PERFORMANCE AUDIT
OF THE

NORTHERN MICHIGAN COMMUNITY MENTAL HEALTH BOARD

AN AGENCY UNDER CONTRACT WITH THE
DEPARTMENT OF COMMUNITY HEALTH

February 1998

39-484-97

EXECUTIVE DIGEST

NORTHERN MICHIGAN COMMUNITY MENTAL HEALTH BOARD

INTRODUCTION

This report, issued in February 1998, contains the results of our performance audit* of the Northern Michigan Community Mental Health Board, 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

The Board was established in 1969 and operates under the provisions of the Mental Health Code, being Sections 330.1001 - 330.2106 of the *Michigan Compiled Laws*. The Board is subject to oversight by the Department of Community Health.

The Board's mission* is to provide for the expert delivery of a comprehensive array of services and community education to positively impact the mental wellness of the community.

The Board has service locations in Charlevoix County (Charlevoix), Cheboygan County (Cheboygan), Emmet

** See glossary on page 31 for definition.*

County (Petoskey), and Otsego County (Gaylord). The Board's administrative office is located in the City of Petoskey. The Board of Directors is comprised of 12 members, with three residing in each county and each appointed for a three-year term.

The Board's operations generally are funded by 90% State and federal funds and 10% local funds. Total expenditures for the fiscal year ended September 30, 1997 were $11,027,334. As of September 30, 1997, the Board had 139 employees and was serving 2,252 consumers*.

AUDIT OBJECTIVES, CONCLUSIONS, AND NOTEWORTHY ACCOMPLISHMENTS

Audit Objective: To assess the Board's effectiveness in establishing meaningful and measurable program goals* and objectives* and in monitoring achievement of the goals and objectives.

Conclusion: The Board was generally effective in establishing meaningful and measurable program goals and objectives. The Board was also generally effective in monitoring and reporting to the Board of Directors on the Board's performance in relation to the goals and objectives developed at long-range planning meetings. However, we noted reportable conditions* pertaining to contract administration, case file security, case file documentation, case management plans, consumer termination reports, service activity, and inactive case files (Findings 1 through 7).

Noteworthy Accomplishments: In 1994, the Board contracted with an outside consultant to perform a service user satisfaction survey and a community image survey. The Board used the service user satisfaction survey results as a basis to develop quarterly surveys for mentally

** See glossary on page 31 for definition.*

ill* consumers and semi-annual surveys for developmentally disabled* consumers. The Board monitors consumer satisfaction by the quarterly and semi-annual surveys. The Board used the community image survey results as a basis for developing a public relations plan that has made the Board more visible in the community.

Audit Objective: To evaluate the effectiveness of the Board's reimbursement system related to mental health services.

Conclusion: The Board's reimbursement system related to mental health services was generally effective. However, we noted a reportable condition regarding consumer financial liability determinations (Finding 8).

Audit Objective: To assess the Board's compliance with selected laws, rules, policies, directives, and procedures governing community mental health services.

Conclusion: The Board was generally in compliance with selected laws, rules, policies, directives, and procedures governing community mental health services. However, as described in Findings 2 through 8, our assessment of effectiveness indicated that the Board was not in full compliance in the areas of case file security, case file documentation, case management plans, consumer termination reports, service activity, inactive case files, and consumer financial liability determinations.

Noteworthy Accomplishments: The Board received accreditation from the Joint Commission on Accreditation

** See glossary on page 31 for definition.*

of Healthcare Organizations (JCAHO) with commendation in May 1996. This was the Board's initial application in seeking accreditation from JCAHO. Mental health boards seldom receive accreditation with commendation on their initial applications.

During our audit, the Board was the recipient of an AmeriCorps* one-year program grant that will enable the Board to employ 2 full-time equated employees and 8 part-time equated employees as consumer advocates. The Board's mission is to recruit 40 long-term community volunteers to help persons with developmental disabilities to be involved in their communities. If the program is successful, it may be funded up to an additional three years.*

AUDIT SCOPE AND METHODOLOGY

Our audit scope was to examine the program and other records of the Northern Michigan Community Mental Health Board. 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, our audit procedures included examinations of the Board's records and activities for the period October 1, 1994 through September 30, 1997. We reviewed goals and objectives reported to the Board of Directors in the Long Range Planning Update and examined performance measurements. Also, we interviewed staff and reviewed program records and consumer case files. In addition, we surveyed consumers and referral sources (survey summaries are presented as supplemental information). Further, we tested and

evaluated the reimbursement process to ensure that all services were billed and documented. We also tested selected criteria for compliance with selected laws, rules, and procedures.

