

PERFORMANCE AUDIT
OF THE
COMMUNITY MENTAL HEALTH SERVICES OF
ST. JOSEPH COUNTY

AN AGENCY UNDER CONTRACT WITH THE
DEPARTMENT OF COMMUNITY HEALTH

February 2000

EXECUTIVE DIGEST

COMMUNITY MENTAL HEALTH SERVICES OF ST. JOSEPH COUNTY

INTRODUCTION

This report, issued in February 2000, contains the results of our performance audit* of Community Mental Health Services of St. Joseph County (CMHSSJC), 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

CMHSSJC was established in 1967 and operates under the provisions of the Mental Health Code, being Sections 330.1001 - 330.2106 of the *Michigan Compiled Laws*.

CMHSSJC's mission* is to ensure that a comprehensive range of mental health services is available to enhance the self-sufficiency of its consumers* and its organization.

CMHSSJC 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* (MI) and developmentally disabled* (DD) individuals.

The CMHSSJC Access Unit serves as the single entry point for St. Joseph County residents seeking mental health services.

CMHSSJC operations generally are funded by State, federal, and local funds. Total expenditures for the fiscal year ended September 30, 1998 were approximately \$8 million. As of September 30, 1998, CMHSSJC had 50 full-time equated employees and was serving 1,933 consumers.

AUDIT OBJECTIVES,
CONCLUSIONS, AND
NOTEWORTHY
ACCOMPLISHMENTS

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

Conclusion: CMHSSJC was generally effective and efficient related to the delivery of services. We noted reportable conditions* related to CMHSSJC's continuous quality improvement (CQI) process*, day activities case records, proper documentation, and person-centered planning* (Findings 1 through 4).

Noteworthy Accomplishments: CMHSSJC has maintained its accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)* without interruption since June 1996. Also, in 1996, CMHSSJC streamlined its access to community mental health services and reduced the length of time from service request to scheduled intake appointment, which reduced wait time for clinical services.

* See glossary at end of report for definition.

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

Conclusion: CMHSSJC's management system for processing Medicaid reimbursements and capitated payments was generally effective.

**AUDIT SCOPE AND
METHODOLOGY**

Our audit scope was to examine the program and other records of Community Mental Health Services of St. Joseph County. 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 CMHSSJC records and activities for the period October 1, 1996 through August 30, 1999. We interviewed CMHSSJC and contractual staff; reviewed applicable statutes, rules, policies, and procedures; assessed the effectiveness of applicable internal controls*; and analyzed applicable program, financial, and clinical records. Also, we surveyed consumers and referral sources (survey summaries are presented as supplemental information). In addition, we analyzed contracts with mental health service providers* and tested compliance with the contracts. Further, we conducted site visits of contract providers.

AGENCY RESPONSES

Our audit report includes 4 findings and 4 corresponding recommendations. CMHSSJC preliminary response indicated that it agreed with our recommendations and has taken steps to implement them.

* See glossary at end of report for definition.

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Ms. Alice Happel, Chairperson
Board of Directors
and
Ms. Kristine Kirsch, Executive Director
Community Mental Health Services of St. Joseph County
204 South Main Street
Three Rivers, Michigan
and
Mr. James K. Haveman, Jr., Director
Department of Community Health
Lewis Cass Building
Lansing, Michigan

Dear Ms. Happel, Ms. Kirsch, and Mr. Haveman:

This is our report on the performance audit of Community Mental Health Services of St. Joseph County, 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; survey summaries, and charts showing revenue, expenditures, and unduplicated headcount, 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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DEPARTMENT OF COMMUNITY HEALTH**

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Description of Agency

Community Mental Health Services of St. Joseph County (CMHSSJC) was established in 1967 and operates under the provisions of the Mental Health Code, being Sections 330.1001 - 330.2106 of the *Michigan Compiled Laws*. CMHSSJC is subject to oversight by the Department of Community Health.

CMHSSJC's mission is to ensure that a comprehensive range of mental health services is available to enhance the self-sufficiency of its consumers and its organization.

CMHSSJC's administrative office is in the City of Three Rivers. CMHSSJC's governing body is composed of 12 members responsible for making certain that CMHSSJC meets the mental health needs of St. Joseph County residents. CMHSSJC operates and/or contracts for mental health services, including inpatient, outpatient, day program, residential, case management, respite, crisis, and prevention services, for mentally ill (MI) and developmentally disabled (DD) individuals.

