



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

May 20, 2022

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

Jei Africa, Director
Marin County Health and Human Services (HHS)
Behavioral Health and Recovery Services
10 North San Pedro Road
San Rafael, CA 94903

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Director Jei 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 2021-22 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 7/20/2022. Please use enclosed CAP form and submit the completed CAP and supporting documentation by email to the PMFS analyst at SABGcompliance@dhcs.ca.gov.

If you have any questions, please contact me at 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
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Catherine Condon, Marin County Behavioral Health and Recovery Services, Division Director

COUNTY REVIEW INFORMATION

County:

Marin

County Contact Name/Title:

Catherine Condon, Behavioral Health Recovery Services Division Director

County Address:

10 North San Pedro Road, San Rafael, CA 94903

County Phone Number/Email:

415-473-4218

CCondon@marincounty.org

Date of Review:

02/16/2022

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. 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 02/16/2022. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, Associate Governmental Program Analyst (AGPA)
- Representing Marin County:
Catherine Condon, Behavioral Health Recovery Services Division Director
Jordan Hall, Behavioral Health Recovery Services Program Manager
Cody Milner, Behavioral Health Recovery Services Senior Program Coordinator
Roxana Yekta, Behavioral Health Recovery Services Senior Program Coordinator
Kelsey Engstrom, Behavioral Health Recovery Services Senior Program Manager
Leigh Steffy, Behavioral Health Recovery Services Department Analyst II
Maureen Mo de Nieva, Behavioral Health Recovery Services Senior Program Manager
Rosana Lallana, Behavioral Health Recovery Services Compliance and Privacy Officer
Sarah Morgan, Behavioral Health Recovery Services Compliance & Privacy Analyst
Suz Mitchell, Behavioral Health Recovery Services Department Analyst 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 02/16/2022. The following individuals were present:

- Representing DHCS:
Emanuel Hernandez, AGPA
- Representing Marin County:
Catherine Condon, Behavioral Health Recovery Services Division Director
Jordan Hall, Behavioral Health Recovery Services Program Manager
Cody Milner, Behavioral Health Recovery Services Senior Program Coordinator
Roxana Yekta, Behavioral Health Recovery Services Senior Program Coordinator
Kelsey Engstrom, Behavioral Health Recovery Services Senior Program Manager
Leigh Steffy, Behavioral Health Recovery Services Department Analyst II
Maureen Mo de Nieva, Behavioral Health Recovery Services Senior Program Manager
Rosana Lallana, Behavioral Health Recovery Services Compliance and Privacy Officer
Sarah Morgan, Behavioral Health Recovery Services Compliance & Privacy Analyst
Suz Mitchell, Behavioral Health Recovery Services Department Analyst 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	1
2.0 Prevention	0
3.0 Perinatal	3
4.0 Adolescent/Youth Treatment	2
5.0 Data/CalOMS	1
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 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: 1.5.1:

SABG Application Enclosure 2, II, 17

17. Byrd Anti-Lobbying Amendment (31 USC 1352)

County certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. County shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

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 provide evidence demonstrating all of the foregoing SABG Application, Enclosure 2, Section II general provisions are included in all executed subcontracts, including the Byrd Anti-Lobbying Amendment (31 USC 1352) provision.

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 deficiencies in regulations, standards or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 3.1.2:

SABG Application, Enclosure 2, I, 2, D

D. Perinatal Practice Guidelines

County shall comply with the perinatal program requirements as outlined in the Perinatal Practice Guidelines as listed online: https://www.dhcs.ca.gov/Documents/CSD_KS/CSD%20Perinatal%20Services_/Perinatal-Practice-Guidelines.pdf.

The County shall comply with the current version of these guidelines until new Perinatal Practice Guidelines are established and adopted. County must adhere to the Perinatal Practice Guidelines, regardless of whether the County exchanges perinatal funds for additional discretionary funds.

Perinatal Practice Guidelines, Section B, 7

7. ASSESSMENT AND PLACEMENT

All SUD providers shall document treatment services, activities, sessions, and assessments.

In addition, the provider shall complete a personal, medical, and substance use history within 30 calendar days of admission to treatment.

Pregnant women who are dependent on opioids and have a documented history of addiction to opioids, may be admitted to maintenance treatment without documentation of a 2-year addiction history or two prior treatment failures.

Physicians shall reevaluate the pregnant woman no later than 60 days postpartum to determine whether continued maintenance treatment is appropriate.

Findings: The County did not provide evidence demonstrating how County and subcontracted providers document treatment services, activities, sessions and assessments for pregnant women, specifically:

- Personal History completed within 30 days of admission to treatment.
- Medical History completed within 30 days of admission to treatment.
- Substance Use History completed within 30 days of admission to treatment.
- Physician reevaluation of pregnant beneficiary no later than 60 days postpartum.

CD 3.1.3:

SABG Application, Enclosure 2, I, 2, D

D. Perinatal Practice Guidelines

County shall comply with the perinatal program requirements as outlined in the Perinatal Practice Guidelines as listed online: [https://www.dhcs.ca.gov/Documents/CSD_KS/CSD%20Perinatal%20Services /Perinatal-Practice-Guidelines.pdf](https://www.dhcs.ca.gov/Documents/CSD_KS/CSD%20Perinatal%20Services_Perinatal-Practice-Guidelines.pdf).

