

PERFORMANCE AUDIT  
OF

SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

AN AGENCY UNDER CONTRACT WITH THE  
DEPARTMENT OF COMMUNITY HEALTH

July 2001

## EXECUTIVE DIGEST

# SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

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### INTRODUCTION

This report, issued in July 2001, contains the results of our performance audit\* of Sanilac County Community Mental Health Authority (SCCMHA), an agency under contract with the Department of Community Health (DCH).

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### 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\*.

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### BACKGROUND

SCCMHA was established as a community mental health board in 1971 and operates under the provisions of the Mental Health Code, being Sections 330.1001 - 330.2106 of the *Michigan Compiled Laws*. SCCMHA, under provisions of the Mental Health Code (Section 330.1205), held a series of public hearings and was granted community mental health authority\* status in 1997 by the Sanilac County Board of Commissioners and was recognized as an authority by DCH and the Department of State.

\* See glossary at end of report for definition.

SCCMHA's mission\* is to provide quality mental health services in a fiscally responsible manner with dignity, confidentiality, and respect by promoting options for growth so that individuals who have a serious mental illness, a serious emotional disturbance, or a developmental disability can participate fully in community opportunities and be successful and self-satisfied with the least amount of professional assistance.

SCCMHA's service locations and administrative offices are located in Sandusky. SCCMHA's Board of Directors is composed of 12 members. Board members are appointed to three-year terms.

SCCMHA's operations are generally funded by State, federal, and local\* funds. Total expenditures for the fiscal year ended September 30, 2000 were \$14,547,009.

As of December 31, 2000, SCCMHA had 100 employees and was serving 799 consumers\*.

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AUDIT OBJECTIVES,  
CONCLUSIONS, AND  
NOTEWORTHY  
ACCOMPLISHMENTS

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

**Conclusion:** **SCCMHA was generally effective and efficient in the delivery of services.** However, we noted reportable conditions\* related to criminal history background checks and a continuous quality improvement\* (CQI) process (Findings 1 and 2).

**Noteworthy Accomplishments:** SCCMHA formed an alliance with two other county community mental health programs to coordinate efforts, share resources, and prepare for mandated changes in the mental health field.

\* See glossary at end of report for definition.

Through the alliance, SCCMHA enhanced its operation by centralizing the screening and referral process, increasing coverage and linkage of services for consumer needs that occur after normal working hours, and standardizing consumer tracking and reporting systems. In addition, the alliance formed a regional member services department to improve access to services. Further, the alliance has formed an information systems workgroup and made mutual decisions on common finance issues.

SCCMHA has maintained its accreditation from the Rehabilitation Accreditation Commission\* without interruption since 1985. Also, in December 1999, DCH's Office of Recipient Rights found SCCMHA's recipient rights system to be in substantial compliance with standards established by DCH relative to the promotion and protection of consumer rights. SCCMHA scored 286 (98%) of the 292 points possible.

**Audit Objective:** To assess SCCMHA's effectiveness in accounting for capitated payments\* and associated expenditures.

**Conclusion:** **SCCMHA was generally effective in accounting for capitated payments and associated expenditures.**

**Audit Objective:** To assess SCCMHA's effectiveness in monitoring services provided by contracted organizations.

**Conclusion:** **SCCMHA was generally effective in monitoring services provided by contracted organizations.** However, we noted a reportable condition related to contract monitoring activities (Finding 3).

\* See glossary at end of report for definition.

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AUDIT SCOPE AND  
METHODOLOGY

Our audit scope was to examine the program and other records of Sanilac County Community Mental Health Authority. 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 SCCMHA's records and activities for the period October 1, 1998 through December 31, 2000. We reviewed applicable statutes, administrative rules, SCCMHA policies and procedures, and group home licensing standards. We assessed the effectiveness of internal control used to manage programs and reviewed a sample of consumer case files. We examined performance measurements used to evaluate programs and surveyed consumers and referral source providers of SCCMHA. We obtained criminal history background checks of SCCMHA and contract staff who had direct contact with consumers.

We reconciled capitated and general fund\* payment amounts and tested expenditures to determine whether they were matched to the correct funding source. Also, we analyzed contract language and met with SCCMHA staff to determine the types of standards utilized to measure contractor performance. In addition, we visited six residential providers to determine whether consumer case file records were current and SCCMHA staff were monitoring contract terms.

\* See glossary at end of report for definition.

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**AGENCY RESPONSES**

Our audit report contains 3 findings and 3 corresponding recommendations. SCCMHA's preliminary response indicated that it agrees with all of our findings.

