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The Honorable Christine Todd Whitman
Governor of New Jersey

The Honorable Donald T. DiFrancesco
President of the Senate

The Honorable Jack Collins
Speaker of the General Assembly

Mr. Albert Porroni
Executive Director
Office of Legislative Services

We have completed an audit of the Department of Human Services, Division of Mental Health Services, Psychiatric Hospitals and Treatment Centers, Selected Expenditures for the period July 1, 1994 to February 29, 1996.

Our report is transmitted herewith.

This audit was conducted pursuant to the State Auditor's responsibilities as set forth in Article VII, Section 1, Paragraph 6 of the State Constitution and Title 52 of the New Jersey Statutes.

Richard L. Fair
State Auditor
February 19, 1997

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**Department of Human Services
Division of Mental Health Services
Psychiatric Hospital and Treatment Centers
Selected Expenditures**

Scope

We have completed an audit of selected expenditures of the Department of Human Services, Division of Mental Health Services for the following entities:

Greystone Park Psychiatric Hospital
Trenton Psychiatric Hospital
Forensic Psychiatric Hospital
Ancora Psychiatric Hospital
Arthur Brisbane Child Treatment Center
Senator Garret W. Hagedorn Gero-Psychiatric Hospital

Our audit included the financial activities for the period July 1, 1994 to February 29, 1996 accounted for in the state's General Fund.

Total expenditures for the following accounts during the 20-month audit period were \$252.3 million.

Personal Services:
 Salaries and Wages
Services other than personal:
 Travel
 Telephone
 Postage
Information Processing:
 External
 Internal
Household and Security:
 Professional Services
 Patients Wages
 Other Services
Maintenance and Fixed Charges:
 Rent Central Motor Pool
 Rent Other
Special Purpose:
 Interim Assistance

Objectives

The objectives of our audit were to determine whether personal and services other than personal, maintenance and fixed charges, household and security, information processing and special purposes financial transactions were related to the agencies programs, were reasonable and were recorded properly in the state accounting system. We also tested for resolution of significant conditions noted in our prior reports.

This audit was conducted pursuant to the State Auditor's responsibilities as set forth in Article VII, Section 1, Paragraph 6, of the State Constitution and Title 52 of the New Jersey Statutes.

Methodology

Our audit was conducted in accordance with Government Auditing Standards, issued by the Comptroller General of the United States.

In preparation for our testing, we studied legislation, administrative code, circular letters promulgated by the State Comptroller, and policies of the agencies. Provisions that we considered significant were documented and compliance with those requirements was verified by interview and observation and through our samples of financial transactions. We also read the budget message, reviewed financial trends, and interviewed agency personnel to obtain an understanding of the programs and the internal control structure.

A statistical and non-statistical sampling approach was used. Our samples of financial transactions were designed to provide conclusions about the validity of transactions as well as internal control and compliance attributes. Sample populations were stratified and large dollar transactions were examined. Other transactions were randomly and judgmentally selected.

To ascertain the status of findings included in our prior reports, we identified corrective action, if any, taken by the agencies and walked through the system to determine if the corrective action was effective.

Conclusions

We found that the financial transactions included in our testing were related to the objectives of the hospitals and centers, were reasonable, and were properly recorded in the accounting systems. In making this determination, we noted certain internal control weaknesses and matters of compliance with laws and regulations meriting management's attention.

We also found that the agencies have resolved the significant issues noted in our prior reports, except for mathematical accuracy of employee leave balances. In our prior report we reported high error rates in this area at Greystone Park (47 percent) and Ancora (64 percent) Psychiatric Hospital. We noted both hospitals have improved significantly in this area, however, the current error rates of 6 percent and 6.9 percent respectively, is still higher than the overall average (2.4 percent) of the hospitals and centers.

Details of our findings and recommendations follow.

Interim Assistance Program

Finding

On October 31, 1974 the State of New Jersey and the Federal Department of Health and Human Services established the Interim Assistance Program (IAP). This program permits a client who has been released from a state psychiatric hospital and who has applied for Federal Supplemental Security Income (SSI) benefits to receive state funds while their SSI claim is being evaluated. Through this process, the client receives a personal needs allowance (PNA) and has their initial maintenance costs paid by the Division of Mental Health Services upon release from the hospital. The division, in turn, may directly receive the client's retroactive SSI payment from the Social Security Administration (SSA), recoup the Interim Assistance Program expenditures from this check, and then deposit this reimbursement into the hospital Interim Assistance Program revenue account. During our audit period the psychiatric hospitals and treatment centers expended \$495,000 in this program.

