Audit of Mental Health and Substance Abuse Treatment Contracts With Aspire Health Partners, Inc.

Report by the
Office of County Comptroller

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May 19, 2016

Teresa Jacobs, County Mayor
And
Board of County Commissioners

We have conducted an audit of selected contracts for mental health and substance abuse treatment between Orange County and Aspire Health Partners, Inc. The audit was limited to a review of compliance with the terms of contracts Y12-2065, Y12-2066, and part of contract Y15-2052. The period audited was October 1, 2013 through December 31, 2014. Certain other information until September 30, 2015 was also reviewed for this audit.

We conducted this audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Responses to our Recommendations for Improvement were received from the Manager of the Mental Health and Homeless Division and are incorporated herein.

We appreciate the cooperation of the personnel of the Mental Health and Homeless Division and Aspire Health Partners, Inc. during the course of the audit.

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County Comptroller

c: Ajit Lalchandani, County Administrator
Dr. Christopher Hunter, Director, Health Services Department
Donna Wyche, Manager, Mental Health and Homeless Division
Jerry Kassab, President, Aspire Health Partners, Inc.

EXECUTIVE SUMMARY

Executive Summary

The Orange County Mental Health and Homeless Division (Division) contracts with Aspire Health Partners, Inc. (Aspire) to provide mental health and substance abuse services at the Belvin Perry Jr. Central Receiving Center (CRC) and the Crisis Stabilization Unit (CSU). The CRC serves as a central point of access for law enforcement personnel to bring individuals in need of crisis mental health and/or substance abuse services. Inpatient services provide psychiatric services and crisis intervention 24 hours a day, 7 days a week for individuals who meet the Florida Mental Health Act of 1971, (Baker Act). The Baker Act allows involuntary examination of an individual that appears to have a mental illness, presents a danger to self or others, and refuses voluntary exam or is unable to understand the need for an exam. The Baker Act requires that an individual held under the Baker Act be released within 72 hours of arrival, unless a petition for involuntary placement has been filed.

The CSU is designed to examine, stabilize, and redirect individuals admitted under the Baker Act to the most appropriate and least restrictive treatment settings consistent with their mental health needs.

The scope of the audit was limited to reviewing Aspire's compliance with material provisions of contracts Y12-2066, Y12-2065, and Y15-2052. In addition, we reviewed the Division's controls for monitoring Aspire's compliance with the above contracts. The audit period was from October 1, 2013 through December 31, 2014. Certain other information until September 30, 2015 was also reviewed for this audit. The objectives of this audit were to determine whether:

- Aspire complied with material provisions included in the selected contracts; and,

- The Division's controls were adequate to effectively monitor Aspire's compliance with the selected contracts.

Based on the results of our testing, we found that Aspire complied with material provisions contained within contracts Y12-2065, Y12-2066, and Y15-2052. In addition, in our opinion, the Division effectively monitored Aspire's compliance with the selected contracts. However, opportunities for improvement are discussed herein. Specifically, we noted the following:

Aspire did not provide the detailed data required to be reported in the contract in an electronic format. Although the Division personnel retyped the data from hard-copy reports obtained from Aspire, the process was not an efficient use of the County personnel's resources.

Aspire did not report the number of County beds occupied at the CSU for clients referred from the CRC. Without this data, neither Aspire nor the Division was able

to identify a population of clients funded by the contract to determine whether too many or not enough beds were being funded.

The contract requires care coordinators in the CRC Care Coordination Program (Program) to maintain a minimum of 10 clients. During our testing of the first quarter of the program, we noted that the care coordinators' caseloads were not in compliance with contract requirements. Although we were informed that it is often difficult to get an individual to commit to the Program, our testing found that 32 percent of the clients that appeared to meet the Program requirements were not in the Program or engaged in outreach efforts to enroll them in the Program.

Based on the data reported by Aspire, only one of the three outcome measures for the Program was met. Furthermore, documentation was not provided with the quarterly report to support how the outcome measures were calculated.