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July 16, 2001

Mr. Wayne Wood, Chairperson  
Sanilac County Community Mental Health Authority Board of Directors  
1511 Wood Road  
Marlette, Michigan

and

Roger Dean, Ph.D., Executive Director  
Sanilac County Community Mental Health Authority  
217 E. Sanilac, Suite One  
Sandusky, Michigan

and

Mr. James K. Haveman, Jr. , Director  
Department of Community Health  
Lewis Cass Building  
Lansing, Michigan

Dear Mr. Wood, Dr. Dean, and Mr. Haveman:

This is our report on the performance audit of Sanilac County Community Mental Health Authority, an agency under contract with the Department of Community Health.

The report contains our executive digest; description of agency; audit objectives, scope, and methodology and agency responses; comments, findings, recommendations, and agency preliminary responses; charts showing revenue, expenditures, and unduplicated consumer headcount and 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 agency's written comments and oral discussion subsequent to our audit fieldwork.

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

AUDITOR GENERAL

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## Description of Agency

Sanilac County Community Mental Health Authority (SCCMHA) was established as a community mental health board in 1971 and operates under the provisions of the Mental Health Code, being Sections 330.1001 - 330.2106 of the *Michigan Compiled Laws*. SCCMHA, under provisions of the Mental Health Code (Section 330.1205), held a series of public hearings and was granted community mental health authority status in 1997 by the Sanilac County Board of Commissioners and was recognized as an authority by the Department of Community Health and the Department of State.

SCCMHA's mission is to provide quality mental health services in a fiscally responsible manner with dignity, confidentiality, and respect by promoting options for growth so that individuals who have a serious mental illness, a serious emotional disturbance, or a developmental disability can participate fully in community opportunities and be successful and self-satisfied with the least amount of professional assistance.

SCCMHA's service locations and administrative offices are located in Sandusky. SCCMHA's Board of Directors is composed of 12 members. Board members are appointed to three-year terms.

SCCMHA's operations are generally funded by State, federal, and local funds. Total expenditures for the fiscal year ended September 30, 2000 were \$14,547,009.

As of December 31, 2000, SCCMHA had 100 employees and was serving 799 consumers.

## Audit Objectives, Scope, and Methodology and Agency Responses

### Audit Objectives

Our performance audit of Sanilac County Community Mental Health Authority (SCCMHA), an agency under contract with the Department of Community Health (DCH), had the following objectives:

1. To assess SCCMHA's effectiveness and efficiency related to the delivery of services.
2. To assess SCCMHA's effectiveness in accounting for capitated payments and associated expenditures.
3. To assess SCCMHA's effectiveness in monitoring services provided by contracted organizations.

### Audit Scope

Our audit scope was to examine the program and other records of Sanilac County Community Mental Health Authority. 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 August 2000 and January 2001 and included an examination of SCCMHA's records and activities for the period October 1, 1998 through December 31, 2000.

To accomplish our first objective, we reviewed applicable statutes, administrative rules, SCCMHA policies and procedures, and group home licensing standards. We assessed the effectiveness of internal control used to manage programs and reviewed a sample of consumer case files. We examined performance measurements used to evaluate programs and tested outcomes\* to determine whether SCCMHA met its stated goals\*.

\* See glossary at end of report for definition.

Also, we surveyed consumers and referral sources of SCCMHA. In addition, we analyzed the methods used by SCCMHA to ensure that criminal history background checks of SCCMHA staff, employees of organizations SCCMHA had contracts with, and contracted professionals were completed. Further, we obtained criminal history background checks of SCCMHA and contract staff who had direct contact with consumers. These checks were completed by the Michigan Department of State Police, which matched criminal activity to individuals by social security number, name, date of birth, and race.

To accomplish our second objective, we met with SCCMHA staff to obtain an understanding of the capitation process and general fund formula, evaluated supporting documentation, reconciled capitated and general fund payment amounts, and tested expenditures to determine whether they were matched to the correct funding source. Also, we reviewed the methods that SCCMHA used to establish an internal service fund\* for the purpose of securing funds necessary to meet expected risk financing requirements.

To accomplish our third objective, we obtained and reviewed a listing of SCCMHA's current contracts and documented controls used to obtain bids and award contracts. Also, we analyzed contract language and met with SCCMHA staff to determine the types of standards utilized to measure contractor performance. In addition, we visited six residential providers to determine whether consumer case file records were current, support coordinators were making regular contact with consumers, and SCCMHA staff were monitoring the contract terms.

