



External Monitoring Reports

of County Departments, Performed by State, Federal, and Other Outside Agencies

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Department External Monitoring

The County as a whole, and specific County departments, are subject to monitoring by various external entities. The majority of monitoring is performed to ensure state and federal funds awarded to the County are spent in accordance with certain laws and regulations. Instances of non-compliance may result in: 1) requirement of funds returned to the funding agency, 2) reduced funding in future years, and/or 3) higher monitoring costs.

Monitoring can occur at different levels, such as an audit, review, or specific procedures performed on certain processes. Additionally, monitoring periods may vary (i.e. annually, quarterly, or on a one-time basis).

County policy requires all monitoring performed over departments be reported to the Auditor-Controller. This report presents information on monitoring reports received by County departments and reported to the Auditor-Controller during fiscal year (FY) 2018-19. Any reports presented to the County Board of Supervisors separately, such as the Comprehensive Annual Financial Report and the Single Audit Report, are not included in this report. We have not performed audit procedures on the departments' responses regarding their corrective action.

A risk rating is assigned to each of the programs by the department based upon monitoring results. The risk ratings are defined as follows:

Low Risk: Potential for low dollar amount of error or loss, other compensating procedures exist, or minimal program impact.

Moderate Risk: Potential for moderate dollar amount of error or loss (relative to the size of the program), some violation of policy, other compensating procedures may exist to correct issue. When an audit report indicates that a breakdown in compliance occurred, risk will be assessed at a minimum of moderate. Nonadherence to policies and procedures, lack of self-monitoring, and a possible future loss of outside funding due to non-compliance will also be assessed at a minimum of moderate.

High Risk: Potential for large dollar amount of error or loss, significant lack of monitoring or breakdown in compliance, or wide-spread violation of law. Insufficient compensating procedures exist.

A listing of all external monitoring reports assessed as low risk are included on page two. The remaining pages present department-specific monitoring reports assessed as moderate and list recommendations made by the external agency, as well as the corrective action taken by the department. No high risk reports were identified for the reporting period.

Department External Monitoring

List of Low-Risk Reports

The chart below lists program monitoring reports that had either no findings or findings with little or no dollar amounts of error or loss, strong existing compensating procedures, or findings with minimal program impact:

Department	Programs Monitored	Monitoring Agency
Auditor-Controller	Apportionment and Allocation of Property Tax Revenues	CA State Controller
Behavioral Wellness	Crisis Services Office Inspection	Cal/OSHA
Behavioral Wellness	Medi-Cal Mental Health External Quality Review	CalEQRO
Behavioral Wellness	Drug Medi-Cal Organized Delivery System Readiness Review	CA Dept of Health Care Services
Behavioral Wellness	Drug Medi-Cal Organized Delivery System Implementation Audit	CA Dept of Health Care Services
Behavioral Wellness	Psychiatric Health Facility Triennial Review	CA Dept of Health Care Services
District Attorney	Insurance Fraud Grant Programs	CA Dept of Insurance
Probation	Standards and Training for Corrections Program FY 17-18	Board of State and Community Corrections
Public Health	Public Health Emergency Preparedness and Hospital Preparedness Program	CA Dept of Public Health
Public Health	Women Infants and Children Supplemental Nutrition Program	CA Dept of Public Health/CA State Controller
Public Health	Ryan White Part B HIV Care Program	CA Dept of Public Health
Public Health	Local Oversight Program	CA State Controller
Public Health	Health Center Program	Health Resources and Services Administration
Public Works	Indirect Cost Rate Proposal	CA State Controller
Public Works	Public Transit Fund	Moss, Levy & Hartzheim LLP
Public Works	Transportation Development Act Fund	Moss, Levy & Hartzheim LLP
Social Services	Adoption Assistance Program	CA Dept of Social Services
Social Services	Application Processing Timeliness	CA Dept of Social Services
Social Services	CalFresh/Supplemental Nutrition Assistance Program	CA Dept of Social Services
Social Services	In-Home Supportive Services	CA Dept of Social Services
Social Services	Income and Eligibility Verification System	CA Dept of Social Services
Social Services	Title IV-E Foster Care Eligibility Review	CA Dept of Social Services
Social Services	Special Investigations Unit	CA Dept of Social Services
Treasurer-Tax-Collector	Protective Pay Site Visit	Social Security Administration

Public Health

The Public Health Department received six monitoring reports for FY 2018-19. The Public Health Emergency Preparedness and Hospital Preparedness Grant Program audit, Women, Infants, and Children Supplemental Nutrition Program Agreed Upon Procedures, Ryan White Part B HIV Care Program Report, Local Oversight Program Audit, and Health Center Program Site Visit Report were rated low-risk and are listed on page two. The Certified Unified Program Agency (CUPA) Performance Evaluation is presented below.