Data used by the Division to report the number of jail bed days saved and CRC cost avoidance for law enforcement appeared to be based on outdated data or may not accurately reflect the most relevant measurement criteria.

Recommendations for Improvement were developed and discussed with the Division and Aspire. The Division concurred or partially concurred with our recommendations and steps to implement the recommendations are underway. Responses to the Recommendations for Improvement are included herein.

ACTION PLAN

AUDIT OF MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT CONTRACTS
WITH ASPIRE HEALTH PARTNERS, INC.
ACTION PLAN

NO.	RECOMMENDATIONS	MANAGEMENT RESPONSE			IMPLEMENTATION STATUS	
		CONCUR	PARTIALLY CONCUR	DO NOT CONCUR	UNDERWAY	PLANNED
1.	We recommend the Division performs the following:					
A)	Works with Aspire to create a reporting format to allow the Division to electronically input required data already entered in Aspire's system; and,	✓				✓
B)	Requires Aspire to develop procedures to report the number of County beds occupied at the CSU for clients referred from the CRC on a monthly basis.	✓				✓
2.	We recommend the Division works with Aspire to implement new processes/procedures or system notifications to help care coordinators identify individuals eligible to receive case management services. In addition, Aspire should maintain documentation of attempts to engage individuals in case management services.	✓			✓	
3.	We recommend the Division performs the following:					
A)	Works with Aspire to ensure all contract requirements and outcome measures are adequately supported; and,	✓			✓	
B)	Reviews the data used to calculate and report jail bed days saved and CRC cost avoidance outcomes to ensure the data accurately represents the measurement reported.		✓			✓

INTRODUCTION

Background

Aspire Health Partners, Inc. (Aspire) is a behavioral healthcare provider, specializing in mental health and substance abuse issues. Aspire is a merging of three Central Florida companies: Lakeside Behavioral Healthcare, Seminole Behavioral Healthcare, and The Center for Drug-Free Living.

The Orange County Mental Health and Homeless Division (Division) contracts with Aspire to provide mental health and substance abuse services. The Division and Aspire have various contracts for multiple locations and programs. Two major programs contracted through Aspire are The Belvin Perry Jr. Central Receiving Center (CRC) and the Crisis Stabilization Unit (CSU).

The CRC serves as a central point of access for law enforcement to bring individuals in need of crisis mental health and/or substance abuse services. Inpatient services include psychiatric and crisis intervention services 24 hours a day, 7 days a week for individuals who meet the Baker Act criteria.

The Florida Mental Health Act of 1971 (known as the Baker Act), allows the involuntary institutionalization and examination of an individual. Criteria for involuntary examination are that the individual:

- appears to have a mental illness;
- presents a danger to self or others; and,
- refuses voluntary exam or is unable to understand the need for an exam.

Within 72 hours of arrival, the facility must release an individual admitted under the Baker Act, receive consent from the individual for voluntary treatment, or file a petition for involuntary placement.

Individuals are typically referred by and taken from the CRC to the CSU. The CSU is designed to examine, stabilize, and redirect individuals brought to the unit under the Baker Act to

the most appropriate and least restrictive treatment settings consistent with their mental health needs. The Division contracts for the availability of a specified number of bed days in the CSU each year.

Contract Y12-2066, in the amount of $1,978,785, was for the operation and staffing of the CRC, 24 hours a day and 7 days a week. Contract Y12-2065, in the amount of $2,417,117, was for the availability of 10.8 CSU beds and 13.6 Short-term Residential (SRT) beds per day. The contract period for both contracts Y12-2066 and Y12-2065 was October 1, 2013 through September 30, 2014.

Contract Y15-2052, from October 1, 2014 through September 30, 2015, included the 24/7 operation and staffing of the CRC and availability of 20.1 CSU beds each day. This contract for $5.5 million also incorporated former contracts with The Center for Drug-Free Living for detox and men's residential beds, as well as the ANCHOR Program. The ANCHOR Program is a transitional housing program for homeless patients with a co-occurring substance abuse and mental health disorder who have been discharged from the CRC.