The CMHSSJC Access Unit serves as the single entry point for St. Joseph County residents seeking mental health services.

CMHSSJC operations generally are funded by State, federal, and local funds. Total expenditures for the fiscal year ended September 30, 1998 were approximately \$8 million. As of September 30, 1998, CMHSSJC had 50 full-time equated employees and was serving 1,933 consumers.

Audit Objectives, Scope, and Methodology and Agency Responses

Audit Objectives

Our performance audit of Community Mental Health Services of St. Joseph County (CMHSSJC), an agency under contract with the Department of Community Health, had the following objectives:

1. To assess CMHSSJC's effectiveness and efficiency related to the delivery of services.
2. To assess the effectiveness of CMHSSJC's management system for processing Medicaid reimbursements and capitated payments.

Audit Scope

Our audit scope was to examine the program and other records of Community Mental Health Services of St. Joseph County. 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 were conducted from April through August 1999 and included examining CMHSSJC records and activities for the period October 1, 1996 through August 30, 1999.

To accomplish our first objective, we interviewed CMHSSJC and contractual staff; reviewed applicable statutes, rules, policies, and procedures; assessed the effectiveness of applicable internal controls; and analyzed applicable program, financial, and clinical records. We focused on client financial liability determinations, access to mental health services, person-centered planning, case management, administration of day programs, and the continuous quality improvement (CQI) process. Also, we surveyed consumers and referral sources to obtain feedback related to satisfaction with the delivery of CMHSSJC services (survey summaries are presented as supplemental information).

To accomplish our second objective, we obtained an understanding of CMHSSJC's internal controls related to the processing of Medicaid reimbursements and capitated payments. We used established criteria tested for selected case files to ensure that services were appropriately billed and documented. We reconciled capitated payments received by CMHSSJC with DCH payment data. We also analyzed contracts with mental health service providers and tested compliance with the contracts. Further, we conducted site visits of contract providers.

Agency Responses

Our audit report includes 4 findings and 4 corresponding recommendations. CMHSSJC preliminary response indicated that it agreed with our recommendations and has taken steps to implement them.

COMMENTS, FINDINGS, RECOMMENDATIONS, AND AGENCY PRELIMINARY RESPONSES

EFFECTIVENESS AND EFFICIENCY OF DELIVERY OF SERVICES

COMMENT

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

Conclusion: CMHSSJC was generally effective and efficient related to the delivery of services. We noted reportable conditions related to CMHSSJC's continuous quality improvement (CQI) process, day activities case records, proper documentation, and person-centered planning.

Noteworthy Accomplishments: CMHSSJC has maintained its accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) without interruption since June 1996. Also, in 1996, CMHSSJC streamlined its access to community mental health services and reduced the length of time from service request to scheduled intake appointment, which reduced wait time for clinical services.

FINDING

1. CQI Process

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

The mission of CMHSSJC is to ensure that a comprehensive range of mental health services is available to enhance the self-sufficiency of its consumers and its organization. The average number of consumers was 1,921 during fiscal years 1996-97 and 1997-98.

CMHSSJC can best evaluate and improve its effectiveness by implementing a comprehensive CQI process. Such a process should include: performance

indicators* for measuring outputs* and outcomes*; performance standards* that describe the desired level of outputs and outcomes based on management expectations, peer group performance, and/or historical performance; 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.

CMHSSJC had developed various monitoring tools, including a quality improvement committee, the Michigan Mission-Based Performance Indicator System, and surveys of consumers. However, CMHSSJC did not use these tools to evaluate or report outputs and/or outcomes. Our analysis of CMHSSJC's CQI process disclosed:

- a. CMHSSJC did not establish program-specific performance indicators and performance standards to assess the effectiveness and efficiency of its service delivery system. Some valid indicators of the success of CMHSSJC's service delivery system would include: reduced number of inpatient days utilized, increased consumer satisfaction, consumers successfully completing treatment, and consumers improving their functioning test scores.

CMHSSJC informed us during our fieldwork that it was in the process of developing performance indicators and standards to assist in evaluating its service delivery system.

