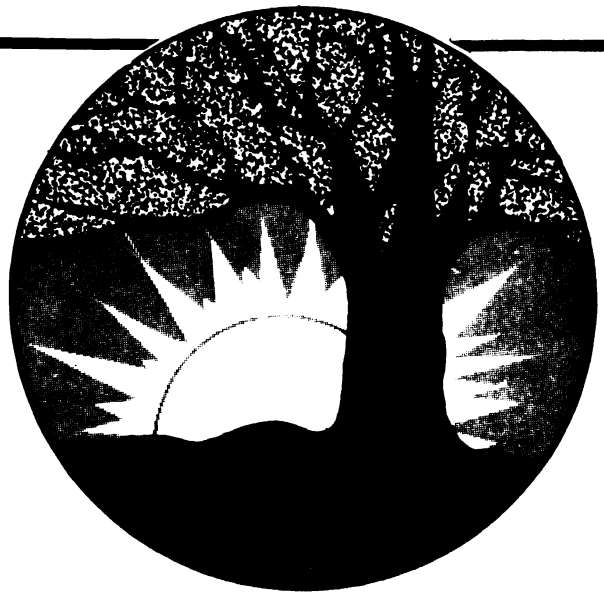
PERFORMANCE AUDIT

Department of Mental Health and Developmental Disabilities and the Statewide Planning and Policy Council
June 2006



John G. Morgan
Comptroller of the Treasury

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John G. Morgan
Comptroller

June 15, 2006

The Honorable John S. Wilder
Speaker of the Senate
The Honorable Jimmy Naifeh
Speaker of the House of Representatives
The Honorable Thelma M. Harper, Chair
Senate Committee on Government Operations
The Honorable Mike Kernell, Chair
House Committee on Government Operations
and
Members of the General Assembly
State Capitol
Nashville, Tennessee 37243

Ladies and Gentlemen:

Transmitted herewith is the performance audit of the Department of Mental Health and Developmental Disabilities and the Statewide Planning and Policy Council. This audit was conducted pursuant to the requirements of Section 4-29-111, *Tennessee Code Annotated*, the Tennessee Governmental Entity Review Law.

This report is intended to aid the Joint Government Operations Committee in its review to determine whether the department and council should be continued, restructured, or terminated.

Sincerely,

John G. Morgan
Comptroller of the Treasury

JGM/dww
05-078

State of Tennessee

Audit Highlights

Comptroller of the Treasury — Division of State Audit

Performance Audit
Department of Mental Health and Developmental Disabilities
and the Statewide Planning and Policy Council
June 2006

AUDIT OBJECTIVES

The objectives of the audit were to determine the following: the license, complaint, and record maintenance operations for the Licensure Division; central office oversight of the regional mental health institutes; the status of the child unit at Lakeshore Mental Health Institute; the process for transitioning patients from mental health institutes to the community; the department's process for monitoring contractors; how the department addressed issues associated with the mentally ill population in jails; the department's responsibilities for addressing developmental disabilities; and whether the Statewide Planning and Policy Council meets statutory requirements.

FINDINGS

The Department Failed to Fully Address Prior Audit Recommendations Regarding a Statewide Jail Diversion Program and Community Services*

Although the department has expanded its criminal justice liaison program to help divert the mentally ill from the criminal justice system, the program does not cover the entire state. The department has not conducted a formal study to ascertain the type, number, and location of needed community services to help minimize the possibility of incarceration of mentally ill persons. Criminal justice liaisons report that there are an insufficient number of community services available to aid in diversion, inmate services, and transitional services (page 15).

The Department Has Been Unable to Adequately Fulfill Its Statutory Developmental Disability Requirements

State law (enacted in 2000) requires the department to plan, coordinate, and administer services for persons with developmental disabilities. The department developed a plan to carry out its statutory duties but did not receive any funding to implement it. Without a state developmental disability program, the department is unable to ensure that persons with developmental disabilities are able to access resources needed to promote their independence and help increase opportunities to participate in community life (page 20).

The Licensure Office Is Not Using Its Statutory Authority to Impose Civil Penalties on Facilities for Violations of Licensure Rules and Has Not Established the Required Schedule of Penalties, Increasing the Risk on Noncompliance With Rules, Including Repeat Violations

Civil penalties provide a sanction that is less dramatic than revoking a license and forcing closure of a facility. By not using this method of license enforcement, repeat violators have no incentive to become compliant and stay compliant (page 23).

Management of the Office of Licensure Has Failed to Establish a Systematic Way of Coordinating Its Activities or Ensuring It Is Fulfilling Its Duties, Increasing the Risk of Untimely Inspections and Unawareness of Repeat Violations

The Licensure Office lacks a centralized database system for tracking license survey inspections and complaints. Without such a database, it is difficult to determine when all facilities were last surveyed or how effectively complaints were handled. A central database would allow regional supervisors and the central office to monitor survey timeliness; whether unannounced inspections are unpredictable; and consistency among surveys to ensure rules and laws are being followed (page 24).

Management of the Licensure Office Has Failed to Establish a Centralized Complaint Intake System, Increasing the Risk That Complaints Will Not Be Reported

The lack of a centralized complaint system, such as a hotline, and the lack of a requirement to post information in facilities on how to file a complaint may make it less likely that clients and clients' families will make complaints (page 25).

Office of Licensure Policies, Procedures, Rules, and Regulations Are Inconsistent With Current Laws, Increasing the Risk Staff and Citizens May Act Upon Inaccurate Information

It is imperative that department personnel, license applicants, legislators, and the public have access to accurate and current information pertaining to the department's policies, procedures, rules, and regulations (page 27).

The Statewide Planning and Policy Council Has Failed to Adequately Develop Policies and Procedures, Hindering Its Ability to Operate Effectively

Clear and concise policies and procedures are an essential ingredient for the operation of any board. The council lacks policies on conflict-of-interest disclosures, quorums, and submitting annual reports (page 29).

* Related issues were also discussed in the 2001 performance audit of the department.

OBSERVATIONS AND COMMENTS

The audit also discusses the following issue: employee turnover monitoring for regional mental health institutes (page 11).

ISSUES FOR LEGISLATIVE CONSIDERATION

The General Assembly may wish to consider further studying the need for centralizing developmental disability programs and further defining the department's role in this centralization (page 32).

Performance Audit
Department of Mental Health and Developmental Disabilities
and the Statewide Planning and Policy Council

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Department of Mental Health and Developmental Disabilities and the Statewide Planning and Policy Council

INTRODUCTION

PURPOSE AND AUTHORITY FOR THE AUDIT

The performance audit of the Department of Mental Health and Developmental Disabilities and the Statewide Policy and Planning Council was conducted in accordance with the Tennessee Governmental Entity Review Law, *Tennessee Code Annotated*, Title 4, Chapter 29. Under Section 4-29-227, the Department of Mental Health and Developmental Disabilities and the Statewide Planning and Policy Council are scheduled to terminate June 30, 2006. The Comptroller of the Treasury is authorized under Section 4-29-111 to conduct a limited program review audit of the department and to report to the Joint Government Operations Committee of the General Assembly. This audit is intended to aid the Government Operations Committee in determining whether the Department of Mental Health and Developmental Disabilities and the Statewide Policy and Planning Council should be continued, restructured, or terminated.

OBJECTIVES OF THE AUDIT

The objectives of the audit were

1. to determine the licensing, complaint, and record maintenance operations for the Licensure Division of the department;
2. to determine how the central office oversees operations of the regional mental health institutes (RMHIs);
3. to determine the status of closing the child unit at Lakeshore Mental Health Institute;
4. to determine the process for transitioning patients from RMHIs to the community;
5. to determine how the department monitors contractors for programmatic contract performance;
6. to determine how the department has addressed issues associated with the mentally ill population of jails since the prior audit;
7. to determine the department's responsibilities for addressing developmental disabilities; and
8. to determine whether the Statewide Planning and Policy Council meets criteria set forth in Title 33 and whether the council has implemented a conflict-of-interest policy that makes provisions for annual disclosures.

SCOPE AND METHODOLOGY OF THE AUDIT

The policies and operations of the Department of Mental Health and Developmental Disabilities were reviewed with a focus on procedures in effect during fieldwork from May 2005 through September 2005. The audit was conducted in accordance with Government Auditing Standards issued by the Comptroller General of the United States and included

1. review of applicable legislation and rules and regulations;
2. examination of the department's files, documents, and policies and procedures, as well as the meeting minutes of the Statewide Planning and Policy Council; and
3. interviews with department officials, persons employed by the regional mental health institutes, community mental health organization personnel, representatives of relevant advocacy groups, and other state officials.

ORGANIZATION AND STATUTORY DUTIES

The Department of Mental Health and Mental Retardation was created by Chapter 27 of the 1953 Public Acts, codified as Section 4-3-1601 et seq., *Tennessee Code Annotated*, to provide services to persons with mental illness and mental retardation. In June 2000, the General Assembly re-created the agency, changed its name to the Department of Mental Health and Developmental Disabilities (MHDD), and passed a comprehensive revision of the mental health and developmental disability law, Title 33 of *Tennessee Code Annotated*. The revised law expanded the department's authority to coordinate, set standards, plan, monitor, and promote the development and provision of services and supports to meet the needs of persons with mental illness, serious emotional disturbance, or developmental disabilities through the public and private sectors. Also, by agreement with the Bureau of TennCare, the department oversees and monitors the programmatic components of the TennCare Partners Program.

The department had 2,855 staff in fiscal year 2005. Its expenditures for FY 2005 were $231,835,800.

During the 2001 performance audit, the department operated five regional mental health institutes (RMHIs) and three developmental centers. However, the department now only operates the five RMHIs. In 1996, Governor Don Sundquist issued Executive Orders 9 and 10, which transferred, to the Department of Finance and Administration (F&A), the management and operation of the three developmental centers and the East, Middle, and West Offices of Community Services, now titled the Division of Mental Retardation Services (DMRS). While the management and operation of these facilities was transferred to F&A, the administrative functions were left with the department. On July 29, 1999, Governor Sundquist issued Executive Order 21 effectively transferring the administrative staff directly or indirectly related to the developmental centers and/or Community Services Offices, or performing functions related to these entities to F&A. On March 8, 2002, to clarify and amend orders 9, 10, and 21, Governor Sundquist issued Executive Order 30 specifically stating that F&A will provide all

administrative support functions for DMRS and that MHDD will continue to have the authority to perform the following functions related to the Division of Mental Retardation Services:

a. Licensure;

b. Approval of all DMRS legislative activity related to changes in Title 33 of the *Tennessee Code Annotated*;

c. Transfer of persons between facilities, pursuant to *TCA* 33-3-301, et seq., unless otherwise delegated in accordance with provisions of Title 33 of the *Tennessee Code Annotated*; and

d. Approval of forensic commitments pursuant to *TCA* 33-5-401, et seq., unless otherwise delegated in accordance with provisions of Title 33 of the *Tennessee Code Annotated*.

ADMINISTRATIVE SERVICES

The Administrative Services Division directs the regulatory and administrative responsibilities of the department. Administrative staff in the commissioner's office provide and coordinate legal and medical advice; public information and education; planning, auditing, and licensing functions; support services in the recruitment and retention of the workforce; and the development and implementation of special programs and projects. The division also oversees purchasing and facility management operations, major maintenance, and capital outlay projects; provides budgeting and accounting functions, claims payments, data processing, and systems reporting; and develops and maintains automated systems applications for the central office and state-operated facilities.

DEVELOPMENTAL DISABILITIES

Approximately 84,000 people with developmental disabilities live in non-institutional settings in Tennessee. A developmental disability results from mental retardation or a severe, chronic disability occurring before adulthood such as cerebral palsy, spina bifida, or autism. To meet the criteria for developmental disability, conditions other than mental retardation must occur before the age of 22 and result in substantial limitations of three or more major life activities such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working. An estimated 44,000 people in Tennessee have mental retardation, while 40,000 have severe, chronic disabilities other than mental retardation. Many people with developmental disabilities need services to live in the community, either with their families or by themselves. With some assistance, many of these people can preserve their independence and participate in community life.

