

PERFORMANCE AUDIT
OF
BARRY COUNTY COMMUNITY MENTAL HEALTH SERVICES

AN AGENCY UNDER CONTRACT WITH THE
DEPARTMENT OF COMMUNITY HEALTH

May 2000

EXECUTIVE DIGEST

BARRY COUNTY COMMUNITY MENTAL HEALTH SERVICES

INTRODUCTION

This report, issued in May 2000, contains the results of our performance audit* of Barry County Community Mental Health Services (BCCMHS), 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

BCCMHS was established in 1974 and operates under the provisions of the Mental Health Code, being Sections 330.1001 - 330.2106 of the *Michigan Compiled Laws*.

BCCMHS's mission* is to provide accessible and affordable mental health services focused on prevention, treatment, and rehabilitation to county residents who can benefit from its endeavors. Its mission will be supported by efficient and prudent use of its finances and appropriate diversification.

* See glossary at end of report for definition.

BCCMHS operates and/or contracts for mental health services, including inpatient, outpatient, day program, residential, case management, respite, crisis intervention, and prevention services for mentally ill* and developmentally disabled* individuals. BCCMHS's consumer intake unit serves as the single entry point for Barry County residents seeking mental health services.

BCCMHS operations are generally funded by State, federal, and local government funds. Reimbursements from individuals and private insurance companies also make up a significant portion of BCCMHS revenues. Total expenditures for the fiscal year ended September 30, 1998 were approximately \$3 million. In April 1999, BCCMHS had 33 full-time and 4 part-time employees serving 926 consumers*.

AUDIT OBJECTIVES,
CONCLUSIONS, AND
NOTEWORTHY
ACCOMPLISHMENTS

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

Conclusion: **BCCMHS was generally effective and efficient in the delivery of services.** However, we noted reportable conditions* related to person-centered planning* , quality improvement, preemployment background checks, and the community mental health services board of directors (Findings 1 through 4).

Noteworthy Accomplishments: BCCMHS developed and implemented a training program to cross-train both mental health and substance abuse staff. As a result, BCCMHS staff can coordinate efforts more effectively and better serve consumers who are diagnosed with both mental health and substance abuse needs. Also, in April

* See glossary at end of report for definition.

1997, BCCMHS received a three-year accreditation from the Rehabilitation Accreditation Commission* (CARF).

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

Conclusion: **BCCMHS's management system was generally effective in its processing of Medicaid reimbursements and capitated payments.**

AUDIT SCOPE AND
METHODOLOGY

Our audit scope was to examine the program and other records of Barry County Community Mental Health Services. Our audit was conducted in accordance with *Governmental 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 BCCMHS records and activities for the period October 1, 1996 through August 31, 1999. We interviewed BCCMHS staff; reviewed applicable statutes, rules, policies, and procedures; assessed the effectiveness of applicable areas of internal control* ; and analyzed applicable program, financial, and clinical records. Also, we surveyed consumers and referral sources (survey summaries are presented as supplemental information). We analyzed contracts with mental health service providers* and tested contracts for compliance. In addition, we tested for compliance with Department of Community Health financial reporting requirements.

* See glossary at end of report for definition.

AGENCY RESPONSES

Our audit report contains 4 findings and 4 corresponding recommendations. BCCMHS's preliminary response indicated that it agreed with all 4 findings.

Father Charles McCabe, Chairperson
Board of Directors
and
Dr. Joseph Seelig, Executive Director
Barry County Community Mental Health Services
915 Green Street
Hastings, Michigan
and
Mr. James K. Haveman, Jr., Director
Department of Community Health
Lewis Cass Building
Lansing, Michigan

Dear Father McCabe, Dr. Seelig, and Mr. Haveman:

This is our report on the performance audit of Barry County Community Mental Health Services, 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; charts 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 this audit.

Sincerely,

Thomas H. McTavish, C.P.A.
Auditor General

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Description of Agency

Barry County Community Mental Health Services (BCCMHS) was established in 1974 and operates under the provisions of the Mental Health Code, being Sections 330.1001 - 330.2106 of the *Michigan Compiled Laws*. BCCMHS is subject to oversight by the Department of Community Health.

BCCMHS's mission is to provide accessible and affordable mental health services focused on prevention, treatment, and rehabilitation to county residents who can benefit from its endeavors. Its mission will be supported by efficient and prudent use of its finances and appropriate diversification.

