updating as more information is obtained (it may take some time to build trust and rapport with the youth before he/she will reveal more detailed and honest information).

Findings: The County did not make available evidence demonstrating the County's compliance with Initial and Continuing Assessments, including the assessment tools and health screening tools.

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: 5.1.2:

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.

The County’s Open Provider Report is not in compliance.

CD: 5.1.3:

SABG Application, Enclosure 2, III, 5, C

5. Drug and Alcohol Treatment Access Report (DATAR)

The DATAR business rules and requirements are:

- 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.

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 were identified:

COMPLIANCE DEFICIENCIES:

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 did not make available evidence it conducts an onsite monitoring review of each County managed and County subcontracted program providing SABG funded services.

- The County monitored six (6) of 18 SABG funded providers and submitted audits reports of these annual reviews to DHCS.
- The County submitted one (1) of six (6) annual monitoring reports to DHCS secure and encrypted.
- The County submitted one (1) of six (6) annual monitoring reports within two weeks of completion to DHCS.

CD 6.2.5:

County Performance Contract, 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.

Findings: The County did not make available the County staffs' signed confidentiality statements for FY 2019-20 as evidence of compliance. The County did not make available the subcontractors' signed confidentiality statements for FY 2019-20 as evidence of compliance.

TECHNICAL ASSISTANCE

Administration: County is requesting technical assistance to develop a tool to assess/measure effectiveness of the outreach strategies currently in use.

Perinatal Services: County is requesting technical assistance on developing policy and procedure to satisfy the requirements for perinatal referrals.

Adolescent/Youth Treatment: County is requesting technical assistance on how to train and supervise staff in their treatment outreach tasks.