# County of Allegheny

# Office of the Controller

**Contract Compliance Procedures**
**for Behavioral Health Crisis Services**
**Applied to Contracts # 129785 and #142185**
**between the Allegheny County Department of Human Services and Western Psychiatric Institute and Clinic**
**for the Period January 1, 2012 through June 30, 2013**
***(Non-Audit Service)***

**July 18, 2014**


**Chelsa Wagner**
**Controller**

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# Contents

CHELSA WAGNER
CONTROLLER

# COUNTY OF ALLEGHENY

## OFFICE OF THE CONTROLLER

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June 12, 2014

Mr. Marc Cherna
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One Smithfield Street
Human Services Building, 4th Floor
Pittsburgh, PA 15222

Ms. Ellie Medved, RN, MSN
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Western Psychiatric Institute and Clinic
3811 O'Hara Street
Pittsburgh, PA 15213

**Contract Compliance Procedures**
**for Behavioral Health Crisis Services**
**Applied to Contracts # 129785 and #142185**
**between the Allegheny County Department of Human Services and Western Psychiatric Institute and Clinic**
**for the Period January 1, 2012 through June 30, 2013**

Dear Director Cherna and Ms. Medved:

We have applied compliance procedures to contracts #129785 and #142185 between the Allegheny County Department of Human Services (DHS) and Western Psychiatric Institute and Clinic of UPMC Presbyterian (WPIC) related to crisis services. re:solve Crisis Network (re:solve) is a program under the WPIC contract that provides round the clock mental health crisis intervention and stabilization services for residents of Allegheny County. We also performed procedures related to DHS's processing of involuntary 302 commitments. Our procedures covered the period of January 1, 2012 through June 30, 2013. Our engagement was performed as a non-audit service, and therefore was not conducted in accordance with *Government Auditing Standards*.

Our procedures found that re:solve overbilled DHS $15,604 in services, and needs to strengthen internal controls surrounding the policies, procedures, and documentation regarding confiscated illegal drugs, drug paraphernalia and weapons. We also noted that DHS can improve its internal controls regarding the documentation of the 302 involuntary commitment processes. The results of our testing are detailed in the attached report.

We believe that the implementation of our recommendations will improve WPIC's compliance with the contracts. The results of our procedures are provided in the attached report. We would like to thank the management and staff of WPIC, re:solve and DHS for their courtesy and cooperation during the performance of our procedures.

Kind regards,

Chelsa Wagner
Controller

Lori A. Churilla
Assistant Deputy Controller, Auditing

cc: Honorable John DeFazio, President, County Council
Honorable Nicholas Futules, Vice President, County Council
Honorable Rich Fitzgerald, Allegheny County Executive
Honorable Stephen A. Zappala, Jr., Allegheny County District Attorney
Mr. William McKain, County Manager, Allegheny County
Ms. Jennifer Liptak, Chief of Staff, County Executive
Mr. Warren Finkel, Budget Director, Allegheny County
Mr. Joseph Catanese, Director of Constituent Services, County Council
Mr. Walter Szymanski, Budget Director, County Council
Ms. Patricia Valentine, DHS Executive Deputy Director for Integrated Program Services

## Purpose of Procedures

The Allegheny County Controller's Office performed contract compliance procedures for the period from January 1, 2012 through June 30, 2013 to ensure that WPIC was in compliance with the terms of its agreements with the Department of Human Services related to crisis services. Our procedures focused on WPIC/re:solve's behavioral health crisis services, fiscal processes and procedures, and other general contract compliance requirements. We also performed procedures related to DHS's processing of involuntary 302 commitments.

## Background

In 2007, the Allegheny County Department of Human Services (DHS) contracted with Western Psychiatric Institute and Clinic (WPIC) to deliver a continuum of behavioral health crisis services to residents of Allegheny County. In turn WPIC created re:solve Crisis Network (re:solve) as a means to provide the services stated in the contract. re:solve provides 24 hour mental health crisis intervention and stabilization services for residents of Allegheny County through telephone, mobile, and walk–in services as well as residential crisis stays at its 333 North Braddock location. The purpose of this system is to serve individuals in the community and divert unnecessary acute emergency and inpatient care, reduce the jail rate, and assist individuals seeking to involuntarily commit (302 process) another person, as well as to respond to mental health disasters and traumas.

For fiscal year 2013, WPIC's entire annual contract with DHS totaled $14.4 million to provide services through more than 50 programs. re:solve's funding, under this contract, totaled approximately $4.4 million. For fiscal years 2012 and 2013, re:solve provided approximately:

| | FY 2012/2013 | FY 2011/2012 |
|---|---|---|
| Mobile Visits | 10,332 | 10,116 |
| Face to Face Interventions | 22,602 | 17,530 |
| Residential Stays | 1,583 | 1,471 |
| Telephone Calls | 131,026 | 125,151 |

*Note: Includes all services provided by re:solve, not just Allegheny County eligible clients.*

The chart on page 16 summarizes the units of service reported to DHS by re:solve for fiscal years 2011/2012 and 2012/2013. Mobile visits and Walk Ins (face to face) are billed in 15 minute increments while residential stays are billed every 8 hours. The telephone center is program funded, meaning that the total cost to operate the program is paid to the provider regardless of the units of service provided. The information in the table above depicts the number of events that occurred. For example, a two hour mobile visit would be reported as 8 units while it is only counted as one event.

### *Department of Human Services (DHS)*

The Allegheny County Department of Human Services (DHS), Office of Behavioral Health (OBH) provides mental health and substance abuse services to residents of Allegheny County. The Allegheny County Information, Referral and Emergency Services (IRES) Division operates a 24 hour a day phone service to provide information and assistance, or to arrange for a 302 involuntary commitment for emergency examination. An involuntary commitment (302) is an application for emergency evaluation and treatment for persons who are "dangerous" to themselves or others due to a mental illness.

The Director of the Department of Human Services is currently the County Mental Health & Mental Retardation Administrator (the county administrator) for Allegheny County. Mental Retardation is now referred to as Intellectual Disability (ID). Certain IRES employees act as authorized delegates of the county administrator in order to authorize the 302 warrant. Delegates are required to have their Bachelor's Degree with a social welfare major, and must also have passed the State Civil Service exam. Once hired, delegates are provided extensive training, which can last several months.

Phone calls, initially received by clerical staff in the IRES Division, are transferred to a delegate when necessary. For the fiscal year ended June 30, 2013, they received approximately 15,360 calls of which 7,081 (46%) were related to the 302 process. If the caller is requesting a 302 warrant for an emergency evaluation, the delegate will ask the caller several questions using the Department of Human Services' Electronic Client and Provider System (eCAPS). The 302 warrant gives authorization:

- For a person to be forcibly taken to a designated facility for examination.
- To a doctor to evaluate a person against their will.
- For a person to be held in a designated facility for up to 120 hours from the time of the physician examination in the Emergency Room.

The petitioner must be someone who has actually witnessed the behavior that is the reason for the 302 request. The petitioner must complete the "Application for Involuntary Emergency Examination and Treatment". If the petitioner is not a police officer or physician, they must additionally receive authorization from a delegate in order to have an individual transported to the emergency room (E.R) and involuntarily examined. The application is available on the Pennsylvania Department of Public Welfare (PA DPW) website, through the DHS IRES Division, through re:solve Crisis Network, other community mental health providers, or at the hospital E.R.'s.

The IRES delegates, acting on the authority of the MH/ID Administrator, are the only individuals who can authorize a 302 warrant. The only exceptions are for a police officer or a physician who witnessed the individual's behavior and acts as the petitioner. They can have the individual transported and examined without authorization from a delegate. A physician can arrange transportation without authorization. However, if ambulance transportation is to be paid by Allegheny County, then prior authorization must be obtained.