### Agency Responses

Our audit report contains 3 findings and 3 corresponding recommendations. SCCMHA's preliminary response indicated that it agrees with all of our findings.

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

\* See glossary at end of report for definition.

# COMMENTS, FINDINGS, RECOMMENDATIONS, AND AGENCY PRELIMINARY RESPONSES

## EFFECTIVENESS AND EFFICIENCY OF THE DELIVERY OF SERVICES

### COMMENT

**Audit Objective:** To assess Sanilac County Community Mental Health Authority's (SCCMHA's) effectiveness and efficiency related to the delivery of services.

**Conclusion:** **SCCMHA was generally effective and efficient in the delivery of services.** However, we noted reportable conditions related to criminal history background checks and a continuous quality improvement (CQI) process.

**Noteworthy Accomplishments:** SCCMHA formed an alliance with two other county community mental health programs to coordinate efforts, share resources, and prepare for mandated changes in the mental health field. Through the alliance, SCCMHA enhanced its operation by centralizing the screening and referral process, increasing coverage and linkage of services for consumer needs that occur after normal working hours, and standardizing consumer tracking and reporting systems. In addition, the alliance formed a regional member services department to improve access to services. Further, the alliance has formed an information systems workgroup and made mutual decisions on common finance issues.

SCCMHA has maintained its accreditation from the Rehabilitation Accreditation Commission without interruption since 1985. Also, in December 1999, the Office of Recipient Rights, Department of Community Health (DCH), found SCCMHA's recipient rights system to be in substantial compliance with standards established by DCH relative to the promotion and protection of consumer rights. SCCMHA scored 286 (98%) of the 292 points possible.

### FINDING

#### 1. Criminal History Background Checks

SCCMHA should obtain criminal history background checks of contractors who provide professional, transportation, and residential care services to SCCMHA

consumers and also require contractors to obtain similar checks of their employees.

SCCMHA contracts for the majority of its professional services, including psychiatric counseling, physical therapy, and speech therapy. SCCMHA also contracts for transportation and residential care services. As of November 30, 2000, SCCMHA's residential care services were provided through contracts for the operation of 38 adult foster care group homes. Macomb-Oakland Regional Center, Inc. (MORC), was SCCMHA's largest residential care services contractor, operating 20 of the adult foster care group homes that were contracted for by SCCMHA.

Section 330.1708 of the *Michigan Compiled Laws* states that mental health services shall be provided in a safe, sanitary, and humane treatment environment. Also, *Michigan Administrative Code R 400.14201* (Adult Foster Care Small Group Home Rules) states that a licensee shall provide the name of any employee or volunteer that is under the direction of the licensee who is on court-supervised probation or parole or who has been convicted of a felony. Further, *Michigan Administrative Code R 400.1404* (Adult Foster Care Family Home Rules) states that a licensee shall provide the name of any person providing care or who is a member of the household who is on court-supervised probation or has been convicted of a felony within the five-year period before providing resident care.

To determine the extent of criminal history background checks that were completed by SCCMHA or its contractors, we reviewed the personnel functions of SCCMHA and MORC. We obtained criminal history background checks of 63 individuals or employees of organizations that provided services to SCCMHA. Further, we examined criminal history background procedures of 3 contractors who were regulated by the Adult Foster Care Small Group Home Rules and 2 contractors who were regulated by the Adult Foster Care Family Home Rules. We also obtained criminal history background checks of 15 contractors who provided residential care. Nine of the residential care providers were subject to the Adult Foster Care Small Group Home Rules and 6 were subject to the Adult Foster Care Family Home Rules. Our review disclosed:

- a. SCCMHA did not obtain criminal history background checks of its contractors who provided professional or transportation services. The criminal history background checks of individuals who provided professional services,

obtained because of the audit, disclosed no convicted felons or individuals on probation or parole.

- b. SCCMHA did not complete or require MORC to complete criminal history background checks of residential care providers subject to the Adult Foster Care Small Group Home Rules. The criminal history background checks of employees of 9 providers subject to these rules, obtained because of the audit, disclosed no convicted felons or individuals on probation or parole.
- c. SCCMHA did not complete or require MORC to complete criminal history background checks of individuals who operated homes subject to the Adult Foster Care Family Home Rules prior to entering into a contract with the residential care provider. The criminal history background checks of individuals who operate or were employed by homes subject to the Adult Foster Care Family Home Rules, obtained because of the audit, disclosed no convicted felons or individuals on probation or parole.