- b. CMHSSJC did not sufficiently analyze and effectively utilize the results of its consumer satisfaction surveys. Also, CMHSSJC did not maintain a record of who was surveyed to validate the survey, determine the survey response, and facilitate survey follow-up procedures.

A primary benefit of conducting consumer surveys is to enable CMHSSJC management to identify program patterns with efficient and effective

* See glossary at end of report for definition.

operations that can be replicated and to detect and correct patterns of program deficiency related to its delivery of services.

Utilizing a comprehensive CQI process would assist CMHSSJC in monitoring and evaluating the systems and processes related to the quality of clinical care and nonclinical services that can be expected to affect customer health status, quality of life, and satisfaction. A comprehensive CQI process would also assist in identifying and assigning priority to identified problems and/or other opportunities for performance improvement.

RECOMMENDATION

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

AGENCY PRELIMINARY RESPONSE

CMHSSJC agreed with the finding and informed us that it is implementing the recommendation. Currently, CMHSSJC is implementing a CQI system that crosses over into its contract agencies and coordinates efforts and findings to improve the overall delivery of mental health services. Program specific outcome measures and performance indicators have also been established and monitored as part of the CMHSSJC's CQI process.

FINDING

2. Day Activities Case Records

CMHSSJC needs to periodically review consumer case files for day activities to ensure that files are complete and accurate.

Day activities consist of programs that are provided by two contracted providers and a Clubhouse social program operated by CMHSSJC. The providers are ARCH, Inc. and ADAPT, Inc. The goal* of the day programs is to empower consumers to live and function as citizens in the community by increasing their

* See glossary at end of report for definition.

vocational and individual independence. Services and supports provided to consumers are specific to individual needs in skill building areas, such as communication, motor skills, daily living, personal safety, employment, volunteer work, and social/recreational activities.

Each consumer is to be actively involved in planning and setting his or her goals through the person-centered planning (PCP) process. Practitioners of professional disciplines, including an occupational therapist, psychologist, and nurse, as well as other individuals selected by the consumer, may be involved in assessing the consumer's needs and recommending services. Day program staff provide services in relation to established PCPs and track consumers' progress with daily progress notes.

Also, CMHSSJC provides seriously mentally ill consumers access to a daily psychosocial rehabilitation program (the Clubhouse). The goal of the Clubhouse is to provide psychosocial rehabilitation for persons to gain opportunities for personal enhancement, educational experience, and employment training.

Our review of 5 ADAPT and 7 Clubhouse consumer case files found all of these files to be complete, organized, and up to date. However, we found the following for the 11 ARCH files that we reviewed:

- a. Day program case files for 2 (18%) consumers did not include current individual plans of service* and assessments. Individual plans of service were dated as far back as April 1996.
- b. Progress notes for 3 (27%) consumers were not complete and up to date. One of the 3 consumer case files did not contain established goals for the consumer.
- c. Day program consumer case files were disorganized in 11 (100%) cases reviewed.

* See glossary at end of report for definition.

To effectively monitor a consumer's progress and provide appropriate services, day program staff need access to current and complete consumer case files.

RECOMMENDATION

We recommend that CMHSSJC periodically review consumer case files for day activities to ensure that files are complete and accurate.

AGENCY PRELIMINARY RESPONSE

CMHSSJC agreed with the finding and informed us that it is implementing the recommendation. Currently, CMHSSJC's CQI director and staff are reviewing clinical charts on a regular basis and doing random sampling of charts from all community mental health programs.

FINDING

3. Proper Documentation

CMHSSJC should annually review and revise the ability-to-pay determinations and insurance coverage documentation as required by State Law.

Section 330.1804 of the *Michigan Compiled Laws* requires that consumers receiving services from community mental health boards reimburse the boards for the costs of services, based on the consumers' ability to pay. Also, Section 330.1818 of the *Michigan Compiled Laws* requires that the consumers' ability-to-pay determinations shall be based on the most recently filed State income tax return or other financial documents. Further, Section 330.1828 of the *Michigan Compiled Laws* requires that the ability to pay and insurance coverage of consumers be reviewed annually and revised, if appropriate.

Our review of files for 13 consumers disclosed that 8 (62%) consumer case files did not contain an annual ability-to-pay determination or an annual insurance coverage review.