BCCMHS's administrative office is located in the City of Hastings. BCCMHS's governing body is composed of 11 members responsible for serving the mental health needs of Barry County residents. BCCMHS operates and/or contracts for mental health services, including inpatient, outpatient, day program, residential, case management, respite, crisis intervention, and prevention services for mentally ill and developmentally disabled individuals. BCCMHS's consumer intake unit serves as the single entry point for Barry County residents seeking mental health services.

BCCMHS operations are generally funded by State, federal, and local government funds. Reimbursements from individuals and private insurance companies also make up a significant portion of BCCMHS revenues. Total expenditures for the fiscal year ended September 30, 1998 were approximately \$3 million. In April 1999, BCCMHS had 33 full-time and 4 part-time employees serving 926 consumers.

Audit Objectives, Scope, and Methodology and Agency Responses

Audit Objectives

Our performance audit of Barry County Community Mental Health Services (BCCMHS), an agency under contract with the Department of Community Health, had the following objectives:

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

Audit Scope

Our audit scope was to examine the program and other records of the Barry County Community Mental Health Services. Our audit was conducted in accordance with *Government Auditing Standards* issued by the Comptroller General of the United States and, accordingly, included such tests of the records and such other auditing procedures as we considered necessary in the circumstances.

Audit Methodology

Our audit procedures were conducted from March through August 1999 and included examining BCCMHS records and activities for the period October 1, 1996 through August 31, 1999.

To accomplish our first objective, we interviewed BCCMHS staff; reviewed applicable statutes, rules, policies, and procedures; assessed the effectiveness of applicable areas of internal control; and analyzed applicable program, financial, and clinical records. Areas of focus included consumer intake, person-centered planning, case management, administration of the day program, and the quality improvement process. Also, we surveyed consumers and referral sources to obtain feedback related to satisfaction with the delivery of BCCMHS services (survey summaries are presented as supplemental information). We analyzed contracts with mental health service providers and tested contracts for compliance.

To accomplish our second objective, we obtained an understanding of BCCMHS's internal controls related to the processing of Medicaid reimbursements and capitated payments. We sampled selected case files and tested established criteria to ensure that services were appropriately billed and documented. We reconciled capitated payments received by BCCMHS, with Department of Community Health payment data. We also tested compliance with Department of Community Health financial reporting requirements.

Agency Responses

Our audit report contains 4 findings and 4 corresponding recommendations. BCCMHS's preliminary response indicated that it agreed with all 4 findings.

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

COMMENTS, FINDINGS, RECOMMENDATIONS, AND AGENCY PRELIMINARY RESPONSES

DELIVERY OF SERVICES

COMMENT

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

Conclusion: **BCCMHS was generally effective and efficient in the delivery of services.** However, we noted reportable conditions related to person-centered planning, quality improvement, preemployment background checks, and the community mental health services board of directors.

Noteworthy Accomplishments: BCCMHS developed and implemented a training program to cross-train both mental health and substance abuse staff. As a result, BCCMHS staff can coordinate efforts more effectively and better serve consumers who are diagnosed with both mental health and substance abuse needs. Also, in April 1997, BCCMHS received a three-year accreditation from the Rehabilitation Accreditation Commission (CARF).

FINDING

1. Person-Centered Planning

BCCMHS needs to ensure that all consumers are provided the opportunity to participate in a timely person-centered planning (PCP) process.

The Mental Health Code (Section 330.1712 of the *Michigan Compiled Laws*) requires that the responsible mental health agency for each consumer ensure that a PCP process is used to develop a written individual plan of service* (IPS). The IPS is to be developed in partnership with the consumer within 7 days of the commencement of services.

* See glossary at end of report for definition.

PCP is a process for planning and supporting the consumer receiving services that builds upon the consumer's capacity to engage in activities that promote community life and considers the consumer's preference, choices, and abilities. The PCP process involves families, friends, and professionals, as the consumer desires or requires. BCCMHS policy requires the consumer to sign the IPS as evidence that the consumer was involved in the planning and implementation of his/her IPS.

BCCMHS did not adhere to its policy relating to the documentation necessary to provide evidence that the consumer was involved in the planning and implementation of his/her IPS. Furthermore, BCCMHS did not usually develop a written IPS within 7 days as required by the Mental Health Code.

Our review of 50 case files identified 11 (22%) cases in which the signature of the consumer was not present on all of the IPS documents created during our audit period. Without the signature of the consumer, the case files lack evidence that the consumer was involved in the planning and implementation of the IPS.

