

PERFORMANCE AUDIT
OF

ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES

AN AGENCY UNDER CONTRACT WITH THE
DEPARTMENT OF COMMUNITY HEALTH

December 2000

EXECUTIVE DIGEST

ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES

INTRODUCTION

This report, issued in December 2000, contains the results of our performance audit* of Allegan County Community Mental Health Services (ACCMHS), an agency under contract with the Department of Community Health.

AUDIT PURPOSE

This performance audit was conducted as part of the constitutional responsibility of the Office of the Auditor General. Performance audits are conducted on a priority basis related to the potential for improving effectiveness* and efficiency*.

BACKGROUND

ACCMHS was established in 1970 and operates under the provisions of the Mental Health Code, being Sections 330.1001 - 330.2106 of the *Michigan Compiled Laws*.

ACCMHS's mission* is to enhance the behavioral health of the residents of Allegan County. ACCMHS's Access Unit serves as the single entry point for Allegan County residents seeking mental health services.

ACCMHS operates and/or contracts for mental health services, including inpatient, outpatient, day program, residential, case management, respite, crisis, and

* See glossary at end of report for definition.

prevention services for mentally ill* and developmentally disabled* individuals.

ACCMHS operations are generally funded by State, federal, and local funds. Total expenditures for the fiscal year ended September 30, 1999 were approximately \$14 million. As of September 30, 1999, ACCMHS had 175 full-time equated employees and was serving 1,466 consumers*.

AUDIT OBJECTIVES,
CONCLUSIONS, AND
NOTEWORTHY
ACCOMPLISHMENTS

Audit Objective: To assess ACCMHS's effectiveness and efficiency related to the delivery of services.

Conclusion: **ACCMHS was generally effective and efficient in its delivery of services.** However, we noted reportable conditions* related to ACCMHS's continuous quality improvement (CQI)* process, criminal history background checks, and ability-to-pay determinations (Findings 1 through 3).

Noteworthy Accomplishments: ACCMHS has maintained its accreditation by the Rehabilitation Accreditation Commission since 1978 without interruption. Also, in 1997, ACCMHS (through the Department of Community Health) was 1 of 3 Michigan sites to receive a three-year Robert Wood Johnson Foundation self-determination initiative grant for persons with developmental disabilities. Through self-determination, individual budgets are developed to help consumers control their resources and make choices about their mental health services, mental health service providers*, and living situations. In addition, ACCMHS coordinated two major projects, one that built 57 affordable, accessible apartments for individuals with mental illnesses or

* See glossary at end of report for definition.

disabilities and another one that resulted in the first countywide public transportation system.

As evidenced by the results of our consumer survey, ACCMHS consumers were generally satisfied with the level of care provided by ACCMHS. Of the consumers who responded to the survey, 89% stated that they were satisfied with the quality of services received, 86% noted that they received the type of services needed, and 80% were satisfied with the amount of services they received.

Audit Objective: To assess ACCMHS's effectiveness in administering and monitoring the services provided by contract organizations.

Conclusion: **ACCMHS was generally effective in administering and monitoring the services provided by contract organizations.** However, we noted a reportable condition pertaining to residential contract administration (Finding 4).

Audit Objective: To assess the effectiveness of ACCMHS's management system for processing Medicaid capitated payments.

Conclusion: **ACCMHS's management system for processing Medicaid capitated payments was effective.**

Noteworthy Accomplishments: ACCMHS developed a comprehensive system for analysis of the Data Exchange Gateway Medicaid eligibility file to reconcile Medicaid capitated payments and to accurately account for services to individuals who are currently or retroactively eligible for Medicaid.

**AUDIT SCOPE AND
METHODOLOGY**

Our audit scope was to examine the program and other records of Allegan County Community Mental Health Services. Our audit was conducted in accordance with *Government Auditing Standards* issued by the Comptroller General of the United States and, accordingly, included such tests of the records and such other auditing procedures as we considered necessary in the circumstances.

To accomplish our objectives, we examined ACCMHS records and activities for the period October 1, 1997 through July 31, 2000. We reviewed applicable statutes, rules, policies, and procedures; interviewed ACCMHS and contractor employees; assessed the effectiveness of applicable areas of internal control*; and analyzed applicable program, financial, and clinical records. We examined performance measurements used to evaluate programs and surveyed consumers and referral source providers of ACCMHS. We obtained a sample of criminal history background checks of ACCMHS and contractor employees who had direct contact with consumers. In addition, we analyzed contracts with mental health service providers, tested compliance with the contracts, and conducted site visits of providers. Further, we reconciled capitated and General Fund payment amounts and tested expenditures to determine if ACCMHS accurately accounted for services to current and retroactively eligible Medicaid consumers. We also tested compliance with Department of Community Health contractual reporting requirements and recalculated capitated payments.