Completion of consumer ability-to-pay determinations and insurance verifications in a timely manner and review of appropriate documentation to support

determinations and verifications help ensure accurate calculations of consumers' financial liability commensurate with the consumers' ability to pay and insurance.

RECOMMENDATION

We recommend CMHSSJC annually review and revise the ability-to-pay determinations and insurance coverage documentation as required by State Law.

AGENCY PRELIMINARY RESPONSE

CMHSSJC agreed with findings and informed us that it is implementing the recommendation. Since the audit, every customer receiving mental health services is tagged in the computer to alert staff when the customer has been active for one year. This alerts CMHSSJC's staff to complete the necessary forms to update the ability-to-pay determinations.

FINDING

4. **Person-Centered Planning**

CMHSSJC needs to ensure that all consumers are provided the opportunity to participate in a person-centered planning (PCP) process and that the PCP and/or treatment plans contain all pertinent information.

The Mental Health Code (Section 330.1712 of the *Michigan Compiled Laws*) requires mental health service providers to develop recipients' treatment plans using PCP. PCP allows recipients and their representatives to direct the treatment planning process with a focus on the recipients' wants and needs. According to the CMHSSJC Operating Procedures Manual and chapter III of the Medical Services Administration Guide, the individual plan of service shall consist of a treatment plan, a support plan, or both, and shall establish meaningful and measurable goals with the recipient. The plan shall be kept current and shall be modified when indicated. The individual in charge of implementing the plan of services shall be designated in the plan.

Our review of case files, as of July 1999, for 26 consumers (10 developmentally disabled, 8 mentally ill (MI) adult, 5 MI child, and 3 assertive community treatment*) disclosed:

- a. Eleven (42%) of the consumer case files did not reflect completion or timely completion of a PCP and/or treatment plan. Additionally, one consumer case file did not include an initial intake assessment and treatment plan.
- b. Eleven (42%) of the consumer case files did not specify who the primary case manager was in the PCP or treatment plan. Four of the 11 consumer case files did not specify the frequency of face-to-face contacts with the case manager. One of the 11 did not specify a time frame for the treatment goals.
- c. One (4%) of the consumer case files could not be located to determine if a PCP had been completed.

Providing and documenting case management services through the PCP process are essential to ensure that consumers are gaining access to and receiving appropriate medical, social, educational, and other services.

RECOMMENDATION

We recommend that CMHSSJC ensure that all consumers are provided the opportunity to participate in a PCP process and that all PCP and/or treatment plans contain all pertinent information.

AGENCY PRELIMINARY RESPONSE

CMHSSJC agreed with the finding and recommendation. CMHSSJC informed us that this has been addressed as part of its strategic planning process. CMHSSJC believes in the PCP process and will ensure that its customers are involved in it. Clinical directors are currently reviewing clinical records to ensure the PCP process is documented. CMHSSJC's customer satisfaction survey also asks if customers are satisfied with the PCP process. CMHSSJC has also made some administrative changes and has designated a leadership position to oversee CMHSSJC's approach to PCP.

* See glossary at end of report for definition.

MEDICAID REIMBURSEMENTS AND CAPITATED PAYMENTS

COMMENT

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

Conclusion: CMHSSJC's management system for processing Medicaid reimbursements and capitated payments was generally effective.

SUPPLEMENTAL INFORMATION

**Community Mental Health Services of St. Joseph County (CMHSSJC)
Consumer and Guardian Survey Summary**

Summary Overview

We sent surveys to 102 consumers or guardians of consumers who were active consumers as of April 1999.

Twelve surveys were returned as undeliverable mail. We received 20 responses from the 90 surveys delivered, a response rate of about 22%. Our survey was 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:

<u>7</u>	Current consumer of CMHSSJC.
<u>5</u>	Former consumer of CMHSSJC.
<u>2</u>	Relative of current or former CMHSSJC consumer.
<u>5</u>	Guardian of current or former CMHSSJC consumer.
<u>0</u>	Other (please identify)

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

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

<u>5</u>	Less than or equal to 12 months
<u>12</u>	More than 12 months

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

<u>1</u>	Yes	<u>17</u>	No
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4. I learned about CMHSSJC through:

<u>2</u>	The local school district.
<u>8</u>	A doctor or other medical professional.
<u>1</u>	A referral from the Family Independence Agency.
<u>2</u>	Family/Friends.
<u>6</u>	Probate, district, circuit, or other local courts.
<u>1</u>	Other

5. Following your initial request for services, were you able to begin receiving services within a reasonable amount of time?