The Tennessee General Assembly responded to the needs of people with developmental disabilities in 2000 by making substantial changes in mental health laws recommended by the Title 33 Revision Commission. To create an agency home for people with developmental

disabilities, lawmakers renamed the Department of Mental Health and Mental Retardation, calling it the Department of Mental Health and Developmental Disabilities (MHDD). The new law reaffirmed that people with mental retardation were eligible for services and required that people with developmental disabilities other than mental retardation become eligible for services on March 1, 2002.

MENTAL HEALTH SERVICES

The responsibility for the administration of a variety of mental health services, including decisions regarding the distribution and payment authorization of mental health services for several federal grants, forensic services, and other community programs funded through state dollars, is distributed among various programmatic sections of the department. The operation of the state's five regional mental health institutes (Lakeshore, Middle Tennessee, Western, Moccasin Bend and Memphis) is under the oversight of the deputy commissioner and direct supervision of the Director of Hospital Services. These institutes provide inpatient services to increase the functionality, productivity, and quality of life for severely mentally ill adults and seriously emotionally disturbed children and adolescents. The Joint Commission on Accreditation of Hospitals accredits these institutes as psychiatric hospitals. The institutes typically provide the following:

- acute treatment services for admitting adults who need emergency and generally short-term inpatient care;
- rehabilitation services for chronically ill adults who typically require basic living, socialization, and vocational skills training;
- gero-psychiatric, physical, and socialization services primarily to persons age 60 and older, many of whom need nursing care;
- children and youth services primarily for children and adolescents referred by mental health centers, juvenile courts, and the Department of Children's Services;
- forensics services for inpatient diagnostic evaluation and/or treatment to adults as designated by the courts; and
- forensic evaluation and/or treatment in a secure setting at Middle Tennessee Mental Health Institute.

Statistical Data
Mental Health Institutes
As presented in *The Budget,* FY 2006 (See Map)

	Lakeshore	Middle Tennessee	Western	Moccasin Bend	Memphis	Total
Annual Admissions						
1998-99	1,903	2,428	1,611	1,760	1,928	9,630
1999-00	2,030	2,465	1,836	2,054	1,520	9,905
2000-01	2,279	3,087	1,865	2,089	1,625	10,945
2001-02	2,483	3,421	2,150	2,853	1,536	12,443
2002-03	2,894	3,762	2,333	3,888	1,606	14,483
2003-04	3,015	4,262	2,159	3,859	1,372	14,667
2004-05	3,000	4,300	2,100	3,800	1,300	14,500
Annual Releases						
1998-99	1,924	2,407	1,572	1,768	1,917	9,588
1999-00	2,027	2,434	1,873	2,043	1,528	9,905
2000-01	2,297	3,082	1,831	2,087	1,610	10,907
2001-02	2,474	3,416	2,168	2,854	1,540	12,452
2002-03	2,878	3,784	2,299	3,896	1,571	14,428
2003-04	3,026	4,266	2,200	3,900	1,402	14,794
2004-05	3,000	4,300	2,200	3,900	1,300	14,700
Average Daily Census						
1998-99	201	256	228	147	103	935
1999-00	188	274	234	155	77	928
2000-01	180	289	254	179	83	985
2001-02	167	285	259	151	79	941
2002-03	175	277	257	152	97	958
2003-04	176	276	258	157	93	960
2004-05	175	275	257	155	90	952
Cost Per Occupancy Day*						
1998-99	$307.79	$316.22	$312.34	$319.52	$409.63	$324.27
1999-00	$338.73	$340.78	$291.06	$320.81	$563.16	$343.31
2000-01	$388.31	$357.41	$292.57	$302.11	$551.21	$352.62
2001-02	$431.69	$387.20	$332.17	$390.80	$632.08	$401.09
2002-03	$429.68	$423.37	$350.72	$411.24	$635.59	$424.59
2003-04	$460.47	$447.07	$354.01	$421.73	$669.54	$441.93
2004-05	$471.58	$420.78	$396.97	$463.02	$691.53	$456.16

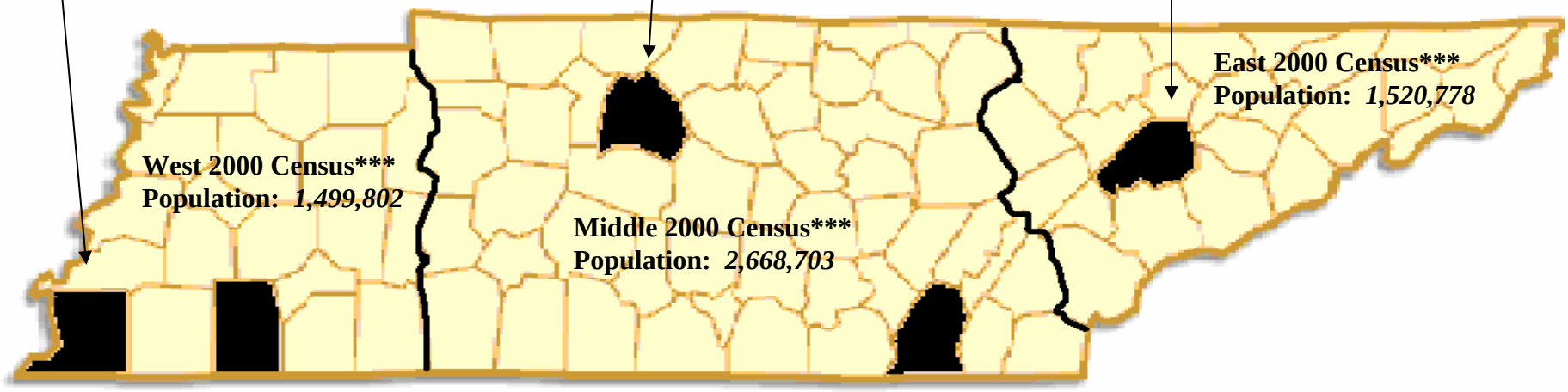
*Last column indicates average cost per day for all institutions.

Regional Mental Health Institutes
Number of Employees, Admissions, Cost per Day, and Grand Division Population
August 2005

Memphis Mental Health Institute
Employees*: 398
Average**Admissions: 1,555
Average** Cost Per Day: $593.25

Middle Tennessee Mental Health Institute
Employees*: 816
Average**Admissions: 3,389
Average** Cost Per Day: $384.69

Lakeshore Mental Health Institute
Employees*: 595
Average**Admissions: 2,515
Average** Cost Per Day: $404.04



Western Mental Health Institute
Employees*: 725
Average**Admissions: 2,008
Average** Cost Per Day: $332.83

Moccasin Bend Mental Health Institute
Employees*: 513
Average**Admissions: 2,900
Average** Cost Per Day: $375.60

* The number of employees as of August 4, 2005, per the State Employee Information System.
** Average calculations are based on information for Fiscal Years 1999 through 2005. (See page 5.)
*** 2000 Census data obtained from the U.S. Census Bureau at
http://quickfacts.census.gov/qfd/states/47000.html.

The following areas related to the Regional Mental Health Institutes were reviewed during the audit.

Children's Care Unit

Lakeshore Mental Health Institute had a contract for hospital-based residential treatment with the Department of Children's Services (DCS) that ended for Lakeshore June 30, 2003. Per the Department of Mental Health and Developmental Disabilities Director of Hospital Services, the agency canceled these contracts with DCS because the contract payment rates were less than what the RMHIs required to cover expenses.

Prior to the contract's expiration at the end of FY 2002, Lakeshore began decreasing the number of children in the children's care unit. As of June 30, 2004, the last ten beds in the child unit were taken completely out of operation. Although Lakeshore no longer provides inpatient services, children with TennCare have access to hospitals with a children's center. The department has a contract with Peninsula (a division of Parkwest Medical Center in Knoxville) to take care of children who are under the Juvenile Court Evaluation. According to department management, the TennCare network should be ensuring there are plenty of resources in East Tennessee.

Since the closure of the children's care unit, Lakeshore is in the trial phase of providing a telemedicine option. The telemedicine option will allow children in DCS custody to be evaluated via television, just as if they are physically face-to-face with the evaluator. The telemedicine capability will have 24-hour/7-day availability and is set up at the East Tennessee site and connected to the Middle Tennessee site. Staff at Middle Tennessee RMHI will make the admittance decision based on video observation of the child. If Middle Tennessee decides the child should be admitted, then DCS staff will be required to transport the child to the Nashville facility. If the child is not admitted, then the child will receive care from the local private providers. The Office of Hospital Services indicated that staff are working on a back-up plan in the event that there are difficulties with the telemedicine equipment.

Transitional Services

Transitional services are those services provided to patients being discharged to aid them in re-entering their community and to promote a stable lifestyle outside of a mental health facility. Information provided from the Director of Hospital Services indicated that transitional services are rarely provided since the majority of patient stays in facilities are short-term, usually six to seven days, and patients return to their previous living situation. Length of stay information obtained from the department confirms that most stays are short-term. For fiscal years 2003 through 2005, approximately 50 percent of the patients stayed at the facilities one to five days. (About 20 percent of the patients stayed 6-10 days.) Transitional services are more appropriate for long-term patients because there is more time for planning. However, the transitional services vary depending on the individual and the different facilities.

Central Office Oversight

Each Regional Mental Health Institute has a Chief Executive Officer who reports directly to the deputy commissioner. There is also a "Governing Body of the Regional Mental Health Institutes" responsible for managing the institutes, including maintaining quality patient care and promoting performance improvement. Members of the governing body are the commissioner, Medical Director, Director of Hospital Services, and the Chief Officers of the institutes.

To maintain oversight of the regional mental health institutes, the department established two statewide policy committees. The Quality Committee meets quarterly and consists of ten members: five superintendents for quality management at the institutes and one clinical member from each institute. Members look at the mortality reviews/deaths, seclusion and restraint, infection control, 30-day re-admits, incident reports, patient satisfaction, etc. The Psychiatric and Medical Services Committee consists of all five institute clinical directors and focuses on more important policies and standardizes the core/basic issues. In addition, department policy requires each mental health institute to establish a Mortality Review Committee and a Medical Ethics Committee. There is a Mortality Review Committee at each RMHI, and each is structured based on the department's standard policy. The Medical Ethics Committee is also the same at all the hospitals and enforces the do-not-resuscitate policies. These committees report to department committees that consist of both central office members and mental health institute members.

STATEWIDE PLANNING AND POLICY COUNCIL

The Statewide Planning and Policy Council's mission is to advise the department about the service system, policy development, legislation, budget requests, and system evaluation and monitoring. The council replaced the Board of Trustees under the 2000 revision of Title 33 of *Tennessee Code Annotated.* Title 33 governs the delivery of services to Tennesseans with mental illness, serious emotional disturbance, and developmental disabilities.

Under Section 33-1-401, *Tennessee Code Annotated*, the council has a minimum of 17 members, not including *ex officio* members, appointed by the commissioner for three-year terms. The Speaker of the Senate and the Speaker of the House of Representatives each appoint one legislator as a member of the council. The Governor is an *ex officio* member of the council, appoints the chairman, and may appoint representatives of state agencies as *ex officio* members of the council. Current or former service recipients and members of service-recipient families constitute a majority of the council's membership and represent mental health, developmental disabilities, children, adults, and elderly services. Service providers and others affected by the services are also represented.

As of October 2005, the council had 24 members. From February 2003 through June 2005, the council met eight times. The council has advised the department and made several recommendations, including those relating to the department's strategic plan, the Office of Developmental Disabilities, the role of policy councils, and dual diagnosis clients.

RESULTS OF OTHER AUDIT WORK PERFORMED

DEPARTMENT MONITORING EFFORTS FOLLOWING THE DECENTRALIZATION OF SUB-RECIPIENT MONITORING

During fiscal year 2004, the state chose to shift from a centralized to a decentralized sub-recipient monitoring approach making agencies more responsible for ensuring that contracts are adequately monitored. The Department of Finance and Administration's (F&A) Policy 22 (effective as of July 1, 2004) clearly defines monitoring requirements and requires each state agency to have a well-documented monitoring plan that ensures compliance with applicable state and/or federal monitoring requirements.

Per F&A's *Policy 22 Sub-recipient Contract Monitoring Manual*,

> monitoring is defined as the review process used to determine a sub-recipient's compliance with the requirements of a state and/or federal program, applicable laws and regulations, and stated results and outcomes. Monitoring also includes the review of internal controls to determine if the financial management and the accounting system are adequate to account for program funds in accordance with state and/or federal requirements. Monitoring should result in the identification of areas of non-compliance with the expectation that corrective action will be taken to ensure compliance.

