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**INDEPENDENT STATE AUDITOR'S REPORT ON
THE DEPARTMENT OF MENTAL HEALTH'S
MONITORING AND OVERSIGHT OF CLIENT
FUNDS**

AS OF FEBRUARY 10, 2009

**OFFICIAL AUDIT
REPORT
JANUARY 12, 2010**

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Chapter 19 of the Massachusetts General Laws established the Department of Mental Health (DMH), which operates under Chapter 123, Sections 1 through 36B, of the General Laws and is supervised and controlled by the Commissioner of Mental Health. DMH falls under the umbrella of the Executive Office of Health and Human Services (EOHHS) and is responsible for overseeing all matters affecting the mental health of the Commonwealth's citizens. DMH's primary mission is to provide services to citizens with long-term or serious mental illness, early and ongoing treatment for mental illness, and research into the causes of mental illness.

During 1966, the State Legislature enacted the Comprehensive Mental Health and Retardation Services Act to decentralize DMH and establish a network of community-based services. DMH operates through its Central Office located in Boston and six area offices (Central Massachusetts, Metro-Boston, Metro-Suburban, Northeastern Massachusetts, Southeastern Massachusetts, and Western Massachusetts) that provide and supervise extended-stay inpatient services and community-based services, including hospitals, comprehensive centers and clinics, and other mental health facilities established directly within DMH or through contracted vendors. The offices also set the operating standards for mental health facilities and community residential programs. The six area offices are organized by geographic area, each of which is managed by an Area Director. Each area office is divided into local service sites. Statewide, there are approximately 33 local service sites, each of which provides case management and oversees an integrated system of state- and vendor-operated adult and child/adolescent mental health services. Most planning, budget development, program monitoring, contracting, quality improvement, and citizen monitoring emanate from site and area offices.

In accordance with Chapter 11, Section 12, of the General Laws, we conducted an audit of DMH as of February 10, 2009. The purpose of the audit was to determine whether (1) DMH has appropriate policies and procedures for the monitoring and oversight of client funds, (2) sufficient guidance and direction is provided to DMH entities regarding client funds, (3) DMH's Internal Control Plan includes client funds, (4) DMH entities periodically complete client fund reports, and (5) corrective actions were implemented regarding the most recent Chapter 647 reports of stolen, missing, or misused client funds.

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INTERNAL CONTROLS OVER CLIENT FUNDS NEED IMPROVEMENT

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Our audit noted that improvements are needed in the oversight and monitoring controls over client funds at DMH programs and facilities by both the Central Office and area offices responsible to monitor the local sites handling of client funds to ensure that DMH client funds are adequately protected. We conducted site visit reviews at the Central Office, two DMH area offices, two local DMH sites, and two DMH vendors with representative payee status for DMH clients. We also conducted interviews with two additional DMH vendors. Our review noted the following deficiencies:

a. General Oversight **5**

The Central Office and area offices did not conduct site reviews at the two local DMH sites we visited (Lawrence and the Solomon Carter Fuller Mental Health Center [SCFMHC]) to review client fund records and procedures in the last year. In addition, except for an annual Generally Accepted Accounting Principles (GAAP) report and the submittal of monthly bank statements to the Northeast Area Office, periodic reporting on client funds is not required by either the Central Office or area offices. In response to the audit report, DMH indicated that it would review its current process for the oversight, monitoring, and reporting of client funds to ensure that the funds are adequately protected. Furthermore, DMH stated that its Internal Control Officer will periodically conduct visits to area offices to review oversight controls and procedures for client fund records and reporting.

b. Vendor Oversight **6**

There are insufficient personnel and time dedicated to the oversight of DMH-contracted vendors maintaining client funds. One individual, a part-time employee at the Central Office, is responsible for conducting reviews of the 53 contracted DMH vendors with reported client fund resources totaling approximately \$16 million. In the last two calendar years, five vendor reviews of client funds were initiated and two reports were issued requiring corrective action plans for noted exceptions. Additionally, follow-up reviews are not always completed due to the limited staffing. Furthermore, the area offices do not conduct any reviews or contact vendors regarding client fund internal controls and records. In response to the audit report, DMH stated that it would review its current process for the oversight of vendors that maintain client funds, but added that more resources would be necessary to conduct additional reviews.