When a person is involuntary committed, DHS is required by Act 77 to notify the County Sheriff and the Pennsylvania State Police of the name of the individual that has been involuntarily committed to inpatient treatment. This Act prohibits anyone committed under section 302 to possess, use, manufacture, control, sell or transfer firearms.

The flowchart on page 17 provides an overview of the 302 involuntary commitment process.

### *Western Psychiatric Institute and Clinic (re:solve Crisis Network)*

re:solve crisis services are available 24 hours a day, 7 days a week, 365 days a year and include a telephone crisis center, a mobile crisis program (employees who can respond to behavioral health crises anywhere in Allegheny County), walk-ins and residential crisis service at its 333 North Braddock Avenue location. All services are voluntary. re:solve's residential crisis services are available to individuals ages 14 and older whose crisis extends for a period of time. An average stay is approximately 2 days. All other crisis services are available to any Allegheny County resident regardless of age. In addition, re:solve provides crisis services at the Shuman Juvenile Detention Center. re:solve employs the approximate number of individuals in each area: 31 in the phone center, 39 for the mobile teams, 27 in walk-in, 30 in residential, and 1 at Shuman. Qualifications vary based on position, but most require a bachelor's or master's degree, Act 33/34/73 clearances, and additional relevant criteria such as a professional license. Extensive training is provided to all new hires.

### *re:solve's Phone Center*

re:solve's telephone crisis center handles all calls that come into the center and is staffed 24 hours a day all year. The telephone clinician will discuss with the caller the reason for their call and provide resources, phone counseling, and support. The clinician will record information regarding the call, including the disposition of the call in Psych Consult, which is re:solve's electronic health record. If the mobile team needs to respond to the call, the clinician will complete the "Triage/Dispatch" form and deliver it to a mobile team. If there are no mobile teams in the building, the clinician will call the team with the details.

### *re:solve's Mobile Team*

The role of the mobile team is to respond to an individual's crisis as the individual defines it. An individual may define their crisis as anything ranging from loneliness to a life threatening situation. The mobile team members normally travel in pairs; however, there are instances when a team member can travel alone. Mobile team members perform wellness checks, counseling, and can assist individuals with the paperwork for a 302 involuntary commitment.

Some crises may involve the need for emergency psychiatric evaluation. In these situations, the mobile team can assist by providing information on resources, methods, and ways to obtain an emergency evaluation either voluntarily or involuntarily. Mobile teams can assist with accessing the involuntary examinations process by providing the required paperwork and instructions on form completion, or assist with connecting to or communicating with the County DHS delegate on behalf of the individual.

Only the County DHS delegate can approve or deny the 302 request. The mobile team has no authority to grant or deny a 302 request. Additionally, a mobile team would not prevent an individual from filing a 302 even if the team believes the required criteria are not present. Just like any person, a re:solve staff member can petition for a 302 if they witness the required behavior.

### *Walk-in Crisis*

Individuals may walk into the re:solve facility by themselves or be accompanied by re:solve's mobile team, police, family, or friends. The individual will be thoroughly searched prior to registration. At registration, the individual is asked for a photo form of identification (ID), given a copy of the Patient Rights & Patient Responsibilities and Notice of Privacy Practice, and is asked to sign the consent to Treatment, Payment and Operations. If this is the individual's first visit at re:solve, a crisis tech or a peer specialist will provide them with a welcome packet. A clinician will escort the individual back to the walk-in area to begin the crisis assessment.

Once the initial crisis assessment is complete, the clinician will orient the individual to the surroundings where individuals engage in individual and group counseling and intervention, connect with resources via phone, plan for discharge, etc. If the need for an emergency psychiatric evaluation is indicated, and a voluntary evaluation in an emergency room is not an option, re:solve staff will petition for an involuntary commitment (302) through a County DHS Delegate.

An individual can remain in walk-in for up to 24 hours. The individual may be admitted to residential from walk-in, if clinically indicated.

### *Residential Crisis*

An individual may transition to the residential program, if clinically appropriate. Residential is the only component of re:solve that requires a mental health diagnosis. In order to participate in the residential program, a resident must have a full psychiatric evaluation completed. re:solve is licensed for 14 overnight beds for 5 consecutive days.

## Results in Brief

Our procedures revealed the following:

**Finding #1: re:solve Overbilled DHS $15,604 in Services**

We selected a sample of 110 entries from the Medipac system (36 walk-in entries, 38 mobile entries, and 36 residential entries) to verify that the number of units were properly calculated based on the service start and end times in the Psych Consult system.

- The units on the Medipac report were correctly calculated for all of the walk-in and mobile entries tested.
- However, we found discrepancies for 6 (17%) of the 36 residential entries tested. When we brought this to WPIC's attention, the staff researched the issue, and found that there was an error in the programming logic for certain occurrences when an individual would return from a therapeutic pass.

re:solve cannot bill for a residential unit until after four hours of service. The only exception is on the date of admission. The error occurred because the programming logic did not distinguish between a return from a therapeutic pass and a new admission. Therefore, the system incorrectly billed a unit when an individual returned from a therapeutic pass after 8 pm. At our request, WPIC generated a report that identified 89 units were overbilled for 58 individuals. Residential services are billed at a rate of $175.33 per unit resulting in $15,604 in over-reported services.

We selected an additional five entries from WPIC's report to determine if the number of overbilled units was correct. Based on our testing, the overbilled units on the WPIC report appear to be accurate. This additional testing brought our residential sample size to 41 and our total sample size to 115.

For the 115 entries from the sample defined above, we also compared the units listed on the Medipac report to the units paid per DHS thorough eCAPS.

- The correct number units were paid for the 36 walk-in and the 38 mobile entries tested.
- The number of residential units listed on the Medipac report did not agree to the number paid in eCAPS for 5 (12%) of the 41 residential entries tested. These differences include:
    - For two of the entries, a total of 3 units were overpaid by $526. According to WPIC, they have until December 15, 2013 to submit a correction and reduce the units billed.
    - For the other three entries, a total of 30 units were underpaid by $5,260. According to WPIC, they have already manually adjusted the eCAPS submission and will receive credit for the services when the final audit is complete.

Every quarter, the WPIC Fiscal Department completes a reconciliation, on a cumulative basis stretching back to the beginning of the fiscal year. The reconciliation looks to

confirm that the services billed in Medipac are accurately posted in eCAPS. The discrepancies for the 5 residential entries were not discovered during the manual reconciliation process.

**Recommendations #1:**
We recommend that WPIC/re:solve:

- Reimburse DHS or reduce future billings by $15,604 for the overbilled services.
- Ensure that the adjustments for the five entries were properly processed. If the adjustments were not properly processed, remit the appropriate amount to DHS.
- Confirm that the computer problem is corrected to prevent futures overbillings.
- Strengthen the reconciliation process so it is designed to ensure that services billed in Medipac are accurately posted in DHS's eCAPS.

