



# MICHIGAN

OFFICE OF THE AUDITOR GENERAL

## AUDIT REPORT



THOMAS H. McTAVISH, C.P.A.  
AUDITOR GENERAL

The auditor general shall conduct post audits of financial transactions and accounts of the state and of all branches, departments, offices, boards, commissions, agencies, authorities and institutions of the state established by this constitution or by law, and performance post audits thereof.

– Article IV, Section 53 of the Michigan Constitution

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Michigan  
*Office of the Auditor General*  
**REPORT SUMMARY**

*Performance Audit*

Report Number:  
471-0320-12

*Mental Health Services*

*Department of Corrections*

Released:  
September 2013

*The mission of Mental Health Services (MHS) is to provide, to Department of Corrections (DOC) prisoners, mental health services that are efficient, effective, accessible, timely, and of a quality equal to or exceeding community standards. MHS provides institutional programs; counseling services and interventions; and corrections mental health programs, including Outpatient Mental Health Treatment, the Residential Treatment Program, the Adaptive Skills Residential Program, the Crisis Stabilization Program, Acute Care, and the Rehabilitative Treatment Services.*

***Audit Objective:***

To assess the effectiveness of DOC's efforts to timely assess prisoners' need for mental health services.

***Audit Conclusion:***

We concluded that DOC's efforts to timely assess prisoners' need for mental health services were moderately effective. We noted two reportable conditions (Findings 1 and 2).

***Reportable Conditions:***

MHS did not conduct all evaluations and assessments within required time frames and did not document all required evaluations and assessments (Finding 1).

MHS did not document all of the required Brief Symptom Inventory (BSI) and Brief Psychiatric Rating Scale (BPRS) assessments for prisoners (Finding 2).

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***Audit Objective:***

To assess the effectiveness of DOC's efforts to provide mental health services in accordance with prisoners' individual treatment plans.

***Audit Conclusion:***

We concluded that DOC's efforts to provide mental health services in accordance with prisoners' individual treatment plans were moderately effective. We noted three reportable conditions (Findings 3 through 5).

***Reportable Conditions:***

MHS did not document or update all required individual treatment plans. Also, MHS did not document or update individual treatment plans within the required time frames (Finding 3).

MHS did not always complete and retain documentation of the prisoners' consent to treatment or the necessary assessments, evaluations, or hearings required for the prisoners' involuntary treatment (Finding 4).

MHS did not always document all required notes, reviews, evaluations, and assessments in prisoner mental health records (Finding 5).

**Noteworthy Accomplishments:**

In 2010 and again in 2013, MHS received a three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) International for its Outpatient Mental Health Treatment and Day Treatment Program (Residential Treatment Program).

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**Audit Objective:**

To assess the effectiveness of DOC's efforts to evaluate the outcomes of its mental health services program.

**Audit Conclusion:**

We concluded that DOC's efforts to evaluate the outcomes of its mental health services program were effective. However, we noted one reportable condition (Finding 6).

**Reportable Condition:**

MHS did not ensure that unit chiefs performed and completely documented all required monthly mental health record reviews (Finding 6).

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**Audit Objective:**

To assess the effectiveness of DOC's efforts to ensure that its mental health services providers complied with contract requirements.

**Audit Conclusion:**

We concluded that DOC's efforts to ensure that its mental health services providers complied with contract requirements were effective. Our audit report does not include any reportable conditions related to this audit objective.

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**Audit Objective:**

To assess the effectiveness of DOC's efforts to evaluate the efficiency of its mental health services program.

**Audit Conclusion:**

We concluded that DOC's efforts to evaluate the efficiency of its mental health services program were effective. Our audit report does not include any reportable conditions related to this audit objective.

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**Agency Response:**

Our audit report contains 6 findings and 7 corresponding recommendations. DOC's preliminary response indicates that MHS agrees with all of the recommendations and has taken steps to comply with them.

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A copy of the full report can be obtained by calling 517.334.8050 or by visiting our Web site at: <http://audgen.michigan.gov>



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THOMAS H. MCTAVISH, C.P.A.  
AUDITOR GENERAL

September 11, 2013

Mr. Daniel H. Heyns, Director  
Department of Corrections  
Grandview Plaza Building  
Lansing, Michigan

Dear Mr. Heyns:

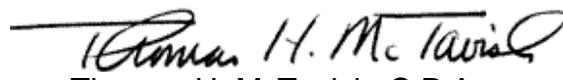
This is our report on the performance audit of Mental Health Services, Department of Corrections.

This report contains our report summary; a description of agency; our audit objectives, scope, and methodology and agency responses and prior audit follow-up; comments, findings, recommendations, and agency preliminary responses; two exhibits, 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 response subsequent to our audit fieldwork. The *Michigan Compiled Laws* and administrative procedures require that the audited agency develop a plan to comply with the audit recommendations and submit it within 60 days after release of the audit report to the Office of Internal Audit Services, State Budget Office. Within 30 days of receipt, the Office of Internal Audit Services is required to review the plan and either accept the plan as final or contact the agency to take additional steps to finalize the plan.