c. Unclaimed/Deceased Client Funds **7**

Other than stipulating that upon the death of a client, all of the client's funds become part of the client's estate, there are no written DMH policies or procedures for DMH personnel for the processing of unclaimed/deceased client funds. Our review noted that (1) DMH's Central Office had approximately \$34,700 in deceased client canteen funds on hand; (2) the Lawrence site office had an account totaling \$586 for a client who died in 2002; and (3) the SCFMHC has a listing of 101 client accounts, of which 80 accounts totaling \$4,875 were identified by SCFMHC staff as inactive and unclaimed. In response to the audit report, DMH indicated that it would more closely monitor the area offices for compliance with processing unclaimed/deceased patient accounts. Additionally, DMH indicated that the Metro Boston Area Office was working with the SCFMHC's Client Funds Office to clear up its inactive client fund accounts.

d. Training **8**

DMH staff at the two local sites visited stated that they had not received training in the last several years on processing and managing client funds. Area office personnel agreed that training in managing client funds has not been provided to site staff. In response to the audit report, DMH stated that its Internal Control Officer would coordinate training with DMH training staff to ensure that all Central Office and area office staff are trained/retrained so that staff are cognizant of their responsibilities for the processing and managing of client funds.

e. Inadequate Segregation of Duties **9**

The SCFMHC has one individual responsible for conducting all client fund duties, including handling receipts, making deposits and disbursements, maintaining account records, and performing reconciliations, with no further oversight. In addition, our review disclosed that this individual was writing petty cash fund checks to herself and cashing the checks at the bank that SCFMHC uses. In response to the audit report, DMH stated that it would review procedures at the SCFMHC to ensure that duties are adequately segregated.

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INTRODUCTION

Background

Chapter 19 of the Massachusetts General Laws established the Department of Mental Health (DMH), which operates under Chapter 123, Sections 1 through 36B, of the General Laws and is supervised and controlled by the Commissioner of Mental Health. DMH falls under the umbrella of the Executive Office of Health and Human Services (EOHHS) and is responsible for overseeing all matters affecting the mental health of the Commonwealth's citizens. DMH's primary mission is to provide services to citizens with long-term or serious mental illness, early and ongoing treatment for mental illness, and research into the causes of mental illness. Chapter 123 of the General Laws establishes DMH's operating statutes, which require the adoption of regulations and professional standards for the treatment of mentally ill persons in DMH facilities.

During 1966, the State Legislature enacted the Comprehensive Mental Health and Retardation Services Act to decentralize DMH and establish a network of community-based services. DMH operates through its Central Office located in Boston and six area offices (Central Massachusetts, Metro-Boston, Metro-Suburban, Northeastern Massachusetts, Southeastern Massachusetts, and Western Massachusetts) that provide and supervise extended-stay inpatient services and community-based services, including hospitals, comprehensive centers and clinics, and other mental health facilities established directly within DMH or through contracted vendors. The offices also set the operating standards for mental health facilities and community residential programs.

The six area offices are organized by geographic area, each of which is managed by an Area Director. Each area office is divided into local service sites. Statewide, there are approximately 33 local service sites, each of which provides case management and oversees an integrated system of state- and vendor-operated adult and child/adolescent mental health services. Most planning, budget development, program monitoring, contracting, quality improvement, and citizen monitoring emanate from site and area offices. Citizen advisory boards at every level of the organization participate in agency planning and oversight.

From calendar years 1998 to 2000, DMH revised 104 Code of Massachusetts Regulations (CMR), which outlines DMH's authority, mission, and organizational structure; citizen participation; licensing and operational standards for inpatient facilities (DMH-operated and other licensed

inpatient facilities) and community programs; and standards for service planning, fiscal administration, research, investigation procedures, and designation and appointment of professionals to perform certain statutorily authorized activities.

Chapter 26, Section 15, of the Acts and Resolves of 2003 amended Chapter 6A, Section 16, of the General Laws by inserting in place thereof the following section:

The executive office of health and human services shall serve as the principal agency of the executive department for the following purposes: (a) developing, coordinating, administering and managing the health, welfare and human services operation, policies and programs; (b) supervising and managing the organization and conduct of the business affairs of the departments, commissions, offices, boards, divisions, institutions and other entities within the executive office to improve administrative efficiency and program effectiveness and to preserve fiscal resources; (c) developing and implementing effective policies, regulations and programs to assure the coordination and quality of services provided by the secretary and all of the departments . . . ; (d) acting as the single state agency under section 1902(a)(5) of the Social Security Act authorized to supervise and administer the state programs under Title XIX, for the programs under titles IV(A), IV(B), IV(E), XX and XXI of the Social Security Act . . . and (e) maximizing federal financial participation for all agencies, departments, offices, divisions and commissions within the executive office.