Scope, Objectives, and Methodology

The scope of the audit was limited to reviewing Aspire's compliance with material provisions of the following contracts between the Division and Aspire:

- Contract Y12-2066 provided funding for the CRC.
- Contract Y12-2065 funded the availability of Crisis Stabilization Unit (CSU) and Short-term Residential (SRT) beds.
- Contract Y15-2052 included funding for the CRC and the availability of CSU beds.

In addition, we reviewed the Division's controls for monitoring Aspire's compliance with the above contracts. The audit period was from October 1, 2013 through

December 31, 2014. Certain other information until September 30, 2015 was also reviewed for this audit.

The objectives of this audit were to determine whether:

- Aspire complied with material provisions included in the selected contracts; and,

- The Division's controls were adequate to effectively monitor Aspire's compliance with the selected contracts.

To determine whether Aspire complied with the selected contracts, we identified key services provided by Aspire and performed the following:

- Obtained all invoices for the audit period from each selected contract and ensured amounts invoiced and paid complied with contract terms.

- Tested documentation provided by the Division and Aspire to ensure the length of stay at the Crisis Stabilization Unit (CSU) averaged approximately five days as required in the contract.

- Tested documentation provided by the Division and/or Aspire to ensure case load numbers for CRC care coordinators agreed with the contract requirements.

- Reviewed the documentation provided by the Division and Aspire to ensure that CRC Care Coordination Program outcomes were met.

- Tested the population of 2014 CRC intake data to ensure that individuals did not stay in the CRC longer than 23 hours per Aspire Policy.

- Selected a sample of the individuals admitted to the CRC three or more times during calendar year 2014

to determine if eligible individuals were receiving CRC Care Coordination services.

- Reviewed insurance claim billing data received by Aspire to determine whether the contracted number of beds is reasonable given the number of beds filled with uninsured clients.

- Sampled records from the insurance payment data obtained from Aspire and tested to ensure for each selected bed day, the individual did not have any insurance payments received on their behalf.

To determine whether the Division effectively monitored Aspire's compliance with the selected contracts, we performed the following:

- Examined the Division's process for monitoring compliance with the contract provisions and determined if the Division is obtaining sufficient and appropriate data to effectively monitor Aspire's compliance.

- Reviewed selected performance measures reported by the Division for Contract Y12-2066 and ensured the data reported was adequately supported.

Overall Evaluation

Based on the results of our testing, we found that Aspire complied with material provisions contained within contracts Y12-2065, Y12-2066, and Y15-2052. In addition, in our opinion, the Division effectively monitored Aspire's compliance with the selected contracts. However, opportunities for improvement are discussed herein.

RECOMMENDATIONS FOR IMPROVEMENT

1. Contract Compliance Efforts Should Be Increased

Contract Y12-2066 provided funding for the Central Receiving Center (CRC). Contract Y12-2065 provided funding for the Crisis Stabilization Unit (CSU) and the Short-Term Residential Treatment Facility (SRT). Both of these contracts with Aspire expired on September 30, 2014.

Contract Y15-2052, entered into between Aspire and the County on October 1, 2014, merged the prior two contracts for the CRC and CSU. This contract also incorporated prior contracts between the Division and the Center for Drug-Free Living, such as the Detox Program, Men's Residential Program, and CRC Phase II (ANCHOR Program).

The contracts each state:

> The AGENCY shall provide upon request, data needed for the purpose of program(s) evaluation, monitoring and/or audit. This data shall include clients served, services provided, outcomes achieved, information on materials and services delivered, and any other data that may be required to adequately evaluate program(s) cost and effectiveness. Failure to provide the data may result in termination of this Contract.

In reviewing the contracts for compliance with the reporting of patient services data, we noted the following:

A) The contracts required Aspire to report the number of clients served in the CRC, along with primary diagnosis category (substance abuse, mental health, or co-occurring), number of clients released into beds, the number of clients released with referral, and whether the client was eligible for third-party payment. To monitor Aspire's compliance with the above, the Division maintained daily records of intake data, including the following:

- The number of patients brought to the CRC and whether the patient was referred by law enforcement or hospital emergency room;
- The primary diagnosis category (substance abuse, mental health, or co-occurring);
- The number of clients released with referral;
- Whether the patient was eligible for third-party payment; and,
- Patient demographics.