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

Sincerely,

  
Thomas H. McTavish, C.P.A.  
Auditor General



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## Description of Agency

Prior to February 2011, the Department of Community Health's Corrections Mental Health Program (CMHP) and the Department of Corrections' (DOC's) Psychological Services Unit provided DOC prisoners with mental health services.

In February 2011, DOC's Mental Health Services (MHS) within its Bureau of Health Care Services became solely responsible for administering and providing mental health services to DOC prisoners.

The mission\* of MHS is to provide, to DOC prisoners, mental health services that are efficient, effective, accessible, timely, and of a quality equal to or exceeding community standards. To accomplish this mission, MHS provides institutional programs, counseling services and interventions, and corrections mental health programs:

- a. Institutional programs are available to all DOC prisoners and include psychological assessments at intake, crisis intervention, suicide prevention, monitoring of segregation prisoners, assaultive and sex offender programming, and individual and group therapy.
- b. Counseling services and interventions are provided to general population prisoners who exhibit psychological signs or symptoms that do not require admission to the corrections mental health programs or psychiatrist services. DOC's Counseling Services and Interventions provides supportive counseling and therapy.
- c. The corrections mental health programs provide a continuum of mental health programs for prisoners diagnosed as mentally ill or mentally disabled. These include Outpatient Mental Health Treatment; the Residential Treatment Program; the Adaptive Skills Residential Program; and inpatient services, including the Crisis Stabilization Program, Acute Care, and the Rehabilitative Treatment Services:
  - (1) Outpatient Mental Health Treatment provides psychiatric services to prisoners residing in the general population who have a serious mental illness or disability and ensures continuity, quality, and accessibility of care for prisoners

\* See glossary at end of report for definition.

discharged from the Residential Treatment Program, Acute Care, and the Rehabilitative Treatment Services.

- (2) The Residential Treatment Program is for seriously mentally ill prisoners whose primary symptoms have begun to subside but who continue to demonstrate significant impairments in social skills and who have a limited ability to participate independently in activities of daily living.
- (3) The Adaptive Skills Residential Program is designed to serve male prisoners with moderate to serious adaptive problems due to a developmental disability.
- (4) The Crisis Stabilization Program is intended for prisoners whose symptoms and behavior initially appear to be indicative of a mental health crisis with a need for immediate intervention and further evaluation.
- (5) Acute Care provides intensive assessment and treatment for prisoners with acute mental illness and severe emotional disorders and for prisoners who are exhibiting symptoms of psychosis or who are a high suicide risk.
- (6) The Rehabilitative Treatment Services is an inpatient program for seriously mentally ill prisoners with symptoms and functional deficits that are chronic, resistant to treatment, or disabling and who are not suitable for treatment in a less restrictive level of care.

For the period October 1, 2009 through March 31, 2012, MHS provided mental health services to 14,997 unique prisoners (see Exhibit 1). In fiscal year 2010-11, MHS expended \$74,396,000, including \$17,508,000 for contractual services. As of April 2012, MHS had 298 employees, including 28 contractual employees.

## Audit Objectives, Scope, and Methodology and Agency Responses and Prior Audit Follow-Up

### Audit Objectives

Our performance audit\* of Mental Health Services, Department of Corrections (DOC), had the following objectives:

1. To assess the effectiveness\* of DOC's efforts to timely assess prisoners' need for mental health services.
2. To assess the effectiveness of DOC's efforts to provide mental health services in accordance with prisoners' individual treatment plans.
3. To assess the effectiveness of DOC's efforts to evaluate the outcomes\* of its mental health services program.
4. To assess the effectiveness of DOC's efforts to ensure that its mental health services providers complied with contract requirements.
5. To assess the effectiveness of DOC's efforts to evaluate the efficiency\* of its mental health services program.

### Audit Scope

Our audit scope was to examine the program and other records of Mental Health Services. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. Our audit procedures, conducted from April through September 2012, generally covered the period October 1, 2009 through August 31, 2012.

Our audit was not directed toward examining mental health decisions made by mental health care professionals concerning prisoner treatment and prescribed medications or

\* See glossary at end of report for definition.

expressing conclusions on those mental health decisions; accordingly, we express no conclusion on those mental health decisions.

As part of our audit, we compiled supplemental information about the number of unique prisoners served by MHS level of care (Exhibit 1). Our audit was not directed toward expressing a conclusion on this information and, accordingly, we express no conclusion on it.

### Audit Methodology

We conducted a preliminary review of MHS operations to formulate a basis for establishing our audit objectives and defining our audit scope and methodology. This included interviewing MHS personnel, reviewing applicable policies and procedures, visiting facilities where mental health services were provided, and analyzing available data and statistics.