DMH serves approximately 27,000 adults, adolescents, and children through an array of inpatient and community-based services, such as residential and intensive residential services, case management, and community rehabilitation support. DMH also has an extensive array of services targeted to people with serious mental illness who are homeless. In addition, in fiscal year 2008, DMH forensic specialists performed 15,106 evaluations in the adult courts and provided services in 3,348 cases for children and families involved in the juvenile justice system.

Audit Scope, Objectives, and Methodology

In accordance with Chapter 11, Section 12, of the General Laws, the Office of the State Auditor conducted an audit of DMH's monitoring and oversight of client funds as of February 10, 2009. Our audit was conducted in accordance with applicable generally accepted governmental auditing standards and, accordingly, included such audit tests and procedures as we considered necessary. Our objectives were to determine whether (1) DMH has appropriate policies and procedures for the monitoring and oversight of client funds, (2) sufficient guidance and direction is provided to DMH entities regarding client funds, (3) DMH's Internal Control Plan includes client funds, (4) DMH entities periodically complete client fund reports, and (5) corrective actions were implemented regarding the most recent Chapter 647 reports of stolen, missing, or misused client funds.

To accomplish our objectives, we:

- Conducted interviews and discussions with DMH management, staff, and contract vendors with client funds.
- Reviewed DMH's Internal Control Plan and departmental documentation regarding client funds.
- Reviewed relevant laws, regulations, and DMH policies and procedures.
- Conducted site visits to the Northeast and Metro Boston area offices, the Lawrence site office, the Solomon Carter Fuller Mental Health Center, and two vendors authorized by the Social Security Administration to be the representative payee for DMH clients. We also contacted two additional vendors regarding client funds.
- Reviewed client fund account records, transaction logs, bank statements, deposit and disbursement documentation, client budgets, check request forms, and receipts.
- Performed, on a test basis, such other procedures as we considered necessary.

Our review was limited to an examination of oversight and monitoring controls. Accordingly, the review did not include testing of individual client account records and disbursements.

At the conclusion of our audit, the results of our review were communicated to DMH's Deputy Commissioner of Management and Budget, Assistant Commissioner for Administration and Finance, Director of Accounting and Operations, and Internal Control Officer.

Our tests indicated that, except as reported in the Audit Results section of this report, DMH has adequate internal controls over client funds and complied with applicable laws, rules, and regulations for the areas reviewed.

AUDIT RESULTS

INTERNAL CONTROLS OVER CLIENT FUNDS NEED IMPROVEMENT

Chapter 19, Section 1, of the Massachusetts General Laws states, in part:

The department shall take cognizance of all matters affecting the mental health of the citizens of the commonwealth

Implicit within this “cognizance of all matters” is the Department of Mental Health’s (DMH) fiduciary responsibility for managing the funds of its clients. Chapter 123, Section 1, of the General Laws defines a fiduciary as “any guardian, conservator, trustee, representative payee as appointed by a federal agency, or other person who receives or maintains funds on behalf of another.”

Our audit at DMH’s Central Office and two area offices regarding oversight and controls over client funds covering various DMH local offices, facilities, and contracted vendors disclosed that improvements were necessary. As part of our audit, we conducted additional site visits at two local DMH offices and two DMH vendors to determine the effectiveness of DMH’s oversight. During these visits, we noted the following: (a) site reviews of client fund accounts and records had not been conducted by the Central Office or area offices in the last calendar year at the two local DMH sites visited, and periodic reporting of client funds is not required by the Central Office or area offices other than an annual Generally Accepted Accounting Principles (GAAP) report of total client fund balances as of June 30th; (b) of the 53 DMH vendors reporting approximately \$16 million in client fund resources during calendar 2008, the Central Office initiated only five reviews over the last two calendar years due to limited resources; (c) there are no written policies and procedures for the processing of deceased/unclaimed client funds; (d) individuals responsible for maintaining and processing client funds at the two local sites visited had not received any training in maintaining or processing of client funds in recent years; and (e) client fund duties at the Solomon Carter Fuller Mental Health Center (SCFMHC) were inadequately segregated, with one individual responsible for all functions relating to client funds without any oversight by SCFMHC or the Metro-Boston area office personnel.