During our review, we noted Aspire did not provide detailed data for the contract requirements in an electronic format. As such, Division personnel retyped the data from hard-copy reports provided by Aspire of each day's clients. Our cursory review of the data entered by the Division during the audit period noted a significant number of keying errors. Although the errors noted likely did not affect the data counts, the process utilized was not an efficient use of the County personnel's resources.

B) Contract Y15-2052 required Aspire to report the number of bed days utilized by patient ID number, number of unduplicated clients served, and whether the client was eligible for third-party payment. The contract also required that monthly reports to the contract manager include length of stay information and a utilization report of the County beds showing occupancy by clients referred from the CRC.

During our review, we noted that Aspire did not report the number of County beds occupied at the CSU for clients referred from the CRC. Without this data, neither Aspire nor the Division was able to identify a population of clients funded by the contract. Therefore, the County was lacking the appropriate information to determine whether too many or not enough beds were being funded. Additionally, it was

more difficult to determine if multiple sources of funding were being received by Aspire for the same client.

We Recommend the Division:

A) Works with Aspire to create a reporting format to allow the Division to electronically input required data already entered in Aspire's system; and,

B) Requires Aspire to develop procedures to report the number of County beds occupied at the CSU for clients referred from the CRC on a monthly basis.

Management's Response:

Concur. A new monthly invoicing template has been created and will be implemented with the start of the renewed contract Oct 1, 2016.

2. CRC Care Coordination Program Should Be Enhanced

Contract Y15-2052 between the County and Aspire provided funding for six care coordinators as part of the CRC Care Coordination Program (Program). The Program is designed to provide an intensive case management model working with identified clients of the CRC. Uninsured clients with three or more Aspire admissions within the past 120 days (1 of which must be a CRC admission) are eligible to participate in the Program (those with Medicaid benefits have separate case managers). Care coordinators meet with their clients at least once per week or more depending on the level of involvement needed. The primary goal of the care coordinators is to help their clients become independent. This usually involves helping the clients obtain medical benefits and transportation to and from appointments. Each client has different needs, and the care coordinators are able to assess and help the individual needs of each client.

Attachment A of the contract requires each care coordinator to maintain a minimum of 10 clients. We noted that the caseloads were not in compliance with contract requirements. The following chart displays caseload data obtained by the Division.

Data Reported By Aspire for the Period October To December 2014	
Care Coordinator No.	Average Number of Clients Enrolled
1	4.3
2	4.7
3	5
4	6
5	6
6	3

We were informed that the care coordinators often must build rapport with individuals before they are able to get them to enroll in the Program. The care coordinators report these individuals who are not yet enrolled as "outreach" in their caseload data. During the above period, if outreach clients were added to the number of clients enrolled, half of the counselors would have exceeded a monthly average of 10. However, some care coordinators' notes of clients listed in outreach only had documented efforts of an attempt to reach the client.

As part of our testing, we examined the population of individuals with high recidivism (multiple admissions to the CRC). There were 5,860 CRC client intake records in 2014, of which 375 individuals had three or more intake records during the year. We sampled 10 percent of the 375 (38 individuals) and further examined whether these individuals met the criteria to be included in the Program. We found that 19 of the 38 met the criteria to receive these services; however, 32 percent (6 of 19) were not engaged in the Program or recorded on outreach.

Inclusion into the Program is on a voluntary basis, and we were informed it is often difficult to get an individual to commit to the Program. However, based on our testing, it

appears that additional clients could be contacted, thereby potentially reducing recidivism and use of inpatient mental health and/or substance abuse services.

We Recommend the Division works with Aspire to implement new processes/procedures or system notifications to help care coordinators identify individuals eligible to receive case management services. In addition, Aspire should maintain documentation of attempts to engage individuals in case management services.