To accomplish our audit objectives, we interviewed MHS personnel, reviewed the Commission on Accreditation of Rehabilitation Facilities (CARF) International standards and the Mental Health Code, and examined MHS records and reports.

To accomplish our first and second audit objectives, we reviewed MHS policies and procedures for providing mental health services to gain an understanding of the mental health services requirements. We analyzed MHS data to identify prisoners who were diagnosed as mentally ill and received mental health services for the period October 2009 through March 2012. In addition, we examined mental health records for 90 randomly selected prisoners to evaluate MHS's efforts to timely assess prisoners' need for mental health services and to provide mental health services in accordance with prisoners' individual treatment plans.

To accomplish our third audit objective, we determined whether MHS had established measurable performance standards\* and goals\*. Also, we evaluated whether MHS had sufficient procedures to collect actual performance data and compare it to desired results. In addition, we examined 32 randomly selected monthly mental health record review reports.

To accomplish our fourth audit objective, we obtained an understanding of DOC's process for monitoring its mental health services providers to ensure their compliance

\* See glossary at end of report for definition.

with contract requirements. Also, we reviewed invoices, timekeeping reports, and contractually required periodic reports.

To accomplish our fifth audit objective, we examined MHS's methods for evaluating the efficiency of its mental health services. Also, we analyzed the MHS reports related to the use of personnel and program costs.

When selecting activities or programs for audit, we use an approach based on assessment of risk and opportunity for improvement. Accordingly, we focus our audit efforts on activities or programs having the greatest probability for needing improvement as identified through a preliminary review. Our limited audit resources are used, by design, to identify where and how improvements can be made. Consequently, we prepare our performance audit reports on an exception basis. To the extent practical, we add balance to our audit reports by presenting noteworthy accomplishments for exemplary achievements identified during our audits.

#### Agency Responses and Prior Audit Follow-Up

Our audit report contains 6 findings and 7 corresponding recommendations. DOC's preliminary response indicates that MHS agrees with all of the recommendations and has taken steps to comply with them.

The agency preliminary response that follows each recommendation in our report was taken from the agency's written comments and oral discussion subsequent to our audit fieldwork. Section 18.1462 of the *Michigan Compiled Laws* and the State of Michigan Financial Management Guide (Part VII, Chapter 4, Section 100) require DOC to develop a plan to comply with the audit recommendations and submit it within 60 days after the release of the audit report to the Office of Internal Audit Services, State Budget Office. Within 30 days of receipt, the Office of Internal Audit Services is required to review the plan and either accept the plan as final or contact the agency to take additional steps to finalize the plan.

We released our prior performance audit of the Correctional Mental Health Program, Bureau of Forensic Mental Health Services, Department of Community Health (39-650-97), in April 1998. Within the scope of this audit, we followed up 4 of the 6 prior audit recommendations. The Department of Community Health complied with 1 of the 4 recommendations. We repeated 2 prior audit recommendations in Findings 4 and 5 of this audit report. We determined that the 1 other prior audit recommendation was no longer applicable.

COMMENTS, FINDINGS, RECOMMENDATIONS,  
AND AGENCY PRELIMINARY RESPONSES

## **EFFORTS TO TIMELY ASSESS PRISONERS' NEED FOR MENTAL HEALTH SERVICES**

### **COMMENT**

**Background:** Referrals of prisoners to Mental Health Services (MHS) can come from any Department of Corrections (DOC) staff, the prisoner, or various other sources. MHS conducts mental health evaluations or assessments when a prisoner is referred for mental health services or when a mentally ill prisoner is transferred to a different MHS level of care or placed into segregation. The evaluations and assessments conducted by MHS include a qualified mental health professional\* (QMHP) evaluation, a comprehensive psychiatric evaluation (CPE), an activity therapy assessment, and an outside-of-cell evaluation.

A QMHP is a licensed or certified professional who is trained in mental illness or mental retardation. A QMHP evaluation, conducted by a QMHP, is based on a review of records and a face-to-face evaluation to determine whether a prisoner may be seriously mentally ill or severely mentally disordered and may require a referral for a CPE and mental health services. A QMHP evaluation report includes the reason for referral or evaluation, current mental status, clinical history and impressions, diagnostic impressions, and conclusions and recommendations.

A CPE is conducted by a psychiatrist or a nurse practitioner to determine if a prisoner is seriously mentally ill and to recommend suitable treatment, if necessary. A CPE report includes mental illness symptom(s), present illness, past history, mental status, determined diagnosis, current threat level, clinical summary, and recommendation for treatment.

An activity therapy assessment is conducted by an occupational therapist, recreational therapist, or music therapist. This assessment obtains the prisoner's occupation history, educational background, and support structure; identifies disabilities and physical limitations; and determines the prisoner's orientation to person, place, and time. Also, this assessment evaluates the prisoner's cognitive, psychosocial, and sensorimotor skills to help establish the prisoner's individual treatment plan goals and objectives.