A felony conviction would not preclude an individual from working for SCCMHA or its service providers. However, by obtaining criminal history background checks of professional, transportation, and residential care service providers, SCCMHA could better ensure that its consumers are receiving services in a safe environment.

### **RECOMMENDATION**

We recommend that SCCMHA obtain criminal history background checks of contractors who provide professional, transportation, and residential care services to SCCMHA consumers and also require contractors to obtain similar checks of their employees.

### **AGENCY PRELIMINARY RESPONSE**

SCCMHA agrees with the finding and informed us that it is taking steps to comply with the recommendation.

### **FINDING**

#### **2. CQI Process**

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

SCCMHA's mission is to provide quality mental health services in a fiscally responsible manner so individuals can participate fully in community opportunities and be successful and self-satisfied with the least amount of professional assistance. SCCMHA can best evaluate its effectiveness in pursuing its mission statement by implementing a comprehensive CQI process. Such a process should include establishing and monitoring program goals and objectives\*, establishing and monitoring performance indicators\* for measuring outputs\* and outcomes for each program, establishing and monitoring performance standards\* that describe the desired level of outputs and outcomes for each program, and surveying consumers or guardians and those key informants who refer consumers to or provide services for the programs.

Section 330.1209d of the *Michigan Compiled Laws* requires SCCMHA to regularly review the outcomes for recipients as a result of programs provided. *Michigan Administrative Code* R 330.2805 requires a community mental health provider to continuously evaluate its organizational processes and performance. Further, SCCMHA policy requires each program to establish measurable outcomes, the status of which will be addressed quarterly.

SCCMHA had developed and implemented various monitoring tools, including a quality improvement committee, the Michigan Mission Based Performance Indicator System\*, and surveys of consumers and key informants.

Our analysis of SCCMHA's CQI process disclosed:

- a. SCCMHA had not documented whether established program goals and objectives had been obtained. Some program supervisors had developed program goals and objectives to pursue within their operations and were able to state whether the goals and objectives had been obtained. However, SCCMHA had not established a process to systematically report on the status of the goals and objectives.
- b. SCCMHA had not developed a comprehensive performance evaluation process. Although SCCMHA had established some agencywide and program performance indicators and standards, performance indicators and standards

\* See glossary at end of report for definition.

were not established to assess the effectiveness and efficiency of each program. Developing a comprehensive process of monitoring performance would assist SCCMHA in evaluating whether each program was providing a high quality of care to consumers.

- c. SCCMHA did not monitor the performance indicators that were in place. Performance results were not documented on a periodic basis and forwarded to SCCMHA staff to provide feedback on a program's effectiveness and efficiency. Periodic reporting of program results would assist staff in identifying problems and opportunities for improvement.
- d. SCCMHA did not utilize information from the results of its surveys of consumers and key informants in its fiscal year 2000-01 strategic plan. These surveys were mailed during May, June, and July 2000, but the results were not accumulated and analyzed until November 2000. Survey results may have provided insightful information, such as identification of underserved consumers or needed program adjustments, which could have been incorporated into SCCMHA's strategic plan. SCCMHA's Board of Directors approved the fiscal year 2000-01 strategic plan on October 31, 2000.
- e. SCCMHA did not vary key informant surveys to reflect differences in the nature of the key informants' relationships with SCCMHA. SCCMHA mailed a standardized key informant survey to 386 individuals, organizations, and businesses during fiscal year 1999-2000 and 446 during fiscal year 1998-99. Survey questions were not adjusted to reflect differences in the nature of the key informants' businesses or their relationships with SCCMHA.

### **RECOMMENDATION**

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

### **AGENCY PRELIMINARY RESPONSE**

SCCMHA agrees with the finding and informed us that it has hired a consultant to revamp its CQI process, assist with strategic planning, and direct SCCMHA towards a performance based delivery system.

## **CAPITATED PAYMENTS AND ASSOCIATED EXPENDITURES**

### **COMMENT**

**Audit Objective:** To assess SCCMHA's effectiveness in accounting for capitated payments and associated expenditures.

**Conclusion:** **SCCMHA was generally effective in accounting for capitated payments and associated expenditures.**

## **MONITORING OF CONTRACTED SERVICES**

### **COMMENT**

**Audit Objective:** To assess SCCMHA's effectiveness in monitoring services provided by contracted organizations.

**Conclusion:** **SCCMHA was generally effective in monitoring services provided by contracted organizations.** However, we noted a reportable condition related to contract monitoring activities.