AGENCY RESPONSES

Our audit report includes 8 findings and 8 recommendations. The Board's preliminary response indicated that it agreed with our recommendations and has taken steps to implement them.

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Mr. Paul E. Lenahan, Chairperson
Board of Directors
and
Ms. Alexis Kaczynski, Executive Director
Northern Michigan Community Mental Health Board
One MacDonald Drive, Suite A
Petoskey, Michigan
and
Mr. James K. Haveman, Jr., Director
Department of Community Health
Lewis Cass Building
Lansing, Michigan

Dear Mr. Lenahan, Ms. Kaczynski, and Mr. Haveman:

This is our report on the performance audit of the Northern Michigan Community Mental Health Board, 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, 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 Board's written comments and oral discussion subsequent to our audit fieldwork.

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

The Northern Michigan Community Mental Health Board of Charlevoix, Cheboygan, Emmet, and Otsego Counties was established in 1969 and operates under the provisions of the Mental Health Code, being Sections 330.1001 - 320.2106 of the *Michigan Compiled Laws*. The Board is subject to oversight by the Department of Community Health.

The Board's mission is to provide for the expert delivery of a comprehensive array of services and community education to positively impact the mental wellness of the community.

The Board has service locations in Charlevoix County (Charlevoix), Cheboygan County (Cheboygan), Emmet County (Petoskey), and Otsego County (Gaylord). The Board's administrative office is located in the City of Petoskey.

The Board's operations generally are funded by 90% State and federal funds and 10% local funds. Total expenditures for the fiscal year ended September 30, 1997 were $11,027,334. As of September 30, 1997, the Board had 139 employees and was serving 2,252 consumers.

Audit Objectives, Scope, and Methodology and Agency Responses

Audit Objectives

Our performance audit of the Northern Michigan Community Mental Health Board, an agency under contract with the Department of Community Health, had the following objectives:

1. To assess the Board's effectiveness in establishing meaningful and measurable program goals and objectives and in monitoring achievement of the goals and objectives.

2. To evaluate the effectiveness of the Board's reimbursement system related to mental health services.

3. To assess the Board's compliance with selected laws, rules, policies, directives, and procedures governing community mental health services.

Audit Scope

Our audit scope was to examine the program and other records of the Northern Michigan Community Mental Health Board. 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 performed between July and October 1997 and included examination of the Board's records and activities for the period October 1, 1994 through September 30, 1997.

To accomplish our first objective, we summarized and reviewed goals and objectives reported to the Board of Directors in the Long Range Planning Update. We examined performance measurements used to evaluate progress and tested outcomes to determine the extent to which the Board achieved its stated goals. Also, we interviewed staff and reviewed program records and consumer case files. In addition,

we surveyed consumer and referral sources (survey summaries are presented as supplemental information).

To accomplish our second objective, we tested and evaluated the reliability of procedures, controls, and rate-setting methodology. We sampled case files and tested established criteria to ensure that all services were billed and documented.

To accomplish our third objective, we tested selected criteria for compliance with selected laws, rules, and procedures.

Agency Responses

Our audit report includes 8 findings and 8 recommendations. The Board's preliminary response indicated that it agreed with our recommendations and has taken steps to implement them.

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

COMMENTS, FINDINGS, RECOMMENDATIONS, AND AGENCY PRELIMINARY RESPONSES

EFFECTIVENESS

COMMENT

Audit Objective: To assess the Northern Michigan Community Mental Health Board's effectiveness in establishing meaningful and measurable program goals and objectives and in monitoring achievement of the goals and objectives.

Conclusion: The Board was generally effective in establishing meaningful and measurable program goals and objectives. The Board was also generally effective in monitoring and reporting to the Board of Directors on the Board's performance in relation to the goals and objectives developed at long-range planning meetings. However, we noted reportable conditions pertaining to contract administration, case file security, case file documentation, case management plans, consumer termination reports, service activity, and inactive case files.

Noteworthy Accomplishments: In 1994, the Board contracted with an outside consultant to perform a service user satisfaction survey and a community image survey. The Board used the service user satisfaction survey results as a basis to develop quarterly surveys for mentally ill consumers and semi-annual surveys for developmentally disabled consumers. The Board monitors consumer satisfaction by the quarterly and semi-annual surveys. The Board used the community image survey results as a basis for developing a public relations plan that has made the Board more visible in the community.