\* See glossary at end of report for definition.

An outside-of-cell evaluation, performed by a QMHP, evaluates a prisoner who is receiving mental health services and has been placed into segregation. This evaluation is performed to determine the prisoner's mental status and whether the prisoner's individual treatment plan goals and objectives can be obtained while in segregation.

**Audit Objective:** To assess the effectiveness of DOC's efforts to timely assess prisoners' need for mental health services.

**Audit Conclusion:** We concluded that DOC's efforts to timely assess prisoners' need for mental health services were moderately effective. Our assessment disclosed two reportable conditions\* related to the conducting and documenting of evaluations and assessments (Finding 1) and Brief Symptom Inventory (BSI) and Brief Psychiatric Rating Scale (BPRS) assessments (Finding 2).

## **FINDING**

### 1. Conducting and Documenting of Evaluations and Assessments

MHS did not conduct all evaluations and assessments within required time frames and did not document all required evaluations and assessments. As a result, MHS could not ensure that it timely met prisoners' mental health needs.

Several MHS operating procedures, including 04.06.180A (formerly CMHP 04.06.180A), require the completion of a QMHP evaluation and a CPE within 14 days of a mental health service referral and, depending on the MHS level of care that the prisoner is transferred into, require the completion of evaluations and assessments from 1 to 14 days of the transfer.

MHS received 9,684 mental health evaluation referrals during the period October 2009 through March 2012. Our review of mental health records for 90 prisoners disclosed:

- a. For 24 prisoners referred for admission into MHS, MHS conducted 2 (11%) of 19 QMHP evaluations from 3 to 17 days late and 4 (25%) of 16 CPEs from 3 to 114 days late.

\* See glossary at end of report for definition.

- b. For 58 prisoners transferred to a different MHS level of care (a prisoner can be transferred more than once):
- (1) MHS did not document that it conducted 9 (12%) of the 75 required QMHP evaluations.
  - (2) MHS did not document that it conducted 2 (4%) of the 51 required CPEs.
  - (3) MHS did not document that it conducted 9 (25%) of the 36 required activity therapy assessments.
  - (4) MHS conducted 3 (4%) of the 75 required QMHP evaluations from 3 to 8 days late.
  - (5) MHS conducted 14 (27%) of the 51 required CPEs from 3 to 35 days late.
  - (6) MHS conducted 3 (8%) of the 36 required activity therapy assessments from 3 to 4 days late.

MHS informed us that it did not have an effective mechanism to notify staff of upcoming due dates for evaluations and assessments or when evaluations and assessments were overdue.

### **RECOMMENDATION**

We recommend that MHS conduct all evaluations and assessments within required time frames and document all required evaluations and assessments.

### **AGENCY PRELIMINARY RESPONSE**

MHS agrees and informed us that it has taken steps to comply. MHS stated that it has reviewed and revised the appropriate operating procedures to ensure that time frames are reasonable and more consistent with community standards.

Also, MHS informed us that, to better monitor the timely completion of evaluations and assessments, it is developing an audit tool for unit chiefs to complete a sample of mental health record reviews of newly admitted and transferred prisoners to confirm timely documentation on a quarterly basis. MHS stated that the unit chiefs

will send the results of those mental health record reviews to the regional directors who will track the information; follow up on deficiencies; and develop appropriate corrective action, such as sharing best practices for managing caseload activities.

In addition, MHS informed us that it is developing a comprehensive peer review process that conforms to Commission on Accreditation of Rehabilitation Facilities (CARF) International standards that will produce recommendations for ensuring the timeliness of assessments and evaluations.

Further, MHS informed us that it will add a performance improvement audit to the MHS Performance Improvement Plan for the purpose of further monitoring the time frames and quality of evaluations and assessments.

## **FINDING**

### **2. BSI and BPRS Assessments**

MHS did not document all of the required BSI and BPRS assessments for prisoners. As a result, MHS may have reduced its ability to evaluate the progress of mentally ill prisoners or the effectiveness of MHS treatments provided.

MHS's requirements for the completion of BSI and BPRS assessments vary by level of care; however, they are generally required to be completed and documented upon the prisoner's admission into MHS and again upon the prisoner's transfer or discharge to or from an MHS level of care or annually when a prisoner remains in the same MHS level of care for more than one year.

MHS uses several evaluation techniques to assess a prisoner's mental health status. However, MHS uses the BSI and BPRS assessments as two of the primary methods to measure the change in a prisoner's mental health symptoms. The BSI assessment, completed by the prisoner, assesses the pattern of symptoms in those undergoing psychiatric or medical treatment. The BPRS assessment, completed by a psychiatrist or a QMHP, assesses a prisoner's psychopathology based on psychosis, depression, and anxiety symptoms.