DMH has a decentralized operation, with each area office responsible for establishing its own written policies and procedures for both the area offices and local sites in accordance with Central Office policies and procedures for patient and client funds written in its Internal Control

Plan (ICP), effective as of June 30, 2008, which includes hyperlinks to relevant laws, regulations, and DMH policies. The ICP is available to all DMH personnel via the DMH Intranet website. Each area office is responsible for documenting its local business policies and procedures and conducting oversight of client funds within its area site in accordance with its own procedures. During our review, we examined client fund oversight and operations at the DMH Central Office, the Northeast Area Office, the Lawrence site office operating under the Northeast Area Office, the Metro-Boston Area Office, and the SCFMHC site operating under the Metro-Boston Office. We also visited two vendors responsible for managing client funds for DMH clients on representative payee status as authorized by the Social Security Administration and interviewed two additional DMH vendors reporting client fund resources.

Our review noted that each area office and local sites visited conducted different client fund operations and provided written policies and procedures in accordance with its handling of client funds. The Northeast Area Office located in Tewksbury consists of the Hawthorne Mental Health Units at Tewksbury Hospital and five site offices, which serve 52 cities and towns. The Lawrence site office is the representative payee for its clients in two community residential programs disbursing funds through checks and ATM accounts.

The Metro-Boston Area Office, which consists of SCFMHC, the Massachusetts Mental Health Center, and three site offices, serves 24 cities and towns. SCFMHC, which operates as an in-patient facility for short-term stays, manages only funds that clients have on-hand when entering the facility or that are received during their stay. Funds are disbursed through a petty cash fund and checks. DMH is not the representative payee for these clients. Both the Northeast Area Office and SCFMHC maintain canteen funds through a canteen operation at their sites.

Our review of the monitoring of client funds noted the following:

a. General Oversight

Although Central Office management conducts regularly scheduled weekly meetings with area office managers to discuss program or site issues, which may include client funds, the Central Office relies on the area offices to conduct oversight of client fund operations within their area programs and facilities. However, during our review and discussion with area office and site personnel, we noted that the Metro-Boston and Northeast area offices had not conducted any

site visits at the Lawrence site office and SCFMHC to review client fund operations and the processing of documentation in the last calendar year.

The Lawrence site and Northeast area office personnel stated that limited staffing prevented reviews from being conducted in accordance with the Northeast Area Procedural Manual for State Operated Program Accounts, Section IV C-6, which requires the completion of semi-annual site-based reviews of accounts by the Area Fiscal Officer. The Lawrence site office is required to submit copies of monthly reconciled client account bank statements to the Northeast area office for spot reviews; however, no documentation of disbursements and check requests are submitted for review. Moreover, Metro-Boston area office personnel stated that a review of client fund records and accounts had not been conducted recently at SCFMHC and that such records are not required to be submitted to the Metro-Boston area office. In addition, the only reporting required (except the Lawrence site office submittal of monthly bank statements) regarding client funds to the Central Office or area offices is the annual GAAP report, which lists client fund balances by type per facility as of June 30th. Once the reports are received and compiled, the Central Office submits the reports to the Office of the State Comptroller without further review.

b. Vendor Oversight

DMH personnel provided a listing of 53 vendors reporting approximately \$16 million in DMH client fund resources on hand in programs funded in whole or in part by DMH as of their Uniform Financial Report (UFR) dates during calendar 2008. DMH's Central Office has one individual, a part-time employee, responsible for conducting reviews of DMH contract vendors' management of client fund resources within DMH programs. This individual selects vendors to review based on his examination of vendor UFRs, complaints from clients, and tips from area offices. Another part-time employee is available to assist in the vendor reviews, if needed. During the last two calendar years, five vendor reviews have been initiated for client fund management, controls, and records. During that period, two reports were issued with exceptions requiring corrective action plans by the vendor. Although the vendor is required to submit corrective action plans, DMH personnel stated that a follow-up review is not always conducted due to time constraints and a lack of staff resources. Northeast and Metro-Boston area office personnel stated that they do not conduct reviews of vendors responsible for

managing client funds as representative payees or receive any client fund reporting from the vendors. During our site visits to the two vendors, personnel stated that DMH's only involvement with client funds on representative payee status occurs when DMH clinical personnel issue guidelines or request that a client not be allowed certain purchases. The two vendors visited stated that they have not had any contact by DMH administrative personnel regarding client account records and that they are not required to submit any reports regarding client funds to DMH. The two vendors visited had recently received Social Security Administration audits of representative payee client fund records and had no findings.

c. Unclaimed/Deceased Client Funds

Our review noted that no written policies and procedures exist regarding the processing of deceased or unclaimed patient funds to inform the area offices and local sites on how to process the client's funds. DMH Policy 97-6, effective January 1, 1998, only references that upon a patient's death, all of the patient's funds shall become part of the patient's estate. There is no guidance for employees in how to process funds if the estate is not claimed or clients released from sites/programs leave unclaimed funds.