From our sample of 50 case files, we reviewed and tested 20 case files in which the consumer initially began receiving services during our audit period to determine if the IPS was developed within 7 days from the commencement of services. From the results of our testing, we identified the following:

Number of Days to Complete Written IPS From Initial Intake Session	Number and Percentage of Case Files	
Less than 8 days	1	(5%)
More than 7 days but less than 22 days	8	(40%)
More than 21 days	8	(40%)
Case file did not contain IPS	3	(15%)
	20	

By obtaining timely consumer participation in the PCP process, BCCMHS facilitates the process of providing prompt and effective services to meet the consumers needs, and to achieve the desired treatment outcomes* .

* See glossary at end of report for definition.

RECOMMENDATION

We recommend that BCCMHS ensure that all consumers are provided the opportunity to participate in a timely PCP process.

AGENCY PRELIMINARY RESPONSE

BCCMHS agreed with the audit finding and, during the course of the next year, the agency will set aside two training days to address PCP issues and to evaluate the PCP concept and philosophy to its rightful status in the service delivery process. It is expected that all staff will provide timely PCP and ongoing client/staff progress evaluations as a central theme in agency provision of service.

FINDING

2. Quality Improvement

BCCMHS's Quality Improvement Committee (QIC) did not take timely action to ensure that the results of its quality improvement studies were appropriately compiled, analyzed, summarized, and reported.

The Mental Health Code (Section 330.1135 of the *Michigan Compiled Laws*) states that the director of the Department of Community Health shall set standards that ensure the provision of a quality improvement plan. Furthermore, the Code (Section 330.1209d of the *Michigan Compiled Laws*) specifies that each community mental health services program shall regularly review the outcomes for consumers as a result of programs, treatment, and community services rendered to individuals in community settings and shall ensure that services are provided consistently with the standards of the Department of Community Health.

BCCMHS's continuous quality improvement plan is an ongoing function used to monitor and evaluate the efficiency, quality, and cost of mental health services being provided. The plan established the QIC, which is responsible for developing and maintaining systems that will yield data for the purpose of analyzing the review of consumer services. QIC is responsible for annually reporting quality improvement issues, proposed improvements, and results to the executive director of BCCMHS. To accomplish this mission, the QIC is responsible for monitoring other standing quality improvement committees, including the Program Evaluation Committee (PEC).

Each standing committee compiles and submits a quarterly report to the QIC which includes the studies performed, the outcome measurements used, and the outcomes obtained. These reports are then forwarded to the PEC who is responsible for compiling, analyzing, summarizing, and reporting this information to the QIC in the form of a Program Evaluation Outcome Summary Report.

During calendar years 1997 and 1998, the PEC did not compile, analyze, summarize, or report the results of BCCMHS's quality improvement studies. This information would provide BCCMHS's management with some assurance that services were being provided consistently with the standards of the Department of Community Health, as well as to help identify opportunities for improvement.

RECOMMENDATION

We recommend that BCCMHS's QIC take timely action to ensure that the results of its quality improvement studies are appropriately compiled, analyzed, summarized, and reported.

AGENCY PRELIMINARY RESPONSE

BCCMHS agreed with the audit finding and informed us that, since the Office of the Auditor General's survey, a self-analysis by BCCMHS has been conducted focusing on the system's collection analysis, and reporting of outcome measurements. The results of this self-analysis have brought about the reorganization of the PEC, its processes and procedures, and reporting duties. Further steps have been taken to allow for the monitoring and tracking of outcome measurements to prevent subsequent system breakdowns.

FINDING

3. Preemployment Background Checks

BCCMHS's management did not develop and implement policies and procedures to ensure that preemployment criminal history background checks were performed and evaluated prior to making offers of employment.

The Mental Health Code (Section 330.1708 of the *Michigan Compiled Laws*) stipulates that mental health services are to be provided in a safe, sanitary, and humane treatment environment.

We obtained a listing of the names and other identifying information of employees who were employed by BCCMHS at any time during October 1998 through August 1999. We provided this information to the Michigan Department of State Police for the purposes of identifying convicted felons. For those employees tested, nothing came to our attention that would preclude an individual from being a mental health service provider.

BCCMHS's management did not conduct preemployment criminal history background checks. As a result, BCCMHS's management lacked reasonable assurance that mental health services were being provided in a safe environment.