### **FINDING**

3. **Contract Monitoring Activities**

SCCMHA should improve its monitoring of contracts for residential care, physician, and transportation services to help ensure that the needs of its consumers are being properly met.

*Michigan Administrative Code R 330.2808* requires community mental health services programs to monitor a contract agency's compliance with the provisions of contractual agreements. SCCMHA's contracts for the delivery of residential care, professional, and transportation services totaled \$7.3 million for fiscal year 1999-2000. Payments to MORC, SCCMHA's largest residential care service contractor, accounted for 80.3% of these expenditures.

Our review of SCCMHA's contract monitoring procedures disclosed:

- a. SCCMHA did not monitor residential care services provided by MORC in accordance with contract requirements:
  - (1) SCCMHA had not developed performance indicators to monitor and evaluate the mental health services provided by MORC. Section 2.01 of SCCMHA's contract with MORC states that SCCMHA shall monitor and evaluate MORC's mental health service programs. To assess the effectiveness of MORC's programs, SCCMHA relied on MORC's accreditation from the Rehabilitation Accreditation Commission, which was last granted in February 1998; on the results of semi-annual consumer surveys; and on placement information. However, SCCMHA did not require MORC to establish or pursue program goals, objectives, and related performance indicators for fiscal year 1999-2000. Requiring the development, monitoring, and evaluation of performance measures would provide an additional mechanism to analyze the effectiveness of MORC's services.
  - (2) SCCMHA did not verify that MORC pursued a comprehensive quality improvement program. Section 5.02 of SCCMHA's contract with MORC states that MORC shall develop and maintain a comprehensive quality improvement program. SCCMHA staff stated that they relied on the Rehabilitation Accreditation Commission accreditation to ensure that MORC was pursuing a quality improvement program.
  - (3) SCCMHA did not ensure that MORC's residential subcontractors provided written notice of all consumer leave of absence days that were to be billed at the contracted per diem rate. Residential contracts utilized by MORC require this documentation to be provided. Written notices were not provided during fiscal year 1999-2000.
- b. SCCMHA did not verify that hours billed for physician services were accurate. During fiscal year 1999-2000, SCCMHA contracted for physician services at a rate of \$90 per hour, with a maximum contract amount of \$180,000. When invoices for physician services were received, SCCMHA processed payments without verifying that services billed were actually provided.

- c. SCCMHA did not confirm that its major provider of transportation services maintained documentation that drivers were appropriately licensed, buses were properly maintained, and approved routes were being used. During fiscal year 1999-2000, SCCMHA's contract for transportation services totaled \$200,000.

Effective monitoring of contracts would help ensure that provider programs meet expectations, records are in compliance with contract requirements, invoices are accurate, and consumers are safely transported to needed services.

### **RECOMMENDATION**

We recommend that SCCMHA improve its monitoring of contracts for residential care, physician, and transportation services.

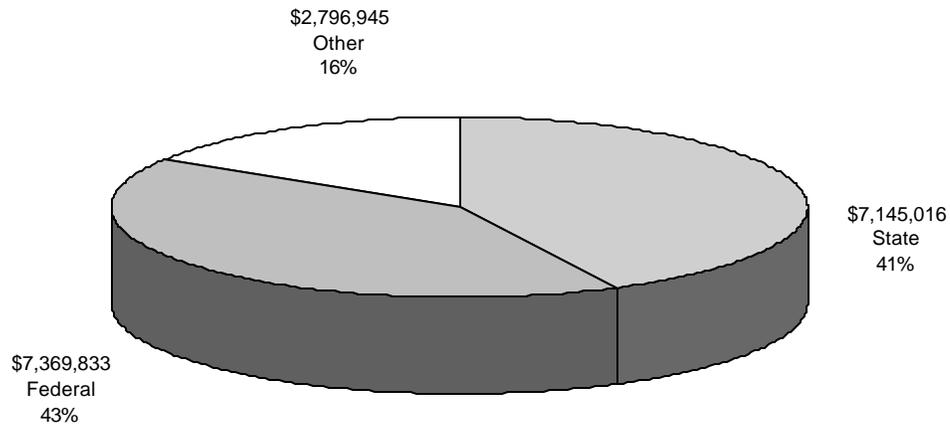
### **AGENCY PRELIMINARY RESPONSE**

SCCMHA agrees with the finding and informed us that it is taking steps to comply with the recommendation.

