

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2009
Performed as Special Assistant Auditors
For the Auditor General, State of Illinois

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2009

TABLE OF CONTENTS

	<u>Page</u>
Center Officials	1
Management Assertion Letter	2-3
Compliance Report	
Summary	4-5
Accountants' Report	
Independent Accountants' Report on State Compliance, on Internal Control Over Compliance, and on Supplementary Information for State Compliance Purposes	6-8
Schedule of Findings and Recommendations	
Current Findings	9
Prior Findings Not Repeated	10
Supplementary Information for State Compliance Purposes	
Summary	11
Fiscal Schedules and Analysis	
Schedule of Appropriations, Expenditures and Lapsed Balances	12-13
Comparative Schedule of Net Appropriations, Expenditures and Lapsed Balances	14
Description of Locally Held Funds	15-16
Schedule of Locally Held Funds – Cash Basis	17-18
Schedule of Changes in State Property (not examined)	19
Comparative Schedule of Cash Receipts and Deposits	20
Analysis of Significant Variations in Expenditures	21-23
Analysis of Significant Lapse Period Spending	24-25
Schedule of Changes in Inventories (not examined)	26
Analysis of Accounts Receivable	27
Analysis of Operations	
Center Functions and Planning Program	28-29
Average Number of Employees	30
Employee Overtime (not examined)	31
Contractual Payroll Employees (not examined)	32
Center Utilization (not examined)	33
Annual Center Statistics	
Cost Per Year/Day Per Resident (not examined)	34
Ratio of Employees to Residents (not examined)	34
Reported Employee Job Injuries (not examined)	35
Food Services (not examined)	35
Service Efforts and Accomplishments (not examined)	36-41

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2009

CENTER OFFICIALS

Facility Director	Ms. Patricia Kelley, LCSW
Assistant Hospital Administrator	Ms. Melissa Gross
Business Office Administrator	Mr. Richard Kerns

The Center is located at:

1315 Lehmen Drive
Chester, Illinois 62233



December 16, 2009

West & Company, LLC
919 E. Harris Avenue
Greenville, IL 62246

Ladies and Gentlemen:

We are responsible for the identification of, and compliance with, all aspects of laws, regulations, contracts, or grant agreements that could have a material effect on the operations of the Center. We are responsible for and we have established and maintained an effective system, of internal controls over compliance requirements. We have performed an evaluation of the Center's compliance with the following assertions during the two-year period ended June 30, 2009. Based on this evaluation, we assert that during the years ended June 30, 2008 and June 30, 2009, the Center has materially complied with the assertions below.

- A. The center has obligated, expended, received and used public funds of the State in accordance with the purpose for which such funds have been appropriated or otherwise authorized by law.
- B. The center has obligated, expended, received and used public funds of the State in accordance with any limitations, restrictions, conditions or mandatory directions imposed by law upon such obligation, expenditure, receipt or use.
- C. The center has complied, in all material respects, with applicable laws and regulations, including the State uniform accounting system, in its financial and fiscal operations.
- D. State revenues and receipts collected by the center are in accordance with applicable laws and regulations and the accounting and record keeping of such revenues and receipts is fair, accurate and in accordance with law.

West & Company, LLC
December 16, 2009
Page Two

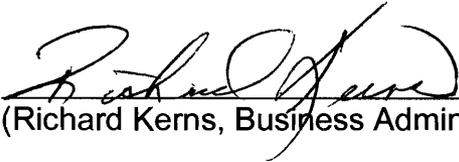
- E. Money or negotiable securities or similar assets handled by the center on behalf of the State or held in trust by the center have been properly and legally administered, and the accounting and record keeping relating thereto is proper, accurate and in accordance with law.

Sincerely,

Chester Mental Health Center



(Patricia Kelley, Facility Director)



(Richard Kerns, Business Administrator)

PK/RK/nls

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2009

COMPLIANCE REPORT

SUMMARY

The limited State compliance testing performed during this examination was conducted in accordance with *Government Auditing Standards* and in accordance with the Illinois State Auditing Act.

ACCOUNTANTS' REPORT

The Independent Accountants' Report on State Compliance, on Internal Control Over Compliance and on Supplementary Information for State Compliance Purposes (Report) relates only to those chapters of the "Audit Guide for Performing Financial Audits and Compliance Attestation Engagements of Illinois State Agencies" (*Audit Guide*) which are identified in the report as having compliance testing performed and does not contain scope limitations, disclaimers, or other significant non-standard language.

SUMMARY OF FINDINGS

<u>Number of</u>	<u>This Report</u>	<u>Prior Report</u>
Findings	-	1
Repeated findings	-	-
Prior recommendations implemented or not repeated	1	-

There were no findings identified during the engagement which are required to be included in the report.

SCHEDULE OF FINDINGS

CURRENT FINDINGS

No current findings.

PRIOR FINDINGS NOT REPEATED

<u>Item No.</u>	<u>Page</u>	<u>Description</u>
A.	10	Inadequate Notification to Recipients

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2009

COMPLIANCE REPORT (continued)

EXIT CONFERENCE

The results of this examination were discussed with Department and Center personnel at an exit conference on November 23, 2009. Attending were:

Department of Human Services

Ms. Jamie Nardulli, Audit Liaison

Chester Mental Health Center

Ms. Patricia Kelley, Facility Director
Mr. Richard Kerns, Business Office Administrator

Office of the Auditor General

Ms. Kathy Lovejoy, Audit Manager

West & Company, LLC

Ms. Janice Romack, Partner

MEMBERS

E. LYNN FREESE
RICHARD C. WEST
KENNETH L. VOGT
BRIAN E. DANIELL
JANICE K. ROMACK
DIANA R. SMITH
D. RAIF PERRY
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&
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**INDEPENDENT ACCOUNTANTS' REPORT ON STATE COMPLIANCE,
ON INTERNAL CONTROL OVER COMPLIANCE, AND ON
SUPPLEMENTARY INFORMATION FOR STATE COMPLIANCE PURPOSES**

Honorable William G. Holland
Auditor General
State of Illinois

Compliance

As Special Assistant Auditors for the Auditor General, we performed a limited scope compliance examination of the State of Illinois Department of Human Services – Chester Mental Health Center’s (Center) compliance with the requirements listed below, as more fully described in the Audit Guide for Performing Financial Audits and Compliance Attestation Engagements of Illinois State Agencies (*Audit Guide*) as adopted by the Auditor General, during the two years ended June 30, 2009. The management of the State of Illinois Department of Human Services – Chester Mental Health Center is responsible for compliance with these requirements. Our responsibility is to express an opinion on the State of Illinois Department of Human Services – Chester Mental Health Center’s compliance based on our examination.

- A. The State of Illinois Department of Human Services – Chester Mental Health Center has obligated, expended, received, and used public funds of the State in accordance with the purpose for which such funds have been appropriated or otherwise authorized by law.
- B. The State of Illinois Department of Human Services – Chester Mental Health Center has obligated, expended, received, and used public funds of the State in accordance with any limitations, restrictions, conditions or mandatory directions imposed by law upon such obligation, expenditure, receipt or use.
- C. The State of Illinois Department of Human Services – Chester Mental Health Center has complied, in all material respects, with applicable laws and regulations, including the State uniform accounting system, in its financial and fiscal operations.
- D. The State revenues and receipts collected by the of the State of Illinois Department of Human Services – Chester Mental Health Center are in accordance with applicable laws and regulations and the accounting and recordkeeping of such revenues and receipts is fair, accurate and in accordance with law.
- E. Money or negotiable securities or similar assets handled by the State of Illinois Department of Human Services – Chester Mental Health Center on behalf of the State or held in trust by the State of Illinois Department of Human Services – Chester Mental Health Center have been properly and legally administered and the accounting and recordkeeping relating thereto is proper, accurate, and in accordance with law.