RECOMMENDATION

We recommend that BCCMHS's management develop and implement policies and procedures to ensure that preemployment criminal history background checks are performed and evaluated prior to making offers of employment.

AGENCY PRELIMINARY RESPONSE

BCCMHS agreed with the audit finding and informed us that it has subsequently adopted language in its personnel policies that requires BCCMHS to perform criminal history background checks on all new applicants being considered for employment. The applicant must agree to the background check procedure to be considered for employment, and all new employees are being screened.

FINDING

4. Community Mental Health Services Board of Directors

BCCMHS's Board of Directors did not have the mandatory 12 members. From 1996 through August 1999, the Board had no more than 11 members. At one point during calendar year 1997, the Board had only 10 members.

The Mental Health Code (Section 330.1212 of the *Michigan Compiled Laws*) states that, upon electing to establish a county community mental health services program, a county shall establish a 12-member community mental health services board. Furthermore, the Code states that the county board of commissioners shall, by a majority vote, appoint the community mental health services board members from its county. Recommended appointments to the community mental health

services board shall be made annually following the organizational meeting of the board of commissioners.

Without 12 members, BCCMHS's Board lacked the necessary number of members to oversee its operations in accordance with Mental Health Code standards.

RECOMMENDATION

We recommend that the BCCMHS's Board of Directors members work in conjunction with the Barry County Board of Commissioners to ensure that BCCMHS's Board of Directors has the mandatory 12 members.

AGENCY PRELIMINARY RESPONSE

BCCMHS agreed with the audit finding. BCCMHS informed us that, although it has no control over the county's procedures for community mental health board appointments, it will make it BCCMHS's responsibility to remind the county six months before term expirations, and again three months before term expirations, to implement county board vacancy procedures. If a community mental health board vacancy occurs between terms, BCCMHS will remind the county quarterly until the vacancy is filled. It should be noted that the county's board appointment policy includes advertisement of the vacancy, an interview process, a review process, and a voting process that can result in quite a lengthy time lapse before a vacancy on any county board is filled.

MEDICAID REIMBURSEMENTS AND CAPITATED PAYMENTS

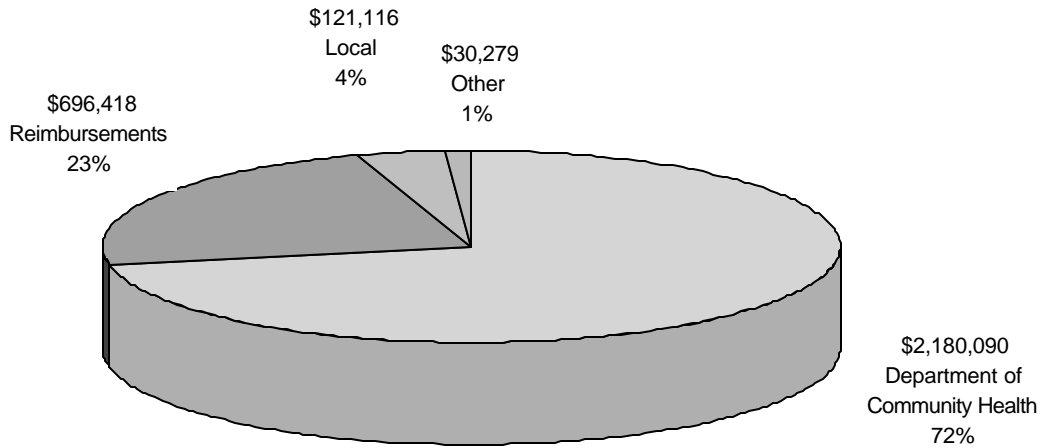
COMMENT

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

Conclusion: BCCMHS's management system was generally effective in its processing of Medicaid reimbursements and capitated payments.

SUPPLEMENTAL INFORMATION

BARRY COUNTY COMMUNITY MENTAL HEALTH SERVICES
Revenues
For the Fiscal Year Ended September 30, 1998