AGENCY RESPONSES

Our audit report includes 4 findings and 6 corresponding recommendations. ACCMHS's preliminary response indicated that it generally agrees with our findings and has taken steps to implement the recommendations.

* See glossary at end of report for definition.

December 21, 2000

Ms. Flora V. Moore, Chairperson
Allegan County Community Mental Health Services Board of Directors
510 West River Street
Otsego, Michigan
and
Mr. Paul M. Brinkley, Executive Director
Allegan County Community Mental Health Services
3285 122nd Avenue
Allegan, Michigan
and
Mr. James K. Haveman, Jr., Director
Department of Community Health
Lewis Cass Building
Lansing, Michigan

Dear Ms. Moore, Mr. Brinkley, and Mr. Haveman:

This is our report on the performance audit of Allegan County Community Mental Health Services, an agency under contract with the Department of Community Health.

This report contains our executive digest; description of agency; audit objectives, scope, and methodology and agency responses; comments, findings, recommendations, and agency preliminary responses; charts showing revenues, expenditures, and unduplicated head count and survey summaries, presented as supplemental information; and a glossary of acronyms and terms.

Our comments, findings, and recommendations are organized by audit objective. The agency preliminary responses were taken from the agency's written comments and oral discussion subsequent to our audit fieldwork.

We appreciate the courtesy and cooperation extended to us during this audit.

AUDITOR GENERAL

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Description of Agency

Allegan County Community Mental Health Services (ACCMHS) was established in 1970 and operates under the provisions of the Mental Health Code, being Sections 330.1001 - 330.2106 of the *Michigan Compiled Laws*. ACCMHS is subject to oversight by the Department of Community Health.

ACCMHS's mission is to enhance the behavioral health of the residents of Allegan County. ACCMHS's Access Unit serves as the single entry point for Allegan County residents seeking mental health services.

ACCMHS's governing body is composed of 12 members responsible for serving the mental health needs of Allegan County residents. ACCMHS's administrative office is located in the City of Allegan. ACCMHS operates and/or contracts for mental health services, including inpatient, outpatient, day program, residential, case management, respite, crisis, and prevention services for mentally ill and developmentally disabled individuals.

ACCMHS operations are generally funded by State, federal, and local funds. Total expenditures for the fiscal year ended September 30, 1999 were approximately \$14 million. As of September 30, 1999, ACCMHS had 175 full-time equated employees and was serving 1,466 consumers.

Audit Objectives, Scope, and Methodology and Agency Responses

Audit Objectives

Our performance audit of Allegan County Community Mental Health Services (ACCMHS), an agency under contract with the Department of Community Health, had the following objectives:

1. To assess ACCMHS's effectiveness and efficiency related to the delivery of services.
2. To assess ACCMHS's effectiveness in administering and monitoring the services provided by contract organizations.
3. To assess the effectiveness of ACCMHS's management system for processing Medicaid capitated payments.

Audit Scope

Our audit scope was to examine the program and other records of Allegan County Community Mental Health Services. Our audit was conducted in accordance with *Government Auditing Standards* issued by the Comptroller General of the United States and, accordingly, included such tests of the records and such other auditing procedures as we considered necessary in the circumstances.

Audit Methodology

Our audit procedures, conducted from April through July 2000, included examining ACCMHS records and activities for the period October 1, 1997 through July 31, 2000.

To accomplish our first objective, we reviewed applicable statutes, rules, policies, and procedures. We interviewed ACCMHS employees; assessed the effectiveness of applicable areas of internal control; and analyzed applicable program, financial, and clinical records. We examined performance measurements used to evaluate programs and surveyed consumers and referral source providers of ACCMHS. In addition, we analyzed the methods used by ACCMHS to ensure that criminal history background checks of ACCMHS and contractor employees were completed. Further, we obtained a

sample of criminal history background checks of ACCMHS and contractor employees who had direct contact with consumers. These checks were completed by the Michigan Department of State Police, who matched criminal activity to individuals by social security number, name, and date of birth.

To accomplish our second objective, we obtained and reviewed selected ACCMHS contracts for fiscal years 1999-2000, 1998-99, and 1997-98. We interviewed selected ACCMHS and contractor employees. We assessed ACCMHS's contract monitoring efforts. Also, we documented and assessed the effectiveness of applicable internal control. In addition, we analyzed contracts with mental health service providers, tested compliance with the contracts, and conducted site visits of providers. Finally, we tested the accuracy of selected ACCMHS payments to contractors.

To accomplish our third objective, we obtained an understanding of ACCMHS's internal control related to the processing of Medicaid capitated payments. We sampled selected case files and tested established criteria to ensure that services were appropriately billed and documented. We reconciled capitated and General Fund payment amounts and tested expenditures to determine if ACCMHS accurately accounted for services to current and retroactively eligible Medicaid consumers. We also tested compliance with Department of Community Health contractual reporting requirements. Finally, we reviewed the year-end cost settlement process and recalculated capitated payments based on prescribed funding formulas.

