



STATE OF MICHIGAN
DEPARTMENT OF CORRECTIONS
LANSING

RICK SNYDER
GOVERNOR

DANIEL H. HEYNS
DIRECTOR

November 15, 2013

Doug Ringler, Director
Office of Internal Audit Services
Office of the State Budget
George W. Romney Building
111 South Capitol, 6th Floor
Lansing, MI 48913

Dear Mr. Ringler:

In accordance with the State of Michigan, Financial Management Guide, Part VII, attached is a summary table identifying our responses and a corrective action plan to address the recommendations contained within the Office of the Auditor General's performance audit of the Mental Health Services covering the period October 1, 2009 through August 31, 2012.

Please direct questions regarding the summary table or corrective action plans to Julie Hamp at (517) 335-6886.

Sincerely,


DEPARTMENT OF CORRECTIONS

Signature Redacted

Daniel Heyns, Director

Attachment
DH/22/cm

c: Executive Office
Office of the Auditor General
House Fiscal Agency
Senate Fiscal Agency
House Appropriations Sub-Committee on Corrections
Senate Appropriations Sub-Committee on Judiciary and Corrections
House Judiciary Committee
Senate Judiciary Committee
J. Hamp C. MacKenzie K. Mutschler
J. Sheldon R. Treacher

1. Audit recommendations the agency agrees and will comply with:

Finding #	Expected compliance Date
1	December 15, 2014
2	December 31, 2013
3	December 31, 2013
4	March 31, 2014
5	June 30, 2014
6	June 30, 2014

2. Audit recommendations the agency disagrees with:

None

1. Assessments and Evaluations

The auditors recommended that MHS conduct all evaluations and assessments within required time frames and document all required evaluations and assessments.

Agency Preliminary Response

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

To better monitor the timely completion of evaluations and assessments, MHS has developed 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. Unit chiefs will be trained by their regional director on how to perform these audits by December 31, 2013. Once trained, 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 corrective action, such as sharing best practices for managing caseload activities.

In addition, MHS 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. This tool is in draft format and expected completion date is March 31, 2014. MHS will determine the need for training of staff for completion of the audit. Following training, this process is expected to be implemented by December 15, 2014.

Further, MHS will add a performance improvement audit to the MHS Performance Improvement Plan for the purpose of further monitoring the time frames for evaluations and assessments. The Performance Improvement Plan is expected to be completed by December 31, 2013.

2. BSI and BPRS Assessments

The auditors recommended that MHS document all of the required BSI and BPRS assessments for prisoners.

Agency Preliminary Response

MHS agrees and has already taken steps to comply. While MHS agrees with the importance of documenting all assessments, the BSI and BPRS are only two of the tools used to evaluate the progress of prisoners or the effectiveness of treatments provided. 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, progress notes).

MHS has reviewed and revised the BSI and BPRS requirements in order to adjust the required time frames to coincide with changes in a prisoner's level of care. The updated guidelines were sent to the regional directors on October 24, 2013. MHS has streamlined the process of completing and recording the BSI and BPRS scoring in the electronic medical records to achieve better compliance. The required recording of the electronic scoring format was sent to the

regional directors on October 24, 2013. MHS 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 by December 31, 2013; and has developed training modules for these assessments, including implementation of best practices.

In addition, MHS has included the recording of the BSI and BPRS scores in the mental health record review tool and will monitor compliance beginning with the 2014 MHS Performance Improvement Plan.

3. Individual Treatment Plan Updates

The auditors recommended that MHS update all required individual treatment plans. The auditors also recommended that MHS update individual treatment plans within the required time frames.

Agency Preliminary Response

MHS agrees and has taken steps to comply. MHS has developed a training module to train and retrain staff on treatment plan update guidelines with a focused approach on best practices for ensuring timeliness. All staff will complete the training by December 31, 2013. MHS will employ a train-the-trainer approach beginning with the unit chiefs who, once trained, will disseminate the information to their assigned clinicians. Monitoring in this area will continue to take place through the performance improvement audits that are part of the MHS Performance Improvement Plan.

4. Documentation of Treatment Consent

The auditors 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 has taken steps to comply. MHS 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. Hard copy medical record audit results will be available by December 31, 2013.

As a standard practice, prisoners are routinely informed in writing of their rights, including rights related to medical treatment. This practice will continue and MHS 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 record storage upon a prisoner's discharge. Decisions about scanning consents into the electronic medical record should be completed by March 31, 2014.

In addition, MHS is implementing a process that requires one involuntary treatment coordinator to track and monitor all involuntary treatment hearings within DOC. Monitoring of the database to centrally track involuntary hearings will be completed by March 31, 2014.

5. Record Maintenance

The auditors again recommended that MHS maintain all required documents in prisoner mental health records.

Agency Preliminary Response

MHS agrees and has taken steps to comply. MHS 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 determined that it would no longer require annual or biennial comprehensive psychiatric evaluations, but instead will assess prisoners at better clinical points in time throughout the continuum of care to be more consistent with community standards for documenting information.

Also, MHS will educate staff by December 31, 2013 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 will work with the psychiatric provider contract staff to ensure standardization of documentation and is in the process of developing a training module to train and retrain all staff on documentation requirements, including implementation of best practices. Expected completion date is June 30, 2014.

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

6. Mental Health Record Reviews

The auditors recommended that MHS ensure that unit chiefs perform and completely document all required monthly mental health record reviews.

Agency Preliminary Response

MHS agrees and has taken steps to comply. MHS has modified the existing tool for monthly mental health reviews to be more detailed and is adding guidelines for completion of the tool. MHS will also develop a methodology to assist unit chiefs to effectively improve compliance relating to documentation requirements.

MHS will develop a formal procedure requiring regional directors to monitor and enforce unit chief compliance with mental health record reviews. On a quarterly basis, the medical record examiners will monitor and review the regional directors' evaluation and MHS will take corrective action as necessary. This process is included in the 2014 MHS Performance Improvement plan.