**Finding #2: <u>Internal Controls Surrounding Confiscated Illegal Drugs and Drug Paraphernalia Need to be Strengthened</u>**

Our testing disclosed that the Contraband log and the Contraband disposition forms were not properly completed. Specifically, we noted:

**<u>Exceptions Noted</u>**
**Out of the Number of Applicable Contraband Disposition Forms Tested**

| Attribute Tested | Illegal Drug Disposition Forms | Paraphernalia Disposition Forms | Weapons Disposition Forms | Legal Items Disposition Forms |
|---|---|---|---|---|
| Staff name is on the Disposition form | 2 of 55 (4%) | ------- | ------- | ------- |
| Supervisors Signed the Disposition form | 5 of 52 (10%) | 6 of 64 (9%) | 1 of 7 (14%) | 3 of 20 (15%) |
| Disposition form was Signed by all witnesses | 3 of 49 (6%) | 21 of 59 (35%) | 5 of 7 (72%) | 1 of 18 (6%) |
| Disposition form was properly completed | 12 of 55 (22%) | 20 of 64 (31%) | ------- | 4 of 20 (20%) |

We also reviewed the contraband log and found that a disposition form was not maintained for 3 (17%) of the 18 entries on the log. In addition, we found 7 disposition forms that were not recorded on the log.

re:solve's search/contraband policy does not specify how long contraband can be held before it is destroyed. During our testing, we found:

**Number of Days Between the Date an Item was Confiscated and the Date Destroyed for Contraband Disposition Forms that Included Date Disposed**

| **Number of Days** | Illegal Drug Disposition Forms | Paraphernalia Disposition Forms | Weapons Disposition Forms | Legal Items Disposition Forms |
|---|---|---|---|---|
| 2 -14 Days | 4 of 48 (8%) | 6 of 58 (10%) | 1 of 7 (14%) | *All items were destroyed timely within 1 day after confiscation* |
| 15 – 30 Days | 3 of 48 (6%) | 2 of 58 (3%) | 1 of 7 (14%) | |
| 31 or More Days | 1 of 48 (2%) | 5 of 58 (9%) | 2 of 7 (29%) | |
| Overall Range | 2-209 Days | 2-434 Days | 13-423 Days | |

We also found that re:solve's search/contraband procedures did not detail how staff are to destroy illegal drugs. We reviewed the 55 illegal drug contraband disposition forms, which included the disposition of 59 illegal drugs and pills. We found the following methods were utilized to dispose of the items.

- 40 (68%) were flushed.
- 5 (8%) were thrown in the trash.
- 14 (24%) were disposed of in the pills container in the nurses' station.

**Recommendations #2:**

We recommend that WPIC/re:solve:

- Develop and adhere to written policies and procedures governing confiscated illegal drugs, weapons, and paraphernalia which specifically relate to completion of required forms, destruction dates and disposal methods.
- Revise the Contraband Disposition form to include all necessary fields. The form should be clear and easy to understand to facilitate uniform tracking by all staff.
- Ensure the Contraband Log is properly completed and includes all Contraband Disposition forms.
- Work with law enforcement to establish proper protocols for the disposal of illegal contraband.

We recommend that the Department of Human Services:

- Work with the Law Department to establish contractual language regarding internal controls and safety parameters surrounding confiscated illegal drugs and drug paraphernalia to be included in the contract.

**Finding #3: DHS Needs to Strengthen the Controls Surrounding the Documentation of the 302 Process**

We selected a sample of 100 calls that were received for a 302 involuntary commitment request (30 authorized requests and 70 denied requests) to determine if DHS had followed their processes and procedures. Our testing found the following.

Out of the 30 authorized warrants the following exceptions were noted:

- The warrant tracker was not properly completed for 2 (10%) of 20 applicable warrants.
- 4 (13%) of 30 warrants were not returned to DHS
    - For two of these cases, DHS did not know if the individual was evaluated and committed.
- The Act 77 paperwork was not returned from the hospital to DHS for 1 (4%) of 27 applicable warrants.
    - DHS did not know if the individual was evaluated and committed.

Out of the 70 denied warrants, the following exceptions were noted:

- 2 (5%) of 41 applicable phone calls were not recorded on the call log.
- 1 (2%) of 54 applicable cases was not recorded on the warrant tracker.
- The warrant tracker was not properly completed for 11 (20%) of 54 applicable warrants.

**Recommendations #3**

We recommend that the Department of Human Services:

- Strengthen internal controls surrounding the documentation of the 302 process. This should include a review of the policies and procedures with all staff on a regular basis as well as supervisory review of required paperwork.
- Require that the staff review cases with outstanding information on a routine basis. This will ensure that all documents are received and properly maintained that any exceptions are followed up and noted as such.
- Properly train all staff when the new system is implemented. The controls and information processed through the system should be reviewed to verify the desired results are achieved.
- Continue to provide and expand training surrounding the 302 process to police officers, medical personnel and any officials that deal with mental health and the 302 process.

# I. Introduction

In 2007, the Allegheny County Department of Human Services (DHS) contracted with Western Psychiatric Institute and Clinic (WPIC) to deliver a continuum of behavioral health crisis services to residents of Allegheny County. In turn WPIC created re:solve Crisis Network (re:solve) as a means to provide the services stated in the contract. re:solve provides 24 hour mental health crisis intervention and stabilization services for residents of Allegheny County through telephone, mobile, and walk–in services as well as residential crisis stays at its 333 North Braddock location. The purpose of this system is to serve individuals in the community and divert unnecessary acute emergency and inpatient care, reduce the jail rate, and assist individuals seeking to involuntarily commit (302 process) another person, as well as to respond to mental health disasters and traumas.

For fiscal year 2013, WPIC's entire annual contract with DHS totaled $14.4 million to provide services through more than 50 programs. re:solve's funding, under this contract, totaled approximately $4.4 million. For fiscal years 2012 and 2013, re:solve provided approximately:

| | FY 2012/2013 | FY 2011/2012 |
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**Department of Human Services (DHS)**

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# I. Introduction

The Director of the Department of Human Services is currently the County Mental Health & Mental Retardation Administrator (the county administrator) for Allegheny County. Mental Retardation is now referred to as Intellectual Disability (ID). Certain IRES employees act as authorized delegates of the county administrator in order to authorize the 302 warrant. Delegates also serve as a liaison, a resource person, a coordinator and a counselor between the IRES Division and treatment facilities, courts, petitioners, clients, attorneys and community agencies in order to implement applicable sections of the Mental Health Procedures Act. Delegates are required to have their Bachelor's Degree with a social welfare major, and must also have passed the State Civil Service exam. Once hired, delegates are provided extensive training, which can last several months.

Phone calls, initially received by clerical staff in the IRES Division, are transferred to a delegate when necessary. For the fiscal year ended June 30, 2013, they received approximately 15,360 calls of which 7,081 (46%) were related to the 302 process. If the caller is requesting a 302 warrant for an emergency evaluation, the delegate will ask the caller several questions using the Department of Human Services' Electronic Client and Provider System (eCAPS). The questions are based on the criteria in the Mental Health Procedures Act, and the answers will determine whether a 302 warrant should be authorized or not. If all of the criteria are met, the delegate authorizes the 302 warrant and documents their authorization in eCAPS. The 302 warrant gives authorization:

- For a person to be forcibly taken to a designated facility for examination.
- To a doctor to evaluate a person against their will.
- For a person to be held in a designated facility for up to 120 hours from the time of the physician examination in the Emergency Room.

The petitioner must be someone who has actually witnessed the behavior that is the reason for the 302 request. The petitioner must complete the "Application for Involuntary Emergency Examination and Treatment". If the petitioner is not a police officer or physician, they must additionally receive authorization from a delegate in order to have an individual transported to the emergency room (E.R.) and involuntarily examined. The application is available on the Pennsylvania Department of Public Welfare (PA DPW) website, through the DHS IRES Division, through re:solve Crisis Network, other community mental health providers, or at the hospital E.R.'s. The petition must specify dangerous behaviors, to themselves or to others, that occurred within 30 days of filing of the petition, and be due to mental illness. Dangers to self or others include:

- Suicide attempt, self mutilation or inability to care for self.
    - Attempt any act with the intent to end one's life or acts in furtherance including an articulated plan.
    - Must have a clearly stated plan and individual must have the ability to carry out their plan.
    - Self mutilation which is the intentional injury of body tissue without suicidal intent (such as burning, scratching, banging or hitting body parts, interfacing with wound healing, hair pulling, etc.)