FINDING

1. Contract Administration

The Board's administration of some mental health service provider contracts was deficient.

Sound administration of contracts reduces the potential for overpayments, helps ensure that mental health service providers fulfill the terms of their agreements, and helps ensure contract effectiveness.

Our review of contract administration noted:

a. The Board had not developed policies and procedures to limit the number of group homes that one contractor can operate and to provide for the Board's case managers to monitor certain contracts.

The full management contract with the Department of Community Health requires the Board to develop and use specific contract administration policies and procedures. The policies and procedures are to include limiting the number of group homes that one contractor can operate and providing for case managers' monitoring of certain contracts.

b. The Board did not have a system that listed all contracts, including contractor name, amount of contract, and time period covered.

A complete and accurate list of contracts would be useful in determining availability of funds for additional contracts and in planning subsequent years' budgets.

c. The Board did not execute contracts on a timely basis or document compliance with contract requirements. A review of 20 contractor records for the period October 1, 1995 through September 30, 1997 disclosed:

(1) The Board made payments of $169,500 to 9 contractors during fiscal year 1996-97 and $116,700 to 13 contractors during fiscal year 1995-96 prior to executing their contracts. The delays in signing the contracts ranged from 1 week to 1 year. There were no clauses in the preceding contracts extending their life until new contracts were developed.

(2) Executed contracts were not on file at the Board for three contractors sampled. One of the contractors had not had an executed contract for over five years.

(3) The Board did not have documentation that five contractors had the contract-required licensing prior to renewing the contracts.

To protect the interest of all parties, sound contract administration requires that contracts be executed and contract requirements be verified before commencement of services.

RECOMMENDATION

We recommend that the Board initiate measures to improve its administration of mental health service provider contracts.

AGENCY PRELIMINARY RESPONSE

The Board agrees with this recommendation. The Board informed us that weaknesses in the agency's contract management system were noted before the audit occurred. Because of this, a position of contract manager was established and the contract management system is being evaluated and improved. Specifically:

(a) Procedures governing the development, implementation, and monitoring of contracts are under development.

(b) A complete list of contracts, including all pertinent information, has been developed.

(c) Timely execution of contracts is often impeded by the lack of a new contract with the Department of Community Health. Language regarding continuation of services is being added where appropriate.

FINDING

2. Case File Security

Board staff did not effectively monitor the security of consumer case files. This resulted in case files not being readily accessible and the potential for a breach in the confidentiality of consumer information.

The Board provides service at four locations. We selected 16 consumer case files from the four locations for review. We determined that the 2 (13%) case files

selected for testing at one service center were not secured. The 2 files had not been returned to the appropriate filing location at the end of the day.

Keeping consumer case files in a secure location helps ensure that consumer files are readily accessible if the consumer is in need of services and helps protect consumer confidentiality.

In addition, Section 330.1748(1) of the *Michigan Compiled Laws* requires that information in the record of a consumer and other information acquired in the course of providing mental health services to a consumer shall be kept confidential and shall not be open to public inspection. Further, a Board administrative manual procedure requires that all clinical records be kept in securely locked areas. At the end of each day, all clinical records are to be returned to the appropriate filing locations.

RECOMMENDATION

We recommend that Board staff effectively monitor the security of consumer case files.

AGENCY PRELIMINARY RESPONSE

The Board agrees with this recommendation. The Board informed us that security of consumer case files is paramount, and agency policies exist to this effect. Clearly, the problems regarding security noted by the auditors were a breach of protocol and were addressed with the individual involved. Staff will be re-educated on these policies, and supervisors will be expected to monitor the implementation of these policies and the security of consumer case files.

FINDING

3. Case File Documentation

The Board was not effective in establishing and updating measurable goals and objectives for the individual plan of service* (IPS) in some consumer case files.

** See glossary on page 31 for definition.*

We reviewed 23 consumer case files and noted that 3 case files did not have measurable IPS goals and objectives and that 2 additional case files had not been updated annually.

Establishing measurable goals and objectives for IPSs and timely updating of IPSs helps ensure that consumers receive appropriate treatment and services.

In addition, Medicaid requires measurable time frames for attainment of each objective. Further, Medicaid requires the Board to update an IPS by performing assessments and making recommendations every 12 months.