The manual also stipulates how agencies should select contracts for monitoring. The manual states that when choosing the population of contracts to be monitored each year, agencies must ensure that their population meets two main criteria:

1. They must monitor a *minimum* of one-third of the total number of all sub-recipient contracts executed by their agency.
2. The current-year maximum liability value of these contracts *must be equal to or greater than* two-thirds of the current-year aggregate maximum liability value of the agency's entire sub-recipient grant population.

The department began its own monitoring process in November 2004. The program monitors are responsible for monitoring sub-recipient contracts to ensure they are meeting contract requirements. Sub-recipients are selected based on several factors per Policy 22 as well as input from program and fiscal monitors regarding sub-recipients needing additional oversight and/or further assistance with the contracted program due to missing required paperwork, errors in paperwork, recent employee turnover, or prior monitoring results. These monitors review all sub-recipients at least every three years, but some, due to granted contractual liabilities (the amount of all contracts the department has with an agency), are being monitored every year.

Others could be monitored for two consecutive years based on previous monitoring findings and separate program-staff site visits. The Office of Fiscal Services sets the monitoring schedule, but it is each program monitor's responsibility to set up dates and times to conduct monitoring and to submit a report to Fiscal Services by 15 days after the end of a quarter.

According to Fiscal Services staff, they are using the same guidelines the Program Accountability Review group (in the Department of Finance and Administration) used when conducting field monitoring. The monitoring guide requires the following be included in each program review:

- Overview
- Eligibility
- Civil Rights
- Allowable Activities
- Outcomes
- Policies
- Guides
- Reporting
- Fiscal
- Scope of Services (as they are presented in the actual contract)
- Performance Measures Matrix (for use in evaluating the program)

The department places all contract reviews in a monitoring file which includes a list of all program and fiscal reviewers involved. Based on a review of monitoring file documentation, it appears that the department maintains all documentation associated with the review, such as

- Entrance Conference Check Off,
- information requests,
- e-mails,
- Conflict-of-Interest and Confidentiality Statements for all reviewers/monitors, and
- copies of the contracts reviewed.

Based on interviews with department personnel and our observations and reviews, it appears the agency does have a system in place to monitor contract compliance.

OBSERVATION AND COMMENT

The issue discussed below did not warrant a finding but is included in this report because of its effect on the operations of the Department of Mental Health and Developmental Disabilities and the citizens of Tennessee.

EMPLOYEE TURNOVER MONITORING FOR REGIONAL MENTAL HEALTH INSTITUTES

The Mental Health and Developmental Disabilities deputy commissioner expressed concerns regarding employee turnover at the regional mental health institutes (RMHIs). He stated that filling positions was difficult because of the length of time to hire people through the civil service process. Therefore, we determined which RMHI positions the department is tracking for turnover and compared the resulting turnover rates to national rates.

Based on discussions with the department's human resources director, we determined that the only positions for which the department tracks employment are Registered Nurse 2 and Registered Nurse 3. We obtained information from the department regarding the number of appointments and separations for these positions from January 2003 through June 2005 and total employment by job title as of August 4, 2005, from the State Employee Information System. Based on a review of this information, we determined that, while turnover is variable among RMHIs, overall turnover actually appears to be declining. (See Charts on pages 13 and 14.) Still, based on calendar years 2003 and 2004, these categories are above the national registered nurse turnover average of 20%, especially when looking at individual RMHI data, such as Memphis for Calendar Year 2003. Additionally, since we only have data for half of 2005, we cannot yet determine whether the 2005 turnover rate will remain well below the national average. (See chart 1.)

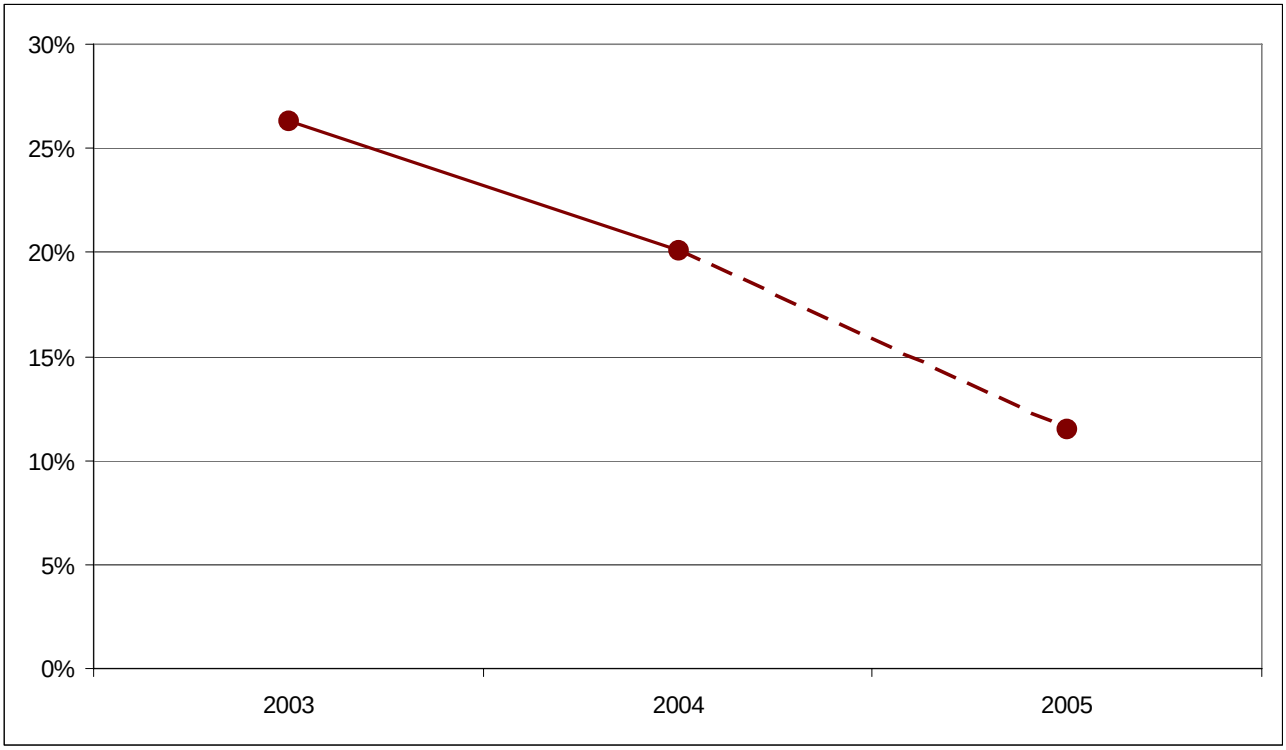
The President's New Freedom Commission on Mental Health "heard consistent testimony from consumers, families, advocates, and public and private providers about the 'workforce crisis' in mental health care." The Freedom Commission Final Report (2003) stated that "workforce issues are a complex blend of training, professional, organizational, and regulatory issues. Because of this intricacy, the field needs a comprehensive strategic plan to improve workforce recruitment, retention, diversity, and skills training."

The Community Living Exchange Collaborative (The Exchange) is a joint effort of Independent Living Research Utilization, a program of The Institute for Rehabilitation and Research (Houston, Texas), and the Rutgers University Center for State Health Policy. The Exchange is funded by the Centers for Medicare and Medicaid Services through grants awarded under the Systems Change Community Living Initiative launched in September 2001. In the Exchange's *Community Living Brief, Vol. 2 Issue 1*, " 'Workforce Planning': How to Recruit and Retain Mental Health Workers" (December 2003), Jessica Kadis' position is that the problem of

staff shortages affects all levels of professionals "but is especially daunting for mental health workers whose jobs do not require advanced degrees, for example case managers, frontline hospital staff, community treatment workers, and mental health technicians," which are jobs that turn over quickly because of stress, burnout, poor compensations, and lack of opportunity for advancement. Ms. Kadis emphasizes that to address challenges specific to an organization, the underlying elements of the challenges must be identified and understood. Therefore, organizations should review specific indicators, such as turnover and vacancy, as well as obtaining qualitative feedback from employees at all levels of employment by using employee focus groups and exit interviews.

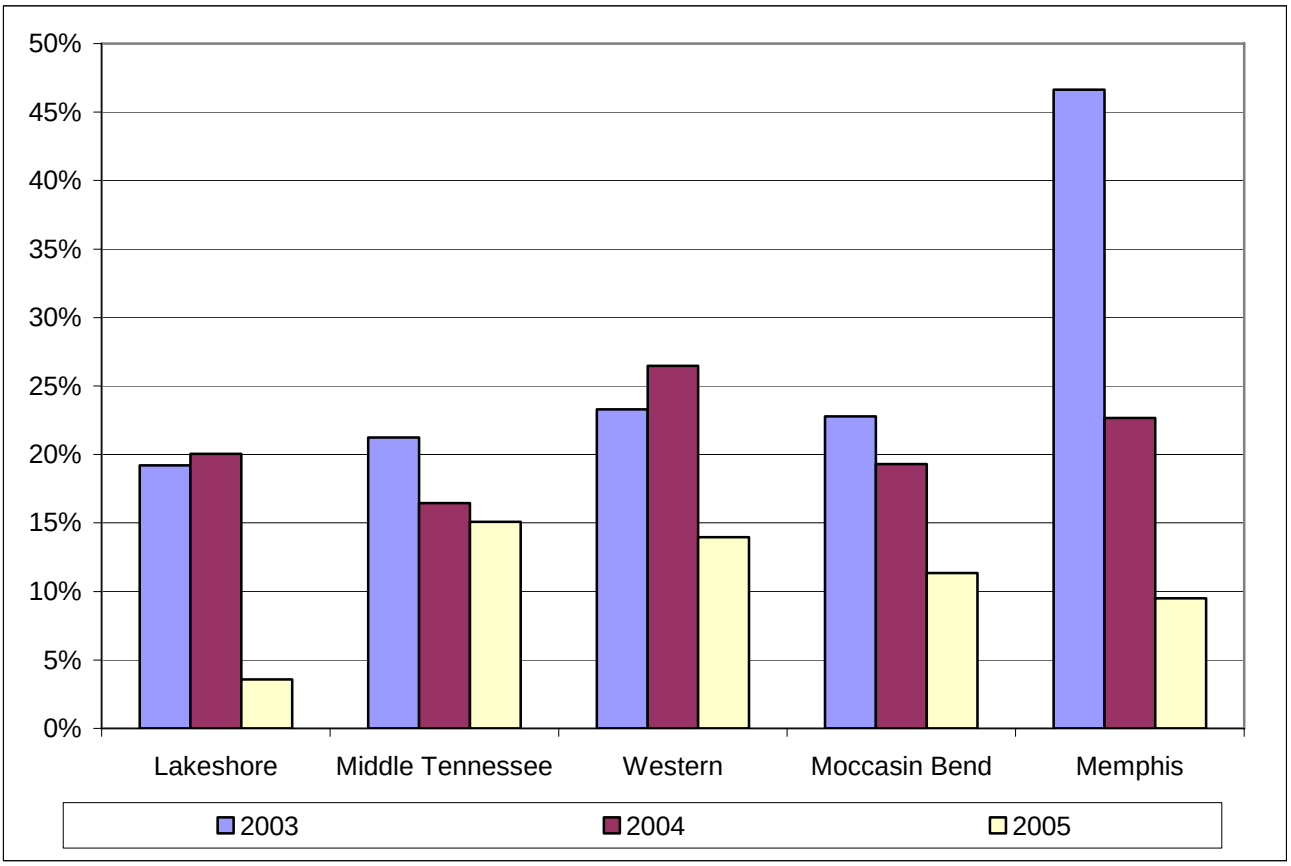
In order to gain a complete understanding of how staff turnover impacts the type and level of services provided at the RMHIs, the department should expand employee turnover tracking to a wider variety of job categories, such as Licensed Practical Nurse, Psychiatric Technician, Psychiatric Social Worker, and any other staff who work directly with clients. Widening the tracking of turnover could enable department personnel to develop a strategic plan to increase staff retention.

