



**MICHELLE BAASS**  
DIRECTOR

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



**GAVIN NEWSOM**  
GOVERNOR

December 27, 2021

Sent via e-mail to: [agleghorn@co.santa-barbara.ca.us](mailto:agleghorn@co.santa-barbara.ca.us)

Alice Gleghorn, Director  
Santa Barbara County Alcohol, Drug & Mental Health Services  
300 North San Antonio Road, Building 3  
Santa Barbara, CA 93110

**SUBJECT: Annual SABG County Compliance Unit Findings Report**

Dear Director Gleghorn,

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

Santa Barbara 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 2/28/2022. 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 [emanuel.hernandez@dhcs.ca.gov](mailto:emanuel.hernandez@dhcs.ca.gov).

Sincerely,

Emanuel Hernandez  
(916) 713-8667

Audits and Investigations Division  
Medical Review Branch  
Behavioral Health Compliance Section  
County Compliance Unit  
1500 Capitol Ave., MS 2305  
Sacramento, CA 95814  
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Distribution:

To: Director Gleghorn,

CC: Mateo Hernandez, Audits and Investigations, Medical Review Branch Acting Chief  
Lanette Castleman, Audits and Investigations, Behavioral Health Compliance Section Chief  
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Cindy Berger, Audits and Investigations, Provider Compliance Unit Chief  
Tracie Walker, Community Services Division, Community Support Branch Chief  
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John Doyel, MA, LAADC, Alcohol & Drug Programs Division Chief, County of Santa Barbara  
Department of Behavioral Wellness  
Melissa Wilkins, ADP Project Manager, County of Santa Barbara Department of Behavioral  
Wellness

## COUNTY REVIEW INFORMATION

**County:**

Santa Barbara

**County Contact Name/Title:**

John Doyel/ MA, LAADC, Alcohol & Drug Programs Division Chief, County of Santa Barbara  
Department of Behavioral Wellness

**County Address:**

300 North San Antonio Road, Building #3  
Santa Barbara, CA 93110

**County Phone Number/Email:**

805-448-3903  
jdoyel@sbcbswell.org

**Date of Review:**

10/28/2021

**Lead CCU Analyst:**

Emanuel Hernandez

**Assisting CCU Analyst:**

N/A

**Report Prepared by:**

Emanuel Hernandez

**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 10/28/2021. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, Associate Governmental Program Analyst (AGPA)
- Representing Santa Barbara County:  
John Doyel, MA, LAADC, Alcohol & Drug Programs Division Chief, County of Santa Barbara Department (CSBD) of Behavioral Wellness  
Melissa Wilkins, ADP Project Manager, County of Santa Barbara Department (CSBD) of Behavioral Wellness  
Joshua Woody, Quality Care Manager, County of Santa Barbara Department (CSBD) of Behavioral Wellness  
Amy Lopez, Alcohol and Drug Program Project Manager, County of Santa Barbara Department (CSBD) of Behavioral Wellness  
Anoushka Moseley, LMFT Beneficiary Concerns, County of Santa Barbara Department (CSBD) of Behavioral Wellness  
Leslie Smith, LMFT Programmatic Monitoring, County of Santa Barbara Department (CSBD) of Behavioral Wellness

During the Entrance Conference, the following topics were discussed:

- Introductions
- Overview of the monitoring process
- Santa Barbara County overview of services

### **Exit Conference:**

An Exit Conference was conducted via WebEx on 10/28/2021. The following individuals were present:

- Representing DHCS:  
Emanuel Hernandez, AGPA
- Representing Santa Barbara County:  
John Doyel, MA, LAADC, Alcohol & Drug Programs Division Chief, CSBD of Behavioral Wellness  
Melissa Wilkins, ADP Project Manager, CSBD of Behavioral Wellness  
Joshua Woody, Quality Care Manager, CSBD of Behavioral Wellness  
Amy Lopez, Alcohol and Drug Program Project Manager, CSBD of Behavioral Wellness  
Anoushka Moseley, LMFT Beneficiary Concerns, CSBD of Behavioral Wellness  
Leslie Smith, LMFT Programmatic Monitoring, County of Santa Barbara Department of Behavioral Wellness

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	1
2.0 Prevention	0
3.0 Perinatal	0
4.0 Adolescent/Youth Treatment	0
5.0 Data/CalOMS	1
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 deficiency in regulations, standards or protocol requirements was identified:

### COMPLIANCE DEFICIENCY:

#### **CD: 1.4.2:**

#### SABG Application, Enclosure 2, I, 1, A, 1, g

1. Performance under the terms of this Enclosure is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol SABG allocation pursuant to HSC Sections 11814(a) and (b), County shall: (i) establish, and shall require its subcontractors to establish, written policies and procedures consistent with the control requirements set forth below; (ii) monitor for compliance with the written procedures; and (iii) be accountable for audit exceptions taken by DHCS against the County and its subcontractors for any failure to comply with these requirements:
  - g. CFR, Title 45, Part 96, Block Grants.

#### 45 CFR § 96.126(e)(1-5)

(e) The State shall require that any entity that receives funding for treatment services for intravenous drug abuse carry out activities to encourage individuals in need of such treatment to undergo such treatment. The States shall require such entities to use outreach models that are scientifically sound, or if no such models are available which are applicable to the local situation, to use an approach which reasonably can be expected to be an effective outreach method. The model shall require that outreach efforts include the following:

- (1) Selecting, training and supervising outreach workers;
- (2) Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2;
- (3) Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;
- (4) Recommend steps that can be taken to ensure that HIV transmission does not occur; and
- (5) Encouraging entry into treatment.

**Findings:** The County did not make available evidence of fliers or advertisements to demonstrate Outreach events for the current fiscal year.

The County did not make available evidence demonstrating Outreach strategies for targeted populations include all of the following required elements:

- Selecting, training and supervising outreach workers;
- Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2;
- Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;



- Recommend steps that can be taken to ensure that HIV transmission does not occur; and
- Encouraging entry into treatment.

## Category 5: DATA/CALOMS

A review of data submissions via CalOMS was conducted to ensure compliance with applicable regulations and standards. The following deficiency in regulations, standards or protocol requirements was identified:

### COMPLIANCE DEFICIENCY:

#### **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.

## 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: 6.1.1:**

##### SABG Application, Enclosure 2, I, 1. A, 1

1. Performance under the terms of this Enclosure is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol SABG allocation pursuant to HSC Sections 11814(a) and (b), County shall: (i) establish, and shall require its subcontractors to establish, written policies and procedures consistent with the control requirements set forth below; (ii) monitor for compliance with the written procedures; and (iii) be accountable for audit exceptions taken by DHCS against the County and its subcontractors for any failure to comply with these requirements:

##### SABG Application Enclosure 2, I, 1, A, 3-4

3. County shall adhere to the applicable provisions of Title 45, CFR, Part 75 and Part 96 in the expenditure of SABG funds.
4. County and all its subcontractors shall comply with the Minimum Quality Drug Treatment Standards for SABG for all Substance Use Disorder (SUD) treatment programs either partially or fully funded by SABG. The Minimum Quality Drug Treatment Standards for SABG are attached to this Contract in Enclosure 4.

**Findings:** The County's current blank monitoring tool used to monitor County and subcontracted providers for compliance with SABG program requirements does not include the following elements:

- Primary Prevention
- Fiscal

**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 and subcontracted managed programs providing SABG funded services.

- The County monitored 22 of 25 SABG funded providers and submitted audit reports of these annual reviews to DHCS.

## **TECHNICAL ASSISTANCE**

No technical assistance was requested by the County.