- Any act or stated plan to harm an individual or group.
  - Individual must make some gesture in furtherance of the threat (Such as going to kill you is not sufficient. Individual has to say how and with what.)
  - Individual must be able to carry out the threat.
  - These behaviors must be accompanied by symptoms of mental illness.

The IRES delegates are the only individuals who can authorize a 302 warrant. The only exception is for a police officer or a physician who witnessed the individual's behavior and acts as the petitioner. They can have the individual transported and examined without authorization from a delegate. A physician can arrange transportation without authorization. However, if ambulance transportation is to be paid by Allegheny County, then prior authorization must be obtained.

When a person is involuntary committed, DHS is required by Act 77 to notify the County Sheriff and the Pennsylvania State Police of the name of the individual that has been involuntarily committed to inpatient treatment. This Act prohibits anyone committed under section 302 to possess, use, manufacture, control, sell or transfer firearms.

The flowchart on page 17 provides an overview of the 302 involuntary commitment process.

**Western Psychiatric Institute and Clinic**
**(re:solve Crisis Network)**

re:solve crisis services are available 24 hours a day, 7 days a week, 365 days a year and include a telephone crisis center, a mobile crisis program (employees who can respond to behavioral health crises anywhere in Allegheny County), walk-ins and residential crisis service at its 333 North Braddock Avenue location. All services are voluntary. re:solve's residential crisis services are available to individuals ages 14 and older whose crisis extends for a period of time. An average stay is approximately 2 days. All other crisis services are available to any Allegheny County resident regardless of age. In addition, re:solve provides crisis services at the Shuman Juvenile Detention Center. re:solve employs the approximate number of individuals in each area: 31 in the phone center, 39 for the mobile teams, 27 in walk-in, 30 in residential, and 1 at Shuman.

re:solve requires certain qualifications before an individual is hired. These qualifications are based on the position being applied for. Most positions require a bachelor's or master's degree, Act 33/34/73 clearances, and additional relevant criteria such as a professional license. New employees go through a 4-6 week orientation program and complete all areas in re:solve's "New Hire Orientation Checklist". Trainees are also required to listen to phone calls taken by veteran crisis clinicians and shadow seasoned staff on procedures for telephone, residential, walk-in areas and the mobile unit. There are also mandatory system wide trainings as well as additional ongoing trainings.

# I. Introduction

### re:solve's Phone Center

re:solve's telephone crisis center handles all calls that come into the center and is staffed 24 hours a day all year. The telephone clinician will discuss with the caller the reason for their call and provide resources, phone counseling, and support. The calls could be anything from a conflict with family, an addiction, depression etc. The phone crisis center is a way for the individual to reach out to someone to get some input about their situation. The clinician will record information regarding the call, including the disposition of the call in Psych Consult, which is re:solve's electronic health record. If the mobile team needs to respond to the call, the clinician will complete the "Triage/Dispatch" form and deliver it to a mobile team. If there are no mobile teams in the building, the clinician will call the team with the details.

### re:solve's Mobile Team

The role of the mobile team is to respond to an individual's crisis as the individual defines it. An individual may define their crisis as anything ranging from loneliness to a life threatening situation. The mobile team members normally travel in pairs; however, there are instances when a team member can travel alone. Mobile team members perform wellness checks, counseling, and can assist individuals with the paperwork for a 302 involuntary commitment.

There are two-to-three mobile teams for the 7 am to 3:30 pm shift and the 3 pm to 11:30 pm shift and one mobile team for the 11 pm to 7:30 am shift. Occasionally there is a mobile team from noon to 8:30 pm. All teams initially report to re:solve and use a WPIC or a UPMC vehicle for travel. There is no "designated area" in the County per team. Teams are dispatched by first available team and travel all over Allegheny County. However, if a team is finishing a call and is relatively close to the next location, they will ask this team to respond to the next call instead of sending another mobile team.

Some crises may involve the need for emergency psychiatric evaluation. In these situations, the mobile team can assist by providing information on resources, methods, and ways to obtain an emergency evaluation either voluntarily or involuntarily. Mobile teams can assist with accessing the involuntary examinations process by providing the required paperwork and instructions on form completion, or assist with connecting to or communicating with the County DHS delegate on behalf of the individual.

Only the County DHS delegate can approve or deny the 302 request. The mobile team has no authority to grant or deny a 302 request. Additionally, a mobile team would not prevent an individual from filing a 302 even if the team believes the required criteria are not present. Just like any person, a re:solve staff member can petition for a 302 if they witness the required behavior.

# I. Introduction

### Walk-in Crisis

Individuals may walk into the re:solve facility by themselves or be accompanied by re:solve's mobile team, police, family, or friends. The individual is greeted, asked about the crisis they are experiencing and if they willing to fill out a questionnaire so the staff can get a better understanding of their situation. The individual will be thoroughly searched prior to registration. At registration, the individual is asked for a photo form of identification (ID), given a copy of the Patient Rights & Patient Responsibilities and Notice of Privacy Practice, and is asked to sign the consent to Treatment, Payment and Operations. If this is the individual's first visit at re:solve, a walk-in staff member will provide them with a welcome packet. A clinician will escort the individual back to the walk-in area to begin the crisis assessment.

Once the initial crisis assessment is complete, the clinician will orient the individual to the surroundings where individuals engage in individual and group counseling and intervention, connect with resources via phone, plan for discharge, etc. If the need for an emergency psychiatric evaluation is indicated, and a voluntary evaluation in an emergency room is not an option, re:solve staff will petition for an involuntary commitment (302) through a County DHS Delegate.

An individual can remain in walk-in for up to 24 hours. The individual may be admitted to residential from walk-in, if clinically indicated.

### Residential Crisis

An individual may transition to the residential program, if clinically appropriate. Residential is the only component of re:solve that requires a mental health diagnosis. In order to participate in the residential program, a resident must have a full psychiatric evaluation completed. re:solve is licensed for 14 overnight beds for 5 consecutive days.

Prior to an admission to the residential program, a walk-in clinician will contact the managed care company to authorize insurance coverage of the residential service. Each resident is provided with a room and meals throughout their stay. Crisis residential regulations allow for a stay of up to five days and provide for an extension under specified circumstances. re:solve bills for residential services in accordance with payer guidelines.