During our review, we noted the following issues:

- The Central Office has deceased patient canteen funds totaling \$34,640 that are older than four years but have not been declared abandoned property and transferred to the Office of the State Treasurer (OST). On October 17, 2007, the OST sent a letter to DMH requesting information on the status of these funds. In response, DMH sent a letter to the OST on November 23, 2007 requesting that these funds be declared abandoned property and inquired as to the method of their transfer to the OST's Abandoned Property Division. A subsequent letter with the account information by individual and amounts was faxed to the OST on February 5, 2009. However, as of April 6, 2009, the funds had not been processed to the OST.
- The Lawrence site office has one account with a balance of \$586 for a deceased patient who died on July 12, 2002. Lawrence site office staff stated that they do not know how to process the account, and Northeast area office personnel indicated that they had no knowledge of the account. Lawrence site office personnel stated that the Northeast Area Legal Office had informed them a number of years ago that the patient's family had to request the funds through Probate Court but that such a request has not been made. As a result, the account remains on the Lawrence site's office records.
- SCFMHC has a listing of 101 client fund accounts on the Customer Balance Summary Report belonging to patients currently at or previously released from the facility. These

accounts were initiated since calendar year 2000. SCFMHC does not identify on its records which accounts are active and which are inactive. At our request, SCFMHC personnel identified 80 inactive client accounts totaling \$4,876 on hand for patients that had left the facility and must be tracked down or the funds declared unclaimed.

Chapter 200A, Section 2, of the General Laws, Property; presumption of abandonment, states, in part:

(b) When a person, owning property, is not known for three successive years to be living and neither he nor his heirs or distributees can be located or proved for three successive years to have been living, he shall be presumed to have died without heirs or distributees, and his property shall be presumed abandoned.

Additionally, Section 8A requires that all such property presumed abandoned be paid or delivered to the OST. Moreover, Chapter 123, Section 26, of the General Laws states, in part:

(b) Any funds held in trust for any persons who have been discharged from or who have otherwise left any facility of the department, or the custody of the department . . . shall be paid . . . to the state treasurer

Finally, SCFMHC policies state, in part:

When a patient is discharged or transferred to another institution the following steps will be taken: a) inpatient clinical staff will request funds using the Request for Special Funds Form and indicate . . . to close account, b) the Patient Fund staff will issue cash or check, c) The client account will show a zero balance and be closed, d) in the presence of clinical staff, the client will sign for his/hers money, and e) the client's record will be closed.

According to SCFMHC personnel, their clients are being discharged without notification or through court proceedings, and therefore the funds are not being returned to the clients when they leave, resulting in the unclaimed funds and the accounts remaining on SCFMHC records. As a result of our review, on February 19, 2009, SCFMHC wire transferred \$33,845 in additional client funds to the OST's Abandoned Property Division for inactive and unclaimed client accounts established prior to 1999.

d. Training

Lawrence site office and SCFMHC personnel stated that they had not received training in the last several years on managing and processing client funds. Moreover, Northeast and Metro-Boston area office personnel agreed that training in client fund procedures has not been

provided. The sites do have on hand the DMH Internal Control Plan and written area and local client fund procedures.

e. Inadequate Segregation of Duties

Our review at SCFMHC noted that one individual is responsible for receiving deposits, maintaining petty cash funds and records, maintaining the client QuickBooks account records, recording the client ledger cards, writing and signing client checks, and receiving and reconciling bank statements. During our review, we noted that the individual was inappropriately writing petty cash fund checks to herself, cashing the checks at the bank that SCFMHC uses, and maintaining the cash without further supervision or review by local or area office personnel.

DMH's Internal Control Plan, Section E-600, Patient and Client Funds, states, in part:

Staff responsible for recording account transactions cannot be responsible for reconciling accounts under their management. Either their supervisor or another staff person not involved in the specific account transaction must perform account reconciliation monthly.

