



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

June 16, 2022

Sent via e-mail to: [vkelly@ochca.com](mailto:vkelly@ochca.com)

Veronica Kelley, Behavioral Health Director  
Orange County Health Care Agency  
405 West 5<sup>th</sup> Street, Suite 726  
Santa Ana, CA 92701

SUBJECT: Annual SABG County Compliance Unit Findings Report

Dear Director Kelley:

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 Orange 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 Orange County's Fiscal Year 2021-22 SABG compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

Orange 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 8/16/2022. 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  
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Ian Kemmer, Orange County Authority & Quality Improvement Services Director

## COUNTY REVIEW INFORMATION

**County:**

Orange

**County Contact Name/Title:**

Ian Kemmer/Orange County Authority & Quality Improvement Services Director

**County Address:**

405 West 5th Street, Suite 400  
Santa Ana, CA 92701

**County Phone Number/Email:**

(714) 834-2160  
ikemmer@ochca.com

**Date of Review:**

4/19/2022

**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 4/19/2022. The following individuals were present:

- Representing DHCS:  
Katrina Beedy, Associate Governmental Program Analyst (AGPA)  
Natalia Krasnodemsky, AGPA
- Representing Orange County:  
Ian Kemmer, Director, Authority and Quality Improvement Services  
Kelly Sabet, Division Manager, Authority and Quality Improvement Services  
April Jannise, Program Manager, Authority and Quality Improvement Services  
Annette Tran, Administrative Manager I, Authority and Quality Improvement Services  
Elizabeth Bausman, Administrative Manager I, Authority and Quality Improvement Services  
Chiyo Matsubayashi, Service Chief II, Authority and Quality Improvement Services  
Yvonne Brack, Service Chief II, Authority and Quality Improvement Services  
Joey Pham, Program Supervisor, Authority and Quality Improvement Services  
Joe Harrison, Systems Technician II, Authority and Quality Improvement Services  
Wendy Ito, Health Program Specialist, Authority and Quality Improvement Services  
Dawn Smith, Director, Children, Youth, and Prevention  
Alicia Lemire, Program Manager, Children, Youth, and Prevention  
Heather Balcom, Service Chief II, Children, Youth, and Prevention  
Carolyn Secrist, Program Supervisor, Children, Youth, and Prevention  
Linda Molina, Director, Adult and Older Adult Services  
Diane Holley, Division Manager, Adult and Older Adult Services  
Glenda Aguilar, Program Manager, Adult and Older Adult Services  
April Thornton, Program Manager, Adult and Older Adult Services  
Wendy Elliot, Service Chief II, Adult and Older Adult Services  
Christy Read-Gomez, Service Chief II, Adult and Older Adult Services  
Michelle Glinski, Health Program Specialist, Adult and Older Adult Services  
Anthony Le, Fiscal Manager, Financial Services  
Gina Hoang, Program Support Analyst, Program Support Analyst  
Juan Corral, Contract Services Manager, Contract Services Manager  
Brittany Davis, Contract Administrator

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 4/19/2022. The following individuals were present:

- Representing DHCS:  
Katrina Beedy, AGPA  
Natalia Krasnodemsky, AGPA
  
- Representing Orange County:  
Ian Kemmer, Director, Authority and Quality Improvement Services  
Kelly Sabet, Division Manager, Authority and Quality Improvement Services  
April Jannise, Program Manager, Authority and Quality Improvement Services  
Annette Tran, Administrative Manager I, Authority and Quality Improvement Services  
Elizabeth Bausman, Administrative Manager I, Authority and Quality Improvement Services  
Chiyo Matsubayashi, Service Chief II, Authority and Quality Improvement Services  
Yvonne Brack, Service Chief II, Authority and Quality Improvement Services  
Joey Pham, Program Supervisor, Authority and Quality Improvement Services  
Joe Harrison, Systems Technician II, Authority and Quality Improvement Services  
Wendy Ito, Health Program Specialist, Authority and Quality Improvement Services  
Dawn Smith, Director, Children, Youth, and Prevention  
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Diane Holley, Division Manager, Adult and Older Adult Services  
Glenda Aguilar, Program Manager, Adult and Older Adult Services  
April Thornton, Program Manager, Adult and Older Adult Services  
Wendy Elliot, Service Chief II, Adult and Older Adult Services  
Christy Read-Gomez, Service Chief II, Adult and Older Adult Services  
Michelle Glinski, Health Program Specialist, Adult and Older Adult Services  
Anthony Le, Fiscal Manager, Financial Services  
Gina Hoang, Program Support Analyst, Program Support Analyst  
Juan Corral, Contract Services Manager, Contract Services Manager  
Brittany Davis, Contract Administrator

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	2
2.0 Prevention	0
3.0 Perinatal	1
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 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 deficiencies in regulations, standards or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 1.3.1:**

SABG Application, Enclosure 2, III, 6

##### 6. Charitable Choice

County shall document the total number of referrals necessitated by religious objection to other alternative SUD providers. The County shall annually submit this information to DHCS by e-mail at CharitableChoice@dhcs.ca.gov by October 1st. The annual submission shall contain all substantive information required by DHCS and be formatted in a manner prescribed by DHCS.

**Findings:** The County did provide the email submission to DHCS indicating the total number of referrals necessitated by a beneficiary's religious objection for FY 2020-21. However, the email was submitted to DHCS after the October 1<sup>st</sup> deadline.

#### **CD: 1.5.3:**

SABG Application Enclosure 2, II, 8

##### 8. Nondiscrimination and Institutional Safeguards for Religious Providers

County shall establish such processes and procedures as necessary to comply with the provisions of USC, Title 42, Section 300x-65 and CFR, Title 42, Part 54.

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, specifically Nondiscrimination and Institutional Safeguards for Religious Providers (USC, Title 42, Section 300x-65 and CFR, Title 42, Part 54) 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 deficiency in regulations, standards or protocol requirements was identified:

### COMPLIANCE DEFICIENCY:

#### **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](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;

- 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 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 deficiencies in regulations, standards or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD: 6.1.1:**

##### SABG Application, Enclosure 2, I, 1, A, 1, a-b

1. County's performance under the Performance Contract and the SABG County Application, shall be monitored by DHCS during the term of the Performance Contract. Monitoring criteria shall include, but not be limited to:
  - a. Whether the quantity of work or services being performed conforms to Enclosures 2, 3, 4, and 5.
  - b. Whether the County has established and is monitoring appropriate quality standards.

**Findings:** The County did provide current blank monitoring tools used to monitor County and subcontracted providers for compliance with the SABG program requirements. However, the monitoring tools provided did not include the following element:

- Charitable Choice

#### **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 28 of 39 SABG funded programs and submitted audit reports of these annual reviews to DHCS.
- The County submitted 12 of 28 annual monitoring reports within two weeks of completion to DHCS.

## TECHNICAL ASSISTANCE

DHCS's County Compliance Unit Analyst will make referrals to the DHCS PMFS analyst for the technical assistance area identified below:

**CalOMS-Tx and DATAR:** The County has specific requests with regards to the CalOMS submission process.