**Units of Service Reported to DHS for re:solve**

| Fiscal Year 2012/2013 | Unit Type | Rate | Units | Subtotal | (Outside Funding) | County Amount |
|---|---|---|---|---|---|---|
| ***Fee For Service:*** | | | | | | |
| Mobile | | | | | | |
| Mobile - Adult - Individual | 15 Min. | $21.01 | 3,126 | $65,677 | ($812) | $64,865 |
| Mobile - Adult - Team | 15 Min. | $31.52 | 29,781 | $938,697 | ($33,259) | $905,438 |
| Mobile - Youth - Team | 15 Min. | $45.00 | 1,997 | $89,865 | ($2,104) | $87,761 |
| | | | 34,904 | $1,094,239 | ($36,175) | $1,058,064 |
| Walk In | 15 Min. | $16.00 | 90,647 | $1,450,352 | ($24,678) | $1,425,674 |
| Residential | 8 Hr. | $175.33 | 4,472 | $784,076 | ($6,446) | $777,630 |
| Subtotal - Fee for Service | | | 130,023 | $3,328,667 | ($67,299) | $3,261,368 |
| ***Program Funded:*** | | | | | | |
| Telephone | | | | $2,303,642 | ($1,179,000) | $1,124,642 |
| **TOTAL** | | | | | | **$4,386,010** |

| Fiscal Year 2011/2012 | Unit Type | Rate | Units | Subtotal | (Outside Funding) | County Amount |
|---|---|---|---|---|---|---|
| ***Fee For Service:*** | | | | | | |
| Mobile | | | | | | |
| Mobile - Adult - Individual | 15 Min. | $21.01 | 2,961 | $62,211 | ($1,555) | $60,656 |
| Mobile - Adult - Team | 15 Min. | $31.52 | 25,538 | $804,958 | ($15,032) | $789,926 |
| Mobile - Youth - Team | 15 Min. | $45.00 | 1,450 | $65,250 | ($723) | $64,527 |
| | | | 29,949 | $932,419 | ($17,310) | $915,109 |
| Walk In | 15 Min. | $16.00 | 71,048 | $1,136,768 | ($12,324) | $1,124,444 |
| Residential | 8 Hr. | $175.33 | 4,359 | $764,263 | ($502) | $763,761 |
| Subtotal - Fee for Service | | | 105,356 | $2,833,450 | ($30,136) | $2,803,314 |
| ***Program Funded:*** | | | | | | |
| Telephone | | | | $2,595,993 | ($1,200,776) | $1,395,217 |
| **TOTAL** | | | | | | **$4,198,531** |

# 302 Involuntary Commitment Process

A Petitioner who believes an individual needs to be involuntarily committed will:

## Get Assistance

- Call the police if there is immediate danger.
- Call re:solve, EMS, other behavior health specialist if there is no immediate danger.
- The Petitioner can begin the next step of the process without assistance.

## Complete the Application

- A person who actually witnessed the behavior that is the reason for the 302 request completes the application. The application is available on the PA DPW website, through the DHS IRES Division, or at the emergency room, etc. and can be completed at the petitioner's current location, the hospital emergency room, the DHS offices, etc.

## Call the County DHS Delegate

- The petitioner calls DHS. Someone can call on behalf of the petitioner, but must read the information that the petitioner wrote in the application.
- If the petitioner is a police officer or physician, they do not need authorization from the delegate; they can arrange transportation through the police or ambulance.

## Delegate Authorizes the 302

- If the criteria required by the Mental Health Procedures Act ARE present - the Delegate will authorize the 302 warrant.

## Delegate Denies the 302

- If the criteria required by the Mental Health Procedures Act are NOT present - the Delegate will deny the 302 warrant.

## The Individual is Transported to the Emergency Room for Evaluation

- The individual must be examined within 2 hours of arrival time.
- They can be held for treatment for up to 120 hours if the doctor upholds the 302.

## The Process Ends

## The Examining Physician Has Three Options

1. Admit the individual on a 302 Involuntary Commitment.
2. Convert the 302 Involuntary to a 201 Voluntary Commitment.
3. Overturn the 302 Involuntary Commitment and discharge the individual.

*Note: DHS is responsible to ensure the individual is returned to the community.*

## II. Scope and Methodology

We applied compliance procedures to contracts #129785 and #142185 between DHS and WPIC related to behavioral health crisis services. We performed these procedures to ensure that WPIC was in compliance with the scope and terms of the crisis services authorized under these contracts. We also examined the invoices submitted by re:solve to DHS to determine compliance with the contract. Our compliance procedures covered the period of January 1, 2012 through June 30, 2013. Specifically, we performed the following:

- Interviewed DHS personnel to gain an understanding of the 302 Involuntary Commitment process as well as the policies and procedures that are in place.

- Documented the procedures used by DHS when processing phone calls in the Information, Referral and Emergency Services (IRES) Division, including how the calls are tracked and how the outcomes are recorded. Specifically we focused on the procedures surrounding phone calls received for involuntary commitment requests.

- Reviewed policies and procedures relating to the services provided by DHS and any checklists or specific protocols that are used.

- Reviewed the qualifications of the DHS delegates and the re:solve staff, including the frequency and types of training and education that is provided.

- Obtained the population of calls received by DHS and reviewed a sample to ensure that required procedures were followed and that proper documentation was maintained.

- Performed a walkthrough of DHS's 302 procedures by testing a sample of 302 calls and agreeing the information back to DHS's eCAPS system.

- Interviewed WPIC personnel to gain an understanding of the re:solve program and the related policies and procedures.

- Interviewed re:solve personnel to gain an understanding of the services provided and what role re:solve plays in the 302 involuntary commitment process.

- Tested a sample of WPIC invoices that were paid by DHS to ensure services were provided and amounts were calculated correctly. Also verified that WPIC's invoices had supporting documentation in its Psych Consult System.

- Analyzed re:solve's Psych Consult System and Medipac system as well as DHS's eCAPS system to ensure services billed for were provided and were proper.

- Tested the Contraband Disposition forms to ensure contraband was processed according to policies and procedures.

We performed these procedures from June through November of 2013. We have provided a draft copy of this report to the Director of the DHS and the Vice President Ambulatory Services of WPIC for comment. Their response begins on pages 27 and 29.

## *Finding #1*
## re:solve Overbilled DHS $15,604 in Services

re:solve utilizes two systems to record client information. Medipac is used for patient registration, including client demographics, insurance eligibility, and billing. The Psych Consult system functions as an electronic health record and is used to record the duration of the services provided as well as the associated clinical record. The systems exchange information with each other as needed. On a monthly basis, a batch file with the detail of the units provided is electronically transferred from Medipac to the Department of Human Services (DHS) Electronic Client and Provider System (eCAPS). DHS pays WPIC based on the units submitted through eCAPS.

Walk-in and mobile services are billed in 15 minute increments while residential stays are billed in eight hour increments (three units for a full day). Since residential services do not always last exactly eight hours, re:solve will bill one unit after four hours of service. However, if an individual is admitted to the residential program after 8 pm, re:solve is allowed to bill for one unit for that day even though it is less than four hours. This is only allowed on the admission date.

WPIC provided us with a report from the Medipac system listing the services eligible for reimbursement by the County for our engagement period. Typically, all of the units for an individual are summarized as one entry for each type of service received for the month. We selected a sample of 110 entries from this report (36 walk-in entries, 38 mobile entries, and 36 residential entries) to verify that the number of units were properly calculated based on the service start and end times in the Psych Consult system.

- The units on the Medipac report were correctly calculated for all of the walk-in and mobile entries tested.
- However, we found discrepancies for 6 (17%) of the 36 residential entries tested. When we brought this to WPIC's attention, the staff researched the issue, and found that there was an error in the programming logic for certain occurrences when an individual would return from a therapeutic pass.

Individuals in the residential program may obtain a therapeutic pass to attend school, work, appointments, visit home, etc. They may leave the facility and return later in the day without being discharged and readmitted. re:solve does not bill for the time the individual is not at the facility, but when they return, the billing clock starts again. If they do not return before 8pm, re:solve cannot bill a unit for that day since the four hour minimum is not met. The error occurred because the programming logic did not distinguish between a return from a therapeutic pass and a new admission. Therefore, the system incorrectly billed a unit when an individual returned from a therapeutic pass after 8 pm.

Due to the above programming error, we requested that WPIC generate a report to identify all of the instances where this problem occurred.