Our limited scope compliance examination of the Center was limited to the following areas of the *Audit Guide*:

- Chapter 8 – Personal Services Expenditures
- Chapter 9 – Contractual Services Expenditures
- Chapter 11 – Commodities Expenditures
- Chapter 17 – Revenues, Refunds and Receivables
- Chapter 18 – Appropriations, Transfers and Expenditures
- Chapter 22 – Review of Agency Functions and Planning Program
- Chapter 30 – Auditing Compliance with Agency Specific Statutory Mandates

The areas of the *Audit Guide* not examined at the State of Illinois Department of Human Services – Chester Mental Health Center have had procedures performed on a Department-wide basis through the compliance examination of the Department of Human Services – Central Office, and accordingly, any findings from the results of those procedures have been included in the Department of Human Services – Central Office compliance report.

We conducted our examination in accordance with attestation standards established by the American Institute of Certified Public Accountants; the standards applicable to attestation engagements contained in *Government Auditing Standards* issued by the Comptroller General of the United States; the Illinois State Auditing Act (Act); and the *Audit Guide* as adopted by the Auditor General pursuant to the Act; and, accordingly, included examining, on a test basis, evidence about the State of Illinois Department of Human Services – Chester Mental Health Center’s compliance with those requirements listed in the first paragraph of this report and performing such other procedures as we considered necessary in the circumstances. We believe that our examination provides a reasonable basis for our opinion. Our examination does not provide a legal determination on the State of Illinois Department of Human Services – Chester Mental Health Center’s compliance with specified requirements.

In our opinion, the State of Illinois Department of Human Services – Chester Mental Health Center complied, in all material respects, with the requirements listed in the first paragraph of this report during the two years ended June 30, 2009.

Internal Control

The management of the State of Illinois Department of Human Services – Chester Mental Health Center is responsible for establishing and maintaining effective internal control over compliance with the requirements listed in the first paragraph of this report. In planning and performing our limited scope compliance examination, we considered the State of Illinois Department of Human Services – Chester Mental Health Center’s internal control over compliance with the requirements listed in the first paragraph of this report as a basis for designing our examination procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with the *Audit Guide* issued by the Illinois Office of the Auditor General, but not for the purpose of expressing an opinion on the effectiveness of the State of Illinois Department of Human Services – Chester Mental Health Center’s internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the State of Illinois Department of Human Services – Chester Mental Health Center’s internal control over compliance.

A *deficiency* in an entity's internal control over compliance exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct noncompliance with the requirements listed in the first paragraph of this report on a timely basis. A *material weakness* is a deficiency, or combination of deficiencies, in internal control over compliance such that there is a reasonable possibility that material noncompliance with a requirement listed in the first paragraph of this report will not be prevented, or detected and corrected on a timely basis.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be deficiencies, significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

As required by the *Audit Guide*, immaterial findings relating to internal control deficiencies excluded from this report have been reported in a separate letter to your office.

Supplementary Information for State Compliance Purposes

Our examination was conducted for the purpose of forming an opinion on compliance with the requirements listed in the first paragraph of this report. The accompanying supplementary information as listed in the table of contents as Supplementary Information for State Compliance Purposes is presented for purposes of additional analysis. We have applied certain limited procedures as prescribed by the *Audit Guide*, as adopted by the Auditor General, to the 2009 and the 2008 Supplementary Information for State Compliance Purposes, except for information on the Schedule of Changes in State Property, Schedule of Changes in Inventory, Employee Overtime, Contractual Payroll Employees, Center Utilization, Annual Center Statistics, and Service Efforts and Accomplishments on which we did not perform any procedures. However, we do not express an opinion on the supplementary information.

We have not applied procedures to the 2007 Supplementary Information for State Compliance Purposes, and accordingly, we do not express an opinion thereon.

This report is intended solely for the information and use of the Auditor General, the General Assembly, the Legislative Audit Commission, the Governor, Center and Department of Human Services management, and is not intended to be and should not be used by anyone other than these specified parties.

West + Company, LLC

West & Company, LLC

December 16, 2009

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
SCHEDULE OF FINDINGS
For the Two Years Ended June 30, 2009

CURRENT FINDINGS

There were no current findings noted during the Limited Scope Compliance Examination for the two years ended June 30, 2009.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
SCHEDULE OF FINDINGS
For the Two Years Ended June 30, 2009

PRIOR FINDINGS NOT REPEATED

A. Finding – Inadequate Notification to Recipients

During the prior engagement, testing disclosed that the Center did not provide notice of treatment review panel meetings to recipients.

Disposition of Finding

No instances of missing treatment panel notifications to recipients were noted as a result of testing performed during the current examination. (Finding Code No. 07-1).

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
For the Two Years Ended June 30, 2009

SUPPLEMENTARY INFORMATION FOR STATE COMPLIANCE PURPOSES

SUMMARY

Supplementary Information for State Compliance Purposes presented in this section of the report includes the following:

Fiscal Schedules and Analysis

- Schedule of Appropriations, Expenditures and Lapsed Balances
- Comparative Schedule of Net Appropriations, Expenditures and Lapsed Balances
- Description of Locally Held Funds
- Schedule of Locally Held Funds – Cash Basis
- Schedule of Changes in State Property (not examined)
- Comparative Schedule of Cash Receipts and Deposits
- Analysis of Significant Variations in Expenditures
- Analysis of Significant Lapse Period Spending
- Schedule of Changes in Inventories (not examined)
- Analysis of Accounts Receivable

Analysis of Operations

- Center Functions and Planning Program
- Average Number of Employees
- Employee Overtime (not examined)
- Contractual Payroll Employees (not examined)
- Center Utilization (not examined)
- Annual Center Statistics
 - Cost Per Year/Day Per Resident (not examined)
 - Ratio of Employees to Residents (not examined)
 - Reported Employee Job Injuries (not examined)
 - Food Services (not examined)
- Service Efforts and Accomplishments (not examined)

The accountants' report that covers the Supplementary Information for State Compliance Purposes presented in the Compliance Report Section states the auditors have applied certain limited procedures as prescribed by the *Audit Guide*, as adopted by the Auditor General, except for information on the Schedule of Changes in State Property, Schedule of Changes in Inventories, Employee Overtime, Contractual Payroll Employees, Center Utilization, Annual Center Statistics, and Service Efforts and Accomplishments on which they did not perform any procedures. However, the accountants do not express an opinion on the supplementary information.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
SCHEDULE OF APPROPRIATIONS, EXPENDITURES AND LAPSED BALANCES
For the Fiscal Year Ended June 30, 2009

	<u>APPROPRIATIONS NET OF TRANSFERS</u>	<u>EXPENDITURES THROUGH JUNE 30, 2009</u>	<u>LAPSE PERIOD EXPENDITURES JULY 1ST TO AUGUST 31, 2009</u>	<u>TOTAL EXPENDITURES 14 MONTHS ENDED AUGUST 31, 2009</u>	<u>BALANCES LAPSED AUGUST 31, 2009</u>
PUBLIC ACT 95-0734					
<u>GENERAL REVENUE FUND - 001</u>					
Personal services	\$ 30,343,200	\$ 27,310,740	\$ 1,315,459	\$ 28,626,199	\$ 1,717,001
Retirement contributions	6,028,100	5,750,724	277,057	6,027,781	319
State contributions to Social Security	2,097,000	1,999,417	97,373	2,096,790	210
Contractual services	3,073,200	2,783,601	267,885	3,051,486	21,714
Travel	68,500	61,894	2,907	64,801	3,699
Commodities	774,300	708,893	50,813	759,706	14,594
Printing	12,600	11,949	139	12,088	512
Equipment	37,300	8,629	22,225	30,854	6,446
Telecommunications services	76,800	49,966	9,067	59,033	17,767
Operation of automotive equipment	40,100	32,529	4,900	37,429	2,671
Expenses related to Living Skills Program	4,600	4,600	-	4,600	-
Total	<u>\$ 42,555,700</u>	<u>\$ 38,722,942</u>	<u>\$ 2,047,825</u>	<u>\$ 40,770,767</u>	<u>\$ 1,784,933</u>