In our review of the psychiatric hospitals and treatment centers we noted that, for a variety of reasons, the hospitals and centers are not fully recovering IAP payments to former clients. These reasons include:

- C Rejection of a client's claim for SSI benefits by SSA and subsequent removal from IAP results in clients owing all monies received from the hospital or center. Clients may not repay their debt and recovery is unlikely. Specifically, at one psychiatric hospital, we noted that the total amount due for unrecovered IAP monies is \$1,009,000, a receivable balance dating back to 1988. In fiscal year 1995, IAP expenditures for this hospital were \$253,000 and the amount recovered was \$146,000.

- C The retroactive check from the federal Department of Health and Human Services for SSI goes directly to the client and the client does not reimburse the hospital or center. At one center, we noted that, due to the fact that the Social Security Administration mailed the retroactive checks of clients directly to the clients, the center did not recover \$1,000 in PNA expenditures.

- C Clients may deceive hospital or center administrators about their assets and work status to receive IAP and when SSA denies SSI payments, it is unlikely that patients will repay IAP monies received. At one psychiatric hospital, we noted that one client received \$5,600 in PNA monies and did not disclose on the PNA application all the clients assets, thereby making the client ineligible for SSI payments. The hospital only recovered \$550, leaving a receivable balance of \$5,050 due from the client. Also, one client earned \$3,500 while receiving IAP payments, resulting in a later denial of SSI benefits. This client still owes the state \$8,500.

- C Differences in effective dates for SSI eligibility (date per hospital vs. date per SSA) result in only partial payments recovered by the hospital or center when retroactive SSI checks are less than the amount of interim assistance paid to the client.

In addition, we noted that the hospitals and centers are not maintaining receivable records for PNA outlays that would disclose the total amount due to the institution; only the individual client files contain any information relevant to calculating the outstanding amount due to the hospitals or centers.

Recommendation

We recommend that the Department of Human Services, through their psychiatric hospitals and treatment centers, improve their procedures regarding approvals of claims for interim assistance and subsequent recoveries from the clients. Improvements to the screening process for applicants seeking interim assistance should be made to minimize the risk that clients who will prove ineligible for SSI benefits will enter the program. The hospitals and centers should pursue the goal of having all retroactive SSI checks from the federal government delivered directly to them rather than to the client to reduce the risk of not recovering the interim assistance. Uncollected IAP receivables from clients should be forwarded to the Set Off of Individual Liability (SOIL) program for possible recovery. The total amount of PNA receivables should be accounted for by each individual hospital.

Purchasing Procedures

Finding

Department of the Treasury Circular Letter 93-23F-GSA defines the delegated purchase authority (DPA) available to state agencies for purchasing goods and services from outside vendors. Such purchases, subject to an annual limit of \$10,000 and varying requirements depending upon the price of the item(s) being ordered, are only supposed to be made when the good or service in question is not available through the General Services Administration (GSA) Distribution Center, Deptcor, or an existing vendor contract awarded by the Purchase Bureau.

In our review of purchased services transactions, we noted that the hospitals and centers do not always adhere to the required state purchasing procedures. At Greystone Park Psychiatric Hospital, we noted that over 25 percent of items tested for this attribute (8 out of 32) contained errors; at Arthur Brisbane Child Treatment Center, there were procurement related errors in 31 percent (16 out of 51) of the items tested. We noted various instances of DPA purchases from vendors when a state contract vendor was available. At one hospital, the agency exceeded its DPA limit of \$10,000 to rent a truck needed for their vocational rehabilitation program instead of seeking a lease with more favorable terms through the Purchase Bureau. Even in those situations where hospitals and centers purchased services from a state contract vendor, they did not always have supporting documentation on hand to identify the prices charged by the vendor to the contract. There was a failure on the part of the hospitals and centers to document adherence to bidding procedures in the case of DPA purchases or to maintain a written agreement on file for those vendors providing services under a waiver of advertising.