Chapter 647, An Act Relative to Improving Internal Controls within State Agencies, establishes the minimum standards for internal control systems at state departments in accordance with guidelines established by the Office of the State Comptroller to provide reasonable assurance that departments' financial and programmatic operations are effective, efficient, reliable, and in compliance with applicable laws, rules, and regulations.

As a result of the client fund oversight and internal control issues noted above, DMH is not fulfilling its fiduciary responsibility to ensure that DMH client funds are adequately protected from potential loss, theft, or misuse.

Recommendation

DMH should take steps to improve its internal controls for the oversight and monitoring of client fund records to ensure that such funds are adequately protected, including conducting visits to area offices and sites to review oversight controls and client fund records, establishing periodic required reporting by area and local offices, establishing written policies and procedures for the processing of unclaimed/deceased patient funds, and conducting training for personnel responsible for managing patient funds. In addition, DMH should pursue additional resources to increase the number of vendor reviews conducted for proper internal controls over client

funds. Moreover, DMH should immediately ensure that duties and oversight controls at SCFMHC are adequately segregated.

Auditee's Response

In its response to the audit report, DMH offered the following comments:

(a) General Oversight

DMH will review its current process for the oversight, monitoring, and reporting of client funds to ensure that these funds are adequately protected. DMH's Internal Control Officer (ICO) will periodically conduct visits to Area Offices to review oversight controls and procedures for client fund records and reporting. Also, per DMH's Internal Control Plan Detail Sheet (B-100), all audit/review issues are timely shared with DMH's Internal Control Committee for their consideration of relative action(s) for resolution.

(b) Vendor Oversight

DMH will review its current process for the oversight of vendors that maintain client funds. DMH internal resources are limited due to budget constraints but DMH does agree that more resources are necessary to conduct additional reviews of client funds.

(c) Unclaimed/Deceased Client Funds

DMH will review its current process and procedures for Unclaimed/Deceased client funds. DMH will also review its current Internal Control Plan Detail Sheet (E-600) that addresses patient funds. DMH will modify this sheet, if necessary, to include provisions for the processing of unclaimed/deceased patient funds. In addition, Central Office will semi-annually send notice to all Areas regarding their oversight and review responsibilities for client funds, and relative to ensuring that all DMH staff are trained and cognizant of their responsibilities for patient fund processing.

In addition, the Metro Boston Area Office has been working with the Fuller Client Funds Office to return the inactive funds back to the respective individuals. In accordance to the State Treasurer's Policy regarding Abandoned Property, the MBA staff went through the due diligent process of trying to locate the current addresses of the individuals listed in the inactive accounts. Correspondence was sent out to the last known addresses, and the staff was able to locate 15 individuals and remit payments to them in the total amount of \$857.33. In accordance with their instructions, the balance of inactive accounts will be sent to the State Treasurer's Abandoned Property Division, on October 8, 2009.

The Metro Boston Area has also endeavored to update the policies and procedures for the management of client funds. This includes procedures for improving communications with staff from the Fuller inpatient units that are directly involved when clients are being planned for either discharge or transfer. The Fuller client funds staff has educated the inpatient staff on the Discharge & Transfer policy.

As of October 9, 2009 the Fuller MHC will no longer be carrying any balances for inactive accounts in its books. All funds being maintained will belong to active clients.

(d) Training

DMH's ICO will coordinate training with DMH's training staff to ensure that all Central Office and Area staff are trained/re-trained so that staff is cognizant of their responsibilities for processing and managing patient funds.

(e) Inadequate Segregation of Duties

DMH will review its current procedures at SCFMHC to ensure adequate segregation of duties. DMH internal resources are limited due to budget constraints but DMH does agree that more oversight monitoring is necessary under the circumstances to adequately protect client funds.

Also, the MBA fiscal staff has prepared new policies and developed updated protocols for the management of client funds. This included the submission of new signatories on the account to include the Chief Operating Officer and Director of Social Work for the Center. This should help alleviate the segregation of duties.

APPENDIX**List of Locations Reviewed and/or Contacted**

DMH Central Office

DMH Area Offices:

1. Metro-Boston
2. Northeast

DMH Local Sites:

1. Lawrence
2. Solomon Carter Fuller Mental Health Center

DMH Vendors:

1. Bay Cove Human Services, Inc.
2. South Shore Mental Health Center, Inc.
3. Pine Street Inn*
4. Community Resources for Justice, Inc.*

*Phone discussions only