NOTE: The information reflected in this schedule was taken from the Center's records and reconciled to records of the State Comptroller.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
SCHEDULE OF APPROPRIATIONS, EXPENDITURES AND LAPSED BALANCES
For the Fiscal Year Ended June 30, 2008

	<u>APPROPRIATIONS NET OF TRANSFERS</u>	<u>EXPENDITURES THROUGH JUNE 30, 2008</u>	<u>LAPSE PERIOD EXPENDITURES JULY 1ST TO AUGUST 31, 2008</u>	<u>TOTAL EXPENDITURES 14 MONTHS ENDED AUGUST 31, 2008</u>	<u>BALANCES LAPSED AUGUST 31, 2008</u>
PUBLIC ACT 95-0348					
<u>GENERAL REVENUE FUND - 001</u>					
Personal services	\$ 32,338,900	\$ 27,547,502	\$ 1,279,908	\$ 28,827,410	\$ 3,511,490
Retirement contributions	5,368,300	4,563,829	210,646	4,774,475	593,825
State contributions to Social Security	2,091,900	1,998,167	93,712	2,091,879	21
Contractual services	3,174,600	2,801,808	339,932	3,141,740	32,860
Travel	59,000	55,490	3,041	58,531	469
Commodities	727,800	679,628	44,663	724,291	3,509
Printing	13,600	13,274	-	13,274	326
Equipment	12,200	11,396	398	11,794	406
Telecommunications services	66,000	53,113	10,930	64,043	1,957
Operation of automotive equipment	46,800	38,644	3,632	42,276	4,524
Expenses related to Living Skills Program	4,600	4,600	-	4,600	-
Total	<u>\$ 43,903,700</u>	<u>\$ 37,767,451</u>	<u>\$ 1,986,862</u>	<u>\$ 39,754,313</u>	<u>\$ 4,149,387</u>

NOTE: The information reflected in this schedule was taken from the Center's records and reconciled to records of the State Comptroller.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES
AND LAPSED BALANCES
For The Years Ended June 30,

	FISCAL YEARS		
	2009	2008	2007
	P.A. 95-0734	P.A. 95-0348	P.A. 94-0798
GENERAL REVENUE FUND - 001			
Appropriations (net of transfers)	<u>\$42,555,700</u>	<u>\$43,903,700</u>	<u>\$36,799,600</u>
EXPENDITURES			
Personal services	28,626,199	28,827,410	27,403,516
Retirement contributions	6,027,781	4,774,475	3,159,087
State contributions to Social Security	2,096,790	2,091,879	1,985,475
Contractual services	3,051,486	3,141,740	2,858,151
Travel	64,801	58,531	50,649
Commodities	759,706	724,291	688,051
Printing	12,088	13,274	9,733
Equipment	30,854	11,794	46,431
Telecommunications services	59,033	64,043	84,881
Operation of automotive equipment	37,429	42,276	30,292
Expenses related to Living Skills Program	4,600	4,600	4,560
Total Expenditures	<u>40,770,767</u>	<u>39,754,313</u>	<u>36,320,826</u>
LAPSED BALANCES	<u>\$ 1,784,933</u>	<u>\$ 4,149,387</u>	<u>\$ 478,774</u>

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
DESCRIPTION OF LOCALLY HELD FUNDS
For the Two Years Ended June 30, 2009

The locally held funds of the Center are grouped into three fund categories and are non-appropriated funds. The funds are not held in the State Treasury and are described as follows:

1. Governmental Funds

General Funds

The General Funds consist of the Living Skills Fund, Patient Travel Trust Fund, and Petty Cash account. These funds and account are used to record the activity of monies received from the State's General Revenue Fund for designated purposes.

The Living Skills Fund (SAMS fund number 1214) was established to provide behavioral modification programs for residents. The source of revenue is State appropriation. The revenue is then expended by distributing reward payments that are earned by residents by achievement of desired behavioral modifications.

The Patient Travel Trust Fund (SAMS fund number 1247) was established to provide for transportation of residents without funds. The source of revenue is State appropriation. Expenditures are for travel costs incurred to transport indigent recipients to another facility or to their home upon discharge.

The Petty Cash account is maintained for the purpose of making change, purchasing items of small cost, payment of postage due, and for other nominal expenditures that cannot be administered economically and efficiently through the customary vouchering system. Reimbursements to the account are from State General Revenue Fund appropriations for contractual services.

Special Revenue Fund

The Special Revenue Fund consists of the DHS Other Special Trusts Fund. This fund is used to account for the proceeds of a specific revenue source that is legally restricted to expenditures for specific purposes.

The DHS Other Special Trusts Fund (SAMS fund number 1139) was established to provide for the special comfort, pleasure and amusement of the residents. The primary source of revenue for the fund is a percentage of vending machine commissions and monies donated for resident use. Also, any unclaimed Resident's Trust Fund balance of a resident separated from the Center for two years is transferred to this fund with the provision that the resident is entitled to the money upon application. These funds are then used for activities and materials to help fulfill the residents' needs in these areas.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
DESCRIPTION OF LOCALLY HELD FUNDS
For the Two Years Ended June 30, 2009

2. Fiduciary Fund Type

Agency Fund

The Agency Fund consists of the DHS Resident's Trust Fund. Agency funds are used to account for assets held in a trustee capacity or as an agent for individuals, private organizations, other governments or other funds.

The DHS Resident's Trust Fund (SAMS fund number 1143) is maintained as a depository for funds of residents while in residence at the Center. The fund also is used to receive Social Security monies obtained to pay for resident billings. Disbursements from the fund consist primarily of withdrawals of monies for recipients' personal use at the Center or when discharged as well as payments to the Department of Human Services Central Office for care and treatment charges billed to the recipient.

3. Proprietary Fund Type

The Proprietary Fund consists of the DHS Commissary Fund (SAMS fund number 1140). The DHS Commissary Fund operates as a commissary for residents. The store sells candy, health and beauty aides, and other personal items to residents. The DHS Commissary Fund is a non-appropriated fund held in local bank accounts.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
SCHEDULE OF LOCALLY HELD FUNDS - CASH BASIS
For The Year Ended June 30, 2009

	1140 DHS Commissary Fund	1139 DHS Other Special Trusts Fund	1143 DHS Resident's Trust Fund	1214 Living Skills Fund	1247 Patient Travel Trust Fund	Petty Cash Account
Balance - July 1, 2008	\$ 10,311	\$ 2,925	\$ 53,922	\$ -	\$ 2,358	\$ 207
Receipts						
Income from sales	57,236	1,147	-	-	-	-
Investment income	14	4	830	-	-	-
Resident deposits	-	-	104,805	-	-	-
Donations	-	250	-	-	-	-
Appropriations	-	-	-	4,600	22,000	684
Total Receipts	<u>57,250</u>	<u>1,401</u>	<u>105,635</u>	<u>4,600</u>	<u>22,000</u>	<u>684</u>
Disbursements						
Cost of sales	45,029	-	-	-	-	-
Operating expenses	11,578	-	-	-	-	-
Contractual services	-	-	-	-	-	705
Travel	-	-	-	-	19,001	-
Resident activities	-	1,031	-	-	-	-
Equipment	-	1,074	-	-	-	-
Resident withdrawals	-	-	115,083	-	-	-
Living Skills Program	-	-	-	4,600	-	-
Total Disbursements	<u>56,607</u>	<u>2,105</u>	<u>115,083</u>	<u>4,600</u>	<u>19,001</u>	<u>705</u>
Balance - June 30, 2009	<u>\$ 10,954</u>	<u>\$ 2,221</u>	<u>\$ 44,474</u>	<u>\$ -</u>	<u>\$ 5,357</u>	<u>\$ 186</u>