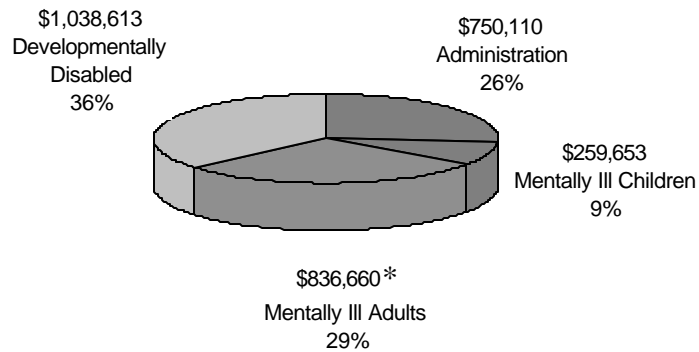
	<u>Amount*</u>
Department of Community Health**	\$ 2,180,090
Reimbursements***	696,418
Local	121,116
Other	<u>30,279</u>
 Total Revenues	 <u><u>\$ 3,027,903</u></u>

* These amounts were estimated based on total revenues, obtained from BCCMHS's audited financial statements, multiplied by the percentages of revenues by source, obtained from BCCMHS's annual report.

** This item includes federal and State government funds.

*** This item includes reimbursements from individuals and private insurance companies.

BARRY COUNTY COMMUNITY MENTAL HEALTH SERVICES
Expenditures
For the Fiscal Year Ended September 30, 1998

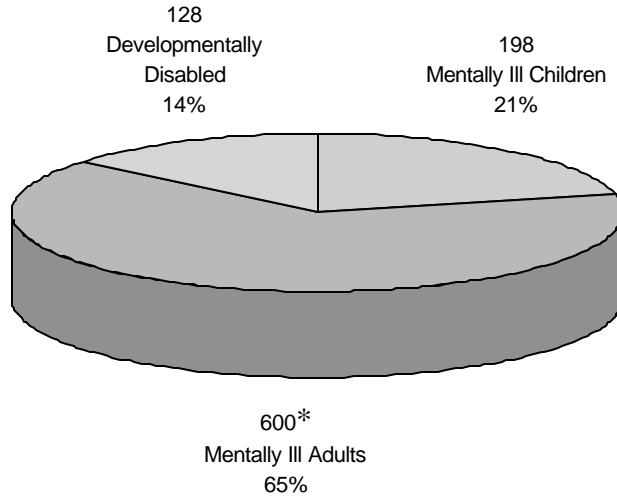


	<u>Amount**</u>
Administration	\$ 750,110
Mentally Ill Children	259,653
Mentally Ill Adults	836,660*
Developmentally Disabled	<u>1,038,614</u>
Total Expenditures	<u>\$ 2,885,037</u>

* Approximately \$57,700 of this amount is related to nursing home residents.

** These amounts were estimated based on total expenditures, obtained from BCCMHS's audited financial statements, multiplied by the percentages of expenditures by program area, obtained from BCCMHS's annual report.

BARRY COUNTY COMMUNITY MENTAL HEALTH SERVICES
 Unduplicated Consumer Head Count
 For the Fiscal Year Ended September 30, 1998



	<u>Head Count</u>
Mentally Ill Children	198
Mentally Ill Adults	600*
Developmentally Disabled	<u>128</u>
Total	<u><u>926</u></u>

* This head count includes 22 nursing home residents.

Source of information: BCCMHS's 1997-98 Annual Report.

Barry County Community Mental Health Services (BCCMHS)
Consumer and Guardian Survey Summary

Summary Overview

We sent surveys to 100 consumers or guardians of consumers who had received services at some point during the period from July 1, 1998 through June 30, 1999. Seven of the surveys were returned as undeliverable mail. We received 19 responses from the 93 delivered surveys, a response rate of about 20%. Our survey was of both mentally ill and developmentally disabled individuals.

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:

5	Current consumer of BCCMHS.
5	Former consumer of BCCMHS.
5	Relative of current or former BCCMHS consumer.
6	Guardian of current or former BCCMHS consumer.
3	Other

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

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

8	Less than or equal to 12 months
10	More than 12 months

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

3	Yes	16	No
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4. I learned about BCCMHS through:

<u>0</u>	The local school district.
<u>3</u>	A doctor or other medical professional.
<u>3</u>	A referral from the Family Independence Agency.
<u>3</u>	Family/Friends.
<u>5</u>	Probate, district, circuit, or other local court.
<u>5</u>	Other

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

<u>18</u>	Yes	<u>1</u>	No	<u>0</u>	Not sure
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6. Did the mental health services that you received help you to better handle the needs you sought services for?

<u>13</u>	Yes	<u>6</u>	No	<u>0</u>	Not sure
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7. Are you satisfied with the amount of services you received from BCCMHS?

<u>14</u>	Yes	<u>3</u>	No	<u>1</u>	Not sure
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8. Are you satisfied with the type of services you received from BCCMHS?