RECOMMENDATION

We recommend that the Board establish measurable IPS goals and objectives and update IPSs on a timely basis.

AGENCY PRELIMINARY RESPONSE

The Board agrees with this recommendation. The Board informed us that it is a policy of the Board that measurable IPS goals and objectives be developed for each consumer and that IPSs be updated at least annually. Staff will be re-educated on these policies, and supervisors will be expected to monitor their implementation.

FINDING

4. Case Management Plans

The Board's case management plans for developmentally disabled consumers did not include some required information.

Our review of 14 developmentally disabled consumer IPSs determined that 10 IPSs did not include some required information.

Maintaining consistent and complete consumer data helps ensure effective delivery of services to the consumer.

In addition, Medicaid regulations require that the same guidelines for case record organization be used by all staff so that similar information can be found quickly

and easily. Further, Medicaid regulations also require that case management plans should include, at a minimum: problems identified during the assessment that require case management interventions; case management goals to be achieved; reference to all formal services and supports arranged, including costs and specified providers for services purchased through external referral; and reference to all services and supports provided by the informal support system. There should be evidence of effort by the case manager to develop the support system and documentation of who has been involved in the care planning. Case management plans must also include a schedule of service initiation and frequency, anticipated dates of delivery, schedules of case management monitoring and reassessment, documentation of unmet needs and services gaps, and the signature of the case manager.

RECOMMENDATION

We recommend that the Board include all required information in case management plans for developmentally disabled consumers.

AGENCY PRELIMINARY RESPONSE

The Board agrees with this recommendation. The Board informed us that its policies and procedures regarding recordkeeping are in compliance with Medicaid standards and do state that required information be included in case management plans for developmentally disabled consumers. It should be mentioned, though, that the Board is ahead of the norm in its implementation of person-centered planning, which is required by the revised Mental Health Code. Hence, the information in case management plans for developmentally disabled consumers is increasingly driven by the person-centered planning process.

FINDING

5. Consumer Termination Reports

The Board did not evaluate the impact of services or complete termination reports on a timely basis for most consumers.

We noted that 15 of 18 closed case files lacked evaluations of services provided and/or timely termination reports.

Evaluation of services provided and timely completion of termination reports would help assess treatment provided and assist in future treatment should consumers subsequently return to the Board for services.

In addition, Medicaid regulations require termination reports to include the reason for service termination, a description and evaluation of the impact of the service provided, a statement by the consumer as to the degree of satisfaction with the service, a statement as to whether additional services are needed, and any recommendations or follow-up information. Medicaid also requires that termination reports be filed upon case closure. Further, Board procedures provided guidance for properly completing termination summaries.

RECOMMENDATION

We recommend that the Board evaluate the impact of services provided consumers and complete termination reports on a timely basis.

AGENCY PRELIMINARY RESPONSE

The Board agrees with this recommendation. The Board informed us that its policies cover the proper completion of termination summaries. The deficiencies will be corrected.

FINDING

6. Service Activity

The Board's service locations did not submit some activity logs and progress notes for entry into the management information systems on a timely basis. This resulted in incomplete data being used by supervisors to monitor staff activity.

Our review of the September 1997 service activity report noted that many activity logs and progress notes from May through August 1997 were received after the required date. During our discussions with program supervisors, we noted that employees who complete service activity logs and progress notes did not view timely submission as a priority.

Board administrative manual procedures require that consumer service activity be submitted to data entry no later than the tenth day of the month following service. Monthly reports are based on data received by the tenth of the month. Data received after the tenth of the month is included in the following month's report.

RECOMMENDATION

We recommend that the Board help ensure that service locations submit activity logs and progress notes for entry into the management information system on a timely basis.

AGENCY PRELIMINARY RESPONSE

The Board agrees with this recommendation. The Board informed us that the timely submission of activity information is a historical problem for staff and is certainly a priority for the administration. Supervisory staff are increasing their efforts at monitoring this timely submission.

FINDING

7. Inactive Case Files

The Board did not establish service activity monitoring procedures to help ensure that inactive case files were closed.

During our review, we noted that the Board did not have procedures in place to use the information provided by its management reporting system to identify inactive case files for disposition. We reviewed the August 1997 consumer activity report noting the last service provided and the date that the service was provided. We determined that 178 (13%) of 1,395 cases had last service dates between January 29, 1992 and December 30, 1996.