MHS provided mental health services to 14,997 unique prisoners for the period October 2009 through March 2012. Our review of mental health records for 80 prisoners disclosed:

- a. MHS did not document 49 (88%) of 56 instances and 28 (46%) of 61 instances requiring a BSI and BPRS score, respectively, upon a prisoner's admission to a level of care.
- b. MHS did not document 52 (88%) of 59 instances and 49 (89%) of 55 instances requiring a BSI and BPRS score, respectively, upon a prisoner's transfer or discharge from a level of care.
- c. MHS did not document 13 (81%) of 16 instances and 18 (100%) of 18 instances requiring an annual BSI and BPRS score, respectively.

MHS informed us that it did not have an effective mechanism to notify staff of upcoming due dates for assessments or when assessments were overdue.

### **RECOMMENDATION**

We recommend that MHS document all of the required BSI and BPRS assessments for prisoners.

### **AGENCY PRELIMINARY RESPONSE**

MHS agrees and informed us that it has taken steps to comply. MHS indicated that, while it agrees with the importance of documenting all assessments, the BSI and BPRS are only two of the tools it uses to evaluate the progress of prisoners or the effectiveness of the treatments provided and that clinicians continuously evaluate and document the progress of mentally ill prisoners and the treatments provided through a variety of evaluation and documentation techniques (i.e., Global Assessment of Functioning (GAF) scores, change in levels of care, and progress notes).

Also, MHS informed us that it has reviewed and revised the BSI and BPRS requirements to adjust the required time frames to coincide with changes in a prisoner's level of care; has streamlined the process of completing and recording the BSI and BPRS scoring in the electronic medical records to achieve better

compliance; has revised the operating procedure to update the process and to reflect the new required time frames; will train and retrain staff on completing and recording the BSI and BPRS within the new required time frames; and has developed training materials for these assessments, including implementation of best practices.

In addition, MHS informed us that it will include the recording of the BSI and BPRS scores in the mental health record review tool and it will monitor compliance beginning with the 2014 MHS Performance Improvement Plan.

## **EFFORTS TO PROVIDE MENTAL HEALTH SERVICES IN ACCORDANCE WITH PRISONERS' INDIVIDUAL TREATMENT PLANS**

### **COMMENT**

**Audit Objective:** To assess the effectiveness of DOC's efforts to provide mental health services in accordance with prisoners' individual treatment plans.

**Audit Conclusion:** **We concluded that DOC's efforts to provide mental health services in accordance with prisoners' individual treatment plans were moderately effective.** Our assessment disclosed three reportable conditions related to individual treatment plan updates, documentation of treatment consent, and record maintenance (Findings 3 through 5).

**Noteworthy Accomplishments:** In 2010 and again in 2013, MHS received a three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) International for its Outpatient Mental Health Treatment and Day Treatment Program (Residential Treatment Program) (see Exhibit 2). To obtain a three-year accreditation, MHS must satisfy each of the CARF International Accreditation Conditions and demonstrate substantial conformance to the CARF International standards. Also, MHS must demonstrate quality improvement and continuous conformance from any previous period of CARF International accreditation.

## **FINDING**

### **3. Individual Treatment Plan Updates**

MHS did not document or update all required individual treatment plans. Also, MHS did not document or update all individual treatment plans within the required time frames. As a result, MHS could not ensure that it provided all treatment consistent with the current needs of its mentally ill prisoners.

Depending on the level of care, MHS procedures require mental health treatment teams to update the individual treatment plan between 1 and 10 business days of a prisoner's admission or transfer to a level of care or to review the individual treatment plan within 3 days to 6 months when a prisoner remains in the same level of care.

Individual treatment plans identify the diagnosis; goals and objectives of treatment; intervention and treatment methods; and the amount of time, frequency, and person responsible for each aspect of care. We reviewed the mental health records for 80 prisoners admitted into various MHS levels of care, including new admittances into mental health services, Counseling Services and Interventions, Outpatient Mental Health Treatment, the Residential Treatment Program, the Adaptive Skills Residential Program, the Crisis Stabilization Program, Acute Care, and the Rehabilitative Treatment Services. We determined:

- a. In 12 (13%) of 90 instances, MHS had not documented or updated the individual treatment plans for prisoners admitted or transferred to a different level of care, including the individual treatment plans for 7 prisoners admitted or transferred to crisis stabilization.
- b. In 11 (12%) of 90 instances, MHS had not documented or updated the individual treatment plans for prisoners admitted or transferred to a different level of care within the required time frames. For example, MHS updated the individual treatment plans for 5 prisoners admitted or transferred to outpatient treatment from 6 to 95 days late and for 2 prisoners admitted or transferred to residential treatment from 11 to 69 days late.

MHS informed us that it did not have an effective mechanism to notify staff of upcoming due dates for updating treatment plans or when treatment plan updates were overdue.

## **RECOMMENDATIONS**

We recommend that MHS document and update all required individual treatment plans.