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
SCHEDULE OF LOCALLY HELD FUNDS - CASH BASIS
For the Year Ended June 30, 2008

	1140 DHS Commissary Fund	1139 DHS Other Special Trusts Fund	1143 DHS Resident's Trust Fund	1214 Living Skills Fund	1247 Patient Travel Trust Fund	Petty Cash Account
Balance - July 1, 2007	\$ 10,633	\$ 2,968	\$ 66,741	\$ -	\$ 581	\$ 247
Receipts						
Income from sales	54,906	12	-	-	-	-
Investment income	17	77	1,138	-	-	-
Resident deposits	-	-	98,884	-	-	-
Donations	-	600	-	-	-	-
Appropriations	-	-	-	4,600	19,200	1,146
Total Receipts	<u>54,923</u>	<u>689</u>	<u>100,022</u>	<u>4,600</u>	<u>19,200</u>	<u>1,146</u>
Disbursements						
Cost of sales	44,323	-	-	-	-	-
Operating expenses	10,922	-	-	-	-	-
Contractual services	-	-	-	-	-	1,186
Travel	-	-	-	-	17,423	-
Resident activities	-	603	-	-	-	-
Equipment	-	129	-	-	-	-
Resident withdrawals	-	-	112,841	-	-	-
Living Skills Program	-	-	-	4,600	-	-
Total Disbursements	<u>55,245</u>	<u>732</u>	<u>112,841</u>	<u>4,600</u>	<u>17,423</u>	<u>1,186</u>
Balance - June 30, 2008	<u>\$ 10,311</u>	<u>\$ 2,925</u>	<u>\$ 53,922</u>	<u>\$ -</u>	<u>\$ 2,358</u>	<u>\$ 207</u>

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
SCHEDULE OF CHANGES IN STATE PROPERTY (NOT EXAMINED)
For the Two Years Ended June 30, 2009

	<u>Land and land improvements</u>	<u>Buildings and building improvements</u>	<u>Site improvements</u>	<u>Equipment</u>	<u>Total</u>
<u>Balance June 30, 2007</u>	<u>\$ 20,000</u>	<u>\$25,511,022</u>	<u>\$ 5,687,084</u>	<u>\$ 1,812,494</u>	<u>\$33,030,600</u>
Additions:					
Purchases	-	-	-	28,919	28,919
Transfers-in:					
Intra-agency	-	-	-	210,005	210,005
Capital Development Board	-	124,069	43,037	-	167,106
Adjustments	-	-	-	2,446	2,446
Total Additions	<u>\$ -</u>	<u>\$ 124,069</u>	<u>\$ 43,037</u>	<u>\$ 241,370</u>	<u>\$ 408,476</u>
Deductions:					
Transfers-out:					
Intra-agency	-	-	-	223,415	223,415
Scrap property	-	-	-	5,774	5,774
ISBE reclassification	-	-	-	136,373	136,373
Other	-	-	-	124	124
Adjustment	-	-	-	19	19
Total Deductions	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 365,705</u>	<u>\$ 365,705</u>
<u>Balance June 30, 2008</u>	<u>\$ 20,000</u>	<u>\$25,635,091</u>	<u>\$ 5,730,121</u>	<u>\$ 1,688,159</u>	<u>\$33,073,371</u>
Additions:					
Purchases	-	-	-	3,357	3,357
Transfers-in:					
Intra-agency	-	-	-	262,497	262,497
Adjustments	-	-	-	249	249
Total Additions	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 266,103</u>	<u>\$ 266,103</u>
Deductions:					
Transfers-out:					
Intra-agency	-	-	-	203,513	203,513
Inter-agency	-	-	-	4,798	4,798
ISBE reclassification	-	-	-	310	310
Adjustments	-	-	-	4,113	4,113
Total Deductions	<u>-</u>	<u>-</u>	<u>-</u>	<u>212,734</u>	<u>212,734</u>
<u>Balance June 30, 2009</u>	<u>\$ 20,000</u>	<u>\$25,635,091</u>	<u>\$ 5,730,121</u>	<u>\$ 1,741,528</u>	<u>\$33,126,740</u>

Note: Center management indicated the property balances at June 30, 2008 and 2009 have been reconciled to the property reports submitted to the Office of the Comptroller.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
COMPARATIVE SCHEDULE OF CASH RECEIPTS AND DEPOSITS
For The Years Ended June 30,

	FISCAL YEARS		
	2009	2008	2007
<u>RECEIPTS</u>			
Commissary fund salary reimbursements	\$ 11,577	\$ 10,922	\$ 13,589
Jury duty, witness fees, military duty	946	664	465
Copy charges	268	78	177
Return of patient travel trust money	-	-	1,769
Sale of scrap	297	1,057	349
Meal reimbursements	45	103	35
Fax reimbursements	27	23	-
TOTAL RECEIPTS	<u>\$ 13,160</u>	<u>\$ 12,847</u>	<u>\$ 16,384</u>
<u>DEPOSITS</u>			
Receipts recorded by Agency	\$ 13,160	\$ 12,847	\$ 16,384
Add: Deposits in transit - beginning of year	-	10	-
Deduct: Deposits in transit - end of year	(119)	-	(10)
Deduct: Deposits posted to receipt source code 1267 - returned locally held funds	-	-	(7,320)
Add: Deposits posted by the comptroller not for agency	-	29	-
Deduct: Deposits posted by the comptroller to other agencies	(3,679)	(1,897)	-
Adjustments	(47)	(18)	-
DEPOSITS RECORDED BY COMPTROLLER	<u>\$ 9,315</u>	<u>\$ 10,971</u>	<u>\$ 9,054</u>

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES
For the Two Years Ended June 30, 2009

Fiscal Year 2009

A comparative schedule of significant variations in expenditures (20% or more) for the fiscal years ended June 30, 2009 and June 30, 2008 are shown below:

<u>EXPENDITURE ITEM</u>	<u>FISCAL YEAR ENDED</u> <u>JUNE 30,</u>		<u>INCREASE</u> <u>(DECREASE)</u>	
	<u>2009</u>	<u>2008</u>	<u>AMOUNT</u>	<u>%</u>
Retirement contributions	\$ 6,027,781	\$ 4,774,475	\$ 1,253,306	26.25%
Equipment	\$ 30,854	\$ 11,794	\$ 19,060	161.61%

Retirement contributions

The significant increase in retirement contributions resulted from an increase in the required employer contribution rate from 16.561% in fiscal year 2008 to 21.049% in fiscal year 2009.

Equipment

Equipment expenditures increased due to an increased need for new and replacement equipment, as prior year equipment appropriations were limited due to budgetary restraints. In fiscal year 2009, the Center purchased new cameras in the amount of \$22,225. Other significant equipment purchases included car payments of \$6,626, two refrigerators costing \$240, two fax machines costing \$420, a laminator costing \$314, a CPR practice dummy costing \$769, and a dictation subscriber costing \$260.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES
For the Two Years Ended June 30, 2009

Fiscal Year 2008

A comparative schedule of significant variations in expenditures (20% or more) for the fiscal years ended June 30, 2008 and June 30, 2007 are shown below:

EXPENDITURE ITEM	FISCAL YEAR ENDED JUNE 30,		INCREASE (DECREASE)	
	2008	2007	AMOUNT	%
Retirement contributions	\$ 4,774,475	\$ 3,159,087	\$ 1,615,388	51.13%
Printing	\$ 13,274	\$ 9,733	\$ 3,541	36.38%
Equipment	\$ 11,794	\$ 46,431	\$ (34,637)	(74.60)%
Telecommunication services	\$ 64,043	\$ 84,881	\$ (20,838)	(24.55)%
Operation of automotive equipment	\$ 42,276	\$ 30,292	\$ 11,984	39.56%

Retirement contributions

The significant increase in retirement contributions resulted from an increase in the required employer contribution rate from 11.525% in fiscal year 2007 to 16.561% in fiscal year 2008.