Agency Responses

Our audit report includes 4 findings and 6 corresponding recommendations. ACCMHS's preliminary response indicated that it generally agrees with our findings and has taken steps to implement the recommendations.

The agency preliminary response which follows each recommendation in our report was taken from ACCMHS's written comments and oral discussion subsequent to our audit fieldwork.

COMMENTS, FINDINGS, RECOMMENDATIONS, AND AGENCY PRELIMINARY RESPONSES

EFFECTIVENESS AND EFFICIENCY OF THE DELIVERY OF SERVICES

COMMENT

Audit Objective: To assess Allegan County Community Mental Health Services' (ACCMHS's) effectiveness and efficiency related to the delivery of services.

Conclusion: ACCMHS was generally effective and efficient in its delivery of services. However, we noted reportable conditions related to ACCMHS's continuous quality improvement (CQI) process, criminal history background checks, and ability-to-pay determinations.

Noteworthy Accomplishments: ACCMHS has maintained its accreditation by the Rehabilitation Accreditation Commission since 1978 without interruption. Also, in 1997, ACCMHS (through the Department of Community Health) was 1 of 3 Michigan sites to receive a three-year Robert Wood Johnson Foundation self-determination initiative grant for persons with developmental disabilities. Through self-determination, individual budgets are developed to help consumers control their resources and make choices about their mental health services, mental health service providers, and living situations. In addition, ACCMHS coordinated two major projects, one that built 57 affordable, accessible apartments for individuals with mental illnesses or disabilities and another one that resulted in the first countywide public transportation system.

As evidenced by the results of our consumer survey, ACCMHS consumers were generally satisfied with the level of care provided by ACCMHS. Of the consumers who responded to the survey, 89% stated that they were satisfied with the quality of services received, 86% noted that they received the type of services needed, and 80% were satisfied with the amount of services they received.

FINDING

1. CQI Process

ACCMHS should fully implement a comprehensive CQI process to evaluate and improve the effectiveness of its service delivery system.

The mission of ACCMHS is to enhance the behavioral health of the residents of Allegan County. ACCMHS can best evaluate and improve its effectiveness by maintaining a comprehensive CQI process. Such a process should include performance indicators* for measuring outputs* and outcomes* and objectives*, performance standards*, or goals* for each performance indicator that describe the desired level of outputs and outcomes based on management expectations, peer group performance, and/or historical performance. Also, a CQI process should include a management information system to accurately gather output and outcome data; a comparison of the actual data to desired outputs and outcomes; a reporting of the comparison results to management; and proposals of program modifications to improve effectiveness.

ACCMHS had developed various monitoring tools, including the ACCMHS Quality Improvement Plan and appropriate committees; specific outputs, outcomes, and standards; the State of Michigan Mission-Based Performance Indicator System; and surveys of consumers and community stakeholders. However, ACCMHS did not use these tools to evaluate the overall effect of its delivery of services. Our analysis of ACCMHS's CQI process disclosed:

- a. ACCMHS did not document corrective actions implemented as a result of its CQI analysis. Standard II of the Department of Community Health contract attachment 4.7.9.1 requires the monitoring and evaluation of corrective actions to ensure that appropriate changes were made as a result of the quality assessment and improvement process. Without follow-up reports, ACCMHS could not evaluate the success of remedial actions or the need for additional review. As a result, the overall effectiveness and efficiency of the CQI process could not be determined.

* See glossary at end of report for definition.

- b. ACCMHS did not establish measurable program-specific indicators for residential contract providers. The ACCMHS Quality Improvement Plan and residential contracts require subcontracting agencies to implement and maintain internal quality improvement programs and to report performance outcomes as outlined in the contract. Although ACCMHS monitored elements of contractor performance through inspections, interviews, and surveys of consumer residents, ACCMHS did not consolidate and report the results of such monitoring so that measurable performance indicators could be identified and evaluated. Without such information, the comprehensive nature of the Quality Improvement Plan cannot be achieved. Some valid indicators would include residential staff/consumer ratios utilized, recipient rights reports filed, consumer satisfaction surveys completed, and percent of consumer goals met.

- c. ACCMHS did not use consistent goals, objectives, outcome measures, and standards for analyzing its various program areas. The ACCMHS Quality Improvement Plan requires ACCMHS to maintain data between feedback collection periods for comparison as an ongoing measure of evaluation. Without consistent goals, it was difficult for ACCMHS to evaluate the degree of quality improvement in each program area.

RECOMMENDATION

We recommend that ACCMHS fully implement a comprehensive CQI process to evaluate and improve the effectiveness of its service delivery system.