Program	Monitoring Agency	Risk Level
CUPA Performance Evaluation	CalEPA	Moderate Risk

Purpose of Monitoring

To evaluate the Santa Barbara Public Health Department Certified Unified Program Agency (CUPA) in 2017.

Findings *(for brevity, only deficiencies are listed below however the report also contained incidental findings as well as observations and recommendations)*

- The CUPA is not ensuring all businesses electronically submit a complete Hazardous Materials Business Plan (HMBP) annually to the California Environmental Reporting System (CERS).
- The CUPA is not issuing Unified Program Facility Permits, which includes the underground storage tank (UST) operating permit, prior to or upon the expiration date of an existing permit.
- The CUPA is not consistently ensuring that all appropriate UST related information in CERS is accurate and complete.
- The CUPA is not inspecting all hazardous waste generators (HWG), tiered permitted (TP), HMBP, California Accidental Release Prevention facilities with the triennial inspection frequency stated in the I&E Plan or mandated by law.
- The CUPA is not properly reviewing, processing, and authorizing each annual Onsite Hazardous Waste Treatment Notification for facilities with a Fixed Treatment Unit within 45 calendar days of receiving it.
- The CUPA is not properly classifying HWG violations.
- The CUPA is not properly implementing a fee accountability program designed to encourage efficient and cost-effective operation of the Unified Program.
- The CUPA is not consistently following-up and documenting return to compliance (RTC) information for facilities cited with violations in inspection reports.
- The CUPA is not regulating all facilities subject to the HWG Program.
- The CUPA did not correctly report violation information to CERS.
- The CUPA’s I&E Plan has incomplete or incorrect required components.
- The CUPA did not establish Unified Program Public Participation Procedures. The CUPA did not provide Unified Program Public Participation Procedures during the evaluation.
- The CUPA’s Unified Program Data Management Procedures do not include a component for the collection, retention, and management of electronic data and documents in compliance with Title 27, Section 15185.

Public Health (Continued)

Corrective Action Taken

- CUPA provided CalEPA with a list of all regulated businesses that have not submitted a complete HMBP and followed-up with each regulated business identified on the list to ensure a complete HMBP has been submitted to CERS.
- CUPA revised and provided CalEPA with the procedure for issuing Unified Program Facility Permits, which includes the UST operating permits. Training procedures have also been revised and submitted to CalEPA for feedback.
- CUPA revised and provided CalEPA with Data Management Procedure. The revised procedure has been implemented and training provided supporting documentation was provided to CalEPA.
- CUPA has developed an Inspection and Enforcement Plan to inspect all delinquent facilities in a timely manner and provided requested information to CalEPA.
- CUPA provided personnel with TP training and provided proof of completion to CalEPA. Pending Onsite Hazardous Waste Treatment Notifications have been reviewed and processed.
- Inspectors have been trained on proper classification of HWG violations. Inspection reports have been provided to CalEPA showing properly classified violations.
- CUPA proposed a fee schedule adjustment to the Board of Supervisors, which was approved and has adopted the CUPA fees effective July 1, 2019.
- CUPA provided CalEPA with a RTC tracking spreadsheet of all facilities with open violations and has been following-up with these facilities.
- CUPA developed action plan to identify all regulated facilities subject to the HWG program and has begun to follow up with HWG facilities.
- CUPA revised and provided CalEPA with Data Management Procedures to ensure personnel correctly report violation information.
- CUPA revised and provided CalEPA with an updated I&E Plan addressing revisions to the incomplete or incorrect information identified.
- CUPA developed and provided CalEPA with Unified Program Public Participation Procedures containing all required components.
- CUPA revised and provided CalEPA with Unified Program Data Management Procedures including components for collection, retention, and management of electronic data and documents in compliance with Title 27, Section 15185.

As a result of these corrective actions, eight deficiencies have been cleared by the State.



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