Chart 1
Estimated Turnover for Registered Nurse 2 and 3 Positions
in Regional Mental Health Institutes*
January 2003 Through June 2005 **



* The information is estimated because the department only tracks appointments and separations rather than actual turnover. Therefore, we used the most recent appointment and separation data provided by the department and combined that with information from the State Employee Information System on total employment by job title as of August 4, 2005, to estimate employment levels for each month January 2003 through June 2005.
**Data only available for the first six months of 2005.

Chart 2
Estimated Registered Nurse 2 and 3 Turnover by Regional Mental Health Institute*
January 2003 Through June 2005**



* The information is estimated because the department only tracks appointments and separations rather than actual turnover. Therefore, we used the most recent appointment and separation data provided by the department and combined that with information from the State Employee Information System on total employment by job title as of August 4, 2005, to estimate employment levels for each month January 2003 through June 2005.
**Data only available for the first six months of 2005.

FINDINGS AND RECOMMENDATIONS

1. The department failed to fully address prior audit recommendations regarding a statewide jail diversion program and community services

Finding

Prior Audit

The February 2001 performance audit of the department reported that a significant number of individuals incarcerated in county jails have a mental illness and that a greater number of the mentally ill were incarcerated in county jails than were patients in the five state regional mental health institutes combined. As of April 2000, the five mental health institutes had a total population of 933 patients. In contrast, a 1998 survey of county jails by the TennCare Partners Roundtable (*A Survey of County Jails in Tennessee*) found that there were 1,890 inmates in pre-trial custody with some form of mental illness. The 2001 audit found that the large number of incarcerated mentally ill was attributed to a number of factors. One factor was that the department lacked a comprehensive statewide program to help divert the mentally ill from the criminal justice system. The lack of community services was another contributing factor to the mentally ill inmate population. A mental health advocate and several sheriff's departments reported that the lack of community services increased the likelihood that a mentally ill individual would be arrested. The prior audit recommended that the department conduct a study to ascertain the type, number, and location of needed community services to help minimize the possibility of incarceration of mentally ill persons. Additionally, the report recommended the department consider establishing a statewide comprehensive diversion program in conjunction with district attorneys general, district public defenders, and the courts.

At the time of the prior audit, management partially concurred with the finding and stated that the department recognized the need to assure that mental health services are provided to individuals with mental illness who are in the criminal justice system and to ensure continuity of treatment as they re-enter the community. The comments listed various activities the department was involved in to address this problem. Although the department has expanded its criminal justice liaison program, the program does not cover the entire state.

Present Status

Criminal Justice and Mental Health Reports. The incarceration of individuals with mental illness has been a continuing concern of the Tennessee Mental Health Planning and Policy Council. The council, an advisory body to the department's planning and policy council, has completed two surveys concerning the number of adults with mental illness incarcerated in county jails. The first survey (*A Survey of County Jails in Tennessee: Four Years Later*) was completed in February 2003, and the follow-up was completed in January 2004. The council's report stated that an estimated 3,339 inmates were diagnosed with mental illness, 19.1% of the

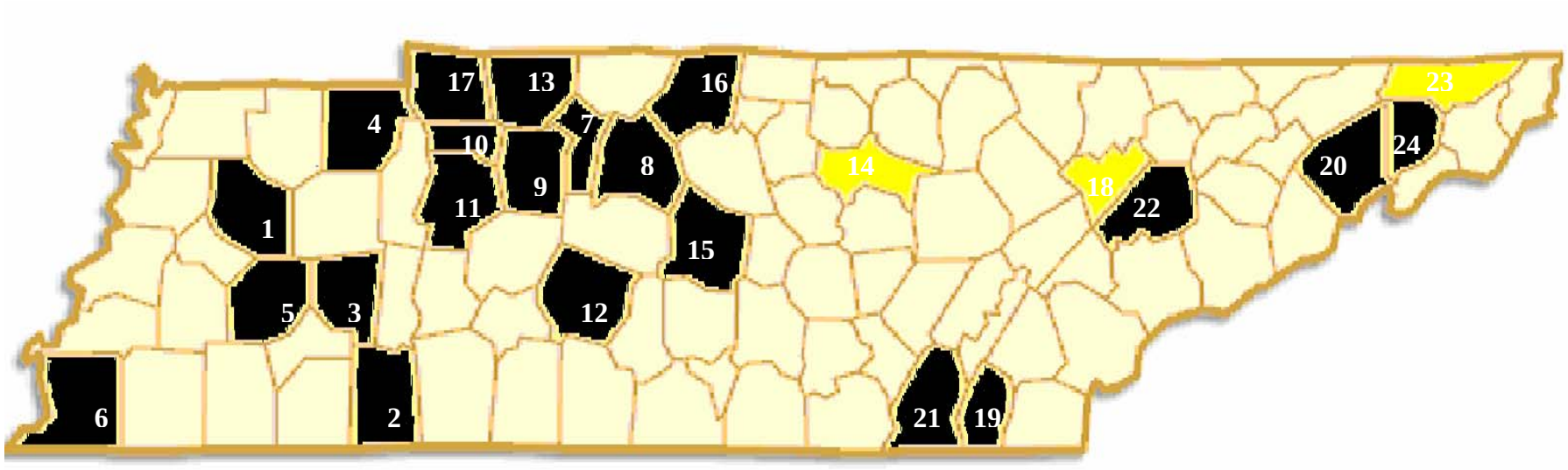
total inmate population, an increase in both number and percentage from the first survey (2,509/ 18%) but similar to the 19% reported in the 1998 survey by the TennCare Partners Roundtable (a committee of the council). In the 2004 report, 802 inmates (4.6%) were thought to have behaviors indicating mental illness but were not diagnosed, 3,595 inmates (20.6%) were receiving psychiatric medication, and 64 inmates (0.4%) were on suicide watch. The study concluded that although incarceration rates had increased slightly, the situation has remained relatively stable over the past five years. According to the report, the Tennessee Department of Mental Health and Developmental Disabilities is collaborating with county sheriff's departments and local mental health agencies to alleviate the problem through improved service access, jail diversion, continuity of care while incarcerated, release planning and service linkage, staff training, and public education.

Criminal Justice/Mental Health Liaisons. The Criminal Justice/Mental Health Liaison Project is a community project that examines the issues affecting adults with serious mental illness who are involved in the criminal justice system. The liaisons work in the county and judicial districts to establish diversion programs. There are 16 Criminal Justice/Mental Health liaisons (two liaison positions were vacant as of November 2005) serving 24 counties. (See map on page 17.) The liaisons are funded with federal Mental Health Services Block grant funds (56%) and state dollars (44%). The Department of Mental Health and Developmental Disabilities contracts with community mental health agencies and Shelby County government to provide the service. These entities hire the liaisons.

The Office of Special Populations considers mental health crisis management training to be a pivotal part of the liaison's responsibility. The training provides an opportunity for communication and coordination between the criminal justice system and the mental health system. The liaisons educate mental health and criminal justice professionals about the resources that are available to persons with serious mental illness. The training program provides the basic mental health crisis management comprehensive training, free of charge, to professionals and constituencies involved in both the mental health and criminal justice systems. The liaisons offer training to the sheriff's office, judges, probation and parole, and public defenders. The Criminal Justice/Mental Health liaisons are providing a two-hour session on mental health for those attending the Tennessee Correctional Institute BASIC training. The liaisons are responsible for offering six to eight-hour training on mental health crisis management to correctional officers and alternative transporting agents. In fiscal year 2004, the Criminal Justice/Mental Health liaisons held 47 Mental Health Crisis Management training sessions that were attended by 723 criminal justice and mental health personnel. The liaisons provided training to an additional 1,047 persons in other training sessions.

According to data received by the department, 2,845 persons were served by the Criminal Justice/Mental Health liaisons for fiscal year 2003–2004. Over 13,469 face-to-face contacts were conducted with consumers and other persons on behalf of consumers: 82.7% of contacts were made with persons in jails, 28.6% of persons served were identified as having a mental health problem, and 45.8% of persons served were identified as having a co-occurring problem of mental health and substance abuse. Approximately 70% of the persons served were males, and 67.2% were white. In January 2005, the department began collecting data on the

Map of Counties Served by Criminal Justice/Mental Health Liaisons
November 2005



West
1. Gibson
2. Hardin
3. Henderson
4. Henry
5. Madison
6. Shelby

Middle
7. Cheatham
8. Davidson
9. Dickson
10. Houston
11. Humphreys
12. Maury
13. Montgomery
14. Putnam (vacant)
15. Rutherford
16. Sumner
17. Stewart

East
18. Anderson (vacant)
19. Bradley
20. Greene
21. Hamilton
22. Knox
23. Sullivan (vacant)
24. Washington

diversion, the number of days diverted, and recidivism. Diversion involves diverting a person from jail to some type of community service.

We interviewed 13 out of 16 Criminal Justice/Mental Health liaisons regarding the community services offered to inmates with a mental illness. Based on these interviews, the liaisons believe that there are an insufficient number of community services available to aid in diversion, inmate services, and transitional services. Inmate services include counseling, group therapy, medication, and alcohol and drug services. Transitional services consist of resources that are in place in the community, such as group homes, respite beds, and Crisis Stabilization Units. The respite beds and Crisis Stabilization Units also aid in diversion for inmates with mental illness.

The department's Office of Special Populations staff stated that the department had not conducted a formal study to ascertain the type, number, and location of needed community services to help minimize the possibility of incarceration of mentally ill persons. According to the liaisons, some counties have no resources to obtain any type of mental health service for inmates. The services being provided are the community mental health centers (to receive medicine only), short-term counseling (crisis-based), occasional mental health outpatient appointments (involuntary commitments), and programs within the community such as faith-based programs and Alcoholics Anonymous/Narcotics Anonymous meetings. According to the Washington County liaison, Johnson City/Washington County is in the process of developing Crisis Intervention Teams for its law enforcement departments to aid in diversion. Based on these interviews, it still appears that there is a lack of comprehensive community services offered to inmates with a mental illness. It is a common consensus among the liaisons that there is a need for more intensive services, including group therapy, counseling, housing, medication aid, and transportation.

Recommendation

The Office of Special Populations should continue to address the need for a statewide system for providing community services for inmates with mental illness, such as group-therapy programs and faith-based programs. The office should implement a statewide system since only 24 of 95 counties (26%) currently have Criminal Justice/Mental Health liaisons. As part of establishing a statewide system, the office should study the effectiveness of the current programs and use the results in developing programs in unserved counties. The commissioner should establish goals and objectives for such a statewide system and measure and report on its progress in meeting those goals. The office should also, as recommended in the prior audit, conduct a study to ascertain the type, number, and location of needed community services to help minimize the possibility of incarceration of mentally ill persons and to aid liaisons in obtaining resources needed for diversion and referral. The office should coordinate these efforts with the Criminal Justice/Mental Health Liaisons, community service providers, and local criminal justice officials.

Management's Comment

We concur in part. While it is true that the department has not been able to create a jail diversion program and community services in every Tennessee county, we have been able to expand the Criminal Justice Mental Health (CJ/MH) Liaison project to 23 counties since the 2001 audit recommendations. In addition, we have promoted use of mental health and drug courts when local communities demonstrate readiness.

The department has continued to explore ways to secure funding (state, federal, grants) to increase the number of Criminal Justice/Mental Health (CJ/MH) Liaisons. To date, we have been unsuccessful in identifying funding sufficient for full statewide expansion. The department continues to explore options for the delivery of liaison services such as cross training of existing mental health case managers to equip them with the skills to perform some of the services the CJ/MH liaisons are offering. It is important to note that law enforcement and jails are part of the local systems of government. The expansion and success of CJ/MH liaisons depends in great part on how receptive the criminal justice system, the local community, and the local mental health providers are to make necessary system changes.

Data collection by the department began in FY 06 to determine the impact and effectiveness of the CJ/MH liaisons and to provide direction for developing programs in additional counties. This data includes identifying diversion activities and their impact on early identification, continuity of care, and release planning. The data should provide information necessary to demonstrate the effectiveness of the CJ/MH Liaison projects as well as identify areas that need improvement. The department is also exploring a "point in time" data capture to provide additional information on the characteristics of persons being served and their prior and future mental health treatment needs and access to mental health services.

The department intends to use the information garnered from data collection to establish goals and objectives for an enhanced system extended into additional counties or extended statewide. Once these goals and objectives are established and incorporated into the department's Three Year Plan, progress will be measured and reported to all stakeholders and the general public.