- The report shows that 89 units were overbilled for 58 individuals.

Residential services are billed at a rate of $175.33 per unit resulting in $15,604 in over-reported services. Of these units, 24 units were in FYE 6/30/12, 63 were in FYE 6/30/13, and 2 are in the current year to end 6/30/14.

We selected an additional five entries from WPIC's report to determine if the number of overbilled units was correct. Based on our testing, the overbilled units on the WPIC report appear to be accurate. This additional testing brought our residential sample size to 41 and our total sample size to 115.

For the 115 entries from the sample defined above, we also compared the units listed on the Medipac report to the units paid per DHS thorough eCAPS.

- The correct number units were paid for the 36 walk-in and the 38 mobile entries tested.
- The number of residential units listed on the Medipac report did not agree to the number paid in eCAPS for 5 (12%) of the 41 residential entries tested. These differences include:
    - For two of the entries, a total of 3 units were overpaid by $526. According to WPIC, they have until December 15, 2013 to submit a correction and reduce the units billed.
    - For the other three entries, a total of 30 units were underpaid by $5,260. According to WPIC, they have already manually adjusted the eCAPS submission and will receive credit for the services when the final audit is complete.

Every quarter, the WPIC Fiscal Department completes a reconciliation, on a cumulative basis stretching back to the beginning of the fiscal year. The reconciliation looks to confirm that the services billed in Medipac are accurately posted in eCAPS. The discrepancies for the 5 residential entries were not discovered during the manual reconciliation process. WPIC refined and automated the process after this issue was discovered.

## Recommendations

We recommend that WPIC/re:solve:

- Reimburse DHS or reduce future billings by $15,604 for the overbilled services.
- Ensure that the adjustments for the five entries were properly processed. If the adjustments were not properly processed, remit the appropriate amount to DHS.
- Confirm that the computer problem is corrected to prevent futures overbillings.
- Strengthen the reconciliation process so it is designed to ensure that services billed in Medipac are accurately posted in DHS's ECAPS.

*Finding #2*

## Internal Controls Surrounding Confiscated Illegal Drugs and Drug Paraphernalia Need to be Strengthened

When an individual enters the re:solve facility, the individual will be thoroughly searched prior to being afforded access to the program. For safety reasons, any contraband found during the search procedure will be confiscated by re:solve staff. Contraband that is legal (e.g., tobacco, lighters, medication, razors, etc) will be held by re:solve. Some items are stored until the individual is discharged. Other items are locked, but are made accessible to the individual under certain circumstances. Tobacco products are secured with the staff at the front desk and can be checked out by the individual. Once the individual is done using them, the staff will take them back for their safety as well as others in the facility.

If an individual comes to re:solve with what re:solve suspects is illegal contraband (i.e. drugs), it is confiscated and retained in a secure locked location until destroyed. Police are not notified unless it is a large amount of drugs (amount appearing to be for a purpose other than personal use) or if the individual has a gun. The individual's name, date, item confiscated, and name of staff member who found the contraband is recorded on a Contraband Log (staff communication tool to identify current trends in contraband) and kept in a binder in the secured front desk area. A Contraband Disposition form is also filled out by the staff member and filed with the contraband. The Contraband Disposition form is used to document the seizure and disposition of contraband. The item is placed in a bag, sealed, and the accompanying Contraband Disposition form is signed by two re:solve staff. The Clinical Supervisor is notified, and the contraband is given to the Program Director to secure in a locked area, until the item can be destroyed. Once the contraband is disposed of and the form is completed, the Contraband Disposition form is signed by the Program Director who secures/locks them in her office. We were provided with re:solve Crisis Network's Search/Contraband procedures as well as copies of the Log and Dispositions forms for our engagement period.

### Contraband Log and Contraband Disposition Forms Need to be Properly Completed

The use of the Contraband Log began in April 2013. We reviewed the log and found that a Disposition form was not maintained for 3 (17%) of the 18 entries on the log. We also found 7 disposition forms that were not recorded on the log.

We reviewed the 146 Contraband Disposition forms provided for our engagement period. We noted that the form was revised in April 2013. When the form was revised, the requirements were also changed. Therefore, all of the attributes are not applicable for all of the forms tested. Specifically, we noted that the current forms do not require the disposal date for all contraband items. Our procedures found the following.

Out of the 55 illegal drug contraband disposition forms (49 older forms and 6 updated forms) tested:

- 2 (4%) of the 55 did not have the name of the employee who found the contraband and completed the disposition form.
- 12 (22%) of the 55 disposition forms were not filled out in its entirety.
- Of the 52 applicable forms that require a supervisor signature, 5 (10%) did not contain a supervisor signature.
- Of the 49 older disposition forms that required two witness signatures, 3 (6%) only had one witness signature recorded on the disposition form.
- 6 (100%) out of the 6 new disposition forms did not have the disposal date documented.

Out of the 64 paraphernalia contraband disposition forms (59 older forms and 5 updated forms) tested:

- 20 (31%) of the 64 disposition forms were not filled out in its entirety.
- 6 (9%) of the 64 disposition forms did not contain the required supervisor signature.
- Of the 59 older disposition forms that required two witness signatures:
    - 15 (25%) only had one witness signature recorded on the disposition form.
    - 6 (10%) did not have any witness signatures recorded on the disposition form.
- 2 (40%) out of the 5 current dispositions forms for paraphernalia contraband did not have the disposal date documented.

Out of the 7 weapon contraband disposition forms (6 older forms and 1 updated form) tested:

- 1 (14%) of 7 forms did not have a supervisor signature on the disposition form.
- 2 (29%) of 7 forms only had one witness signature recorded on the disposition form.
- 3 (43%) of 7 forms did not have any witness signatures recorded on the disposition form.

Out of the 20 legal contraband disposition forms (18 older forms and 2 updated forms) tested:

- 4 (20%) of the 20 disposition forms were not filled out in its entirety.
- 3 (15%) of the 20 forms did not have a supervisor signature.
- Out of the 18 older disposition forms that required two witness signatures, 1 (6%) only had one witness signature recorded on the disposition form.

### Lack of Policies Regarding Date of Destruction for Contraband

re:solve's Search/Contraband policy does not specify how long contraband can be held before it is destroyed. During our testing, we found a wide variance between the date confiscated and the date destroyed. We documented anything that was destroyed more than one day after the date it was confiscated.

Out of the 48 illegal drug contraband disposition forms that listed the date confiscated;

- 8 forms contained items that were disposed of between 2 and 209 days after confiscation.
    - 4 (8%) were destroyed between 2 and 14 days after confiscation.
    - 3 (6%) were destroyed between 15 and 30 days after confiscation.
    - 1 (2%) was destroyed 31 days or more after confiscation (209 days).

These items included marijuana, stamp bags, unidentified pills, etc.

Out of the 58 paraphernalia disposition forms that listed the date confiscated:

- 13 forms contained items that were disposed of between 2 and 434 days after confiscation.
    - 6 (10%) were destroyed between 2 and 14 days after confiscation.
    - 2 (3%) were destroyed between 15 and 30 days after confiscation.
    - 5 (9%) were destroyed 31 days or more after confiscation (434 days).

These items included syringes, various kinds of pipes, a grinder, etc.

Out of the 7 weapon disposition forms that listed the date confiscated:

- 4 forms contained items that were disposed of between 13 and 423 days after confiscation.
    - 1 (14%) item was destroyed between 2 and 14 days after confiscation.
    - 1 (14%) item was destroyed between 15 and 30 days after confiscation.
    - 2 (29%) items were destroyed 31 days or more after confiscation (423 days).