AGENCY PRELIMINARY RESPONSE

ACCMHS agrees with the finding and is implementing the recommendation. ACCMHS informed us that consumer-focused outcome measures and performance indicators have been established and are monitored as part of ACCMHS's CQI system. Currently, ACCMHS is implementing improvements to its CQI system that cross over into its contract agencies and coordinates efforts and findings to improve the overall delivery of mental health services. Actions implemented will be documented in the next outcome management report.

FINDING

2. Criminal History Background Checks

ACCMHS should improve its procedures to ensure that criminal history background checks are performed and evaluated for employees prior to and periodically during employment. Also, ACCMHS should require its residential contract providers to complete similar reviews of their employees.

Section 330.1708 of the *Michigan Compiled Laws* states that mental health services shall be provided in a safe, sanitary, and humane treatment environment. Also, ACCMHS Administrative Procedure 4210.4 states that, prior to making an offer of employment to an individual, ACCMHS will request a criminal history background check from the Criminal Records Division, Michigan Department of State Police.

During our review, we noted that ACCMHS uses the services of a private company to perform criminal history background checks on employees prior to employment. However, these checks were performed for only the county in which the applicant lived. In addition, ACCMHS did not perform periodic criminal history background checks on current employees.

We surveyed 2 group home and 10 adult foster care contract providers and determined that both group home providers and only 2 (20%) adult foster care providers performed criminal history background checks on employees.

We obtained a listing of the names and other identifying information of ACCMHS and provider employees who had direct contact with consumers. We selected 55 ACCMHS employees and 25 provider employees and gave this information to the Michigan Department of State Police for the purposes of identifying convicted felons. For those ACCMHS and provider employees tested, we identified 6 (8%) individuals who had been convicted of felonies. Because of a lack of a comprehensive criminal history background check procedure that includes evaluation criteria, we could not determine if the listed felonies would preclude an individual from providing mental health services.

By obtaining criminal history background checks for its employees and requiring its residential contract providers to do the same, ACCMHS could better ensure that its consumers are receiving services in a safe environment.

RECOMMENDATIONS

We recommend that ACCMHS improve its procedures to ensure that criminal history background checks are performed and evaluated for employees prior to and periodically during employment.

We also recommend that ACCMHS require its residential contract providers to complete similar reviews of their employees.

AGENCY PRELIMINARY RESPONSE

ACCMHS recognizes the importance of criminal history background checks even though there is no statute or requirement for performing them on current employees. ACCMHS further recognizes and agrees with the Office of the Auditor General that its findings are considered to be a reportable, but not material, condition.

ACCMHS agrees that its procedures regarding criminal history background checks prior to employment should be more comprehensive. The ACCMHS Board of Directors approved a resolution on August 15, 2000 mandating criminal history background checks on current employees. ACCMHS informed us that it has completed background checks as a part of the employment process for three years. New contract language for provider agencies will be added that parallels ACCMHS requirements and evaluation criteria as it is developed for criminal history background checks.

FINDING

3. Ability-to-Pay Determinations

ACCMHS should document the sources of consumer income used to verify and calculate the ability-to-pay amount for services. In addition, ACCMHS should perform timely annual reviews of consumers' ability to pay.

Sections 330.1804 and 330.1828 of the *Michigan Compiled Laws* require that consumers receiving services from boards should reimburse the boards for the costs of services based on the consumers' ability to pay, that consumers' ability-to-pay determinations be based on the most recently filed State income tax return or other financial documents, and that consumers' ability-to-pay and insurance coverage amounts be revised annually. In addition, ACCMHS Administrative Procedure 2240.1, page 5, requires consumers to provide their most recent State income tax form and documentation of all sources of income for all members of the household and any applicable court orders during the intake process.

Our review of files for 40 consumers disclosed that 31 (78%) consumer case files did not contain evidence of income verification to support consumer ability-to-pay determinations. ACCMHS staff informed us that they did verify consumer income; however, they did not always document this in consumer case files. In addition, annual ability-to-pay redeterminations for 3 (10%) of the 31 consumers were not completed in a timely manner. The ability-to-pay redeterminations for delinquent consumers ranged from 2 to 3 months late.

Appropriate documentation to support determinations and completion of consumer ability-to-pay redeterminations in a timely manner help ensure accurate calculations of consumers' financial liability commensurate with the consumers' ability to pay.

RECOMMENDATIONS

We recommend that ACCMHS document the sources of consumer income used to verify and calculate the ability-to-pay amount for services.

We also recommend that ACCMHS perform timely annual reviews of consumers' ability to pay.

AGENCY PRELIMINARY RESPONSE

ACCMHS stated that it has been its practice to verify income when completing the financial work sheet and that, prior to the audit, it began retaining copies of the proof of income. A tickler system is, and has been, in effect to trigger the annual financial review, and every attempt is made to complete the update at the next scheduled appointment. However, for some clients, the next scheduled

appointment may be 2 to 3 months later. ACCMHS informed us that procedures have been developed that should expedite the update process in those instances in which they must be completed by mail in order to obtain the necessary guardian and other responsible party signatures.