We also recommend that MHS document and update all individual treatment plans within the required time frames.

## **AGENCY PRELIMINARY RESPONSE**

MHS agrees and informed us that it has taken steps to comply. MHS stated that it is in the process of developing a training module to train and retrain staff on treatment plan update guidelines with a focused approach on best practices for ensuring timeliness and that all staff will complete the training by December 2013. MHS also stated that it will employ a train-the-trainer approach beginning with the unit chiefs who, once trained, will disseminate the information to their assigned clinicians. MHS informed us that monitoring in this area will continue to take place through the performance improvement audits that are part of the MHS Performance Improvement Plan.

## **FINDING**

### **4. Documentation of Treatment Consent**

MHS did not always complete and retain documentation of the prisoners' consent to treatment or the necessary assessments, evaluations, or hearings required for the prisoners' involuntary treatment. As a result, MHS did not ensure that it complied with Mental Health Code requirements relating to the consent to treatment of mentally ill prisoners.

The Mental Health Code (specifically, Sections 330.2001 - 330.2106 of the *Michigan Compiled Laws*) stipulates procedures that apply to the voluntary and involuntary admission of prisoners into DOC's mental health services program. Also, DOC policy directive 04.06.183 requires documentation of the prisoner's consent to treatment on the CHJ-321 form. If the prisoner refuses to sign the consent, the policy directive requires a QMHP assessment, a CPE, and a hearing to determine if mental health services are necessary.

We reviewed the mental health records for 80 prisoners receiving MHS services during the period October 2009 through March 2012. We noted 10 (11%) of 90 instances in which MHS did not document the prisoners' consent to treatment or the necessary documentation relating to the prisoners' involuntary treatment.

MHS indicated that it could not locate the forms in the prisoners' mental health records. MHS also indicated that it is unable to scan documentation into its electronic medical records system because of cost limitations.

We noted a similar condition in our prior audit. The Department of Community Health agreed with the prior audit recommendation and indicated that it would implement corrective action. DOC developed policy directive 04.06.183, which defines the process for both voluntary and involuntary treatments. However, we still identified the exceptions noted in this finding.

### **RECOMMENDATION**

We again recommend that MHS complete and retain documentation of the prisoners' consent to treatment or the necessary assessments, evaluations, or hearings required for the prisoners' involuntary treatment.

### **AGENCY PRELIMINARY RESPONSE**

MHS agrees and informed us that it has taken steps to comply. MHS stated that it has conducted a hard copy medical record audit and will conduct an annual mental health record audit to monitor compliance as part of the MHS Performance Improvement Plan.

Also, MHS informed us that, as a standard practice, prisoners are routinely informed in writing of their rights, including rights related to medical treatment. MHS stated that this practice will continue and that it will explore the possibility of scanning consents into the electronic medical records, which will provide MHS with the ability to verify consents to treatment in the electronic medical records and eliminate the challenges of locating the hard copy documentation, including documentation that may have been moved to records storage upon a prisoner's discharge.

In addition, MHS informed us that it is implementing a process that requires one involuntary treatment coordinator to track and monitor all involuntary treatment hearings within DOC.

## **FINDING**

### 5. Record Maintenance

MHS did not always document all required notes, reviews, evaluations, and assessments in prisoner mental health records. As a result, MHS could not ensure that mentally ill prisoners received all mental health services consistent with the prisoners' individual treatment plans.

Our review of mental health records for 80 prisoners receiving services during the period October 2009 through March 2012 disclosed:

- a. For 35 of 61 records when MHS recommended case management, MHS did not document 160 (41%) of the 389 required case manager or progress notes. The number of missing notes per record ranged from 1 to 23. Case manager notes and progress notes document a description of the treatment provided and changes in the prisoners' mental health status. MHS policies and procedures require the case manager to document these notes weekly, monthly, or quarterly depending on the MHS level of care.
- b. For 6 of 33 records when MHS prescribed psychotropic medication, MHS did not document 18 (50%) of the 36 required medication reviews. The number of missing reviews per record ranged from 1 to 5. Medication reviews document the prescribed medications and the prisoners' compliance with and response to the prescribed medication. MHS policies and procedures require psychiatrists or nurse practitioners to document medication reviews weekly or quarterly, depending on the MHS level of care.
- c. For 4 of 16 records when MHS recommended group therapy, MHS did not document 19 (68%) of 28 required group therapy progress notes. The number of missing notes per record ranged from 1 to 8. Group therapy progress notes document the dates of the group therapy sessions and the prisoners' general group participation. MHS policies and procedures require therapists to

document group therapy progress notes weekly or monthly, depending on the MHS level of care.