# SUPPLEMENTAL INFORMATION

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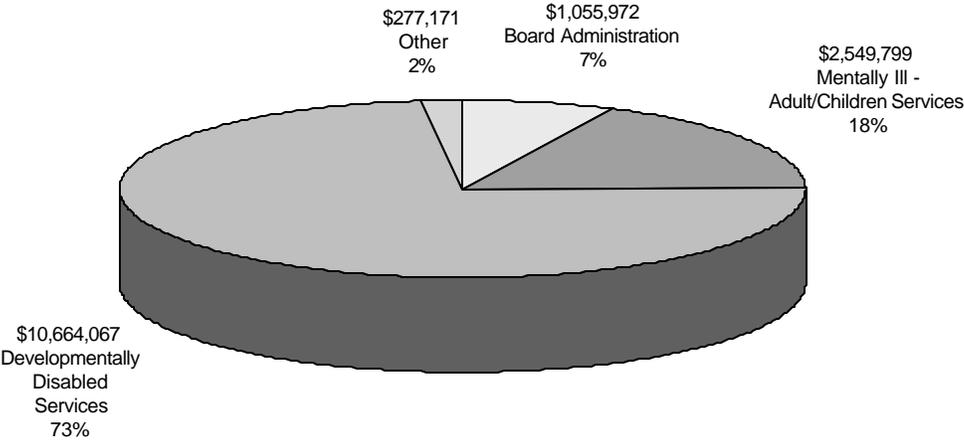
SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY  
Revenue  
For the Fiscal Year Ended September 30, 2000



|               | <u>Amount</u>        |
|---------------|----------------------|
| Federal       | \$ 7,369,833         |
| State         | 7,145,016            |
| Other *       | <u>2,796,945</u>     |
| Total Revenue | <u>\$ 17,311,794</u> |

\* Includes local funds that are not used to match federal and State funds and, therefore, are not included in SCCMHA's operating budget reported to DCH.

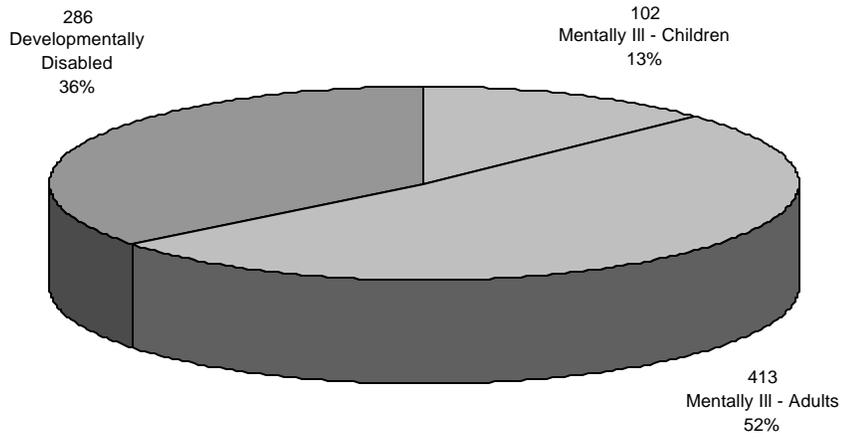
SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY  
Expenditures  
For the Fiscal Year Ended September 30, 2000



|  | <u>Amount</u>        |
|--|----------------------|
| Board Administration                   | \$ 1,055,972         |
| Mentally Ill - Adult/Children Services | 2,549,799            |
| Developmentally Disabled Services      | 10,664,067           |
| Other                                  | <u>277,171</u>       |
| Total Expenditures                     | <u>\$ 14,547,009</u> |

UNAUDITED

SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY  
Unduplicated Consumer Headcount  
For the Fiscal Year Ended September 30, 2000



|                          |                  |
|--------------------------|------------------|
|                          | <u>Headcount</u> |
| Mentally III - Children  | 102              |
| Mentally III - Adults    | 413              |
| Developmentally Disabled | <u>286</u>       |
| Total                    | <u>801</u>       |

**Sanilac County Community Mental Health Authority (SCCMHA)  
Consumer and Guardian Survey Summary**

Summary Overview

We sent surveys to 100 consumers or guardians of consumers who were active consumers between September 1, 2000 and October 31, 2000. Three were returned as undeliverable mail. We received 45 responses, from the 97 surveys delivered, a response rate of about 46%. Our survey was of both adults and children diagnosed as mentally ill or developmentally disabled.