EFFECTIVENESS IN ADMINISTERING AND MONITORING CONTRACTS

COMMENT

Audit Objective: To assess ACCMHS's effectiveness in administering and monitoring the services provided by contract organizations.

Conclusion: **ACCMHS was generally effective in administering and monitoring the services provided by contract organizations.** However, we noted a reportable condition pertaining to residential contract administration.

FINDING

4. Residential Contract Administration

ACCMHS should improve its controls over administering and monitoring contracts for residential services.

ACCMHS entered into approximately 34 residential contracts for fiscal years 1998-99 and 1997-98 totaling \$3.3 million and \$3.4 million, respectively, and 52 residential contracts for fiscal year 1999-2000 totaling \$3.9 million.

We reviewed 23 residential contracts and noted:

- a. ACCMHS did not execute 22 (96%) of the contracts in a timely manner. The delays in signing the contracts ranged from 4 to 383 days. Also, we could not determine when ACCMHS executed 1 (4%) contract because ACCMHS's authorizing signature was not dated.

Timely execution of contracts helps to ensure the protection of ACCMHS consumer population and to safeguard the interests of ACCMHS.

- b. Two residential contract providers did not comply with contract language requiring:
- (1) The provider to maintain an inventory of items purchased with ACCMHS funds with an initial cost or value of \$500. Our review noted that 1 of 2 providers did not maintain an inventory of items purchased with ACCMHS funds.
 - (2) The provider to submit financial reports to ensure that funds were not expended at a rate that would result in an annual deficit.
 - (3) The provider to perform a year-end contract reconciliation.
 - (4) The provider to submit quarterly physical plant inspections to ACCMHS. For the period October 1, 1999 through June 30, 2000, residential contract providers did not submit 9 (60%) of 15 required physical plant inspections. However, our review noted that ACCMHS was able to obtain documentation that providers had performed 10 (67%) of 15 required physical plant inspections.
 - (5) The provider to supply recipient rights training records of provider employees to ACCMHS. We reviewed ACCMHS training records for 64 provider employees and determined that ACCMHS had not documented recipient rights training for 55 (86%) employees.

To protect the interest of all parties, sound contract administration should include timely execution of contracts and contractual compliance.

RECOMMENDATION

We recommend that ACCMHS improve its controls over administering and monitoring contracts for residential services.

AGENCY PRELIMINARY RESPONSE

ACCMHS agrees with the finding and is implementing the recommendation. It should be noted that contract extension letters were signed extending the terms

and conditions of the previous fiscal year's contracts until such time as new contracts were negotiated and executed.

ACCMHS informed us that a contract development timetable has been developed to ensure that contracts will be received and ready for execution prior to the beginning of fiscal year 2000-01. A contract management system outline has been developed and a group identified to develop contract monitoring procedures and lines of responsibility. Contract language has been changed so that ACCMHS may request, as is deemed necessary (rather than automatically require), specific information as outlined in the audit findings.

ACCMHS review of employee training records kept at the group homes shows that virtually all employees have received recipient rights training on an annual basis. However, this information was not consistently entered into the training database. ACCMHS informed us that adjustments have been made to ensure that recipient rights training is included in the database, whether conducted by the training center or in the home.

MEDICAID CAPITATED PAYMENTS

COMMENT

Audit Objective: To assess the effectiveness of ACCMHS's management system for processing Medicaid capitated payments.

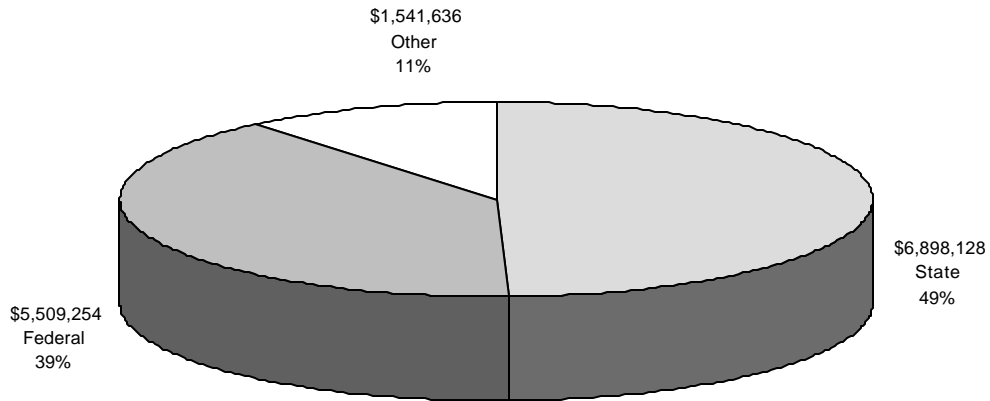
Conclusion: ACCMHS's management system for processing Medicaid capitated payments was effective.