- d. For 11 (44%) of 25 records when MHS procedures required an annual or a biennial CPE, MHS did not document the required CPEs. A CPE documents the mental illness diagnosis and recommended plan of service. MHS policies and procedures require psychiatrists or nurse practitioners to document a CPE annually or biennially, depending on the MHS level of care.
- e. For 11 (46%) of 24 records when MHS procedures required a behavioral assessment, MHS did not document the required behavioral assessments. Behavioral assessments document the prisoners' current mental status and progress toward individual treatment goals. MHS policies and procedures require QMHPs to document a behavioral assessment semiannually or annually, depending on the MHS level of care.
- f. For 2 (50%) of 4 instances when MHS procedures required the review of the segregated prisoners' individual treatment plans, MHS did not document the individual treatment plan reviews. MHS policies and procedures require QMHPs to review mentally ill prisoners' individual treatment plans after 10 business days of being placed into segregation to determine if their individual treatment plans need to be changed.

MHS informed us that it did not have an effective mechanism to notify staff of missing documentation. MHS also informed us that it did not have a formalized procedure for correcting identified deficiencies.

We noted a similar condition in our prior audit. Although the Department of Community Health initially disagreed with the prior audit recommendation, MHS began requiring its unit chiefs to conduct monthly mental health record reviews for each subordinate to help ensure that required documentation was completed on a consistent basis. However, as indicated in Finding 6, the unit chiefs did not consistently perform these reviews.

## **RECOMMENDATION**

We again recommend that MHS document all required notes, reviews, evaluations, and assessments in prisoner mental health records.

## **AGENCY PRELIMINARY RESPONSE**

MHS agrees and informed us that it has taken steps to comply. MHS informed us that it has updated its operating procedures to clarify its expectations related to documentation, including what information should be documented and the frequency of necessary documentation such as progress notes and case management documentation. During this process, MHS indicated that it determined that it would no longer require annual or biennial comprehensive psychiatric evaluations, but instead will assess prisoners at more relevant clinical points in time throughout the continuum of care to be more consistent with community standards for documenting information.

Also, MHS informed us that it will educate staff on how to properly assess prisoners' accomplishments and treatment in the past year and to summarize this information as part of the interpretive summary. MHS stated that it will work with the psychiatric provider contract staff to ensure standardization of documentation and that it is in the process of developing a training module to train and retrain all staff on documentation requirements, including implementation of best practices.

In addition, MHS informed us that it will monitor this information through the use of the complete mental health record review tool that is part of the 2014 MHS Performance Improvement Plan.

## **EFFORTS TO EVALUATE OUTCOMES OF MENTAL HEALTH SERVICES PROGRAM**

### **COMMENT**

**Audit Objective:** To assess the effectiveness of DOC's efforts to evaluate the outcomes of its mental health services program.

**Audit Conclusion:** **We concluded that DOC's efforts to evaluate the outcomes of its mental health services program were effective.** However, our assessment disclosed one reportable condition related to mental health record reviews (Finding 6).

## **FINDING**

### **6. Mental Health Record Reviews**

MHS did not ensure that unit chiefs performed and completely documented all required monthly mental health record reviews. As a result, MHS could not ensure that staff consistently provided mental health services on a timely basis (see Finding 1) and that staff consistently maintained complete and accurate mental health records (see Finding 5).

MHS informally expects its unit chiefs to review and report on at least one mental health record for each of their case managers on a monthly basis. MHS expects its unit chiefs to conduct at least 90% of these required reviews. Also, the unit chiefs' performance evaluations require the unit chiefs to complete monthly reports of their mental health record reviews performed.

Based on the unit chiefs and case managers employed during the period October 2009 through March 2012, we selected 39 required monthly unit chief reports for review. We noted:

- a. MHS did not have any documentation for 7 (18%) of the 39 required monthly reports.
- b. The remaining 32 monthly reports encompassed 151 mental health record reviews. The unit chiefs did not thoroughly document 68 (45%) of the 151 mental health record reviews. For example:
  - (1) Unit chiefs did not document that the information in the mental health records was consistent with the information in the Corrections Management Information System for 37 (25%) of the 151 reviews.
  - (2) Unit chiefs did not document the required corrective action for 31 (42%) of 73 monthly mental health record reviews that reported a deficiency.

The unit chiefs' monthly mental health record reviews should verify that case managers performed the required assessments on a timely basis and documented the assessments, notes, and other required documents and should document the necessary corrective action for any deficiency noted.

MHS had not established a mechanism to ensure that its unit chiefs performed and completely documented monthly mental health record reviews.

### **RECOMMENDATION**

We recommend that MHS ensure that unit chiefs perform and completely document all required monthly mental health record reviews.

### **AGENCY PRELIMINARY RESPONSE**

MHS agrees and informed us that it has taken steps to comply. MHS stated that it is currently modifying the existing tool for monthly mental health record reviews to be more detailed and is adding guidelines for the completion of the tool for monthly mental health record reviews. MHS informed us that it will develop a methodology to assist unit chiefs to effectively improve compliance relating to documentation requirements.