The department will ascertain the type, number and location of needed community services to decrease the possibility of incarceration of mentally ill persons and to assist liaisons to identify resources. The department recognizes treatment services for persons who are incarcerated or have been incarcerated are sometimes difficult to access in the community. A particular challenge is a TennCare policy that requires disenrollment as a covered enrollee when the enrollee is incarcerated resulting in a delay in accessing services when the enrollee is released from jail. Despite interagency discussions and recommendations, the department has been unable to effect a change in this policy.

2. The department has been unable to adequately fulfill its statutory developmental disability requirements

Finding

The department has been unable to adequately fulfill developmental disability requirements enacted by the General Assembly in 2000.

Per Section 33-2-101, *Tennessee Code Annotated*,

> the department shall plan, coordinate, administer, monitor, and evaluate state and federally funded services and supports as a community-based system within the total system of services and supports for persons with mental illness, serious emotional disturbance, developmental disabilities, or at risk for such conditions and for their families.

In response to these changes, the department developed the Preliminary Plan for Tennessee Developmental Disability Services in January 2003 in which the department planned "to develop a service system that would allow people with developmental disabilities and their families to access information and referral services, eligibility determination, and direct services as close to home as possible through contracts with community-based agencies." Also, the department planned "to assume responsibility as lead agency for the administration of developmental disabilities services." The department created an Office of Developmental Disabilities Services in 2003 to begin building a network of services so that people with developmental disabilities and their families can have equal and ready access to the individualized services they need to be productive members of their communities. The plan established the position of Director of Developmental Disability Services, located in the commissioner's office, which would have "overall responsibility for managing the service system to people with developmental disabilities." However, this office was never staffed. Based on discussions with Mental Health and Developmental Disability management, we determined that initially funding was allocated for one position dedicated to developmental disabilities. According to the Finance and Administration Budget Office, while the agency has made budget requests, no state appropriations have been made for this program since the initial one-time funding. Therefore, the department currently lacks an active staff to initiate and carry out developmental disability services as required by statute.

Despite the lack of funding, the department, in conjunction with the Division of Mental Retardation Services (MRS) and the Tennessee Council on Developmental Disabilities (TCDD), contracts with the Vanderbilt Kennedy Center for Research on Human Development in Nashville, Tennessee, to administer the Community Inclusion Project in Middle Tennessee. This contract covers fiscal years 2005-07 at a total cost of $150,000, divided equally among the department, MRS, and TCDD. After an individual is identified as dual diagnosis and is ready to leave the regional mental health institute, the Kennedy Center conducts an assessment and works with community providers on how to work with each particular individual (informing providers of an individual's behavior triggers) to get behaviors under control and ultimately try to prevent readmission.

The department's inability to assign dedicated personnel within the agency hinders the state's ability to centralize access to developmental disability services. There are several state agencies involved in the delivery of developmental disability services, and it does not appear that the department is in fact the lead agency for developmental disabilities because none of these programs are under the purview of the department.

Table 1

Other State Agencies That Provide Access to Developmental Disability Services

State Agency	**Program(s)**
Tennessee Council on Developmental Disabilities	Provides funding for the Tennessee Disability Information and Referral System, including an Internet community for families seeking disability resources at www.FamilyPathfinder.org.
Department of Health	Children's Special Services consists of a medical services component, a care coordination component, and a parent network component.
	Traumatic Brain Injury Program
	Alcohol and Drug Abuse Services
Department of Finance and Administration	The Division of Mental Retardation Services administers the Family Support Program.
	TennCare
Department of Education	The Division of Special Education houses the Office of Early Childhood Programs and acts as the lead agency for the Tennessee Early Intervention System.
Department of Human Services	Adult Protective Services
	Disability Determination
	Vocational Rehabilitation

Without a dedicated developmental disability program, the department is unable to meet its statutory responsibilities. Most importantly, the department is unable to ensure that the 40,000 individuals with developmental disabilities are able to access resources needed to promote their independence and help increase opportunities to participate in community life.

Recommendation

The department should explore other avenues of complying with statutory duties associated with developmental disabilities and provide the Legislature with more specific information detailing program plans and associated needs. Additionally, the General Assembly may wish to consider further studying the need for centralizing developmental disability programs and further defining the department's role in this centralization.

Management's Comment

We concur. Following the actions of the General Assembly in 2000, the department included an improvement request to establish a program of services and supports for persons with developmental disabilities in its budget submission for FY 2003. We have continued to include an improvement request for state appropriations to address developmental disability needs and gaps during each of the following years. To date, no funds have been made available, but the department has continued to actively plan for developmental disabilities services and supports. This work has been accomplished through our planning council activities, contract consultants, and staff within the department.

Currently, the department staffs and provides administrative support to the statewide Developmental Disabilities Planning and Policy Council and the Department of Mental Health and Developmental Disabilities Planning and Policy Council that provide stakeholder input in planning a comprehensive array of prevention, early intervention, treatment and habilitation services and supports for service recipients and their families. Each of these councils consists of a majority of service recipients or family members of service recipients.

In November 2005, the Developmental Disabilities Planning and Policy Council established a Needs Assessment Committee. As a result of the formation of the committee, a needs assessment to determine the needs of persons with developmental disabilities at the regional level has been completed in the seven regional Developmental Disabilities Planning and Policy Councils. The recommendations were presented to the Developmental Disabilities Planning and Policy Council at the April 2006 meeting and will be shared with the department and the Department of Mental Health and Developmental Disabilities Planning and Policy Council as recommendations for the Three-Year Plan. Per the recommendation of the audit report, the department will continue to work with the Developmental Disabilities Planning and Policy Councils to explore other avenues of complying with statutory duties and will use the needs assessment recommendations to determine appropriate program plans.

3. The Licensure Office is not using its statutory authority to impose civil penalties on facilities for violations of licensure rules and has not established the required schedule of penalties, increasing the risk of noncompliance with rules, including repeat violations

Finding

The Office of Licensure is not imposing civil monetary penalties on facilities not complying with Department of Mental Health and Developmental Disability licensure rules. The office licenses mental health day programs, hospitals, outpatient units, residential treatment programs, and crisis stabilization units.

Pursuant to Section 33-2-407(b), *Tennessee Code Annotated*, "the department may impose a civil penalty on a licensee for a violation of this title or a department rule. Each day of a violation constitutes a separate violation." This statute also states that "the department shall establish by rule a schedule designating the minimum and maximum civil penalties within the ranges set in Section 33-2-408 that may be assessed under this part for violation of each statute and rule that is subject to violation."

According to the Licensure Director and a review of department policies, procedures, rules, and regulations, the agency is not imposing civil monetary penalties on facilities failing to comply with department licensure rules. Furthermore, the department has failed to establish a schedule designating the minimum and maximum civil penalties as required by Section 33-2-407(b), *Tennessee Code Annotated*. According to the Licensure Director, the agency has not applied this law because the Tennessee State Constitution limits civil penalties to $50.

Article VI, Section 14, of the Tennessee Constitution provides that a citizen may not be fined more than $50.00 except by trial by jury. However, Attorney General Opinion 00-189 dated December 20, 2000, states that "a civil penalty for a regulatory violation does not constitute a 'fine' such that a person so cited is entitled to a jury trial." The Attorney General goes on to explain that "the Tennessee Supreme Court has concluded this provision does not apply to civil penalties, such as a penalty imposed for a violation of a city ordinance because such a proceeding is civil and not criminal."

Many state agencies, boards, and commissions impose civil monetary penalties. For example, the commissioner of the Department of Health may impose civil monetary penalties, pursuant to Section 68-11-801, *Tennessee Code Annotated*, for deficient nursing homes ranging from $250 to $7,500 for the first violation. Also, the Health-Related Boards may impose civil monetary penalties (not to exceed $1,000 for each violation) for violations of statutes or rules.

Civil penalties, in this instance, provide a sanction that is less drastic than revoking a license and forcing closure of a facility. By not using this method of license enforcement, repeat violators have no incentive to become compliant and stay compliant.

Recommendation

The commissioner should direct the staff of the Licensure Office to promptly promulgate rules and begin imposing civil monetary penalties as allowed by statute to sanction repeat violators to reinforce the importance of adhering to state laws and department rules.

Management's Comment

We concur. The Licensure Office has not been using its statutory authority to impose civil penalties on facilities for violations of licensure rules nor has the Licensure Office established the required schedule of penalties.

The decision by the department to not impose such penalties was based on conflicting opinions on the interpretation of the "Fifty-Dollar Fines Clause" contained in the Tennessee Constitution. The department postponed imposing civil penalties until pending litigation in the Tennessee Court of Appeals and Supreme Court on the matter became settled law.

The Licensure Office is developing policies and procedures as well as promulgating rules to impose civil penalties on facilities in violation of licensure rules as well as to establish the required schedule designating the minimum and maximum penalties. The policies and procedures will be completed and ready for implementation by June 30, 2006 and used for the imposition of penalties on an interim basis until final rules for penalties are promulgated and approved.

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4. Management of the Office of Licensure has failed to establish a systematic way of coordinating its activities or ensuring it is fulfilling its duties, increasing the risk of untimely inspections and unawareness of repeat violations

Finding

The Licensure Office lacks a centralized database system for tracking license survey inspections and complaints.

Based on information obtained from the Licensure Director and license surveyors, surveyors maintain paper files on licensed mental health facilities and any data reported to the central office, such as the number of inspections conducted for the month, are compiled manually as opposed to a computerized report. Per surveyors, to determine whether licensees have repeat violations, they must review files manually rather than querying historical information on a particular licensee via a computer database at their work site or survey site.

Without such a database, it is difficult to determine when all facilities were last surveyed or how effectively complaints were handled. The office currently uses traditional files and manual review to determine license renewals and identify repeat violations. The availability of a

centralized database system accessible by all regional surveyors and the central office would provide a repository for all survey and complaint investigation information, thereby allowing surveyors to easily identify when inspections are due, repeat violators, etc. This type of system would also allow regional supervisors and the central office to monitor survey timeliness; whether unannounced inspections are in fact sporadic and unpredictable; and consistency among surveys to ensure licensure policies, procedures, rules, regulations, and statutes are being followed. This type of oversight will benefit the department when preparing for performance-based budgeting and calculating performance measures.

Recommendation

The commissioner should determine why the management of the Licensure Office has failed to develop an effective system to provide and maintain basic information about the activities of the office. The Licensure Office should develop and implement a database system that allows surveyors to maintain and access survey and complaint data to aid in conducting timely investigations, identifying repeat violators, and supervising surveyors.

Management's Comment

We concur. The management of the Office of Licensure is in the process of procuring and implementing a software system called "Multi Agency Regulatory Systems" ("M.A.R.S.") which will provide the Licensure Office an automated computerized system to monitor surveys, compliance/non-compliance issues, repeat violations, renewals and complaints. The timeframe for procuring and implementing the M.A.R.S. software is estimated to be approximately one year. In the interim, the Office of Licensure currently shares an electronic database with the Division of Mental Retardation Services within the Department of Finance and Administration. This system can query basic licensure information such as license types for all licensed services and facilities. The department will continue to utilize this system until the M.A.R.S. software has been implemented.

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5. Management of the Licensure Office has failed to establish a centralized complaint intake system, increasing the risk that complaints will not be reported

Finding

Management of the Office of Licensure has failed to establish a centralized complaint intake system, such as a complaint hotline, and has failed to prioritize complaints against its contracted facilities to ensure investigation timeliness. According to Section 33-2-416(a), *Tennessee Code Annotated*, the department is required "to investigate reports of serious abuse, dereliction, or deficiency in the operation of a licensed service or facility." Furthermore, Rule

0940-5-2-.20(2) stipulates that "the licensee must report to the Department any serious allegations of abuse, dereliction, or deficiency in the operation of the facility."

Clients, licensed facility staff, and members of the public make complaints. There is no central "hotline" telephone number or centralized intake for complaints. Information from regional license surveyors indicates that facility staff, clients, and the client's family may lack information concerning where and how to file complaints. For example, the department requires the facility staff to inform clients of their rights, including where to file a complaint, but this may be the only time they are informed. In addition, signs are not posted in facilities regarding client rights and where and how to file complaints.