These items included a metal pipe, knife, a stun gun and packets of razor blades.

### Lack of Policies Regarding Disposition of Illegal Contraband

We also found that re:solve's Search/Contraband procedures did not detail how staff are to destroy any substances that appear to be illegal drugs. The procedure states that needles will be disposed of in a sharps container, and other drug paraphernalia will be destroyed in the presence of two staff members. However, it only states that the method of the disposal of the drugs will be dependent on drug type and quantity.

We reviewed the 55 illegal contraband disposition forms, which included the disposition of 59 illegal drugs and pills. We found the following methods were utilized to dispose of the items.

- 40 (68%) were flushed.
- 5 (8%) were thrown in the trash.
- 14 (24%) were disposed of in the pills container in the nurses' station.

## Recommendations

We recommend that WPIC/re:solve:

- Develop and adhere to written policies and procedures governing confiscated illegal drugs, weapons, and paraphernalia which specifically relate to completion of required forms, destruction dates and disposal methods.
- Revise the Contraband Disposition form to include all necessary fields. The form should be clear and easy to understand to facilitate uniform tracking by all staff.
- Ensure the Contraband Log is properly completed and includes all Contraband Disposition forms.
- Work with law enforcement to establish proper protocols for the disposal of illegal contraband.

We recommend that the Department of Human Services:

- Work with the Law Department to establish contractual language regarding internal controls and safety parameters surrounding confiscated illegal drugs and drug paraphernalia to be included in the contract.

## *Finding #3*
## *DHS Needs to Strengthen the Controls Surrounding the Documentation of the 302 Process*

The Allegheny County Department of Human Services (DHS), Office of Behavior Health (OBH), Bureau of Adult Mental Health Services (BAMHS), Information, Referral, and Emergency Services Division (IRES) is responsible for processes surrounding the approval or denial of 302 involuntary commitment requests.

All phone calls in the IRES division are initially received by clerical staff, and, when necessary, are transferred to a delegate. Beginning in August 2012, the clerical staff started to document the caller's name and the date, time and the reason for the call on the Daily Call Log. Once the delegate receives the call, they will access and complete the necessary sections in the DHS Electronic Client and Provider System (eCAPS). If the call is a request for a 302 involuntary commitment, the delegate must approve or deny a warrant for the involuntary examination and document the required information in eCAPS. The delegate must also sign the warrant, which is part of the petition completed by the person who petitioned for the involuntary commitment. The petition is typically kept at the hospital where the individual is being examined until they are discharged from treatment. Then it is forwarded to DHS, signed by the delegate, scanned into DHS's medical records and returned to the hospital. The delegates will also document information from all 302 request calls onto the 302 Tracker spreadsheet. This spreadsheet was implemented in May of 2012 and is used to monitor additional items that need to be completed after the 302 request has been approved or denied. If the individual is involuntarily committed for treatment after the physician's examination, the county is required by Act 77 to submit notification to the Pennsylvania State Police and the County Sheriff. DHS personnel provide training surrounding the 302 process to the police officers, medical personnel and individuals working in the mental health environment.

DHS provided us with a file of all calls received by the IRES division and entered into eCAPS during our engagement period. We selected a sample of 100 calls that were received for a 302 involuntary commitment request (30 authorized requests and 70 denied requests) to determine if DHS had followed their processes and procedures. Our testing found the following.

Out of the 30 authorized warrants the following exceptions were noted:

- The warrant tracker was not properly completed for 2 (10%) of 20 applicable warrants.
- 4 (13%) of 30 warrants were not returned to DHS
    - For two of these cases, DHS did not know if the individual was evaluated and committed.
- The Act 77 paperwork was not returned from the hospital to DHS for 1 (4%) of 27 applicable warrants.
    - DHS did not know if the individual was evaluated and committed.

Out of the 70 denied warrants, the following exceptions were noted:

- 2 (5%) of 41 applicable phone calls were not recorded on the call log.
- 1 (2%) of 54 applicable cases was not recorded on the warrant tracker.
- The warrant tracker was not properly completed for 11 (20%) of 54 applicable warrants.

DHS personnel indicated they are in the early planning stages of updating the IRES electronic system, and anticipate that the new system will be available this summer. The new system will allow for electronic recording of the petition and related information which will originate and be stored in the system. This will allow DHS real time access to the original documents and will eliminate the need to rely on treating facilities to forward documents to DHS. DHS personnel also said they would remind all staff to document all warrants on the warrant tracker spreadsheet.

## Recommendations

We recommend that the Department of Human Services:

- Strengthen internal controls surrounding the documentation of the 302 process. This should include a review of the policies and procedures with all staff on a regular basis as well as supervisory review of required paperwork.
- Require that the staff review cases with outstanding information on a routine basis. This will ensure that all documents are received and properly maintained that any exceptions are followed up and noted as such.
- Properly train all staff when the new system is implemented. The controls and information processed through the system should be reviewed to verify the desired results are achieved.
- Continue to provide and expand training surrounding the 302 process to police officers, medical personnel and any officials that deal with mental health and the 302 process.

UPMC LIFE CHANGING MEDICINE

**Western Psychiatric Institute and Clinic of UPMC**

3811 O'Hara Street
Pittsburgh, PA 15213-2593

July 15, 2014

Ms. Chelsa Wagner, Allegheny County Controller
Ms. Lori A. Churilla, Assistant Deputy Controller, Auditing
104 Courthouse
436 Grant Street
Pittsburgh, PA 15219

**Audit reference**: Contract Compliance Procedures For Behavioral Health Crisis Services Applied to Contracts #129785 and #142185 Between the Allegheny County Department of Human Services and Western Psychiatric Institute and Clinic For the Period January 1, 2012 through June 30, 2013

Dear Controller Wagner and Ms. Churilla:

Please accept this letter as the response from Western Psychiatric Institute and Clinic of UPMC Presbyterian Shadyside (WPIC) regarding two findings and associated recommendations suggested by the Allegheny County Controller's Office for the above referenced audit of WPIC's re:solve Crisis Network contracts with Allegheny County Department of Human Services (DHS).

Controller's Office Finding #1: re: solve Overbilled DHS $15,604 in Services

WPIC Response:

- Adjustments for the five entries have been properly processed.
- The electronic billing logic related to reporting units of residential service that caused these unintentional errors was corrected during the audit, July, 2013, thus preventing future errors.
- Adjustments have been made to the electronic billing system eliminating manual entry and therefore strengthening the reconciliation process between Medipac and DHS's ECAPS system.
- Related to the overbilling amount of $15,604:
    - $11,396 was corrected prior to the close of the FY13 and FY14 fiscal periods and therefore was not overbilled during these periods.

As the re:solve program consistently delivers services in excess of the financial allocation from DHS, the remaining $4,208 will be adjusted against the amount of free care WPIC reported for FY12, reducing the free care amount (WPIC's financial loss) from $101,628 to $97,420.

Controller's Office Finding #2: Internal Controls Surrounding Confiscated Illegal Drugs and Drug Paraphernalia Need to be Strengthened

WPIC Response:

- re:solve's leadership has reinforced existing guidelines and have communicated with staff the expectation that each space on the contraband forms be filled in, including the destruction date and method of disposal of suspected illegal drugs and drug paraphernalia, when applicable.
- The Contraband Distribution form has been revised for clarity and ease of staff use.
- Current monitoring of the completion of the contraband forms demonstrates a high level of staff compliance. Monitoring will continue.
- UPMC Corporate Security/law enforcement will provide guidance on the disposal of suspected illegal contraband.
- re:solve has not and will not maintain any significant quantity of suspected illegal items (drugs, paraphernalia) on site and will properly secure immediately and dispose by timely and appropriate means.
- re:solve will continue to focus on the provision of high quality behavioral health crisis intervention services and effectively manage items that pose safety risks. This includes items suspected to be drugs as re:solve does not test or otherwise determine the content of these items.