The County shall comply with the current version of these guidelines until new Perinatal Practice Guidelines are established and adopted. County must adhere to the Perinatal Practice Guidelines, regardless of whether the County exchanges perinatal funds for additional discretionary funds.

Perinatal Practice Guidelines, Section B, 9

9. REFERRALS

It is important to consistently provide pregnant and parenting women with the necessary and appropriate SUD treatment services. In the instance that a SUD treatment provider does not have the capacity or availability to provide the essential treatment services, arrangements should be made to ensure a woman receives the necessary treatment services.

When a SUD treatment provider has insufficient capacity to provide treatment services to a pregnant and/or parenting woman, the provider must provide a referral.

Providers shall establish, maintain, and update individual patient records for pregnant and parenting women, which shall include referrals.

If no treatment facility has the capacity to provide treatment services, the provider will make available or arrange for interim services within 48 hours of the request, including a referral for prenatal care.

Findings: The County did not provide evidence demonstrating how County and subcontracted providers ensure perinatal clients receive a referral for Interim Services within 48 hours when capacity becomes a barrier at provider treatment facilities. The required Interim Services are as follows:

- Admit the woman no later than 14 days of the request; or
- Admit the woman no later than 120 days of the request and provide interim services no later than 48 hours after the request;
- Counseling and education about the risks and prevention of transmission of HIV and TB;
- Counseling and education about the risks of needle-sharing;
- Counseling and education about the risks of transmission to sexual partners and infants;
- Counseling on the effects of alcohol and drug use on the fetus; and
- Referral for prenatal care.

CD 3.3.1:

SABG Application, Enclosure 2, I, 2, D

D. Perinatal Practice Guidelines

County shall comply with the perinatal program requirements as outlined in the Perinatal Practice Guidelines as listed online: https://www.dhcs.ca.gov/Documents/CSD_KS/CSD%20Perinatal%20Services_Perinatal-Practice-Guidelines.pdf.

The County shall comply with the current version of these guidelines until new Perinatal Practice Guidelines are established and adopted. County must adhere to the Perinatal Practice Guidelines, regardless of whether the County exchanges perinatal funds for additional discretionary funds.

Perinatal Practice Guidelines, Section B, 8

8. TREATMENT PLANNING

It is important to develop an individual treatment plan for each pregnant and parenting woman with a SUD. This helps to ensure that pregnant and parenting women are receiving the most effective care for their SUD.

Individual treatment planning shall be provided to pregnant and parenting women. The provider shall prepare an individualized treatment plan based on the information obtained at intake and assessment. SUD treatment providers shall make an effort to engage all beneficiaries, including pregnant and parenting women, to meaningfully participate in the preparation of the initial and updated treatment plans.

In addition, providers offering perinatal services shall address treatment issues specific to the pregnant and parenting women. Perinatal-specific services shall include the following:

- i. Mother/child habilitative and rehabilitative services, such as parenting skills and training in child development;
- ii. Access to services, such as arrangement for transportation;
- iii. Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and
- iv. Coordination of ancillary services, such as medical/dental, education, social services, and community services.

Findings: The County did not provide evidence demonstrating how County and subcontracted perinatal providers ensure treatment for pregnant and parenting women includes perinatal-specific services, specifically:

- Mother/child habilitative and rehabilitative services, such as parenting skills and training in child development;
- Access to services, such as arrangement for transportation;
- Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant; and
- Coordination of ancillary services, such as medical/dental, education, social services, and community services.

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 deficiencies in regulations, standards or protocol requirements were identified:

COMPLIANCE DEFICIENCIES:

CD 4.1.1:

SABG Application, Enclosure 2, II. General, 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/provgovpart/Pages/Youth-Services.aspx>.

Youth Treatment Guidelines Section V, F, 6-7

F. Treatment Planning

6. The treatment plan should include goals with realistic objectives and timeframes for completing. These should be mutually agreed upon by the program, the youth, and, whenever possible, his or her family/caregiver.

7. The initial treatment plan should be completed at least within 30 days of admission. Progress in treatment should be regularly monitored and treatment plans modified as needs arise or change during treatment, at various stages of the youth's development and recovery, or at least every six months.

Findings: The County did not provide evidence demonstrating how County and subcontracted providers comply with treatment planning for adolescent/youth clients.

CD 4.2.3:

SABG Application, Enclosure 2, II. General, 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/provgovpart/Pages/Youth-Services.aspx>.

Youth Treatment Guidelines Section VIII, E, 1-2

E. Buildings/Grounds

1. All residential facilities must be licensed in accordance with applicable state licensing statutes and regulations and remain in compliance with such requirements.
2. All facilities should be clean, sanitary, and in good repair at all times for the safety and well-being of youth, staff, and visitors.

Findings: The County did not provide evidence demonstrating how County and subcontracted providers ensure facilities are in compliance with licensing and regulations.

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: 5.1.1:

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.

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 6.1.2:

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 County managed and subcontracted program providing SABG funded services.

- The County monitored 14 of 27 SABG funded programs and submitted audit reports of these annual reviews to DHCS.
- The County submitted five (5) of 14 annual monitoring reports secure and encrypted to DHCS.
- The County submitted seven (7) of 14 annual monitoring reports within two weeks of completion to DHCS.

TECHNICAL ASSISTANCE

The county did not make any technical assistance requests.