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>17</u> | Current consumer of SCCMHA.                      |
| <u>1</u>  | Former consumer of SCCMHA.                       |
| <u>6</u>  | Relative of a current or former SCCMHA consumer. |
| <u>21</u> | Guardian of a current or former SCCMHA consumer. |
| <u>0</u>  | Other  |

**If you are a relative, guardian, or other interested party of a current or former SCCMHA consumer, please respond to the following questions on the consumer's behalf.**

2. Please indicate how long you received services from SCCMHA in the last 24 months:

|           |                                 |
|-----------|---------------------------------|
| <u>8</u>  | Less than or equal to 12 months |
| <u>34</u> | More than 12 months             |

3. I learned about SCCMHA through:

|          |  |
|----------|--|
| <u>8</u> | The local school district.                         |
| <u>8</u> | A doctor or other medical professional.            |
| <u>5</u> | A referral from the Family Independence Agency.    |
| <u>5</u> | Family/Friends.                                    |
| <u>7</u> | Probate, district, circuit, or other local courts. |
| <u>7</u> | Other  |

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

36 Yes      3 No      4 Not sure

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

5 Yes      39 No

6. Did the mental health services that you received help the condition and/or situation you sought services for?

40 Yes      2 No      3 Not sure

7. Did you receive services as many times as you needed?

37 Yes.  
6 No, I did not receive services often enough.  
0 No, I received more services than I needed.  
2 Not sure.

8. Are you satisfied with the type of services you received from SCCMHA?

41 Yes      3 No      1 Not sure

9. Are you satisfied with the quality of services you received from SCCMHA?

42 Yes      2 No      1 Not sure

10. Were SCCMHA caregivers helpful in coordinating their services with services provided by other agencies to address your specific needs?

35 Yes      2 No      6 Not sure

11. Did SCCMHA caregivers consider your preferences and opinions when planning treatment programs?

37 Yes      3 No      5 Not sure

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

36 Yes      5 No      4 Not sure

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

42 Yes      2 No      1 Not sure

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

41 Yes      1 No      2 Not sure

15. During the last 12 months:

a. Did the quality of services provided to you:

17 Improve?      3 Decline?      23 Remain the same?

b. If the quality of services improved, was it because of (please check all responses that apply):

10 Involvement on part of the support coordinator?  
5 An increase in the number of visits received?  
5 A new program was provided to you?  
3 Other

c. If the quality of services declined, was it because of (please check all responses that apply):

1 A lack of involvement on part of the support coordinator?  
2 A decrease in the number of visits received?  
3 A program provided to you ended?  
3 Other

16. Would you recommend SCCMHA to a close friend or relative with needs similar to your own?

40 Yes      1 No      3 Not sure

**If you are a former SCCMHA consumer, please respond to the statements 17 through 19:**

17. My SCCMHA caregiver(s) and I mutually agreed to discontinue program services.

4 Yes      2 No      1 Not sure

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

3 Yes      0 No      3 Not sure

19. If needed, would you return to SCCMHA for services?

6 Yes      0 No      2 Not sure

Written Comments

The survey responses also included numerous narrative comments regarding suggested changes and the quality of services provided. Overall, the comments were positive.

**Sanilac County Community Mental Health Authority (SCCMHA)  
Referral Sources Survey Summary**

Summary Overview

We sent surveys to 40 referral sources who had professional interaction with SCCMHA. One was returned as undeliverable mail. We received 18 responses from the 39 surveys delivered, a response rate of about 46%.

Following is a copy of the survey that includes a 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 SCCMHA?

|           |  |
|-----------|--|
| <u>5</u>  | I am very familiar with and have regular contact with SCCMHA.      |
| <u>12</u> | I am somewhat familiar with and have periodic contact with SCCMHA. |
| <u>1</u>  | I am unfamiliar with and have little contact with SCCMHA.          |

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

|           |   |
|-----------|---|
| <u>3</u>  | Contractual provider of services to SCCMHA    |
| <u>1</u>  | Contractual purchaser of services from SCCMHA |
| <u>13</u> | Referral source to SCCMHA                     |
| <u>7</u>  | Referral source from SCCMHA                   |
| <u>0</u>  | Other   |

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

Responses ranged from 1 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 SCCMHA, please go to question 8.