Licensure Office written procedure states that the department should investigate all allegations of deficient operation or reports of abuse, neglect, and/or exploitation made against department-licensed facilities. The procedure stipulates processes for accepting complaints regarding contracted facilities and non-contracted facilities. In both instances, the complaint is to be documented on division forms and forwarded to the Director of Licensure within 24 hours. However, the procedures for contracted facilities do not specify deadlines for investigating the complaint. Furthermore, there are no stipulations for prioritizing complaints based on severity.

The procedures for non-contracted facilities state that within three working days of receipt of the complaint, licensure staff should investigate complaints indicating abuse or neglect. Those complaints which do not require immediate attention should be investigated within seven days. Licensure staff are required to send the results of the investigation to the Director of Licensure within ten working days of the completion of the investigation.

The lack of a centralized complaint intake system and information posting in licensed mental health facilities could place clients in danger because staff, clients, and clients' family members may be uninformed of where and how to file complaints. Also, by not prioritizing complaints about its contracted facilities, the division cannot ensure that the most serious allegations are investigated first and that all investigations are conducted timely.

Recommendation

The commissioner should determine why the management of the Licensure Office has failed to develop a central intake system for complaints. The division should develop and implement a system for centralized complaint intake. The division should also implement written procedures for investigations of its contracted facilities to require prioritizing complaints and to set time frames to help monitor the timeliness of investigations as well as performance among regional offices and surveyors. Additionally, the division should develop and implement centralized computer tracking of all complaints to monitor timeliness, investigation outcomes, and to aid investigators in identifying repeat violators for use in imposing monetary penalties. (See Finding 4.) Finally, the division should require licensed facilities to post signage informing staff, clients, and clients' family members where and how to file a complaint with the department.

Management's Comment

We concur. The Office of Licensure is in the process of establishing policies and procedures to create a centralized complaint intake system that will outline the process for receiving, investigating, prioritizing, and monitoring complaints. These policies and procedures will be developed and ready for implementation by June 30, 2006. The Office of Licensure will work with those agencies that have complaint systems in place to coordinate the intake and processing of complaints. The Office of Licensure will coordinate the posting of signage through discussions with other agencies to ensure the signage is clear and understandable to the general public and not burdensome for an individual making a complaint.

As mentioned in Finding # 4, the Office of Licensure is in the process of procuring and implementing the M.A.R.S. software system. This software system will provide an automated system that will allow the Office of Licensure to maintain a centralized computer intake system that will better organize, prioritize, and monitor complaints.

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6. Office of Licensure policies, procedures, rules, and regulations are inconsistent with current laws, increasing the risk that staff and citizens may act upon inaccurate information

Finding

The Licensure Office's current rules and regulations, as well as policies and procedures, do not reflect current state laws.

Based on a review of the policies and procedures, the department has failed to update these policies and procedures since at least 1995, including major Title 33 revisions. According to the director of the Licensure Office, as of August 2005, division staff were updating the policies and procedures. However, major Title 33 changes began taking effect June 23, 2000, and Mental Retardation Services positions have been moved to Finance and Administration since March 8, 2002, per Executive Order 30, yet the office has not updated these policies and procedures to reflect these changes. One example is Section 2, "Statement of Authority," which lists Title 33, Part 5, as the authority for licensure while the authority has been changed to Title 33, Part 4. Another example is where the policies and procedures list the distinct facility categories which the department issues a license. However, the listing shows some facilities for which the agency no longer licenses and lacks some that have been added.

Table 2
Changes in State Law Not Reflected in Office of Licensure Procedures

Facility Type	
Alcohol and Drug Abuse Non-residential Treatment	Moved to Department of Health in 2000
Alcohol and Drug Abuse Non-residential Methadone Treatment	Moved to Department of Health in 1999
Alcohol and Drug Abuse Residential Detoxification Treatment	Moved to Department of Health in 2000
Alcohol and Drug Abuse Residential Rehabilitation Treatment	Moved to Department of Health in 2000
Alcohol and Drug Abuse Halfway House Treatment	Moved to Department of Health in 2000
Alcohol and Drug Abuse Early Intervention	Moved to Department of Health in 2000
Alcohol and Drug Abuse DUI School	Moved to Department of Health in 2000
Psychosocial Rehabilitation Program	Added: Rule 0940-5-1-.06 (7), which was last amended March 26, 1996
Mental Health Intensive Day Treatment Program for Children and Adolescents	Added: Rule 0940-5-1-.06 (8), which was last amended March 26, 1996
Therapeutic Nursery Program	Added: Rule 0940-5-1-.06 (9), which was last amended March 26, 1996
Supported Living Services	Added: Rule 0940-5-1-.07(10), which was last amended December 31, 1995

Based on a review of Office of Licensure Rules, some *Tennessee Code Annotated* citations have not been updated to reflect current statute. For example, several parts of rule 0940-5-2 reference Sections 33-2-503 through 33-2-512, *Tennessee Code Annotated*. Currently, only 33-2-501 and 502 exist. It is apparent that most of these citations are now located in 33-2-401 et seq. Not only are these rules a resource for department personnel, but they are also a resource to licensees of the department as well as the public.

It is imperative that department personnel, license applicants, legislators, and the public have access to accurate and current information pertaining to the department's policies, procedures, rules, and regulations. Department personnel, in particular, need access to accurate information to help ensure work is conducted in compliance with current statute.

Recommendation

The commissioner should direct Office of Licensure management to make concerted efforts to update policies, procedures, rules, and regulations timely, especially when major statute changes are enacted. This will ensure that staff and other users have access to the most current information. The commissioner should direct staff to ensure policies and rules in other divisions are up to date.

Management's Comment

We concur. The Office of Licensure is currently working with the Office of Legal Counsel to update all policies, procedures, rules, and regulations. All Licensure policies and procedures are currently under review and will be revised as indicated. The Office of Licensure is currently drafting revisions to all of the licensure rules, including all updates for references made to Title 33, *Tennessee Code Annotated* and will submit to the Secretary of State and Attorney General for public hearing, review and approval. The draft of the revisions to the rules for submission to the Secretary of State is scheduled for completion by October 2006.

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7. The Statewide Policy and Planning Council has failed to adequately develop policies and procedures, hindering its ability to operate effectively

Finding

The Statewide Policy and Planning Council has failed to adequately develop policies and procedures under which to operate. Clear and concise policies and procedures are an essential ingredient for the operation of any board. Weaknesses in these areas may potentially cause operational problems for the board.

Due to the lack of policies and procedures, the council does not require annual submission of conflict-of-interest disclosures by members; does not operate under a written quorum policy; and does not ensure that annual reports required by Section 33-1-402(c), *Tennessee Code Annotated*, are sent to the Governor and made public by the commissioner.

Conflict-of-Interest Disclosure

The council does not require its members to submit conflict-of-interest disclosures. Although not required by law, a conflict-of-interest policy helps ensure that the department's interests are not compromised if a council member undertakes some activity that may adversely affect that person's ability to provide full and unbiased service. Governor Bredesen has made ethics a priority. Executive Order No. 3 (issued in 2003) states that executive branch employees shall avoid any actions which might result in the appearance of

> using public office for private office for private gain; giving preferential treatment to any person; impeding government efficiency or economy; losing complete independence or impartiality; making a government decision outside of official channels; or affecting adversely the confidence of the public in the integrity of the government.

While the council members do not vote on rules, regulations, licensure, etc., their ability to provide full and unbiased recommendations on items such as Title 33 changes and the department's budget to the department and General Assembly is essential.

Quorum Policy

According to Section 33-1-402(a), *Tennessee Code Annotated,*

> The Statewide Planning and Policy Council shall advise the commissioner as to plans and policies to be followed in the service system and the operation of the department's programs and facilities, recommend to the general assembly legislation and appropriations for such programs and facilities, advocate for and publicize the recommendations, and publicize generally the situation and needs of persons with mental illness, serious emotional disturbance, or developmental disabilities and their families.

Based on a review of minutes from June 2001 through June 2005, there were no instances of the council voting without a majority of the council members present. However, while the council does not make decisions on rules and regulations, licensure, etc., it can make recommendations directly to the General Assembly. Voting on recommendations of this nature without a proper quorum policy creates the risk of presenting recommendations which do not reflect the majority opinion of the council. Therefore, the council should adopt a policy requiring that a quorum be present before conducting business and taking votes. Per Attorney General Opinion 98-114, "Tennessee courts define a quorum as a majority of all entitled to vote."

By defining a quorum in a detailed written policy, the council can help ensure that any decisions and recommendations reflect the majority opinion of the members entitled to vote.

Annual Reports

Per Section 33-1-402(c), *Tennessee Code Annotated,*

> The statewide planning and policy council, in conjunction with the commissioner, shall report annually to the governor on the service system, including the department's programs, services, supports, and facilities, and may furnish copies of such reports to the general assembly with recommendations for legislation. The statewide planning and policy council may make other reports to the governor and to the general assembly as the council deems necessary. The commissioner shall make the reports available to the public, including on the internet and by other appropriate methods.

According to department management, staff has prepared annual reports, but the reports have not been submitted to the Governor nor made available to the public by any means. Management cited turnover in the Office of Public Information as a possible reason why the

reports were not distributed. The inclusion of this requirement in policies and procedures should help ensure that these reports are submitted timely and made available to the public.

Recommendation

The Statewide Planning and Policy Council should develop policies and procedures requiring annual conflict-of-interest disclosures from all board members; a quorum policy to ensure recommendations reflect the opinion of a majority of the membership entitled to vote; and verification that annual reports have been submitted to the Governor and made available to the public by the commissioner.

Management's Comment

We concur in part. The department developed a conflict of interest statement for board members which was distributed initially in FY 06 to all department boards of trustees, planning and policy councils, licensure review panel, and family support council. Specifically, the conflict of interest forms were distributed to the Department of Mental Health and Developmental Disabilities Planning and Policy Council members at the November 29, 2005 meeting. Members were requested to complete this form annually. The department will contact those members who have not yet signed by June 30, 2006.

In November 2005, the Department of Mental Health and Developmental Disabilities Planning and Policy Council established a council policy on Official Actions of the council that comply with initial findings of the auditors. This policy indicates, "Official actions of the TDMHDD Planning and Policy Council require a majority vote in the affirmative by members present." This policy does not establish a quorum for doing business; a revision to the policy to establish a quorum will be included on the agenda for the June 27, 2006 meeting for action.

In October 2005, the commissioner forwarded the annual reports for fiscal years 2002, 2003, and 2004 to the Governor. The department's 2005 annual report is on track to be completed in a timely fashion. The commissioner will submit this report to the Governor's office when completed. The department will ensure the final 2005 report is distributed to the Planning and Policy Council members and posted on the department's TDMHDD website. The 2004 report is available on the department website.

RECOMMENDATIONS

LEGISLATIVE

This performance audit identified the following area in which the General Assembly may wish to consider statutory changes to improve the efficiency and effectiveness of the operations of the Department of Mental Health and Developmental Disabilities and the Statewide Planning and Policy Council.

1. The General Assembly may wish to consider further studying the need for centralizing developmental disability programs and further defining the department's role in this centralization.

ADMINISTRATIVE

The Department of Mental Health and Developmental Disabilities or the Statewide Planning and Policy Council should address the following areas to improve the efficiency and effectiveness of their operations.

1. The Office of Special Populations should continue to address the need for a statewide system for providing community services for inmates with mental illness, such as group-therapy programs and faith-based programs. The office should implement a statewide system since only 24 of 95 counties (26%) currently have Criminal Justice/ Mental Health liaisons. As part of establishing a statewide system, the office should study the effectiveness of the current programs and use the results in developing programs in unserved counties. The commissioner should establish goals and objectives for such a statewide system and measure and report on its progress in meeting those goals. The office should also, as recommended in the prior audit, conduct a study to ascertain the type, number, and location of needed community services to help minimize the possibility of incarceration of mentally ill persons and to aid liaisons in obtaining resources needed for diversion and referral. The office should coordinate these efforts with the Criminal Justice/Mental Health Liaisons, community service providers, and local criminal justice officials.

2. The department should explore other avenues of complying with statutory duties associated with developmental disabilities and provide the Legislature with more specific information detailing program plans and associated needs.

3. The commissioner should direct the staff of the Licensure Office to promptly promulgate rules and begin imposing civil monetary penalties as allowed by statute to

sanction repeat violators to reinforce the importance of adhering to state laws and department rules.