The hospitals and centers have decentralized purchasing functions. Each user department within the individual hospital or center performs the initial phase of the procurement process by selecting the vendor from which services are to be purchased. These various individuals may not have the same level of training and knowledge of state purchasing procedures. In many cases, the primary job responsibilities of the people requesting purchases may preclude them from taking sufficient time and effort to effectively follow proper purchasing procedures. In addition, the Purchase Bureau does not always provide copies of vendor contracts and related catalogs to the hospitals and centers, resulting in a further hindrance to the purchasing staff in the effective purchasing of goods and services.

These weaknesses can result in the failure of the hospitals and centers to obtain the best prices available from existing state contract vendors, when they purchase services from other vendors through the DPA process. Where DPA purchases are appropriate, the hospitals and centers may still fail to obtain the best price available for a desired service if they do not solicit bids from three different vendors, as is generally required by Circular Letter 93-23F-GSA for all purchases exceeding \$150. And even in those cases where the purchasing staff is buying services through a state contract vendor, the failure to compare the contract prices paid to the vendor's catalog can also result in more costly purchases should it turn out that the vendor is not honoring the contract originally made with the state and is charging a higher price at the time the order is placed.

Recommendation

We recommend that the hospitals and centers create purchasing offices separate from both the user departments and accounts payable/fiscal offices. Ideally, these offices should be staffed by employees who would handle all purchasing for the individual hospital or center and be trained in Purchase Bureau regulations. They should also be equipped with reference materials and equipment necessary for proper procurement processing. To that end, the hospitals and centers should seek additional cooperation from the Purchase Bureau in obtaining the appropriate documentation (copies of contracts, catalogs, up-dates from vendors, etc.) needed for a properly running centralized purchasing office.

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Telephone Billing

Finding

Treasury Circular Letter 94-22, dated July 1, 1993, states that agencies are responsible for the collection and deposit of cash and checks representing reimbursement from personal telephone calls including Federal excise tax.

In our review of the monthly telephone bills for Greystone Park Psychiatric Hospital, Ancora Psychiatric Hospital, Arthur Brisbane Child Treatment Center, and the Senator Garret W. Hagedorn Gero-Psychiatric Hospital, we noted that these agencies were not reviewing the telephone bills to determine either the extent of personal calls or the accuracy of the billing. The Department of the Treasury has the complete telephone appropriation from each agency transferred to them early in the fiscal year. The Office of Telecommunications and Information Systems (OTIS), a unit of the Department of the Treasury, is the agency that deals directly with the telephone companies for regular telephone service

throughout state government. OTIS receives the billing statements from the telephone companies and pays them out of a centralized Treasury account funded from the transferred agency appropriations. OTIS then furnishes each agency with a monthly report showing them their telephone calls made and related charges.

Our review of the monthly telephone bills at the various hospitals and centers revealed that the itemized bill listing from OTIS was reported by trunk lines and not by the actual telephone numbers from which the calls were placed.

Discussions with OTIS indicated that while most telephone bill listings for Trenton based agencies are by telephone number, there are 51 agencies outside of Trenton that are billed by trunk lines, including the hospitals and centers included in our report. This situation makes it impossible for the hospitals and centers to properly monitor their telephone usage or comply with Treasury Circular Letter 94-22, since they cannot identify the origin of individual phone calls. As a result, the current monthly billing reports (usually exceeding one hundred pages per agency) being sent out to the hospitals and centers do not serve any useful purpose.

Recommendation

We recommend the division obtain from the Office of Telecommunications and Information Services monthly telephone itemized listings by actual telephone number and extension so that the agencies can monitor their telephone usage, as well as comply with Treasury Circular Letter 94-22.

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Patient Wages

Finding

Regulations of the New Jersey Department of Labor, in accordance with the federal Fair Labor Standards Act guidelines, permit patients performing work at a hospital to be paid at less than the minimum wage (\$5.05 per hour). However, the hospital is required to document the basis for computing the lower rates for these workers, based on their proportional ability when compared with non-handicapped workers performing similar tasks. If a patient worker has full capacity to perform a given task, he or she would receive \$5.05 per hour; if 50 percent capable, they would receive \$2.52, etc. The hospitals pay compensation to patients who work in their vocational rehabilitation programs.