Noteworthy Accomplishments: ACCMHS developed a comprehensive system for analysis of the Data Exchange Gateway Medicaid eligibility file to reconcile Medicaid capitated payments and to accurately account for services to individuals who are currently or retroactively eligible for Medicaid.

SUPPLEMENTAL INFORMATION

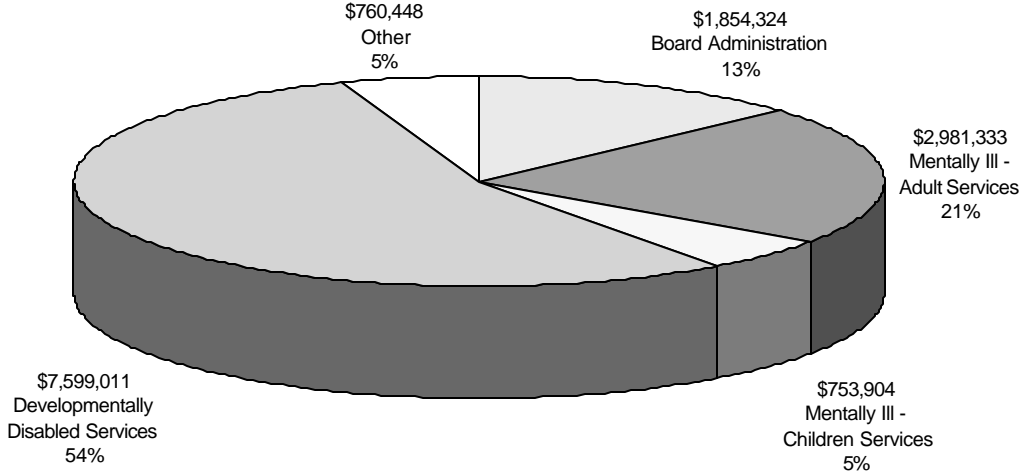
UNAUDITED

ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES
Revenues
For the Fiscal Year Ended September 30, 1999



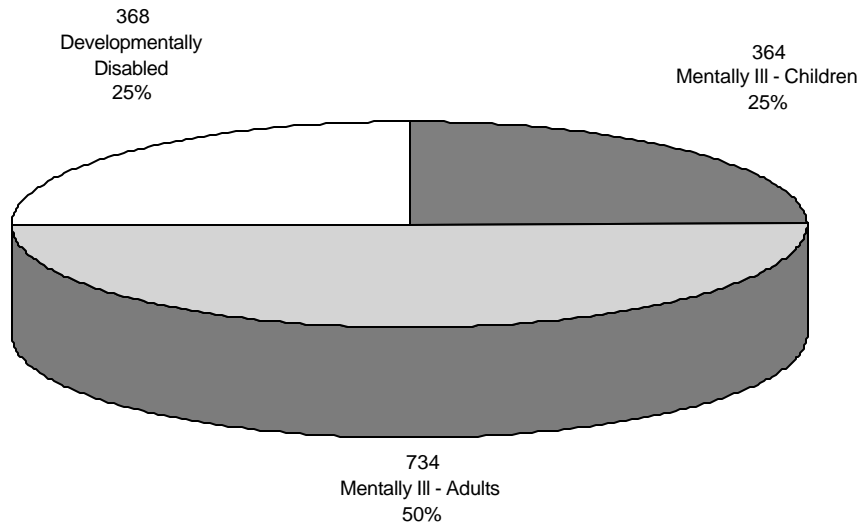
	<u>Amount</u>
State	\$ 6,898,128
Federal	5,509,254
Other	<u>1,541,636</u>
Total Revenues	<u><u>\$ 13,949,018</u></u>

ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES
Expenditures
For the Fiscal Year Ended September 30, 1999



	<u>Amount</u>
Board Administration	\$ 1,854,324
Mentally III - Adult Services	2,981,333
Mentally III - Children Services	753,904
Developmentally Disabled Services	7,599,011
Other	<u>760,448</u>
Total Expenditures	<u>\$ 13,949,020</u>

ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES
Unduplicated Head Count
For the Fiscal Year Ended September 30, 1999



	<u>Headcount</u>
Mentally III - Children	364
Mentally III - Adults	734
Developmentally Disabled	<u>368</u>
Total	<u><u>1,466</u></u>

**Allegan County Community Mental Health Services (ACCMHS)
Consumer and Guardian Survey Summary**

Summary Overview

We sent surveys to 100 consumers or guardians of consumers who were active consumers as of March 1, 2000. Two surveys were returned as undeliverable mail. We received 35 responses from the 98 surveys delivered, a response rate of about 36%. Our survey consisted of both adults and children with a mentally ill or developmentally disabled diagnosis.

