



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH

JAMES K. HAVEMAN
DIRECTOR

May 12, 2014

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

Dear Mr. Ringler:

In accordance with the State of Michigan, Financial Management Guide, Part VII, attached are the preliminary summary table identifying our responses and corrective action plans to address recommendations contained within the Office of the Auditor General's Performance Audit of Center for Forensic Psychiatry.

Questions regarding the summary table or corrective action plans should be directed to me at (517) 373-1508 or Myersp3@michigan.gov.

Sincerely,

Signature Redacted

Pam Myers, Director
DCH Office of Audit

Enclosure

Cc: Office of the Auditor General
House Fiscal Agency
Senate Fiscal Agency
Executive Office
DCH, James K. Haveman
DCH, Timothy Becker
DCH, Karla Ruest

House Appropriations Committee
House Standing Committee
Senate Appropriations Committee
Senate Standing Committee
DCH, Nick Lyon
DCH, Steve Fitton

PERFORMANCE AUDIT OF CENTER FOR FORENSIC PSYCHIATRY

DEPARTMENT OF COMMUNITY HEALTH

APRIL 14, 2014

AUDIT RESPONSE

Approved: _____ Signature Redacted
Tim Becker, Senior Deputy Director
Department of Community Health, Operations Administration

Date: 04/14/2014



AUDIT REPORT SUMMARY

DEPARTMENT: Community Health
AUDIT PERIOD: October 1, 2010 through August 31, 2013
REPORT DATED: January 29, 2014

DISPOSITION OF AUDIT RECOMMENDATIONS

<u>CITATIONS COMPLIED WITH</u>	<u>CITATIONS TO BE COMPLIED WITH</u>	<u>CITATIONS DCH DID NOT AGREE WITH</u>
Finding 1		
	Finding 2	
	Finding 3	
Finding 4		
Finding 5		

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Performance Audit
Center of Forensic Psychiatry
Department of Community Health
October 1, 2010 through April 30, 2013**

Finding 1: Consultations With Defense Counsel

The OAG recommended that the Center implement a process to ensure that examiners consult with defense counsel when conducting competency examinations.

Response:

All Evaluation Services staff have been trained on the consultation/documentation requirements (completed 10/15/2013). All completed competency reports were reviewed for a two-month period (11/1/2013 - 12/31/2013) and appropriate consultation/documentation was present in 99.6% of cases. A random audit was then performed on the reports completed between 1/2/2014 and 2/21/2014 and appropriate consultation/documentation was present in 100% of the cases. The Center intends to perform random audits every two months to ensure compliance.

The Center complied with the recommendation.

Finding 2: Timeliness of Examination Reports

The OAG recommended that the Center submit court-ordered competency and criminal responsibility examination reports within 60 days of the court orders.

The OAG also recommend that the Center timely notify the courts when the Center is not going to complete court-ordered competency and criminal responsibility examination reports within 60 days of the court order.

Response:

All Evaluation Services staff completed training on timeliness requirements (completed between 9/30/2013 and 10/15/2013). Managers are aggressively addressing individual performance issues via daily tracking. The information tracking system (EU Work) has been modified to include mailing dates of interim letters and the system by which evaluations are scheduled is undergoing revision to address the weaknesses cited in the finding. Additionally, two new staff have been hired and are being trained to help meet all deadlines.

The Center anticipates compliance by 6/30/2014.

Finding 3: Patient Observation

The OAG recommended that the Center ensure that its staff more effectively observes patients.

Response:

A new policy on cell phones and other electronic devices was implemented 2/17/2014. Staff education on existing procedures and guidelines concerning the unit nursing stations was completed 3/7/2014. A security walk-through of units is now performed once per shift every day. Nursing and Security have clarified that supervisors from either department may take immediate corrective actions whenever policy/procedure violations are observed. Security and Nursing have also been

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viewing judgmentally selected and randomly selected videos to assess deficiencies and measure progress. This information will be incorporated into staff training.

The Center anticipates compliance by 6/30/2014.

Finding 4: Access to Security Sensitive Areas

The OAG recommended that the Center ensure that staff controls access to and from security sensitive areas.

Response:

All unit staff have been educated about the importance of restricting access to security sensitive areas. The number of daily unlocked door checks has been doubled (effective 2/24/2014). New corrective and disciplinary action processes have been implemented (effective 2/14/2014) in which supervisors are immediately notified of unlocked doors identified via an audit. The supervisors are instructed to take immediate action and discipline responsible staff. Computers at the nursing station are re-programmed so that it will be impossible to inadvertently hold unlocked doors to security sensitive areas. Current level of unlocked door violations is less than 1% (.08%).

The Center complied with the recommendation.

Finding 5: Completion of Incident Report Forms

The OAG recommended that the Center ensure that staff completes incident report forms and document action taken for all incidents identified by the Center sensitive areas.

Response:

Incident reports and the security database are now reconciled on an ongoing basis, as is documentation of follow-up. Currently, incident reports are completed for 100% of security incidents, and documentation is available for 100% of follow-up activities.

The Center complied with the recommendation.