Lack of monitoring of service activity may cause untimely completion of required termination reports.

In addition, Medicaid regulations require that treatment monitoring include progress notes and status reports entered into the clinical record at appropriate intervals.

RECOMMENDATION

We recommend that the Board establish service activity monitoring procedures to help ensure that inactive case files are closed.

AGENCY PRELIMINARY RESPONSE

The Board agrees with this recommendation. The Board informed us that it has purchased automated clinical record software and is close to full implementation of this software. There are several benefits of the software for purposes of clinical records management. One benefit is the ability to cue staff concerning reports due and the lack of activity regarding cases. This change should assist in monitoring inactive cases and precipitating termination reports.

REIMBURSEMENT

COMMENT

Audit Objective: To evaluate the effectiveness of the Board's reimbursement system related to mental health services.

Conclusion: The Board's reimbursement system related to mental health services was generally effective. However, we noted a reportable condition regarding consumer financial liability determinations.

FINDING

8. Consumer Financial Liability Determinations

The Board often did not complete consumer financial liability determinations on a timely basis and did not maintain documentation to substantiate determinations.

Section 330.1804 of the *Michigan Compiled Laws* requires that consumers receiving services from boards reimburse the boards for the costs of services

based on the consumers' ability to pay. Section 330.1828 of the *Michigan Compiled Laws* further requires the financial liability of the consumers to be revised annually.

We reviewed 16 randomly selected consumer records and noted that financial liability determinations for 11 (69%) of these consumers had not been completed on a timely basis. The delinquencies ranged from 1 month to 24 months. Also, we noted that 12 (75%) determinations lacked documentation supporting determinations.

Timely completion of consumer financial liability determinations is necessary to help ensure that consumers' ability to pay is correct.

RECOMMENDATION

We recommend that the Board complete consumer financial liability determinations on a timely basis and maintain documentation to substantiate determinations.

AGENCY PRELIMINARY RESPONSE

The Board agrees with this recommendation. The Board informed us that its policy is clear regarding the completion of consumer financial liability determinations and resultant documentation. The Quality Improvement Council has established an objective to improve the collection of this information and will be addressing the situation this year. Case record review efforts will increase to monitor the effective implementation of these policies.

COMPLIANCE

COMMENT

Audit Objective: To assess the Board's compliance with selected laws, rules, policies, directives, and procedures governing community mental health services.

Conclusion: The Board was generally in compliance with selected laws, rules, policies, directives, and procedures governing community mental health services.

However, as described in Findings 2 through 8, our assessment of effectiveness indicated that the Board was not in full compliance in the areas of case file security, case file documentation, case management plans, consumer termination reports, service activity, inactive case files, and consumer financial liability determinations.

Noteworthy Accomplishments: The Board received accreditation from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) with commendation in May 1996. This was the Board's initial application in seeking accreditation from JCAHO. Mental health boards seldom receive accreditation with commendation on their initial applications.

During our audit, the Board was the recipient of an AmeriCorps one-year program grant that will enable the Board to employ 2 full-time equated employees and 8 part-time equated employees as consumer advocates. The Board's mission is to recruit 40 long-term community volunteers to help persons with developmental disabilities be connected in their communities. If the program is successful, it may be funded up to an additional three years.

SUPPLEMENTAL INFORMATION

Northern Michigan Community Mental Health Board
Consumer and Guardian Survey Summary

Summary Overview

We sent surveys to 150 consumers or guardians of consumers who were active consumers between January and June 1997. We received 27 responses, a response rate of 18%. 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:

   14 Current consumer of the Board
   4 Former consumer of the Board
   4 Relative of current or former Board consumer
   8 Guardian of current or former Board consumer
   0 Other

2. Please indicate how long you had received or have been receiving services from the Board.
   3 Less than 6 months
   5 Between 6 months and 1 year
   6 Between 1 and 3 years
   11 More than 3 years

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

   4 Yes 23 No

4. I learned about the Board through:

   2 School
   7 Doctor
   4 Family Independence Agency (formerly Department of Social Services)
   7 Family/Friends
   3 Court
   4 Other

For questions 5 through 16, check the box for the response that best describes your attitude toward the following statements:

		Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Applicable
5.	Following my initial request for services, I was able to begin receiving services within a reasonable amount of time.	11	7	4	4	1	0
6.	The mental health services that I received have helped me to better handle my needs.	10	12	2	2	0	1
7.	I am satisfied with the amount of services received from the Board.	11	12	2	0	2	0
8.	I am satisfied with the type of services received from the Board.	8	15	2	1	2	0
9.	I am satisfied with the quality of services received from the Board.	10	11	5	0	1	0
10.	Board caregivers* were helpful in coordinating my needs with other agencies.	8	6	7	2	1	3
11.	Board caregivers considered my preferences and opinions when selecting the program(s) for and provider(s) of my treatment.	10	8	5	1	0	2
12.	Board caregivers ensured that my treatment was delivered in accordance with the agreed-upon treatment plan.	11	10	3	2	0	1
13.	Board caregivers promptly addressed my complaints and concerns.	9	7	6	3	0	1
14.	Board caregivers treated me with dignity and respect.	13	12	1	0	0	0

		Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Applicable
16.	If you are a former consumer:						

* *See glossary on page 31 for definition.*

A.	The Board and I mutually agreed to discontinue Board services.	2	4	1	0	0	2
B.	Board caregivers clearly explained to me the effect of discontinuing Board services.	2	1	2	1	0	2

17. Would you recommend the Board to a close friend with needs similar to your own?

22 Yes 1 No

Written Comments

The survey responses also included numerous narrative comments regarding suggested changes the Board could adopt and other comments. Overall, the other comments were positive.

Northern Michigan Community Mental Health Board
Referral Sources Survey Summary

Summary Overview

We sent surveys to 30 referral sources who had professional interaction with the Board. This included contractors and agencies that also provided mental health services in Charlevoix, Cheboygan, Emmet, and Otsego Counties. We received 22 responses, a response rate of 70%.

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 the Board?

   9 I am very familiar with and have regular contact with the Board.
   12 I am somewhat familiar with and have periodic contact with the Board.
   1 I am unfamiliar with and have little contact with the Board.

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

   4 Contractual provider of services
   2 Contractual purchaser of services
   17 Referral source (to the Board)
   7 Referral source (from the Board)
   1 Other

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

   Responses ranged from 3 to 20 years.

For questions 4 through 9, check the box for the response that best describes your attitude toward the following statements. If your agency does not refer individuals to the Board, please skip questions 4 and 5.

		Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Applicable
4.	The Board responds promptly to referrals and requests for service.	3	10	3	2	2	0
5.	The Board helped referred individuals receive service(s) consistent with their needs.	0	15	1	3	1	0
6.	The Board provides adequate, meaningful, and timely responses to my agency's requests for technical assistance.	1	14	1	3	1	1
		Strongly		No		Strongly	Not

		Agree	Agree	Opinion	Disagree	Disagree	Applicable
7.	The Board's reporting requirements and informational requests are reasonable, pertinent, and unduplicated.	1	10	5	1	0	3
8.	The Board surveys our service needs when completing its annual program plan.	1	2	7	6	1	4
9.	The Board offers (either directly or through contract) a continuum of services to benefit consumers with all levels of need.	4	9	1	6	0	1

Written Comments

The survey responses also included numerous narrative comments regarding additional services the Board could provide and other comments. Overall, the other comments were positive.

Glossary of Acronyms and Terms

AmeriCorps	The national service program that provides thousands of Americans of all ages and backgrounds with education awards in exchange for one to two years of community service. The members help meet the nation's critical needs in the areas of public safety, education, human needs, and the environment.
caregivers	Board personnel providing services to the consumer as determined by the agreed upon treatment plan.
consumers	Individuals who are or have received mental health services.
developmentally disabled	An individual with disabilities that become evident in childhood; are expected to continue indefinitely; constitute a substantial handicap to the affected individual; and are attributed to mental retardation, cerebral palsy, epilepsy, or other neurological conditions.
effectiveness	Program success in achieving mission and goals.
efficiency	Achieving the most outputs and outcomes practical for the amount of resources applied or minimizing the amount of resources required to attain a certain level of outputs or outcomes.
goals	The agency's intended outcomes or impacts for a program to accomplish its mission.
individual plan of service (IPS)	A coordinated, comprehensive plan that covers all relevant aspects of a consumer's treatment.
JCAHO	Joint Commission on Accreditation of Healthcare Organizations.

mentally ill 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.

objectives Specific outputs a program seeks to perform and/or inputs a program seeks to apply in its efforts to achieve its goals.

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.

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.