<u>17</u>	Yes	<u>0</u>	No	<u>1</u>	Not sure
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6. Did the mental health services that you received help you to better handle the needs you sought services for?

<u>14</u>	Yes	<u>2</u>	No	<u>2</u>	Not sure
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7. Are you satisfied with the amount of services you received from CMHSSJC?

<u>14</u>	Yes	<u>2</u>	No	<u>2</u>	Not sure
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8. Are you satisfied with the type of services you received from CMHSSJC?

<u>14</u>	Yes	<u>3</u>	No	<u>0</u>	Not sure
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9. Are you satisfied with the quality of services you received from CMHSSJC?

<u>15</u>	Yes	<u>3</u>	No	<u>0</u>	Not sure
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10. Were CMHSSJC caregivers helpful in coordinating their services with services provided by other agencies to address your specific needs?

<u>13</u>	Yes	<u>1</u>	No	<u>4</u>	Not sure
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11. Did CMHSSJC caregivers consider your preferences and opinions when selecting treatment program(s) ?

14 Yes 1 No 3 Not sure

12. Did CMHSSJC caregivers promptly address your complaints and concerns?

12 Yes 1 No 5 Not sure

13. Did CMHSSJC caregivers treat you with dignity and respect?

17 Yes 1 No 0 Not sure

14. Did CMHSSJC caregivers protect your rights to privacy and confidentiality?

16 Yes 1 No 1 Not sure

15. During the last 12 months:

a. Did the quality of services provided to you:

6 Improve? 2 Decline? 11 Remain the same? (please go to question 16)

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

1 Involvement or lack of involvement on the part of the case manager?
3 A change in the quantity of services (the number of visits) received?
1 A program started?
1 A program ended?
2 Other

c. For questions 15.a. and 15.b., please indicate which service(s) were provided.

3 Counseling
1 Home Visit

16. Would you recommend CMHSSJC to a close friend with needs similar to your own?

15 Yes 2 No 2 Not sure

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

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

3 Yes 2 No 3 Not sure

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

4 Yes 2 No 2 Not sure

**Community Mental Health Services of St. Joseph County
Referral Sources Survey Summary**

Summary Overview

We sent surveys to 40 referral sources who had professional interaction with CMHSSJC. This included contractors and agencies that also provided mental health services in St. Joseph County. Three surveys were returned as undeliverable mail. We received 33 responses from the 37 surveys delivered, a response rate of about 89%.

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 CMHSSJC ?

14	I am very familiar with and have regular contact with CMHSSJC.
16	I am somewhat familiar with and have periodic contact with CMHSSJC.
3	I am unfamiliar with and have little contact with CMHSSJC.

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

5	Contractual provider of services to CMHSSJC.
2	Contractual purchaser of services from CMHSSJC.
26	Referral source (to CMHSSJC).
9	Referral source (from CMHSSJC).
3	Other

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

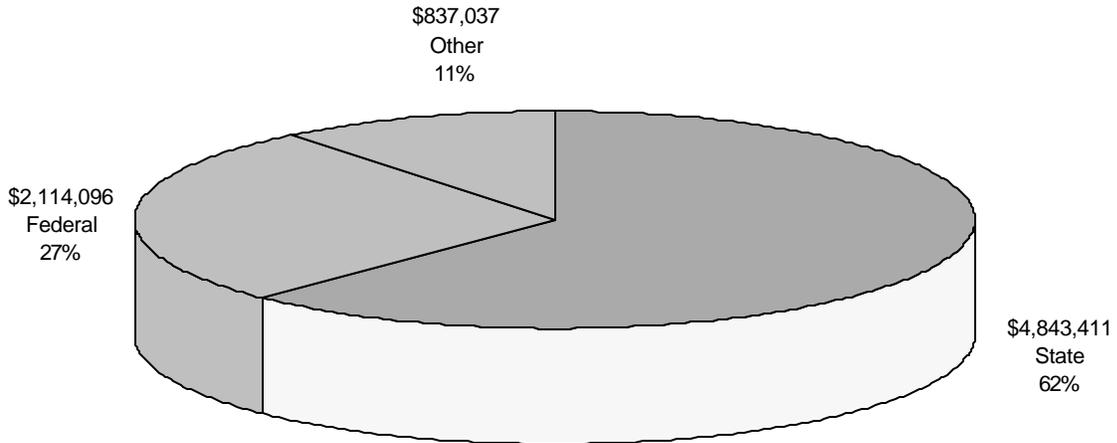
Responses ranged from 3 to 30 years.