<u>12</u>	Yes	<u>3</u>	No	<u>3</u>	Not sure
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9. Are you satisfied with the quality of services you received from BCCMHS?

<u>12</u>	Yes	<u>2</u>	No	<u>4</u>	Not sure
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10. Were BCCMHS caregivers helpful in coordinating their services with services provided by other agencies to address your specific needs?

<u>13</u>	Yes	<u>3</u>	No	<u>3</u>	Not sure
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11. Did BCCMHS caregivers consider your preferences and opinions when selecting treatment program(s)?

15 Yes 2 No 1 Not sure

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

12 Yes 1 No 5 Not sure

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

16 Yes 2 No 1 Not sure

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

16 Yes 1 No 2 Not sure

15. During the last 12 months:

a. Did the quality of services provided to you:

5 Improve? 1 Decline? 11 Remain the same? (please go to question 16)

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

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

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

3 Did not respond to question.
11 Question not applicable.
1 Services declined, sheltered workshop program ended.
4 Services improved, program started, case manager became involved, and obtained employment.

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

14 Yes 2 No 2 Not sure

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

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

2 Yes 8 No 0 Not sure

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

3 Yes 4 No 2 Not sure

Barry County Community Mental Health Services (BCCMHS)
Referral Sources Survey Summary

Summary Overview

We sent surveys to 28 referral sources who had professional interaction with BCCMHS. This included contractors and agencies that also provided mental services in Barry County. None of our surveys were returned as undeliverable mail. We received 15 responses from the 28 delivered surveys, a response rate of about 54%.

Following is a copy of the survey that includes the number of responses 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 BCCMHS?

<u>5</u>	I am very familiar with and have regular contact with BCCMHS.
<u>10</u>	I am somewhat familiar with and have periodic contact with BCCMHS.
<u>0</u>	I am unfamiliar with and have little contact with BCCMHS.

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

<u>1</u>	Contractual provider of services to BCCMHS.
<u>1</u>	Contractual purchaser of services from BCCMHS.
<u>12</u>	Referral source (to BCCMHS).
<u>8</u>	Referral source (from BCCMHS).
<u>3</u>	Other

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

Responses ranged from 0 to 25 years.

For questions 4 through 14, please check the box of the response that best describes your opinion regarding each of the following statements. If your agency does not refer individuals to BCCMHS, go to question 8.

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

	<u>Strongly Agree</u>	<u>Agree</u>	<u>No Opinion</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Not Applicable</u>
11. BCCMHS offers (either directly or through contractual arrangements with other providers) a continuum of services to benefit consumers with all levels of need.	1	5	4	2	2	1
12. BCCMHS evokes a positive image.	1	6	5	2	1	0
13. BCCMHS is effective in helping people.	1	9	3	1	0	0
14. Since October 1, 1998 (to coincide with the implementation of a capitation payment system), BCCMHS's availability of services has remained the same or improved.	0	6	3	1	1	3

Glossary of Acronyms and Terms

BCCMHS	Barry County Community Mental Health Services.
consumers	Individuals who are receiving 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.
individual plan of service (IPS)	A written plan of supports and services directed by the consumer, as required by the Mental Health Code. The plan may include both support and treatment elements.
internal control	The management control environment, management information system, and control policies and procedures established by management to provide reasonable assurance that goals are met; that resources are used in compliance with laws and regulations; and that valid and reliable performance related information is obtained and reported.
mental health service providers	An organization other than the BCCMHS that provides, under contract, a service or the facilities for the provision of a service.

mentally ill	An individual with substantial disorder of thought or mood which significantly impairs the individual's judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life.
mission	The agency's main purpose or the reason the agency was established.
outcomes	The actual impacts of the program. Outcomes should positively impact the purpose for which the program was established.
PEC	Program Evaluation Committee.
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.
person-centered planning (PCP)	A process for planning and supporting the consumer receiving services that builds upon the consumer's capacity to engage in activities that promote community life and considers the consumer's preferences, choices, and abilities. The PCP process involves families, friends, and professionals, as the consumer desires or requires.
QIC	Quality Improvement Committee.
Rehabilitation Accreditation Commission (CARF)	An organization that serves as the preeminent standards-setting and accrediting body. CARF (formerly known as the Commission on Accreditation of Rehabilitation Facilities) promotes the delivery of quality services to people with disabilities and others in need of rehabilitation.

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.