Sincerely,

Ellie Medved
Vice President, Ambulatory & Crisis Services
Western Psychiatric Institute and Clinic of UPMC Presbyterian Shadyside

cc: Mr. David Bobrzynski, Vice President, Finance
Mr. Alexander Ciocca, UPMC Senior Associate Counsel
Mr. Robert DeMichiei, UPMC Executive Vice President, and Chief Financial Officer
Mr. Thomas McGough, UPMC Executive Vice President, and Chief Legal Officer

COUNTY OF ALLEGHENY

RICH FITZGERALD
COUNTY EXECUTIVE

July 15, 2014

Ms. Chelsa Wagner
County Controller
104 County Courthouse
436 Grant Street
Pittsburgh, PA 15219

Dear Ms. Wagner:

We appreciate the opportunity to meet with you to discuss this report and your recommendations. Your recommendations are affirming, in that they are consistent with many actions that we had planned and/or are in process. The following are changes in policy and procedures or protocols that have already occurred or are planned in response to your recommendations.

**Strengthen internal controls surrounding the documentation of the 302 process. This should include a review of the policies and procedures with all staff on a regular basis as well as supervisory review of required paperwork.**

- DHS is in process of implementing a new automated system for 302 processing that will:
  - Strengthen our controls of and documentation
  - Eliminate the need for manual tracking of 302 paperwork and faxing and mailing paperwork between our office and the providers.
  - Permit specific management reports tailored to the review of a 302 being authorized and denied by each staff person.
- In addition, the Pennsylvania Office of Mental Health and Substance Abuse Services is in the process of developing a revised training manual and curriculum that we will make mandatory for all Allegheny County delegates. It is expected that some of this training and manual will be web-based, as well. Modules will be specifically designed for delegates, crisis workers, police, physicians, and/or Mental Health Review Officers.

**Require that the staff review cases with outstanding information on a routine basis. This will ensure that all documents are received and properly maintained that any exceptions are followed up and noted as such.**

- Individual and group supervision occurs on a regular basis which includes review and discussion of specific 302s and review of reports including those related to outstanding information generated by the automated system.

MARC CHERNA, DIRECTOR
DEPARTMENT OF HUMAN SERVICES
EXECUTIVE DEPUTY DIRECTOR FOR INTEGRATED PROGRAM SERVICES
HUMAN SERVICES BUILDING • ONE SMITHFIELD STREET • SUITE 400 • PITTSBURGH, PA 15222
PHONE (412) 350-4280 • TDD (412) 473-2017 • FAX (412) 350-4004

- The Allegheny Law Department will continue to meet with staff on an as-needed basis but at least annually to review any issues that need to be addressed based on their involvement in the 303 commitment hearings. Significant issues that are identified will be addressed immediately with the Manager and/or Supervisors in IRES.
- With the automation of the 302 process, documentation will be maintained electronically and stored in OnBase. It would be rare that hard copies of documentation will be necessary and when it is, hospitals and delegates will have the ability to scan and upload the documents into the electronic system and they will be automatically transferred into OnBase for storage.

**Properly train all staff when the new system is implemented. The controls and information processed through the system should be reviewed to verify the desired results are achieved.**

- The new system is in the process of being implemented in all the hospitals and re:solve Crisis Network and training is occurring at each of the facilities. Planning has begun for training on the new system for other community providers (Community Treatment Teams, Service Coordinators, and Outpatient Therapists) to begin this summer.
- All internal staff has been trained and new staff will be trained on the new system.
- Management reports will be developed so that supervisory staff can regularly review data and ensure that the controls and information are achieving the desired results. These reports will also be utilized as a tool for on-going supervision as well as identification of possible needs for refresher training for staff.
- Currently, the hospital training is a train the trainer model so hospitals will be responsible for ensuring that staff utilizing the system is properly trained. IRES will monitor to ensure that trainings are occurring.
- DHS training department is in the process of developing a web-based training that will be available for future trainings in the hospitals and community providers.

**Continue to provide and expand training surrounding the 302 process to police officers, medical personnel and any officials that deal with mental health and the 302 process.**

- IRES staff will continue to provide training regarding the 302 process to police officers, medical personnel and other officials when requested.
- On a regular basis, Crisis Intervention Training (CIT) for police officers occurs. This is a 40 hour training for police officers on the mental health system and individuals experiencing a behavioral health crisis. (CIT Training Schedule attached). To date 265 City of Pittsburgh Police Officers and 212 Municipal Police Officers have been trained as well as 32 corrections officers from the County jail.

- IRES will encourage regular trainings on the 302 process at all the designated psychiatric inpatient facilities.
- The DHS website includes information for the general public regarding the involuntary (302) commitment process.
- We have had some initial discussion with the Allegheny County Emergency Services staff regarding training for the EMT's/Paramedics regarding the 302 process. We will pursue this to conclusion.
- As previously indicated, the Pennsylvania Office of Mental Health and Substance Abuse Services is in the process of developing training resources that will be available for police officers and medical personnel.

**Work with the Law Department to establish contractual language regarding internal controls and safety parameters surrounding confiscated illegal drugs and drug paraphernalia to be included in the contract.**

- DHS will proceed with an addendum to the WPIC contract requiring policies/procedures to be in place for when illegal drugs and/or are confiscated at any of program site.

During our recent planning sessions for the state-wide delegate and crisis training with the Pennsylvania Office of Mental Health and Substance Abuse Services, the following quote was shared from the Pennsylvania Supreme Court:

> "Commitment entails a massive deprivation of liberty, collateral consequences, too, may result from the stigma of having been adjudged mentally ill... indeed, a person who is mistakenly committed to a mental hospital might suffer serious psychological damage. For those reasons, strict adherence to the statutory requirements is to be compelled."

We take the responsibility as "delegates" very seriously and strive to meet the responsibility as stated above. Your audit and recommendations assist us in identifying opportunities for improvement in our involuntary commitment process.

Sincerely,

Patricia L. Valentine
Executive Deputy Director for Integrated Program Services

Attachment

cc: Marc Cherna
Don Clark
Mary Jo Dickson
Kim Welsh

# City of Pittsburgh
# CIT Training
## Monday-Friday 0800-1600

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|
| Registration/Intro to CIT | Tactical Communication<br>- Verbal and Non-Verbal<br>- Active Listening<br>- Negotiations Techniques | Risk Factor for PTSD & Peer Support-CISM | Consumer and Family Perspective | Scenarios and Critiques |
| Overview of Mental Illness | | Allegheny County Resources<br><br>- Office of Behavioral Health Justice Related Services<br>- Overview of behavioral health services | Intervention of Children and Adolescents | |
| Mood Disorders | | | Liability, Legality & Ethics | |
| Thought Disorders | Developmental Disabilities and Brain Disorders | | Psychotropic Medications & Non-compliance | Diversity and Mental Illness |

Lunch 1200-1300

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|---|---|---|---|---|
| Personality Disorder | Suicide and Violence Prevention/Suicide by Cop/ Sudden Unexpected Death | Site Visits | Assessing Dangerousness and De-escalation | CIT & How It Works: A 4 Step Process |
| "Hearing Distressing Voices Exercise" | Substance Use and Co-occurring Disorders | | Site Visits | Test and Evaluation |
| | | | | Graduation |

Revised 9/2008