For questions 4 through 14, 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 CMHSSJC, please go to question 8.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>No Opinion</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Not Applicable</u>
4. CMHSSJC responds promptly to referrals and requests for service.	3	16	4	7	1	2
5. CMHSSJC helps referred individuals receive service(s) consistent with their needs.	2	16	5	6	1	2
6. CMHSSJC facilities are accessible and conveniently located.	6	17	6	1	0	2
7. I recommend CMHSSJC to people who need mental health services.	10	16	1	1	2	3
8. CMHSSJC provides adequate, meaningful, and timely responses to my agency's requests for technical assistance.	1	16	8	5	2	1
9. CMHSSJC's reporting requirements and informational requests are reasonable, pertinent, and unduplicated.	3	13	8	3	2	3
10. CMHSSJC surveys our service needs when completing its annual program plan.	3	1	16	5	3	4

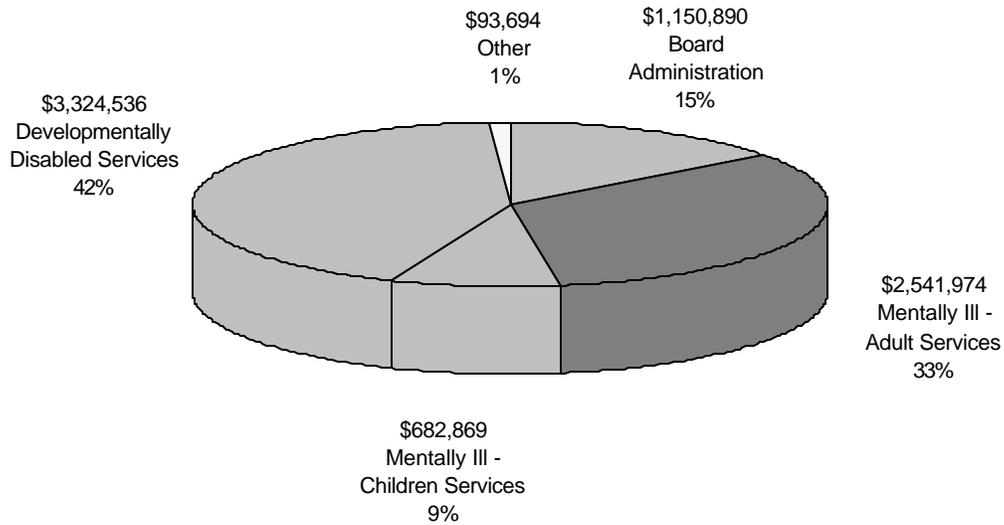
	<u>Strongly Agree</u>	<u>Agree</u>	<u>No Opinion</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Not Applicable</u>
11. CMHSSJC offers (either directly or through contractual arrangements with other providers) a continuum of services to benefit consumers with all levels of need.	2	12	9	5	2	2
12. CMHSSJC evokes a positive image.	3	10	9	9	1	1
13. CMHSSJC is effective in helping people.	3	15	7	5	2	1
14. Since October 1, 1998 (to coincide with the implementation of a capitation payment system), CMHSSJC's availability of services has remained the same or improved.	3	9	11	4	3	2

COMMUNITY MENTAL HEALTH SERVICES OF ST. JOSEPH COUNTY
 Revenues
 For the Fiscal Year Ended September 30, 1998