Printing

The increase in printing cost was caused by a shortage of paper on hand at the end of fiscal year 2007. In fiscal year 2007, only four pallets of paper were purchased which caused a shortage in inventory. To make up for the shortage, ten pallets of paper were purchased in fiscal year 2008. Additionally, more paper was utilized in fiscal year 2008 because a new copier was purchased without a scanning function. Prior to purchasing the new copier, information was often scanned and emailed to the receiving party thereby reducing the consumption of paper.

Equipment

Decisions were made by management to not purchase discretionary equipment in fiscal year 2008 in order to generate a surplus of available funds, as management was concerned there would be shortages in other line items.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES
For the Two Years Ended June 30, 2009

Analysis of significant variations in expenditures (continued)

Telecommunications services

In fiscal year 2007 there was a project to remove the payphones on the living units and replace them with facility phones that could be used with calling cards. This project also required the installation of a system with the ability to turn those phones on and off to not overload the Center's outgoing lines at any given time.

Operation of automotive equipment

The Center's vehicles are aging and repairs to the old vehicles were significantly higher in fiscal year 2008.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
ANALYSIS OF SIGNIFICANT LAPSE PERIOD SPENDING
For the Two Years Ended June 30, 2009

We have reviewed lapse period spending for fiscal years ended June 30, 2009 and 2008 and have identified significant lapse period spending (10% or more). A schedule of significant lapse period spending for fiscal year 2009 is shown below:

Fiscal Year Ended June 30, 2009			
<u>EXPENDITURE ITEM</u>	<u>TOTAL EXPENDITURES</u>	<u>LAPSE PERIOD EXPENDITURES</u>	<u>PERCENTAGE</u>
Equipment	\$ 30,854	\$ 22,225	72.03%
Telecommunication services	\$ 59,033	\$ 9,067	15.36%
Operation of automotive equipment	\$ 37,429	\$ 4,900	13.09%

Equipment

Cameras were purchased for the amount of \$22,225 on June 30, 2009 and the voucher was processed on August 11, 2009.

Telecommunications services

CMS delayed the billing process and the final invoice for the fiscal year was received and processed for payment in August 2009.

Operation of automotive equipment

CMS office sent bills on July 9, 2009, July 13, 2009, and August 5, 2009. All the bills were for services that took place during fiscal year 2009, therefore payments were made during lapse period.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
ANALYSIS OF SIGNIFICANT LAPSE PERIOD SPENDING
For the Two Years Ended June 30, 2009

A schedule of significant lapse period spending for the fiscal year ended June 30, 2008 is shown below:

	Fiscal Year Ended June 30, 2008		
<u>EXPENDITURE ITEM</u>	<u>TOTAL EXPENDITURES</u>	<u>LAPSE PERIOD EXPENDITURES</u>	<u>PERCENTAGE</u>
Contractual services	\$ 3,141,740	\$ 339,932	10.82%
Telecommunications services	\$ 64,043	\$ 10,930	17.07%

Contractual services

There was a shortage of business office staff at the end of fiscal year 2008 due to people retiring which caused a backlog in voucher processing, and consequently voucher processing extended further into lapse period.

Telecommunications services

Seven invoices were received from CMS after June 30, 2008, and all were paid in the fiscal year 2008 lapse period.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
SCHEDULE OF CHANGES IN INVENTORIES (NOT EXAMINED)
For the Two Years Ended June 30, 2009

	Balance July 1, 2008	Additions	Deletions	Balance June 30, 2009
General stores:				
Medical lab	\$ 6,334	\$ 54,695	\$ 52,804	\$ 8,225
Food supplies	63,749	483,739	467,975	79,513
Household and laundry	20,476	119,532	121,949	18,059
Other general stores	9,033	65,435	68,447	6,021
Mechanical stores:				
Repair and maintenance	-	106,362	106,362	-
Other mechanical stores	2,176	2,781	3,942	1,015
Postage	1,007	15,090	12,381	3,716
Commissary	3,700	45,030	46,198	2,532
Total inventory	<u>\$ 106,475</u>	<u>\$ 892,664</u>	<u>\$ 880,058</u>	<u>\$ 119,081</u>

	Balance July 1, 2007	Additions	Deletions	Balance June 30, 2008
General Stores:				
Medical lab	\$ 4,782	\$ 53,430	\$ 51,878	\$ 6,334
Food supplies	55,899	458,440	450,590	63,749
Household and laundry	21,824	132,579	133,927	20,476
Other general stores	5,982	65,979	62,928	9,033
Mechanical stores:				
Repair and maintenance	-	140,914	140,914	-
Other mechanical stores	585	9,052	7,461	2,176
Postage	998	11,400	11,391	1,007
Commissary	2,995	44,323	43,618	3,700
Total inventory	<u>\$ 93,065</u>	<u>\$ 916,117</u>	<u>\$ 902,707</u>	<u>\$ 106,475</u>

The information noted in the above schedule was obtained from Center records and is valued at weighted average cost. The Department of Human Services' (Department) commodity control system encountered data processing difficulties in June and July 2009 resulting in a need to retake the annual inventory in August 2009 for the entire Department, including the Centers. The June 30, 2009 ending inventory information in the schedule for the General and Mechanical Stores inventories may vary from the corrected ending inventories; however, all significant variations were reconciled. The information presented in the above schedule for the General and Mechanical Stores inventories is \$6,247 more than the corrected June 30, 2009 inventory balance for those areas.

The data processing difficulties noted above are being reported in the Department's Central Office compliance report.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
ANALYSIS OF ACCOUNTS RECEIVABLE
For the Two Years Ended June 30, 2009

The Center had accounts receivable of \$660,117 at June 30, 2009. This represents amounts due from private assets, private insurance, Social Security Administration, etc. for resident care provided at Chester Mental Health Center. The Department of Human Services Central Office prepares and mails the monthly billing statements, receives the payments and records the revenue and receivable in their general ledger. The Patient Resource Unit at the Center is responsible for determining billing amounts and is responsible for pursuing collection of delinquent accounts. The aging of outstanding accounts receivables and determination of an allowance for uncollectible accounts are the responsibility of the Department of Human Services – Central Office.

An aging of accounts receivable as of June 30, 2009, 2008 and 2007 prepared by the Department of Human Services – Central Office and forwarded to the Center is as follows:

	June 30,		
	2009	2008	2007
Current (0-3 months)	\$ 242,805	\$ 126,339	\$ 68,258
Past due (4-6 months)	74,619	19,320	20,990
Past due (7-12 months)	39,295	38,359	31,736
Past due (over 12 months)	173,713	73,560	22,506
Subtotal	\$ 530,432	\$ 257,578	\$ 143,490
Court cases	129,685	129,685	129,685
Total	\$ 660,117	\$ 387,263	\$ 273,175

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
ANALYSIS OF OPERATIONS
For the Two Years Ended June 30, 2009

CENTER FUNCTIONS AND PLANNING PROGRAM

Center Functions

The Chester Mental Health Center is a 280 bed facility located in Chester, Illinois. It is the Illinois Department of Human Services' maximum security mental health facility. The facility has been at its present location since April 13, 1976, and consists of five adult units and an infirmary. The Center's role and purpose are to provide safe and humane custody and treatment of male mentally ill and mentally retarded patients who require a maximum security mental health setting. The all male patient population is derived from two major sources: (1) those patients charged with a crime who are determined to be Unfit to Stand Trial (UST) or Not Guilty by Reason of Insanity (NGRI) and in need of a maximum security setting; and (2) those patients being treated in another Department facility who in the course of their treatment exhibit sufficient behavior management problems to require placement in a maximum security environment.