|   | Strongly Agree | Agree | Disagree | Strongly Disagree | No Opinion | Not Applicable |
|---|----------------|-------|----------|-------------------|------------|----------------|
| 4. SCCMHA responds promptly to referrals and requests for service.  | 1              | 11    | 2        | 0                 | 0          | 1              |
| 5. SCCMHA helps referred individuals receive services consistent with their needs.                        | 1              | 9     | 1        | 1                 | 1          | 2              |
| 6. SCCMHA facilities are accessible.  | 0              | 11    | 1        | 0                 | 2          | 1              |
| 7. SCCMHA facilities are conveniently located.  | 0              | 11    | 1        | 0                 | 2          | 1              |
| 8. I now recommend SCCMHA to people who need mental health services.                                      | 0              | 13    | 2        | 1                 | 1          | 0              |
| 9. SCCMHA provides adequate responses to my agency's requests for technical assistance.                   | 1              | 10    | 2        | 0                 | 1          | 3              |
| 10. SCCMHA provides meaningful and timely responses to my agency's requests for technical assistance.     | 2              | 10    | 1        | 0                 | 0          | 4              |
| 11. SCCMHA reporting requirements and informational requests are reasonable, pertinent, and unduplicated. | 1              | 7     | 3        | 0                 | 2          | 2              |
| 12. SCCMHA asks about our service needs when completing its annual program plan.                          | 1              | 6     | 4        | 0                 | 2          | 3              |

|  | Strongly<br>Agree | Agree | Disagree | Strongly<br>Disagree | No<br>Opinion | Not<br>Applicable |
|--|-------------------|-------|----------|----------------------|---------------|-------------------|
| 13. SCCMHA offers (either directly or through contractual arrangements with other providers) a continuum of services to benefit consumers with all levels of need. | 2                 | 7     | 3        | 0                    | 4             | 1                 |
| 14. SCCMHA evokes a positive image.  | 1                 | 11    | 3        | 0                    | 2             | 0                 |
| 15. SCCMHA is effective in helping people.   | 0                 | 12    | 2        | 0                    | 3             | 0                 |
| 16. Since October 1, 1998 (to coincide with the implementation of a capitated payment system), SCCMHA availability of services has remained the same or improved.  | 1                 | 4     | 4        | 2                    | 5             | 1                 |

Written Comments

The survey responses included several narrative comments regarding suggested changes and the quality of services provided.

## Glossary of Acronyms and Terms

|                                      |   |
|--------------------------------------|---|
| capitated payments                   | A monthly prepaid amount for each Medicaid eligible individual in a mental health provider's service area.  |
| community mental health authority    | A separate governmental entity that operates independently from county governments and whose purpose is to comply with and carry out the provisions of the Mental Health Code.  |
| consumers                            | Individuals who are receiving or have received mental health services.  |
| continuous quality improvement (CQI) | A system that defines the vision and mission of an organization and focuses on the needs and expectations of internal and external customers. It normally includes performance indicators and performance standards for measuring outputs and outcomes, the collection of data to measure performance in relation to the standards, and the use of the data to make modifications to improve program effectiveness and efficiency. It has an underlying philosophy that is team oriented and open to making changes on a continuous basis to improve processes. |
| DCH                                  | Department of Community Health.   |
| 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 and outcomes.   |
| general funds                        | State funding available for mental health services for non-Medicaid consumers. The amount that the agency receives is based on a DCH formula.   |

|   |  |
|---|--|
| goals   | The agency's intended outcomes or impacts for a program to accomplish its mission.   |
| internal service fund                               | A fund established to secure resources necessary to meet future financial exposure under SCCMHA's contract with DCH.   |
| local funds   | Funds provided by county appropriations, gifts, contributions, investment interest, and other sources to meet the agency's funding obligations.  |
| Michigan Mission Based Performance Indicator System | A performance measurement system, first implemented in fiscal year 1996-97, designed to clearly delineate the dimensions of quality that must be addressed by the public mental health system. |
| mission   | The agency's main purpose or the reason that the agency was established.   |
| MORC  | Macomb-Oakland Regional Center, Inc.   |
| objectives  | Specific outputs that a program seeks to perform and/or inputs that a program seeks to apply in its efforts to achieve its goals.  |
| 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.

Rehabilitation Accreditation Commission

An organization that serves as a standards-setting and accrediting body. The Commission (formerly known as the Commission on Accreditation of Rehabilitation Facilities [CARF]) promotes the quality, value, and optimal outcomes of services through a consultative accreditation process that centers on enhancing the lives of the persons served.

reportable condition

A matter coming to the auditor's attention that, in the auditor's 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.

SCCMHA

Sanilac County Community Mental Health Authority.