Management's Response:

Concur. Clearer program criteria have been provided to the provider. County staff continues to work with Care Coordinators and supervisor. All attempts to engage clients will be documented electronically in Aspire's EHR (Electronic Health Record).

3. Reporting Requirements and Outcome Measures Should Be Adequately Supported

In addition to the reporting requirements noted in Recommendation for Improvement No. 1 above, we noted that additional outcome measurements are reported by the Division and Aspire to support the CRC's effectiveness. During our review, we noted the following:

A) Contract Y15-2052 Attachment B requires Aspire to report the following outcome measurements.

Data Reported By Aspire for the Period October To December 2014			
Outcome No.	**Outcome**	**Goal**	**Actual**
1.	CRC (as the integrated crisis mental health and substance abuse receiving system) will allow law enforcement to divert from jails, local hospital emergency rooms, and return to work	Within 10 minutes, on average	Within 12.4 minutes, on average

Data Reported By Aspire for the Period October To December 2014			
Outcome No.	Outcome	Goal	Actual
2.	Consumers participating in the CRC Care Coordination program will decrease use of deep end services, ie, CSU and Detox	80%	42%
3.	Consumers participating in the CRC Care Coordination program will have an increase in income, linked to entitlements or other benefits or through employment.	55%	28%
4.	Homeless consumers participating in the CRC Care Coordination program will be housed transitional/permanent.	50%	64%

For outcome number one, the Division created a survey for law enforcement officers to complete after bringing an individual to the CRC. Survey questions asked whether the officer would have taken the individual to jail or to the hospital if the CRC were not an option. The questionnaire also reported officers' time spent at the CRC and the satisfaction of the services. Outcome numbers 2, 3, and 4 were reported by Aspire to the Division on a quarterly basis. Based on the data reported, only one of the three outcome measures for the Program was met. Furthermore, documentation was not provided with the quarterly report to support how the outcome measures were calculated.

In addition to the outcome measures for the Program listed above, Contract Y15-2052 Attachment A requires Aspire to provide quarterly reports for the Program to include but not limited to:

- Data regarding number of referrals from the CRC;
- Inpatient bed utilization;

- Return rate of clients through the program; and,

- Clients' success.

Aspire provided limited data to the Division and the data reported did not contain any descriptive supporting detail. For example, Aspire provided totals for the number of clients enrolled in the Program; however, there was no identification as to the specific clients enrolled, the return rate, or successful completions data.

The Division should require Aspire to provide detailed support for all reporting requirements and outcome measures. This should include explanations with each quarterly report as to why outcomes have not been achieved.

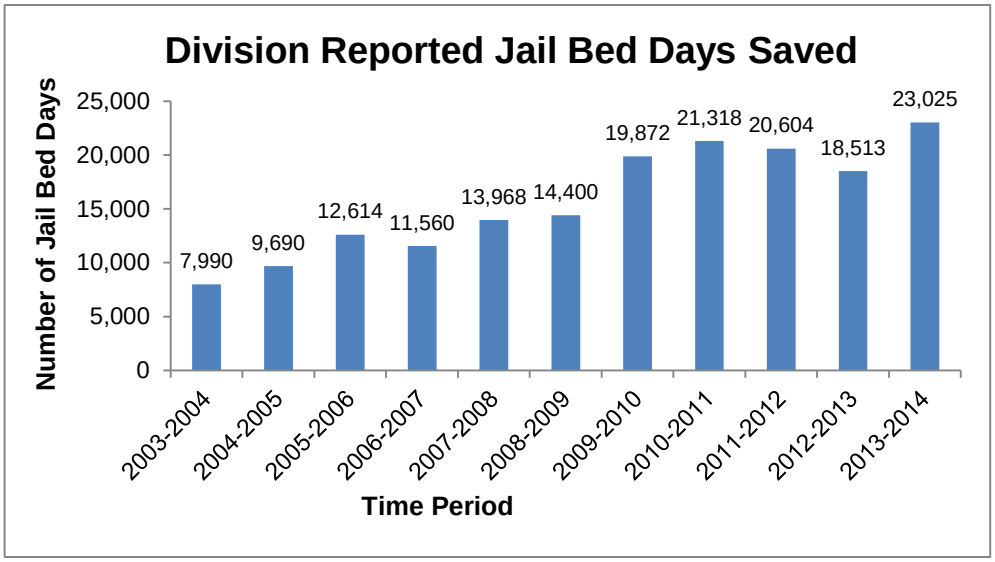
During the audit, there was turnover in the Aspire position responsible for calculating the outcome measures. Aspire's new employee overseeing the Program has developed more detailed reporting forms to help in data accumulation to measure outcomes and Program successes going forward.