There are several primary objectives influencing and directing the development and operation of the facility's treatment programs. These are (1) to design and implement treatment services which address the forensic patient's needs and are in compliance with statutory and Department requirements; (2) to provide such treatment necessary to enable the patient to: a) be determined fit to stand trial and be returned to the committing court for disposition of any charges pending against him; or b) bring his behavior and thinking under sufficient control so that he may be transferred to another department facility; or c) to initiate effective necessary changes in his thinking and behavior which will contribute to his eventually being able to be discharged into the community to pursue living a productive life; and (3) to use the knowledge gained from working with this type of patient to contribute to the development of improved preventive and mental health treatment programs.

The Facility Director and the Facility Director's Executive Council have developed a strategic plan which consists of written statements of the facility's goals and objectives, as well as written strategies for implementing these goals and objectives that are consistent with the overall mission and vision of the facility. Budgetary resources are allotted based upon the goals and objectives established in the strategic plan.

The Facility Director's Executive Council is also responsible for assessing the results of the facility's quality management activities. This involves regular input from facility evaluators regarding the system's operational capacities, outcome of program efforts, and reports of the effectiveness and efficiency of the operation's various components. Ongoing system functioning also includes regular reports by fiscal and accounting staff reporting on the availability of resources along with expenditures to ensure the judicious use of available resources throughout the year.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
ANALYSIS OF OPERATIONS
For the Two Years Ended June 30, 2009

CENTER FUNCTIONS AND PLANNING PROGRAM (continued)

Center Functions (continued)

The programs are coordinated by Ms. Patricia Kelley, LCSW, Facility Director. The Chester Mental Health Center is located at 1315 Lehman Drive, Chester, Illinois 62233.

Center Planning

Chester Mental Health Center's planning process includes:

1. Participation in the statewide Annual Plan of the Department of Human Services.
2. Internal planning on a departmentalized functional basis. This includes written documentation on policies, procedures, goals, and objectives, along with a description of the methods of measuring and evaluating actual results.

The overall objective of the Center is described in its Mission Statement together with specific measurable goals locating in the Governing Body Bylaws. This statement designates the Center's quality improvement program as the internal check on compliance with written goals by requiring the review of records of actual results on a sampling basis at designated intervals and to ensure a process of continuous quality improvement for the purpose of providing positive outcomes to those served. The Center has a Quality Manager who oversees this function.

The Center is also evaluated periodically by an inspection team representing the Joint Commission on Accreditation of Healthcare Organizations. To maintain its accreditation, the Center must comply with predetermined criteria established by the Commission concerning the standards of patient care services, continuing education, and physical plant characteristics.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
ANALYSIS OF OPERATIONS
For the Two Years Ended June 30, 2009

AVERAGE NUMBER OF EMPLOYEES

The following table, prepared from Center records, presents the average number of full-time equivalent employees, by function, for the past three years.

	Fiscal Year		
	2009	2008	2007
Rehabilitation services	20	24	25
Adult inpatient services	248	259	238
Central admissions	3	3	4
Medical, surgical, and clinical services	74	78	80
Staff development	3	3	3
Superintendent's office	2	2	2
Administrative services	20	19	24
Engineering	17	16	16
Business management	7	7	8
Other support services	67	64	66
Dietary	22	22	23
 Total Employees	 <u>483</u>	 <u>497</u>	 <u>489</u>

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
ANALYSIS OF OPERATIONS
For the Two Years Ended June 30, 2009

EMPLOYEE OVERTIME (not examined)

Certain employees are eligible for overtime if the hours worked during a week exceed the standard workweek hours. The standard workweek hours range from 37 ½ to 40 depending on an employee’s job classification. In most cases employees are compensated at 1 ½ times their normal hourly rate for overtime hours worked. A supervisor must approve all overtime. Certain employees may receive compensatory time off in lieu of pay depending on the position classification of the employee’s job title.

The following table, prepared from Department records, presents the paid overtime and earned compensatory time incurred during fiscal years 2009, 2008, and 2007.

	Fiscal Year		
	2009	2008	2007
Paid overtime hours worked during fiscal year	<u>83,812</u>	<u>87,015</u>	<u>96,013</u>
Value of overtime hours worked during fiscal year	<u>\$ 2,773,580</u>	<u>\$ 2,818,476</u>	<u>\$ 2,922,379</u>
Compensatory hours earned during fiscal year	<u>4,745</u>	<u>5,118</u>	<u>3,417</u>
Value of compensatory hours earned during fiscal year	<u>\$ 178,189</u>	<u>\$ 196,430</u>	<u>\$ 138,404</u>
Total paid overtime hours and earned compensatory hours during fiscal year	<u>88,557</u>	<u>92,133</u>	<u>99,430</u>
Total value of paid overtime hours and earned compensatory hours during fiscal year	<u>\$ 2,951,769</u>	<u>\$ 3,014,906</u>	<u>\$ 3,060,783</u>

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
ANALYSIS OF OPERATIONS
For the Two Years Ended June 30, 2009

CONTRACTUAL PAYROLL EMPLOYEES (not examined)

The Center hires some individuals to perform personal services pursuant to a contract where the individual is deemed an “employee” under IRS regulations. Some of the services provided by the contractual payroll employees were in the areas of dentists, workers compensation coordinators, optometrists, chaplains, barbers, and medical records consultants.

The following table prepared from Department records presents the number of contractual payroll employees and amount expended for contractual payroll employees during fiscal years 2009, 2008 and 2007.

	Fiscal Year		
	2009	2008	2007
Contractual payroll employees paid during the fiscal year	-	1	4
Total amount expended for contractual payroll employees during the fiscal year	\$ -	\$ 4,698	\$ 128,706

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
ANALYSIS OF OPERATIONS
For the Two Years Ended June 30, 2009

CENTER UTILIZATION (not examined)

Chester Mental Health Center (Center) is situated on 26 acres west of Chester, Illinois. The Center has 24 buildings on its grounds. Center management has provided the information below outlining their occupancy and/or utilization of the buildings on the grounds of the Center.

<u>BUILDING</u>	<u>TYPE/USE</u>	<u>SQUARE FOOTAGE</u>	<u>STATUS</u>	<u>% USAGE</u>
A-1	Residential	6,860	Occupied	100%
A-2	Residential	7,652	Occupied	100%
A-3	Residential	6,860	Occupied	100%
B-1	Residential	6,860	Occupied	100%
B-2	Residential	7,652	Occupied	100%
B-3	Residential	6,860	Occupied	100%
C-1	Residential	6,860	Occupied	100%
C-2	Residential	7,652	Occupied	100%
C-3	Residential	6,860	Occupied	100%
Infirmary	Residential	6,440	Occupied	100%
D-2	Offices	7,300	Occupied	100%
D-3	Residential	6,860	Occupied	100%
E-1	Residential	6,860	Vacant	-
E-2	Residential	7,652	Occupied	100%
E-3	Residential	6,860	Occupied	100%
F-1	Rehab services	7,652	Occupied	100%
F-3	Staff development offices	6,860	Occupied	100%
Administration & medical diagnostics	Administration & medical diagnostics	29,465	Occupied	100%
Multipurpose	Kitchen/dining/gym	25,279	Occupied	100%
Rehab services building	Education and offices	19,897	Occupied	100%
Pavilion-north	Recreation/storage	920	Occupied	100%
Outside security building	Outside security	64	Occupied	100%
Storage building	Storage/vehicle maintenance/ laundry	7,618	Occupied	100%
Pavilion-south	Recreation/storage	2,052	Occupied	100%

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
ANALYSIS OF OPERATIONS
For the Two Years Ended June 30, 2009

COST PER YEAR/DAY PER RESIDENT (not examined)

The following schedule represents costs per resident based upon the Department of Human Services Management Cost System. This includes costs for depreciation and an allocation of costs incurred by the Department's Central Office and other State agencies.

