



STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER

December 7, 2007

Dr. Michael F. Hogan, Ph.D.
Commissioner
Office of Mental Health
44 Holland Avenue
Albany, New York 12229

Re: Report 2007-F-36

Dear Dr. Hogan:

Pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution, and Article II, Section 8 of the State Finance Law, we have followed up on the actions taken by officials of the Office of Mental Health (OMH) to implement the recommendations contained in our audit report, *Children's Mental Health Single Point of Access* (Report 2004-S-83).

Background, Scope and Objective

The purpose of the Single Point of Access process is to identify children who are at high risk of placement in out-of-home settings and to use community-based services to manage these children in their communities. Single Point of Access serves as an entry point for all high-risk high-need children and serves to coordinate mental health services at the county level. Counties work with children and their families to maintain stability in their home communities and avoid inpatient hospitalization. The process was initiated in 2001 by OMH and is overseen by OMH's Division of Children and Family Services (Division).

Our initial audit report, which was issued April 6, 2006, examined OMH's implementation and oversight of the Single Point of Access process. We found that as of April 2005 the process had been implemented in all but four counties (four of the five boroughs in New York City). Since a large percentage of the State's population resides in these four boroughs, we recommended that OMH work with New York City to ensure full implementation. In addition, when we visited selected counties, we identified inconsistencies in evaluation and placement practices and found that services were not always provided to children in a timely manner. We recommended certain improvements in the oversight provided by OMH.

The objective of our follow-up, which was conducted in accordance with generally accepted government auditing standards, was to assess the extent of implementation as of October 15, 2007 of the three recommendations included in our initial report.

Summary Conclusions and Status of Audit Recommendations

We found that OMH officials have made progress in addressing the matters in our initial audit report. However, additional improvements are needed. Of the three prior audit recommendations, one recommendation has been implemented and two recommendations have been partially implemented.

Follow-up Observations

Recommendation 1

The Division should work with New York City officials to implement a Single Point of Access which meets the requirements set in the Office's New Initiative Guidelines in the remaining four boroughs.

Status - Implemented

Agency Action - A Single Point of Access has been implemented in the remaining four boroughs of New York City. A Request for Proposal was issued in August 2005 and a contract was awarded in January 2006 to operate a citywide Children's Single Point of Access. The Children's Single Point of Access has been operational in all five boroughs of New York City since July 2006.

Recommendation 2

The Division should take a more proactive role in the implementation of the Single Point of Access process and ensure counties are meeting minimum standards. Areas needing improvement include the following:

- *Using screening instruments,*
- *Completing the Process and assignment of services timely,*
- *Providing proper levels of interim services to children while on wait lists,*
- *Obtaining consistent representation from participating agencies,*
- *Obtaining adequate, complete and accurate documentation, and*
- *Developing procedures for the frequency and content of field office site visits.*

Status - Partially Implemented

Agency Action - While the Division has taken a more proactive role in certain aspects of ensuring counties are meeting minimum standards, there are still areas needing improvement, and certain planned actions which have not yet been implemented. OMH created a "SPOA Guidance Document of Core Elements and Expectations

for 2007” (Guidance Document) which provided information and performance targets in the areas noted in the recommendation, along with other areas OMH deemed necessary. Counties were asked to submit Workplans addressing each of the elements in the Guidance Document by July 2007. Only one county has not submitted a completed Workplan as of October 2007.

The following is information relating to implementation of each of the bulleted points in the recommendation:

- *Using screening instruments* - Ninety-one percent of the counties indicated in their workplans that they currently use or plan on implementing evidence based screening instruments. According to OMH, implementation of an evidence based screening instrument was to be completed by September 2007.
- *Completing the Process and assignment of services timely* - OMH is requiring counties to report certain data elements which will allow them, and the counties, to determine if they are completing the Process and assignment of services in a timely fashion. They have created a tracking system that the County SPOA’s will use to report this information and are currently rolling it out and providing training. Full implementation is planned to begin January 2008. Until the system is fully implemented, we are unable to determine whether the County SPOA’s and OMH are using the system to ensure the Process is being completed timely.
- *Providing proper levels of interim services to children while on wait lists* - OMH officials indicated their Guidance Document was not as clear as it could have been for this area. Thus, many of the counties did not discuss interim services in their workplans. OMH officials indicated this topic will be discussed with counties during the annual site visits.
- *Obtaining consistent representation from participating agencies* - The Guidance Document notes those agencies and service providers that should be regularly and consistently participating in meetings as part of the SPOA process. While reviewing the County Workplans, we found that counties do state many of the required agencies and service providers. We also note that “regularly and consistently participating” is not clearly defined. In our original audit report we stated that each county had different levels of participation. In some counties there was a regular panel of agencies and providers that attended all meetings while in other counties these agencies and providers attended only when requested. OMH needs to clearly define the level of participation required at all SPOA meetings.
- *Obtaining adequate, complete and accurate documentation* - As noted above in the section discussing completing the Process timely, OMH is requiring counties report certain data elements. These include date of referral, date of SPOA meeting, service referred to, services received, length of stay, and

length of time between services. This tracking system is scheduled to be completed and implemented in January 2008.

- *Developing procedures for the frequency and content of field office site visits* - OMH has developed procedures which state that site visits are to be completed at each county SPOA annually. We reviewed copies of the six site visits that have been completed and found them to be satisfactory. However, we note the procedures do not discuss conducting file reviews during the site visit. Because the county is aware of the site visit in advance, file reviews would allow OMH to confirm statements made by County officials, and that children are receiving services as required. OMH plans to visit each county by June 2008 and then continue with annual visits each year on a July to June cycle.

Recommendation 3

The Division should further encourage the implementation of best practices statewide.

Status - Partially Implemented

Agency Action - The Division has encouraged the implementation of the best practice noted in the original audit report developed by the Bronx, which is a tracking form that the provider completes and returns to County officials. However, they have not informed other counties about the best practice identified in Oneida County, which is the establishment of individual school district liaisons within each school district in their county. This liaison is responsible for completing the evidence based screening instrument to identify high risk/high need children. Division officials indicated that even though this works well in Oneida County, they do not believe it would work in most other counties. We disagree with this position and believe the counties should be informed of the practice and given the opportunity to determine if it is something they wish to implement.

In addition, in OMH's response to the original audit report they noted that to encourage additional best practices in the future they would be sending out newsletters to the Counties. We found that this has not occurred yet. OMH officials indicated that instead of newsletters they are now going to send emails to the counties informing them of, amongst other things, best practices. Officials stated they are currently compiling valid email addresses for the counties and will begin sending out these emails in the near future. It is also important to note that the Division holds an annual conference where the Single Point of Access process is discussed with the counties. This also gives them an opportunity to relay best practices in both formal and informal avenues.

Major contributors to this report were Todd Seeberger, Vicki Wilkins, Nicholas Angel, and Rachel Schwendinger.

We wish to thank the management and staff of the Office of Mental Health for the courtesies and cooperation extended to our auditors during this process.

Very truly yours,

Michael Solomon
Audit Manager

cc: Lisa Ng, Division of the Budget