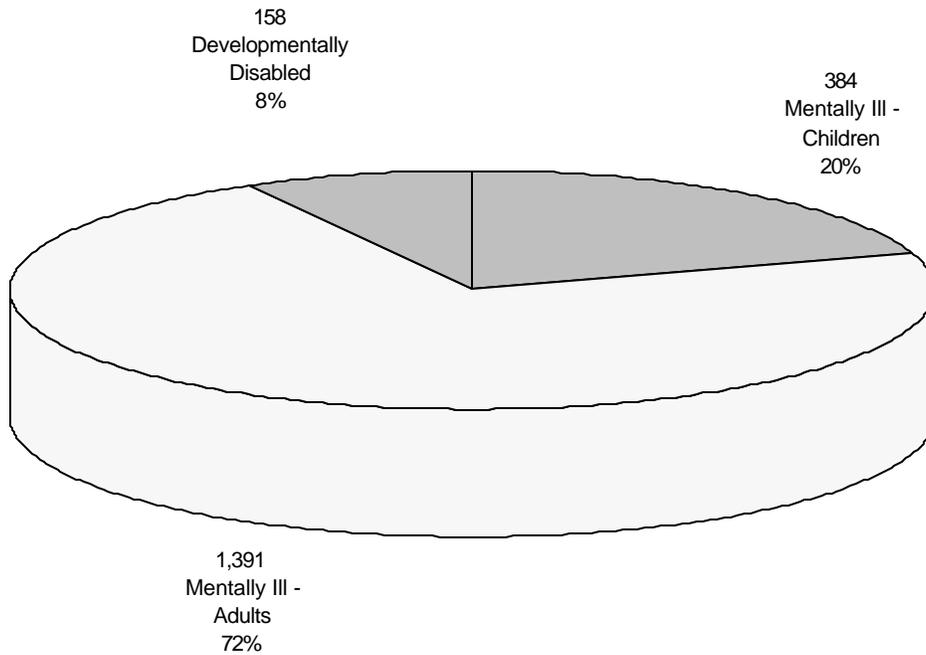
	<u>Amount</u>
State	\$4,843,411
Federal	2,114,096
Other	<u>837,037</u>
 Total Revenues	 <u><u>\$7,794,544</u></u>

COMMUNITY MENTAL HEALTH SERVICES OF ST. JOSEPH COUNTY
 Expenditures
 For the Fiscal Year Ended September 30, 1998



	<u>Amount</u>
Board Administraton	\$1,150,890
Mentally III - Adult Services	2,541,974
Mentally III - Children Services	682,869
Developmentally Disabled Services	3,324,536
Other	<u>93,694</u>
 Total Expenditures	 <u><u>\$7,793,963</u></u>

COMMUNITY MENTAL HEALTH SERVICES OF ST. JOSEPH COUNTY
 Unduplicated Headcount
 For the Fiscal Year Ended September 30, 1998



	<u>Headcount</u>
Mentally III - Children	384
Mentally III - Adults	1,391
Developmentally Disabled	<u>158</u>
Total	<u><u>1,933</u></u>

Glossary of Acronyms and Terms

Assertive Community Treatment (ACT)	A comprehensive and integrated set of medical or rehabilitative services provided primarily on a one-to-one basis in the recipient's residence or other community settings by a mobile multidisciplinary mental health treatment team.
CMHSSJC	Community Mental Health Services of St. Joseph County.
consumers	Individuals who are or have received mental health services.
continuous quality improvement (CQI) process	A process that includes: performance indicators for measuring outputs or outcomes; performance standards that describe the desired level of outputs and outcomes based on management expectations, group performance, and/or historical performance; a management information system to accurately gather output and outcome data; a comparison of actual data to desired outputs and outcomes; a reporting of the comparison results to management; and proposals of program modifications to improve effectiveness.
developmentally disabled (DD)	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.
individual plan of service	A written plan of supports and services directed by the individual as required by the Mental Health Code. This plan may include both support and treatment elements.
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.
Joint Commission on Accreditation of Healthcare Organizations (JCAHO)	An organization that serves as a preeminent standards-setting and accrediting body; it promotes the delivery of quality services to people with disabilities and others in need of rehabilitation.
mental health service provider	An organization other than CMHSSJC that provides, under contract, a service or the facilities for the provision of a service.
mentally ill (MI)	An individual with a substantial disorder of thought or mood which 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.
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.
person-centered planning (PCP)	A process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and honor the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires.
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.