	Fiscal Year		
	2009	2008	2007
Cost per year per resident	*	<u>\$ 189,828</u>	<u>\$ 165,796</u>
Cost per day per resident	*	<u>\$ 519</u>	<u>\$ 454</u>

* - The Department had not calculated this statistic by the close of fieldwork.

RATIO OF EMPLOYEES TO RESIDENTS (not examined)

The following comparisons are prepared from Center records for the fiscal years ended June 30:

	2009	2008	2007
Certified capacity of Center	<u>280</u>	<u>280</u>	<u>280</u>
Average number of residents	<u>267</u>	<u>278</u>	<u>286</u>
Average number of employees	<u>483</u>	<u>497</u>	<u>489</u>
Ratio of employees to residents	<u>1.81 to 1</u>	<u>1.79 to 1</u>	<u>1.71 to 1</u>

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
ANALYSIS OF OPERATIONS
For the Two Years Ended June 30, 2009

REPORTED EMPLOYEE JOB INJURIES (not examined)

The following comparisons are prepared from Center records for the fiscal years ended June 30:

	<u>2009</u>	<u>2008</u>	<u>2007</u>
Number of reported employee injuries	<u>394</u>	<u>339</u>	<u>345</u>

FOOD SERVICES (not examined)

The following table, prepared from the Center records, summarizes the number of meals served and the average cost per meal.

	Fiscal Year		
	<u>2009</u>	<u>2008</u>	<u>2007</u>
Total meals served	<u>337,974</u>	<u>351,897</u>	<u>362,011</u>
Total food costs	\$ 491,359	\$ 459,574	\$ 407,517
Total labor costs	<u>906,867</u>	<u>840,120</u>	<u>814,463</u>
Total costs	<u>\$ 1,398,226</u>	<u>\$ 1,299,694</u>	<u>\$ 1,221,980</u>
Average food costs/meal	\$ 1.45	\$ 1.31	\$ 1.13
Average labor costs/meal	<u>2.68</u>	<u>2.39</u>	<u>2.25</u>
Total average cost/meal	<u>\$ 4.13</u>	<u>\$ 3.70</u>	<u>\$ 3.38</u>

Note: Residents are served three meals per day (eight snack servings equate to one meal for determining total meals served). In addition, certain residents are given double servings as prescribed by physician orders.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
ANALYSIS OF OPERATIONS
For the Two Years Ended June 30, 2009

SERVICE EFFORTS AND ACCOMPLISHMENTS (NOT EXAMINED)

Chester Mental Health Center (CMHC) conducted a hospital-wide implementation of multiple strategies to transform the overall culture from one that was non-therapeutic and security-driven to one that is patient-centered and trauma-informed. The current focus is patient care with the goal of recovery and assisting individuals to obtain their highest potential.

The State of Illinois received a three-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) for nine hospitals with a phase-in plan for CMHC to begin receiving federal grant financial support in the third year. Illinois adopted the evidenced-based model of six core strategies identified by the National Technical Assistance Center to decrease the use of restraints in September 2004. The Violence Reduction Steering Group at Chester, re-named STAR in 2006 (Safety, Therapy and Recovery), adopted the six core strategy model.

The Committee targeted select interventions from each core strategy designed to slowly shift the staff mindset along a continuum from the historical corrections model to a recovery model. During the project planning, leadership staff at CMHC set aside the use of phrases such as "coercion free" and "eliminating restraints" since these terms infuriated staff. Instead, CMHC focused the violence reduction efforts on increasing the safety of both staff and patients. CMHC directed staff training on interventions selected from each of the core strategies. The facility held multiple training sessions to reinforce the purpose of personal safety plans, trauma informed care (focusing on both staff and patients), community meetings, interventions to prevent the need for restraint/seclusion including comfort kits, listening stations, and conflict resolution techniques.

Initial roll out sessions for the new Violence Reduction Steering Group led the way to begin holding town hall meetings which provided a forum for the staff to communicate with management on a regular basis. The creation of a Quality Council at the facility level (Oct. 2007) and at the unit and department level (Jan. 2008) gave the direct line staff a way to make changes at the unit level and offer suggestions for change to senior leadership.

The facility's Joint Commission Chapter Holders Committee ensures leadership is monitoring for compliance with the Joint Commission standards. CMHC received a conditional accreditation status in March of 2007 at the triennial survey. Historically, the Quality Manager monitored and managed the facility's compliance with the Joint Commission standards with minimal involvement from leadership staff. The magnitude of need for leadership and all staff involvement in this process became painfully clear with the "conditional accreditation". Quality Councils, facility and unit-based, and the facility's Chapter Holders Committee focused on staff education with the standards; procedures, both revised and developed, to meet the standards; and the monitoring of compliance with standards. The change in incorporating a larger staff involvement in the process resulted in receiving full accreditation in June 2008.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
ANALYSIS OF OPERATIONS
For the Two Years Ended June 30, 2009

SERVICE EFFORTS AND ACCOMPLISHMENTS (NOT EXAMINED) (continued)

The facility slowly improved in utilizing data to drive decisions. The Data Review Committee, initially created to monitor the facility use of restraint and seclusion, began to identify trends and patterns and provided this information to the treatment teams in order to effect change. This committee provided data on unit specific restraint/seclusion use to each unit and leadership. The Data Review Committee broadened its membership to include every unit and also multiple disciplines of staff (June 2008). Data was eventually made more accessible to the units. Now every committee and unit collects the data and works to interpret the data for their own use. The collection of data revealing high restraint/seclusion usage resulted in the formation of a Behavior Management Committee. This committee viewed the data and assisted with the development of behavioral plans. Later, this group merged with the Clinical Review Committee (June 2008) and provided consultation to treatment teams on patients who require restraint or seclusion frequently due to their imminent risk for harm to themselves or others. The Data Review Committee recommended a revision to the facility procedure for the use of restraint/seclusion which eliminated the accepted practice of allowing a patient to sleep in restraints without release. The revision to this procedure was adopted in October of 2008. The average length of a restraint episode was 19.37 hours in May-July 2008 (beginning quarter). By the third quarter of fiscal year 2009, the average length of a restraint episode reduced to 12.25 hours.

Other areas impacted by the use of data to provide quality care include an increase in the amount and quality of programming offered, quality and timeliness of treatment plan reviews, handoff communication, and medication reconciliation.

The Joel Slack "Respect" Seminars in May and November of 2006 did not achieve their objective of helping staff to see the need to respect patients. These seminars challenged the direct care staff's perception of the patients and began to convey that the focus should be changing to therapy, healing, and recovery, not just safety and housing. The staff's reaction to these presentations clearly revealed the facility's overall culture and the need for change. The feedback from staff was a message to the senior leaders. Staff did not see the need to respect patients when they were not feeling respected themselves. A high number of overtime hours needed to cover shifts due to staff vacancies, high number of injuries, and the overall feeling that leadership wanted a reduction in restraint use at the expense of staff safety was not conducive to a respectful attitude toward patients. This response from staff resulted in leadership reframing the focus from restraints/seclusion reduction to a focus on staff safety.

The STAR Committee established an Employee Improvement (EI) Team to develop a process and policy to oversee the care of an injured employee (June 2008). Historically, staff believed there was disparate treatment of injured staff based on discipline, shift, and cause of injury. This EI team, whose members were from all disciplines, developed a procedure that resolved staff concerns and resulted in a more positive view for the care of injured staff. Further work from the

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
ANALYSIS OF OPERATIONS
For the Two Years Ended June 30, 2009

SERVICE EFFORTS AND ACCOMPLISHMENTS (NOT EXAMINED) (continued)

STAR Committee focused on the physical injuries of staff, and the committee is currently working to understand and care for the psychological trauma experienced by staff when dealing with violent patients. Leadership enhanced the Employee Assistance Program by adding more representatives and increasing the availability of staff for peer support after an incident occurs (December 2007). The STAR committee conducted a stress survey to better understand the reasons for staff stress. Interventions considered to reduce stress will be based on the collected information (June 2009). Leadership provided further positive interventions by opening the facility's gym to staff for walking in September of 2008.