Following is a copy of the survey that includes the number of responses received for each item. The total number of responses for each item may not agree with the number of responses reported above because some respondents provided more than one response to an item and other respondents did not answer all items.

1. Please indicate the response that best describes who is completing this survey. I am a:

- 17 Current consumer of ACCMHS.
- 2 Former consumer of ACCMHS.
- 5 Relative of current or former ACCMHS consumer.
- 13 Guardian of current or former ACCMHS consumer.
- 0 Other

If you are a relative, guardian, or other interested party of a current or former ACCMHS consumer, please respond to the following questions on his/her behalf.

2. Please indicate how long you have received services from ACCMHS.

- 9 Less than or equal to 12 months
- 21 More than 12 months

3. Are there any mental health services that you are waiting to receive?

- 5 Yes
- 27 No

4. I learned about ACCMHS through:

- 5 The local school district.
- 9 A doctor or other medical professional.
- 6 A referral from the Family Independence Agency.
- 8 Family/Friends.
- 2 Probate, district, circuit, or other local courts .
- 5 Other

5. Following your initial request for services, were you able to begin receiving services within a reasonable amount of time?
- 29 Yes 2 No 2 No opinion
6. Did the mental health services that you received help you to better handle the needs you sought services for?
- 30 Yes 2 No 2 No opinion
7. Are you satisfied with the amount of services you received from ACCMHS?
- 28 Yes 2 No 4 No opinion
8. Are you satisfied with the type of services you received from ACCMHS?
- 30 Yes 3 No 1 No opinion
9. Are you satisfied with the quality of services you received from ACCMHS?
- 31 Yes 3 No 1 No opinion
10. Were ACCMHS caregivers helpful in coordinating all your service needs?
- 28 Yes 2 No 3 No opinion
11. Did ACCMHS caregivers consider your preferences and opinions when selecting treatment program(s) ?
- 32 Yes 1 No 0 No opinion
12. Did ACCMHS caregivers promptly address your complaints and concerns?
- 25 Yes 2 No 4 No opinion
13. Did ACCMHS caregivers treat you with dignity and respect?
- 31 Yes 0 No 2 No opinion
14. Did ACCMHS caregivers protect your rights to privacy and confidentiality?
- 29 Yes 1 No 3 No opinion

15. Did ACCMHS clearly and thoroughly inform you of your consumer rights?

27 Yes 0 No 4 No opinion

16. Did you use after hours service(s) provided by ACCMHS?

11 Yes 19 No

If yes, was the worker helpful? 7 Yes 3 No

17. Did ACCMHS provide a pleasant, convenient, and safe environment?

31 Yes 0 No 2 No opinion

18. During the last 12 months:

a. The quality of services provided to you:

12 Improved. 2 Declined. 19 Remained the same.

b. If the quality of services provided improved or declined, was it because of (please check as many as apply) :

11 Involvement on the part of ACCMHS staff?

1 Lack of involvement on the part of ACCMHS staff?

4 A change in the quantity of services (the number of visits) received?

4 A program started?

1 A program ended?

3 Other

19. Please indicate the services that you are receiving or have received.

5 Assertive Community Treatment

10 Adult case management

11 Outpatient services

7 Assessment/Evaluation (Access)

11 Psychiatric

4 Crisis

3 Children's

6 Respite

3 Home-based

2 Substance abuse

1 Clinic-based

2 Other

1 Infant mental health

20. Would you recommend ACCMHS to a close friend with needs similar to your own?

31 Yes 1 No 0 No opinion

21. If needed, would you return to ACCMHS for services?

 29 Yes 1 No 1 No opinion

22. If you are a former consumer, please respond to the following statements:

a. My ACCMHS caregiver(s) and I mutually agreed to discontinue program services.

 1 Yes 3 No 4 No opinion

b. My ACCMHS caregiver(s) clearly explained to me the effect of discontinuing program services.

 4 Yes 2 No 3 No opinion

**Allegan County Community Mental Health Services (ACCMHS)
Referral Sources Survey Summary**

Summary Overview

We sent surveys to 43 referral sources who had professional interaction with ACCMHS. This included contractors and agencies that also provided mental health services in Allegan County. Two were returned as undeliverable mail. We received 22 responses of the 41 delivered, a response rate of about 54%.

Following is a copy of the survey that includes the number of responses received for each item. The total number of responses for each item may not agree with the number of responses reported above because some respondents provided more than one response to an item and other respondents did not answer all items.