B) Data used by the Division to report certain measures appeared to be based on outdated data or may not accurately reflect the desired measurement criteria. The Division provided an annual report detailing outcome measurements of the CRC. Some of the measurements reported statistical information based on the data compiled by the Division and other measurements used additional data, obtained by the Division from outside sources. For instance, we noted the following outcomes reported:

1) <u>The number of jail bed days saved</u>

This measurement calculated the number of jail beds saved on an annual basis as a result of individuals being brought to the CRC instead

of jail. The calculation was based on the number of individuals brought by law enforcement to the CRC (where the law enforcement officer reported he/she would have arrested the individual if the CRC was not available) multiplied by the approximate number of days an inmate with mental illness typically stays at the jail. The Division reported the total jail bed days saved since 2003 in the following chart.



The Division obtained the length of stay data from the County's Corrections Department based on jail population data. For 2011, this was reported as 51 days, and the Division has used this number in the subsequent years.

2) <u>CRC Cost Avoidance – All Orange County LEO Agencies</u>

This measurement calculated the cost savings in law enforcement officers' time spent processing an individual dropped off at the CRC compared to the cost of dropping off an individual at the jail or local emergency room. This calculation relied on an estimated average

mental health call drop-off time for a law enforcement officer at the jail or emergency room of 3 hours.

The estimated data of 51 days for the jail stay and 3 hours for drop-off time at the jail or emergency room may not accurately reflect the relevant data that should be used. For instance, the average length of stay of those with mental illness for the entire jail population is likely not representative of the population of those that would have been brought to the CRC. We reviewed a 13 day sample of 197 LEO surveys. Of the 197 surveys, 20 indicated the officer would have taken the individual to jail. 16 of these 20 surveys also indicated what the arresting charge would be, and the majority were misdemeanor charges. During our review, we requested Orange County Corrections Department (Corrections Department) data for the length of stay for inmates with mental health issues arrested on misdemeanor charges. The Corrections Department reported that the length of stay was approximately 15 days. The 3 hours used as the drop-off time was an estimate developed many years ago and could be outdated.

Significant data used by the Division to report outcome measures of the CRC should be adequately supported and based on data that is comparable to the items reported. While we recognize that the data reported by the Division represents the CRC is performing its required function, the measurements should be based on relatable data.

We Recommend the Division performs the following:

A) Works with Aspire to ensure all contract requirements and outcome measures are adequately supported; and,

B) Reviews the data used to calculate and report jail bed days saved and CRC cost avoidance outcomes to ensure the data accurately represents the measurement reported.

Management's Response:

A) Concur. Quarterly reports now contain an area at the bottom of each page for the provider to demonstrate why an outcome was not met.

B) Partially Concur. Cost avoidances and Jail bed days saved fluctuate from year to year. Our data relies on other entities reporting these measurements. Law enforcement provides the majority of this data on every visit to the CRC. Most law enforcement officers do not know any other drop off options (arrest or hospital emergency) and use the CRC regularly; therefore we believe these numbers are underreported. Additionally, there are approximately 15% of felonies diverted from arrest brought to the CRC. We will discuss with Corrections, how best to demonstrate an overall bed days savings, rather than using the average number of bed days of a mentally ill inmate that Corrections provides.