Other areas of workforce education improvement include: 1) earlier identification of individual staff who need additional training, and 2) ensuring that staff orientation phase is completed successfully. A revised competency system better assesses the employees' competence for doing the job and filtering the identified needs into the training program (September 2007). The Safety Initiative of Fall 2008 incorporated wellness initiatives for the staff with health fairs (November 2008), allowing staff to walk in the gym during break periods (September 2008), and the creation of an exercise area for staff to work out on exercise equipment donated for their use (July 2009).

The STAR Committee acknowledged the need for tools to use as alternatives to the use of restraints and seclusion. The creation of a trigger card and behavior data reporting system gave the treatment team valuable information about the interventions needed to successfully eliminate the patient's aggressive response to conflict. The patient's Personal Safety Plan, implemented in May 2007, gave every patient the opportunity to share important information about his history and to assist with identification of early interventions for both staff and patients. This knowledge proves to be very helpful in raising staff awareness of critical information for the prevention of seclusion/restraints. The STAR Committee developed a training video for patients and staff explaining the purpose of the Personal Safety Plans. Comfort kits were created and assembled based on items identified by the patients, in the Personal Safety Plans, as being successful in helping them calm down. The STAR Committee distributed the kits and provided Sensory Training for staff in August 2007. The comfort kits are still in use.

The handoff shift-to-shift report for nurses and security therapy aides became an essential piece of sharing critical risk assessment information as it occurs. The direct care staff created and refined the shift-to-shift reporting process. The STAR Committee audits the implementation of the process monthly for compliance and continued improvement.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
ANALYSIS OF OPERATIONS
For the Two Years Ended June 30, 2009

SERVICE EFFORTS AND ACCOMPLISHMENTS (NOT EXAMINED) (continued)

The viewing of the *Inside/Outside* Video (July 2005) was the first time direct-care staff and patients were expected to interact with one another and it did not go well. Staff separated themselves from the patients while viewing the video and the discussion session after the video was strained. After some time passed, more information was shared with staff about trauma informed care and continued support was provided to staff. The STAR Committee tried again with staff and patients viewing *Out of the Shadows* (September 2006) together. This time interaction improved.

The STAR Committee organized the Consumer Advisory Council in November 2005 in an effort to provide a vehicle for patient empowerment. Initially, each unit sent one representative. Over time, the council realized that each module needed a representative, so the group increased from five members to 14. The Consumer Advisory Council changed from a group of patients primarily complaining about care and treatment to a group of patients who have earned the respect of both patients and staff. The Consumer Advisory Council assists with issues ranging from input on policy decisions regarding patient care to the orientation and training of staff. The Council developed a staff orientation presentation that clearly explains to new staff what it is like to be a patient at CMHC. A current project promises to have an impact on the attitudes of new patients upon admission. The empowerment of this patient group resulted in a movement towards the view of patients as equals and individuals to be respected.

CMHC uses a closed-circuit television system to provide regularly scheduled opportunities to blend staff and patient training segments using a Trivia Game format (November 2008 to current). The games initially came with prizes for participation and best skill, but now are most valued for the opportunity provided for the patients and staff to interact with one another as equals. Video training included information on the Sanctuary Model (November 2008), community meetings (December 2008), National Patient Safety Goals (January 2009), "Inside, Outside" presentation on consumer's perspective for recovery (February 2009), Conflict Resolution (April 2009), In Our Own Voice in-person presentation (July 2009), Seizure Response Training (Sept 2009), and a presentation created by the consumers that will be shown in November 2009.

Initially, a leadership witnessing process for debriefing attempted to obtain the patient's perception regarding the incident, the staff's perception of what happened and what staff did that was or was not helpful. The facility realized that due to the number of episodes a month (60-120), leadership was not able to successfully attend an in-person meeting to meet and obtain data in the intended fashion. Recently, leadership has reviewed the documentation and information reports from each incident resulting in restraint or seclusion daily. Leadership provided feedback to the direct line staff and supervisors on suggestions for improvement. Documentation supporting imminent risk is substantially improved and the hours of containment drastically

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
ANALYSIS OF OPERATIONS
For the Two Years Ended June 30, 2009

SERVICE EFFORTS AND ACCOMPLISHMENTS (NOT EXAMINED) (continued)

reduced. Current plans involve providing formal training to unit leadership staff on proper documentation and methods for determining imminent risk in order to further affect this process. Leadership will evaluate the effectiveness of this intervention by reviewing the documentation daily after unit leadership completely trains the direct line staff.

The biggest barrier to a true sustainable reduction in our restraint use is the “funnel effect.” CMHC is the only maximum security hospital in the state, and we are proud of our ability to successfully treat this population. We receive the violent behavior management patients who are not successfully treated in our eight sister hospitals. Patients admitted to our hospital are the most violent patients in the state, which works to reinforce our security model culture. To overcome this barrier, we are taking a closer look at patients who are transferred to us from other hospitals to ensure the reason for admission meets the criteria for needing maximum security. By reducing our census and focusing only on patients in need of a maximum secure setting, we have increased our staff to patient ratio, enabling an increase in crucial staff positions needed to provide the treatment necessary for this very difficult population. The average daily patient census of the hospital gradually declined since fiscal year 2007 from 285, to 276 in fiscal year 2008, and 266 in fiscal year 2009. Forensic admissions remained constant over the past two fiscal years, while the admissions of behavior management patients increased by 60%. Although we have successfully reduced containment hours from an average of 1388 per month in fiscal year 2008 to 1126 in fiscal year 2009, the number of containment episodes rose from an average of 89 to 127 per month. The 60% increase in behavior management admissions is a likely cause for the increase in episodes.

There was a 40% increase in staff on extended benefits from fiscal year 2008 to 2009, 14% increase in light duty days lost and a 29% increase in service connected and leave days lost. However, a 43% decrease in staff injuries requiring medical intervention from patient aggression suggests the injuries related to work days lost is non-patient related. CMHC provided training to support service workers in the laundry during fiscal year 2009 due to injuries resulting from the repetitive motion of taking heavy wet clothes out of the washing machines. The Worker’s Comp Coordinator took an active role in identifying patterns occurring and follows through by alerting the Risk Management Committee.

Fiscally, we operated within the monies allocated. Although budgeted staffing numbers decreased by 12%, we held overtime money spent to the budgeted allocation. Senior clinical leadership reviewed the expenditures for clinic visits at Chester Memorial Hospital. With Medical Director oversight and guidance, these expenditures decreased by more than 50% without negative impact on patient care. This savings enabled the recruitment of two full time psychiatrists and the purchase of camera equipment for the living modules. Senior leadership decided to initiate the purchase of cameras for several reasons: 1) the cost of eleven STA staff on

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION
ANALYSIS OF OPERATIONS
For the Two Years Ended June 30, 2009

SERVICE EFFORTS AND ACCOMPLISHMENTS (NOT EXAMINED) (continued)

administrative leave for eight to nine months in calendar year 2008 due to an investigation of an allegation to OIG that was eventually unsubstantiated, 2) continued increases in patient allegations of abuse and neglect from fiscal year 2008 to fiscal year 2009. Providing visual evidence of what occurs on the patient's living modules will expedite the completion of investigations and provide valuable information related to allegations of abuse or neglect.

In summary, Chester Mental Health Center's efforts over the past two years focused on being in compliance with Joint Commission standards, which are excellent guidelines for insuring quality patient care and increasing the safety of the treatment and work environment. The goals for the future are to continue to work toward improving the quality of patient care and the safety of the environment, even though financial resources may be negatively impacted by the State of Illinois' fiscal crisis.