4. The commissioner should determine why the management of the Licensure Office has failed to develop an effective system to provide and maintain basic information about the activities of the office. The Licensure Office should develop and implement a database system that allows surveyors to maintain and access survey and complaint data to aid in conducting timely investigations, identifying repeat violators, and supervising surveyors.

5. The commissioner should determine why the management of the Licensure Office has failed to develop a central intake system for complaints. The division should develop and implement a system for centralized complaint intake. The division should also implement written procedures for investigations of its contracted facilities to require prioritizing complaints and to set time frames to help monitor the timeliness of investigations as well as performance among regional offices and surveyors. Additionally, the division should develop and implement centralized computer tracking of all complaints to monitor timeliness, investigation outcomes, and to aid investigators in identifying repeat violators for use in imposing monetary penalties. (See Finding 4.) Finally, the division should require licensed facilities to post signage informing staff, clients, and the client's family where and how to file a complaint with the department.

6. The commissioner should direct Office of Licensure management to make concerted efforts to update policies, procedures, rules, and regulations timely, especially when major statute changes are enacted. This will ensure that staff and other users have access to the most current information. The commissioner should direct staff to ensure policies and rules in other divisions are up to date.

7. The Statewide Planning and Policy Council should develop policies and procedures requiring annual conflict-of-interest disclosures from all board members; a quorum policy to ensure recommendations reflect the opinion of a majority of the membership entitled to vote; and verification that annual reports have been submitted to the Governor and made available to the public by the commissioner.

APPENDIX

Department of Mental Health and Developmental Disabilities
Title VI Information

All programs or activities receiving federal financial assistance are prohibited by Title VI of the Civil Rights Act of 1964 from discriminating against participants or clients on the basis of race, color, or national origin. In response to a request from members of the Government Operations Committee, we compiled information concerning federal financial assistance received by the Department of Mental Health and Developmental Disabilities (MHDD) and the department's efforts to comply with Title VI requirements. The results of the information gathered are summarized below.

Per the agency's Title VI Implementation Plan (Title VI Plan) submitted to the Division of State Audit on June 30, 2005, the commissioner appoints the Title VI coordinator. The staff of the Office of Policy and Strategic Initiatives carries out all civil rights activities through the Diversity Initiatives section. However, based on information obtained from interviews with agency management, currently there is only an Interim Title VI coordinator. The Title VI coordinator's responsibilities, per the Title VI Plan, minimally include

- monitoring (self-surveys, on-site, and ad hoc),
- report writing,
- training,
- technical assistance,
- coordinating Title VI with other civil-rights-related activities,
- distributing supplies, and
- reviewing complaints.

In addition to the work performed by the Title VI coordinator, the department has three regional licensure offices that assist in monitoring licensed contract agencies for Title VI compliance. Contract reviews conducted within Fiscal Services also include a Title VI section.

The department has published a manual for contract agencies called "Title VI for Local Coordinators." The manual covers department responsibilities, policies, and procedures; sub-recipient responsibilities; monitoring activities; and complaint procedures. The department provides training posters and brochures to contract agencies. All sub-recipient service provision locations are required to display Title VI posters. In addition, service recipients are informed of their rights whenever they are admitted to a program. The department expects all contract agencies to comply with the following:

- Agencies must ensure that service recipients receive equal treatment, equal access, equal rights, and equal opportunities without regard to their race, color, national origin, or Limited English Proficiency.
- Agencies must inform service recipients of their protection under Title VI at least once every year. This must be documented in a regular and systematic manner.
- Agencies must ensure that service recipients know who the local coordinator is and how to reach him or her.
- Agencies must ensure that service recipients know how to file a Title VI complaint.
- Agencies must display Title VI posters prominently.
- Agencies must make physical areas available to all service recipients without regard to race, color, national origin, or Limited English Proficiency.
- Agencies must ensure that service recipients are addressed in a consistent manner, without regard to race, color, national origin, or Limited English Proficiency.
- Agencies that provide residential services must ensure that room assignments and transfers are made without regard to race, color, national origin, or Limited English Proficiency.
- Agencies must ensure that service recipients who do not speak English well know that free interpretation is available to them.

Title VI complaints may be filed at one of three levels:

- local level—complaints must be made in writing and submitted to the local coordinator;
- departmental level—a completed complaint form must be sent to the department Title VI coordinator; and
- federal level—a completed complaint form must be sent to the Office for Civil Rights, U.S. Department of Health and Human Services.

The person filing a complaint has the right to file the complaint with the federal government's Office for Civil Rights at any stage of the complaint process. When the complainant chooses this option, it becomes the responsibility of the Office for Civil Rights to review the complaint. Therefore, local or departmental complaint procedures are suspended pending the outcome of the external complaint. According to information obtained from the Interim Title VI coordinator, between Fiscal Years 2003-05, there have been nine complaints filed. Of these, there were five with no findings of discrimination; one was made directly to the federal Department of Health and Human Services for which no communication was made to department regarding the outcome; one was referred to the Human Rights Commission; one was withdrawn; and one did warrant a finding of discrimination. The validated complaint alleged that the mental health agency treated the consumer differently because of race during an assessment completed at the request of his high school and during his subsequent hospitalization at the mental health institute.

The Tennessee Title VI Commission, Department of Education, and MHDD conducted the investigation. It was determined that both the mental health agency and the mental health institute "indirectly contributed to the discrimination of the consumer." The Title VI coordinator provided additional Title VI training to the staff at the mental health agency and the mental health institute.

The following are tables showing the number of persons receiving TennCare mental health services, either through services at the regional mental health institutes or services in the community and developmental centers.

Table 3
Number of Persons Receiving Mental Health Services in TennCare
Fiscal Year 2004

	White	Black	Hispanic	American Indian	Asian	Other	Total
Region 1	15,956	460	30	17	16	943	17,422
Region 2	34,614	2,473	132	53	46	2,091	39,409
Region 3	24,291	3,154	82	30	33	1,425	29,015
Region 4	10,986	7,421	238	56	99	961	19,761
Region 5	26,039	3,125	192	59	98	1,391	30,904
Region 6	17,058	5,749	76	24	19	1,251	24,177
Region 7	5,376	14,244	72	23	74	1,112	20,901
Total	**134,320**	**36,626**	**822**	**262**	**385**	**9,174**	**181,589**

Table 4
Percentage, by Race and Region, of Persons Receiving Mental Health Services in TennCare Fiscal Year 2004

	White	Black	Hispanic	American Indian	Asian	Other
Region 1	91.59%	2.64%	0.17%	0.10%	0.09%	5.41%
Region 2	87.83%	6.28%	0.33%	0.13%	0.12%	5.31%
Region 3	83.72%	10.87%	0.28%	0.10%	0.11%	4.91%
Region 4	55.59%	37.55%	1.20%	0.28%	0.50%	4.86%
Region 5	84.26%	10.11%	0.62%	0.19%	0.32%	4.50%
Region 6	70.55%	23.78%	0.31%	0.10%	0.08%	5.17%
Region 7	25.72%	68.15%	0.34%	0.11%	0.35%	5.32%
Total	**73.98%**	**20.17%**	**0.45%**	**0.14%**	**0.21%**	**5.05%**

The Statewide Planning and Policy Council

The Statewide Planning and Policy Council has a minimum of 17 members, not including *ex officio* members, appointed by the commissioner for three-year terms. The Speaker of the Senate and the Speaker of the House of Representatives each appoint one legislator as a member of the council. The Governor is an *ex officio* member of the council and appoints the chairman

and may appoint representatives of state agencies as *ex officio* members of the council. Current or former service recipients and members of service-recipient families comprise a majority of the council's membership and represent mental health developmental disabilities, children, adults, and elderly services. Service providers and the others affected by the services are also represented. While there is no statutory requirement regarding minority representation on the council, the following is a breakdown of gender and ethnicity of the respective members.

Table 5
Department of Mental Health and Developmental Disabilities
Statewide Planning and Policy Council Membership
As of October 13, 2005

Council Member	Gender	Ethnicity
Robert Benning	M	White
Lori Abbott	F	White
Dr. Bill Allen	M	White
Wanda Baker	F	Black
Ernestine Bowers	F	Black
Louisa Hough	F	Hispanic
Michael Cartwright	M	White
Dr. Jim Causey	M	White
Carolyn Cowans	F	Black
Sita Diehl	F	White
Dr. Bobby Freeman	M	White
C. Turner Hopkins	M	White
Pam Jackson	F	White
Janet Jernigan	F	White
Rep. Mark Maddox	M	White
Joseph Marshall	M	White
Emma Martin	F	Black
Sheryl McCormick	F	White
Dr. Judy Reagan	F	White
June Phillips	F	White
Donald Redden	M	White
Amy Terry	F	Black
Carol Westlake	F	White
Evelyn Yeargin	F	Black

Department of Mental Health and Developmental Disabilities
Personnel by Title, Gender, Ethnicity
As of September 27, 2005

Title	Gender		Ethnicity					
	Male	Female	Asian	Black	Hispanic	Indian	White	Other
Account Clerk	3	15	0	3	0	0	15	0
Accounting Manager	2	1	0	0	0	0	3	0
Accounting Technician 1	0	17	0	3	0	0	14	0
Accounting Technician 2	0	2	0	0	0	0	2	0
Accountant 2	1	1	0	0	0	0	2	0
Accountant 3	8	4	1	1	0	0	10	0
Administrative Services Asst. Superintendent	5	0	0	0	0	0	5	0
Adjunctive Therapist Supervisor	1	2	0	0	0	0	3	0
Adjunctive Therapist Director	0	1	0	1	0	0	0	0
Administrative Asst. 1	1	8	0	3	0	0	6	0
Administrative Services Asst. 2	3	16	0	1	0	0	18	0
Administrative Services Asst. 3	2	9	0	1	0	0	10	0
Administrative Services Asst. 4	0	6	0	1	0	0	5	0
Administrative Services Asst. 5	1	1	0	0	0	0	2	0
Administrative Services Manager	1	0	0	0	0	0	1	0
Administrative Secretary	1	30	2	7	0	0	22	0
Attorney 3	4	4	0	1	0	0	7	0
Audit Director 1	1	0	0	0	0	0	1	0
Auditor 2	2	0	0	1	0	0	1	0
Auditor 3	0	1	0	0	0	0	1	0
Baker	0	1	0	1	0	0	0	0
Beautician	1	1	0	0	0	0	2	0
Budget Analysis Director 1	1	0	0	0	0	0	1	0
Building Maintenance Worker 1	9	0	0	4	0	0	5	0
Building Maintenance Worker 2	20	0	0	3	1	0	16	0
Building Maintenance Worker 3	7	0	0	1	0	0	6	0
Boiler Operator 1	6	0	0	1	0	0	5	0
Boiler Operator 2	1	0	0	0	0	0	1	0
Boiler Operator Supervisor	3	0	0	0	0	0	3	0
Budget Analyst 2	1	0	0	0	0	0	1	0
Chaplain 2 Psychiatric	2	1	0	1	0	0	2	0
Chaplain 3 Psychiatric	1	1	0	1	0	0	1	0
Clerk 1	2	2	0	2	0	0	2	0