Also, MHS informed us that it will develop a formal procedure requiring regional directors to monitor and enforce unit chief compliance with mental health record reviews. MHS stated that, on a quarterly basis, the medical record examiners will monitor and review the regional directors' evaluation and take corrective action as necessary. MHS also stated that this process is included in the 2014 MHS Performance Improvement Plan.

## **EFFORTS TO ENSURE THAT MENTAL HEALTH SERVICES PROVIDERS COMPLIED WITH CONTRACT REQUIREMENTS**

### **COMMENT**

**Audit Objective:** To assess the effectiveness of DOC's efforts to ensure that its mental health services providers complied with contract requirements.

**Audit Conclusion:** We concluded that DOC's efforts to ensure that its mental health services providers complied with contract requirements were effective. Our audit report does not include any reportable conditions related to this audit objective.

## EFFORTS TO EVALUATE EFFICIENCY OF MENTAL HEALTH SERVICES PROGRAM

### **COMMENT**

**Audit Objective:** To assess the effectiveness of DOC's efforts to evaluate the efficiency of its mental health services program.

**Audit Conclusion:** **We concluded that DOC's efforts to evaluate the efficiency of its mental health services program were effective.** Our audit report does not include any reportable conditions related to this audit objective.

# SUPPLEMENTAL INFORMATION

MENTAL HEALTH SERVICES (MHS)  
Department of Corrections

Prisoners Served by MHS Level of Care  
For the Period October 1, 2009 through March 31, 2012

For the period October 1, 2009 through March 31, 2012, MHS provided mental health services to 14,997 unique prisoners. The following table shows the number of unique prisoners served by MHS at each level of care for this period:

Level of Care	Number of Unique Prisoners Served*
Counseling Services and Interventions	1,338
Outpatient Mental Health Treatment	13,239
Residential Treatment Program	1,850
Adaptive Skills Residential Program	572
Crisis Stabilization Program	1,141
Acute Care	1,056
Rehabilitative Treatment Services	595

\* Because a prisoner may have been admitted to more than one level of care during the period October 1, 2009 through March 31, 2012, the total, by level of care, will exceed the 14,997 unique prisoners who received mental health services.

Source: Corrections Management Information System.

MENTAL HEALTH SERVICES

Department of Corrections

CARF International Certificate

**carf** INTERNATIONAL

*A Three-Year Accreditation is awarded to*

*Michigan Department of  
Community Health Corrections  
Mental Health Program*

*for the following identified programs:*

*Day Treatment: Mental Health  
(Criminal Justice)*

*Outpatient Treatment: Mental Health  
(Criminal Justice)*

*This accreditation is valid through  
May 2013*

*The accreditation seals in place below signify that the organization has met annual  
conformance requirements for quality standards that enhance the lives of persons served.*



*This accreditation certificate is granted by authority of:*

(signature redacted)

Cathy Ellis, PT  
Chair  
CARF International Board of Directors

(signature redacted)

Brian J. Boon, Ph.D.  
President/CEO  
CARF International

carf carfcccac carf CANADA

Source: Department of Corrections.

# GLOSSARY

## Glossary of Acronyms and Terms

BPRS	Brief Psychiatric Rating Scale.
BSI	Brief Symptom Inventory.
CARF	Commission on Accreditation of Rehabilitation Facilities.
CMHP	Corrections Mental Health Program.
CPE	comprehensive psychiatric evaluation.
DOC	Department of Corrections.
effectiveness	Success in achieving mission and goals.
efficiency	Achieving the most outputs and the most outcomes practical with the minimum amount of resources.
goal	An intended outcome of a program or an entity to accomplish its mission.
MHS	Mental Health Services.
mission	The main purpose of a program or an entity or the reason that the program or the entity was established.
outcome	An actual impact of a program or an entity.
output	A product or a service produced by a program or an entity.
performance audit	An audit that provides findings or conclusions based on an evaluation of sufficient, appropriate evidence against criteria. Performance audits provide objective analysis to

assist management and those charged with governance and oversight in using the information to improve program performance and operations, reduce costs, facilitate decision making by parties with responsibility to oversee or initiate corrective action, and contribute to public accountability.

performance  
standard

A desired level of output or outcome.

qualified mental  
health professional  
(QMHP)

A physician, psychiatrist, psychologist, social worker, registered nurse, or other health professional who is trained and experienced in the areas of mental illness or mental retardation and is licensed or certified by the State of Michigan to practice within the scope of his or her professional training.

reportable condition

A matter that, in the auditor's judgment, is less severe than a material condition and falls within any of the following categories: an opportunity for improvement within the context of the audit objectives; a deficiency in internal control that is significant within the context of the audit objectives; all instances of fraud; illegal acts unless they are inconsequential within the context of the audit objectives; significant violations of provisions of contracts or grant agreements; and significant abuse that has occurred or is likely to have occurred.