1. Which of the following statements most accurately describes your level of knowledge and interaction with ACCMHS ?

 11 I am very familiar with and have regular contact with ACCMHS.

 9 I am somewhat familiar with and have periodic contact with ACCMHS.

 2 I am unfamiliar with and have little contact with ACCMHS.

2. Which one or more of the following best describes your agency's relationship with ACCMHS?

 0 Contractual provider of services to ACCMHS

 6 Contractual purchaser of services from ACCMHS

 19 Referral source (to ACCMHS)

 5 Referral source (from ACCMHS)

 1 Other

3. How many years has your agency had a working relationship with ACCMHS?

Responses ranged from 5 to 30 years.

For questions 4 through 18, please check the box for the response that best describes your opinion regarding each of the following statements. If your agency does not refer individuals to ACCMHS, please go to question 9.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>No Opinion</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Not Applicable</u>
4. ACCMHS responds promptly to referrals and requests for service.	1	12	1	5	2	0
5. ACCMHS helps referred individuals receive services consistent with their needs.	3	13	1	4	0	0
6. ACCMHS facilities are physically accessible.	2	11	5	1	0	1
7. ACCMHS facilities are conveniently located.	1	9	3	7	0	0
8. I would recommend ACCMHS to people who need mental health services.	1	17	0	3	0	0
9. ACCMHS responds promptly to requests for additional services.	1	12	4	3	2	0
10. ACCMHS provides adequate and meaningful responses to my agency's requests for technical assistance.	3	9	3	4	1	2
11. ACCMHS responds timely to my agency's requests for technical assistance.	2	9	3	4	1	3
12. ACCMHS's reporting requirements and informational requests are reasonable and pertinent.	2	11	5	0	1	3
13. ACCMHS's reporting requirements are unduplicated.	1	8	8	0	1	4

	<u>Strongly Agree</u>	<u>Agree</u>	<u>No Opinion</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Not Applicable</u>
14. ACCMHS asks us about our service needs when completing its annual program plan.	1	4	7	3	4	2
15. ACCMHS offers (either directly or through contractual arrangements with other providers) a continuum of services to benefit consumers with all levels of need.	2	12	2	3	2	0
16. ACCMHS evokes a positive image.	1	13	1	4	3	0
17. ACCMHS is effective in helping people.	3	14	1	2	2	0
18. Since October 1, 1998 (to coincide with the implementation of a capitation payment system), ACCMHS's availability of services has remained the same or improved.	1	7	8	3	2	0

Glossary of Acronyms and Terms

ACCMHS	Allegan County Community Mental Health Services.
consumers	Individuals who are receiving or have received mental health services.
continuous quality improvement (CQI)	A system that defines the vision and mission of an organization and focuses on the needs and expectations of internal and external customers. It normally includes performance indicators and standards for measuring outputs and outcomes, the collection of data to measure performance in relation to the standards, and the use of the data to make modifications to improve program efficiency and effectiveness. It has an underlying philosophy that is team oriented and open to making changes on a continuous basis to improve processes.
developmentally disabled	An individual with disabilities that become evident in childhood; are expected to continue indefinitely; constitute a substantial handicap to the affected individual; and are attributed to mental retardation, cerebral palsy, epilepsy, or other neurological conditions.
effectiveness	Program success in achieving mission and goals.
efficiency	Achieving the most outputs and outcomes practical for the amount of resources applied or minimizing the amount of resources required to attain a certain level of outputs or outcomes.
goal	The agency's intended outcome or impact for a program to accomplish its mission.

internal control	The management control environment, management information system, and control policies and procedures established by management to provide reasonable assurance that goals are met; that resources are used in compliance with laws and regulations; and that valid and reliable performance related information is obtained and reported.
mental health service provider	An organization other than ACCMHS that provides, under contract, a service or the facilities for the provision of a service.
mentally ill	An individual with a substantial disorder of thought or mood that significantly impairs the individual's judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life.
mission	The agency's main purpose or the reason the agency was established.
objectives	Specific outputs that a program seeks to perform and/or inputs that a program seeks to apply in its efforts to achieve its goals.
outcomes	The actual impacts of the program. Outcomes should positively impact the purpose for which the program was established.
outputs	The products or services produced by the program. The program assumes that producing its outputs will result in favorable program outcomes.
performance audit	An economy and efficiency audit or a program audit that is designed to provide an independent assessment of the

performance of a governmental entity, program, activity, or function to improve public accountability and to facilitate decision making by parties responsible for overseeing or initiating corrective action.

performance indicators

Information of a quantitative or qualitative nature indicating program outcomes, outputs, or inputs. Performance indicators are typically used to assess achievement of goals and/or objectives.

performance standards

A desired level of output or outcome as identified in statutes, regulations, contracts, management goals, industry practices, peer groups, or historical performance.

reportable condition

A matter coming to the auditor's attention that, in his/her judgment, should be communicated because it represents either an opportunity for improvement or a significant deficiency in management's ability to operate a program in an effective and efficient manner.