Title	Gender		Ethnicity					
	Male	Female	Asian	Black	Hispanic	Indian	White	Other
Clerk 2	2	64	0	25	0	0	41	0
Clerk 3	7	31	0	15	0	0	23	0
Computer Operations Manager 2	0	1	0	1	0	0	0	0
Computer Operations Manager 3	1	0	0	0	0	0	1	0
Computer Operations Supervisor	0	1	0	1	0	0	0	0
Commissioner 2	0	1	0	0	0	0	1	0
Cook 1	2	7	0	6	0	0	3	0
Cook 2	3	0	0	2	0	0	1	0
Counseling Associate 2	8	7	0	7	0	0	8	0
Custodial Worker 1	51	78	0	100	0	0	29	0
Custodial Worker 2	8	5	0	10	0	0	3	0
Custodial Worker Supervisor 1	3	7	0	7	0	0	3	0
Custodial Worker Supervisor 2	3	2	0	4	0	0	1	0
Deputy Commissioner 2	1	0	0	0	0	0	1	0
Developmental Training Technician	1	1	0	2	0	0	0	0
Dietitian's Asst.	0	1	0	0	0	0	1	0
Dietitian Supervisor	0	1	0	1	0	0	0	0
Dietitian	0	3	0	1	0	0	2	0
Distributed Computer Operator 3	0	1	0	0	0	0	1	0
Distributed Programmer/ Analyst 3	0	1	1	0	0	0	0	0
Distributed Programmer/ Analyst 4	2	0	0	0	0	0	2	0
Distributed Programmer/Analyst Supervisor	0	1	0	0	0	0	1	0
EEG/EKG Technician	0	1	0	0	0	0	1	0
Equipment Mechanic 1	2	0	0	0	0	0	2	0
Equipment Mechanic 2	2	0	0	0	0	0	2	0
Executive Administrative Asst. 1	0	1	0	0	0	0	1	0
Executive Administrative Asst. 2	1	5	0	0	0	0	6	0
Executive Administrative Asst. 3	0	3	0	0	0	0	3	0
Executive Housekeeper 1	1	1	0	2	0	0	0	0
Executive Housekeeper 2	1	2	0	2	0	0	1	0
Executive Secretary 1	0	6	0	1	0	0	5	0
Executive Secretary 3	0	1	0	0	0	0	1	0
Facilities Construction Director	1	0	0	0	0	0	1	0
Facilities Construction Specialist 3	1	0	0	0	0	0	1	0
Facilities Manager 1	1	0	0	0	0	0	1	0
Facilities Manager 3	4	0	0	1	0	0	3	0

Title	Gender		Ethnicity					
	Male	Female	Asian	Black	Hispanic	Indian	White	Other
Facilities Safety Officer 3	1	0	0	0	0	0	1	0
Facilities Supervisor	6	0	0	1	0	0	5	0
Food Service Asst. Manager 1	0	1	0	0	0	0	1	0
Food Service Asst. Manager 2	0	1	0	1	0	0	0	0
Food Service Director 3	0	1	0	0	0	0	1	0
Food Service Manager 2	3	1	0	2	0	0	2	0
Food Service Supervisor 1	0	3	0	2	0	0	1	0
Food Service Supervisor 2	0	7	0	6	0	0	1	0
Food Service Supervisor 3	0	5	0	3	0	0	2	0
Food Service Worker	9	24	0	18	0	0	15	0
Fiscal Director 1	2	3	0	1	0	0	4	0
Fiscal Director 3	1	0	0	0	0	0	1	0
General Counsel 3	0	1	0	0	0	0	1	0
Grounds Worker 2	2	0	0	0	0	0	2	0
Heating and Refrigeration Mechanic 1	1	0	0	0	0	0	1	0
Heating and Refrigeration Mechanic 2	1	0	0	0	0	0	1	0
Heating and Refrigeration Mechanic 3	1	0	0	1	0	0	0	0
Health Information Manager	0	5	0	1	0	0	4	0
Human Services Program Coordinator	1	0	0	1	0	0	0	0
Human Services Program Manager	1	0	0	0	0	0	1	0
Information Resource Support Specialist 2	3	3	0	1	0	0	5	0
Information Resource Support Specialist 3	8	2	0	3	0	0	7	0
Information Resource Support Specialist 4	5	3	0	1	0	0	7	0
Information Resource Support Specialist 5	2	0	0	0	0	0	2	0
Information Systems Analyst 4	2	0	0	0	0	0	2	0
Information Systems Analyst Supervisor	1	0	0	0	0	0	1	0
Information Systems Consultant	1	0	0	0	0	0	1	0
Information Systems Director 1	1	0	0	0	0	0	1	0
Information Systems Director 3	1	0	0	0	0	0	1	0
Information Systems Manager 1	2	0	0	0	0	0	2	0
Information Systems Manager 3	2	0	0	0	0	0	2	0
Institutional Services Manager	1	1	0	0	0	0	2	0
Lead Psychiatric Technician	15	21	0	27	0	0	8	1

Title	Gender		Ethnicity					
	Male	Female	Asian	Black	Hispanic	Indian	White	Other
Laboratory Technician 1	0	1	0	0	0	0	1	0
Laboratory Technician 2	0	2	0	0	0	0	2	0
Laundry Worker 2	0	1	0	1	0	0	0	0
Legal Asst.	0	2	0	1	0	0	1	0
Liaison Teacher Counselor Supervisor	1	0	0	0	0	0	1	0
Liaison Teacher Counselor	2	2	0	3	0	0	0	1
Librarian 1	0	1	0	0	0	0	1	0
Locksmith	1	0	0	0	0	0	1	0
Licensed Practical Nurse 1	6	44	0	25	1	0	24	0
Licensed Practical Nurse 2	0	2	0	0	0	0	2	0
Mail Technician 1	2	0	0	1	0	0	1	0
Managed Care Manager 1	1	0	1	0	0	0	0	0
Medical Laboratory Technician	2	4	0	1	0	0	5	0
Medical Records Asst.	0	6	0	4	0	0	2	0
Medical Technologist 1	1	2	0	0	0	0	3	0
Medical Technologist 2	1	2	0	0	0	0	3	0
Medical Transcriber 1	0	5	0	1	0	0	4	0
Medical Transcriber 2	0	2	0	0	0	0	2	0
Media Producer/Director	1	0	0	0	0	0	1	0
Mental Health Executive Director	1	3	0	1	0	0	3	0
Mental Health Program Specialist 2	6	8	0	9	0	0	5	0
Mental Health Program Specialist 3	7	11	0	7	0	0	11	0
MH/MR Institutional Program Coordinator	11	20	0	8	1	0	22	0
MH/MR Institutional Program Director	4	14	0	5	0	0	13	0
MH/MR Investigator	3	2	0	1	0	0	4	0
MH/MR Licensure Director	1	0	0	1	0	0	0	0
MH/MR Planner	0	5	0	0	0	0	5	0
Mental Health/Mental Retardation Program Director	4	6	0	1	1	0	8	0
Mental Health/Mental Retardation Standards Coordinator	1	3	0	1	0	1	2	0
Maintenance Carpenter 1	2	0	0	0	0	0	2	0
Maintenance Carpenter 2	3	0	0	0	0	0	3	0
Maintenance Electrician 1	3	0	0	1	0	0	2	0
Maintenance Electrician 2	1	0	0	0	0	0	1	0
Maintenance Mechanic 2	3	0	0	1	0	0	2	0

Title	Gender		Ethnicity					
	Male	Female	Asian	Black	Hispanic	Indian	White	Other
Maintenance Mechanic 3	2	0	0	0	0	0	2	0
Maintenance Plumber 1	2	0	0	0	0	0	2	0
Maintenance Plumber 2	2	0	0	0	0	0	2	0
Maintenance Painter 1	4	0	0	1	0	0	3	0
Maintenance Painter 2	1	0	0	0	0	0	1	0
Mental Retardation Program Specialist 2	2	6	0	3	0	0	5	0
Mental Retardation Program Specialist 3	1	0	0	0	0	0	1	0
Music Therapist 1	1	2	0	0	0	0	3	0
Nurse Practitioner	2	25	1	5	0	0	21	0
Occupational Therapy Asst. (certified)	0	3	0	3	0	0	0	0
Occupational Therapist	0	1	0	0	0	0	1	0
Occupational Therapy Director	0	1	0	0	0	0	1	0
Office Automation Specialist	0	1	0	0	0	0	1	0
Office Supervisor 1	0	1	0	0	0	0	1	0
Patient Accounts Specialist 1	1	10	0	5	0	0	6	0
Patient Accounts Specialist 2	1	6	0	2	0	0	5	0
Patient Accounts Specialist 3	1	4	0	0	0	0	5	0
Personnel Analyst 2	1	8	0	3	0	0	6	0
Personnel Analyst 3	0	1	0	0	0	0	1	0
Personnel Director 1	2	2	0	1	0	0	3	0
Personnel Director 2	0	1	0	0	0	0	1	0
Personnel Manager 1	0	1	0	0	0	0	1	0
Personnel Manager 2	0	1	0	0	0	0	1	0
Personnel Technician 2	0	5	0	0	0	0	5	0
Personnel Technician 3	0	4	0	4	0	0	0	0
Personnel Training Supervisor	0	1	0	1	0	0	0	0
Pharmacy Technician	1	12	0	2	0	0	11	0
Pharmacist 1	4	8	0	0	0	0	12	0
Pharmacist 2	4	1	0	0	0	0	5	0
Physical Therapy Technician	1	0	0	1	0	0	0	0
Physician - Child Psychiatrist	1	0	1	0	0	0	0	0
Physician - Internal Medicine	2	2	0	1	0	0	3	0
Physician - Psychiatrist	27	9	12	7	0	1	13	3
Physician - Psychiatric Institute Clinical Director	4	0	0	0	0	0	4	0
Physician - Specialty	2	2	0	1	0	0	2	1
Physician	6	4	1	1	0	0	7	1

Title	Gender		Ethnicity					
	Male	Female	Asian	Black	Hispanic	Indian	White	Other
Physician's Asst.	0	1	0	0	0	0	1	0
Procurement Officer 1	3	2	0	1	0	0	4	0
Procurement Officer 2	1	3	0	1	0	0	3	0
Property Officer 1	3	0	0	2	0	0	1	0
Psychiatric Hospital Asst. Superintendent	4	5	0	3	0	0	6	0
Psychiatric Hospital Superintendent - Non-Medical	4	1	0	0	0	0	5	0
Psychiatric Nurse	1	6	0	1	0	0	6	0
Psychiatric Social Worker 1	7	38	0	9	0	0	36	0
Psychiatric Social Worker 2	3	17	0	9	1	0	10	0
Psychiatric Teacher Counselor	3	8	0	6	0	0	5	0
Psychiatric Teacher Counselor Supervisor	1	2	0	1	0	0	2	0
Psychiatric Technician	432	450	1	620	2	1	251	7
Psychologist	10	7	0	0	0	0	17	0
Psychologist Director	2	1	0	0	0	0	3	0
Psychologist Examiner 1	3	1	0	0	0	0	4	0
Psychologist Examiner 2	3	2	0	1	0	0	4	0
Recreation Therapist 1	9	5	0	6	0	0	8	0
Recreation Therapist 2	19	24	0	26	0	0	17	0
Recreation Therapist 3	2	3	0	0	0	0	5	0
Rehabilitation Therapist	4	1	0	2	0	0	3	0
Rehabilitation Therapist Supervisor	1	1	0	2	0	0	0	0
Registered Nurse 2	22	222	8	62	1	2	171	0
Registered Nurse 3	10	88	1	37	0	0	60	0
Registered Nurse 4	2	27	0	8	0	0	21	0
Registered Nurse 5	0	6	0	2	0	0	4	0
Secretary	3	49	1	10	0	0	41	0
Security Chief	2	2	0	2	0	0	2	0
Security Guard 1	35	13	0	31	1	1	13	2
Security Guard 2	16	1	0	8	0	0	8	1
Social Services Director	0	5	0	1	0	0	4	0
Social Worker 2	4	20	1	12	0	0	11	0
Statistical Analyst 3	1	0	0	0	0	0	0	1
Statistical Programmer Specialist 2	1	2	0	1	0	0	2	0
Statistical Research Specialist	0	1	0	0	0	0	1	0
Storekeeper 1	2	3	0	3	0	0	2	0
Storekeeper 2	6	1	0	3	0	0	4	0

Title	Gender		Ethnicity					
	Male	**Female**	**Asian**	**Black**	**Hispanic**	**Indian**	**White**	**Other**
Stores Clerk	1	0	0	0	0	0	1	0
Stores Manager	1	0	0	0	0	0	1	0
Teacher's Asst. Psychiatric	2	3	0	3	0	0	2	0
Telephone Operator 1	2	15	0	9	0	0	8	0
Telephone Operator 2	0	1	0	0	0	0	1	0
Telephone Operations Supervisor	0	2	0	1	0	0	1	0
Training Officer 2	1	1	0	0	0	0	2	0
Vehicle Operator	11	1	0	6	0	0	6	0
Volunteer Services Coordinator 2	0	3	0	0	0	0	3	0
Warehouse Worker	2	0	0	0	0	0	2	0
X-Ray Technician 3	2	1	0	1	0	0	2	0
Totals	**1,053**	**1,754**	**32**	**1,298**	**9**	**6**	**1,444**	**18**