

Audit Highlights



Highlights of performance audit report on Adult Mental Health Services, Community-Based Living Arrangement Homes issued on January 17, 2018. Legislative Auditor report # LA18-13.

Background

Within the Division of Public and Behavioral Health (Division), the Clinical Services Branch provides adult mental health services, primarily through NNAMHS, SNAMHS, and Rural Counseling and Supportive Services. The primary clients of these agencies are Nevadans with mental illness who are underinsured, uninsured, and those whose conditions have resulted in interaction with law enforcement. Expenditures for adult mental health services totaled about \$134 million in fiscal year 2017.

The CBLA living arrangement pays a provider the rent, utilities, and staff service hours up to a predetermined number of hours per month, per client, for supervision and assistance with activities of daily living. According to payment information provided by the Division, the State pays an average of \$1,450 per month, per CBLA client. This amount does not include client payments to CBLA providers from social security or other income. For the homes we inspected, the average number of clients in each home was four.

Purpose of Audit

The purpose of this audit was to determine if controls for monitoring providers of CBLA services are adequate to ensure the safety and welfare of adult mental health clients at NNAMHS and SNAMHS.

Audit Recommendations

This audit report contains seven recommendations to improve oversight of providers of CBLA services. Six of these recommendations relate to improving controls to ensure the Division effectively inspects CBLA homes. The other recommendation helps ensure the Division properly certifies CBLA providers.

The Division accepted the seven recommendations.

Recommendation Status

The Division's 60-day plan for corrective action is due on April 12, 2018. In addition, the six-month report on the status of audit recommendations is due on October 12, 2018.

Adult Mental Health Services Community-Based Living Arrangement Homes

Division of Public and Behavioral Health

Summary

Adults in need of mental health care live in dismal conditions at many community-based living arrangement (CBLA) provider homes. During our inspections of provider homes, we identified serious, deficient conditions prevalent at most of the homes. This includes unsanitary and unsafe conditions, and poor medication management practices. In addition, we identified numerous conditions that could negatively affect the quality of life for mentally ill clients. Furthermore, we observed children living at risk at two homes. We inspected CBLA homes that serve clients of Northern Nevada Adult Mental Health Services (NNAMHS) and Southern Nevada Adult Mental Health Services (SNAMHS). Although the Division developed policies and procedures to inspect provider homes, staff implementation of procedures is inadequate. When home inspections are not performed properly, deficiencies go undocumented, corrective action is not taken, and unsafe and unhealthy conditions may continue and proliferate.

Although the Division is responsible for certifying providers of CBLA homes, certification activities performed by the Division are inadequate. Specifically, reviews and assessments required for certifying providers were not performed for most of the 20 CBLA providers we tested, and were untimely for others. Although NNAMHS and SNAMHS performed some steps, such as obtaining business licenses and proof of insurance coverages, other key activities important for determining whether the providers met the Division's 2014 standards for certification were often omitted. When CBLA providers do not undergo complete or timely certification reviews, there is increased risk that unqualified providers may operate unchecked, needlessly exposing clients to adverse conditions.

Without strong inspection and certification processes, we have serious concerns with the current model for funding CBLA provider homes. Providers operate a business that inherently is driven by a profit motive. In the absence of adequate inspection and certification activities, providers may limit their level of care to maximize profits at the detriment of client services.

Key Findings

During our inspections of CBLA homes, we observed serious, deficient conditions at all 37 homes inspected. Our inspections included 37 of 105 (35%) homes providing services for NNAMHS and SNAMHS clients. Because providers typically operate more than one home, the number of providers included in our inspections exceeded 70% of the total providers. (page 10)

The following are some examples of conditions observed during our inspections of 37 homes:

- Unsanitary conditions (36 homes) – Excessively dirty floors, ceilings, and walls; mold and mildew; rodent and insect infestations; and no hand soap or toilet paper in bathrooms. (page 10)
- Personal health and safety hazards (34 homes) – Expired, spoiled, or improperly stored food; broken bathroom and bedroom doors; and broken and exposed glass. (page 12)
- Fire safety hazards (33 homes) – Expired, non-inspected, or inaccessible fire extinguishers, and missing and disabled smoke detectors. (page 14)
- Inadequate medication management practices (28 homes) – Medication administration records (MAR) left blank, not up-to-date, or completed in advance. Medications were not properly stored, including unsecured, commingled, and expired medications. (page 16)
- Bleak living conditions (36 homes) – Insufficient quantities of food; inadequate lighting; insufficient bedding and linens; and non-functioning or damaged appliances. (page 18)

At two homes, we observed young children of the caregivers living in the homes. In one home, the child's parent was not present and the mentally ill clients provided childcare while the mother reportedly worked another full-time job outside the home. (page 21)

For 11 of 20 (55%) CBLA homes inspected in southern Nevada, the staff member identified as the caregiver spoke little to no English, the language of the clients living in the home. Caregivers are responsible for tasks that necessitate client interaction such as administering medications and supervising client activities. If caregivers are unable to communicate, clients may not receive the services they need, and those for which the State is paying. (page 22)

Most of the 20 CBLA providers we tested had not undergone required review and assessment procedures for certification, and when procedures were performed, they were untimely by up to 5 years. (page 25)