During our review of several payments contained in a sample transaction from this program at Greystone Park Psychiatric Hos-

pital, we noted that the hospital's vocational rehabilitation staff did not have on file the skill assessment forms for many of the sampled patients to document how their pay scales were determined.

Failure to document the calculation of the wage rate earned by patients who are paid below minimum wage can result in sanctions from the New Jersey Department of Labor, including the revocation of the certificates issued to the hospital to authorize paying the patient workers below the minimum wage. The revocation of the certificates would compel the hospital to pay all patient workers the minimum wage regardless of their skill level. In the absence of additional funding for vocational rehabilitation, such an action would result in fewer patients being able to participate in the program.

Recommendation

We recommend that the vocational rehabilitation program staff at Greystone Park Psychiatric Hospital update the files of all patients earning less than the minimum wage with the documentation required by the New Jersey Department of Labor.

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Rent - Central Motor Pool

Finding

Central Motor Pool (CMP) is a unit within the Department of the Treasury that leases vehicles to state agencies. Each month a billing report which shows specific charges for each vehicle is generated by CMP and sent to the state agencies. The agencies are required to review these billings for accuracy with their own vehicle records.

In our review of the internal controls over vehicles at Senator Garret W. Hagedorn Gero-Psychiatric Hospital we noted that the center does not review the monthly billing reports submitted by CMP. We noted that CMP was charging for two vehicles that were not used by the center. One vehicle was assigned to the Arthur Brisbane Child Treatment Center and was never on the grounds of the Center, and the other vehicle was returned to CMP on August 22, 1994. The center was overcharged \$7,900 during the last 18 months for these two vehicles. We also noted that the center has been paying for a 1951 fire engine that is part of the on-site vehicle fleet. Using 1994 rental rates, the center paid \$6,600 for rental of the fire truck during our audit period. In the case of older vehicles, the CMP status can be changed from a rental vehicle to an agency-owned vehicle, thus eliminating the rental payments.

The center would be responsible for repairs of the vehicle, which is still in good operating condition, but would likely realize a net savings from the ownership of the vehicle.

Recommendation

We recommend that the center review on a monthly basis the billing statements from Central Motor Pool. We also recommend that the center change the classification of the fire truck to an agency-owned vehicle to eliminate unnecessary charges.

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Household and Security

Finding

In our review of household services, we noted that the cost of trash removal at Ancora Psychiatric Hospital, totaling \$200,000 in fiscal year 1995, was approximately twice the cost at the other psychiatric hospitals. The cost charged is based on the number of containers, size of containers, and the number of times they are picked up. We noted that many of the trash containers located at Ancora were underutilized, partially-filled or empty. Of the 24 containers tested, 9 were full, 6 were empty, and the remainder were only partially full.

Recommendation

We recommend that the hospital reduce the current number of trash containers. Better strategic placement of containers throughout the hospital would increase their efficient utilization, and result in a reduction of the total number of trash containers required by the hospital.

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Other Matters

Finding

NJSA 30:4-1 states that the board of trustees at each institution shall consist of not less than five nor more than seven members appointed by the state board with the approval of the Governor. In addition, NJSA 10:4-9 states that no public body shall hold a meeting unless adequate notice has been provided to the public by posting written notice in two newspapers at least 48 hours in advance of such meeting. The board minutes at the hospitals and centers disclosed the following:

- C At Hagedorn Gero-Psychiatric Hospital, we noted at the beginning of our audit that the board of trustees had only three or four members.
- C At Arthur Brisbane Child Treatment Center, the board did not advertise its meetings in newspapers, as required by NJSA 10:4-9.

Recommendation

We recommend that the state board appoint additional members to the board of trustees at Hagedorn Gero-Psychiatric Hospital to fulfill the numerical membership requirement contained in NJSA 30:4-1. We also recommend that the board of trustees at Arthur Brisbane Child Treatment Center comply with NJSA 10:4-9 and advertise board meetings in the local newspapers.

14/2

State of New Jersey
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH SERVICES

CHRISTINE TODD WHITMAN
Governor

CN 727
Trenton, NJ 08625

WILLIAM WALDMAN
Commissioner
Alan G. KAUFMAN
Director
7-0702

DEPARTMENTAL RESPONSE

February 7, 1997

Richard L. Fair, State Auditor
Office of Legislative Services
Office of the State Auditor
125 South Warren Street
CN 067
Trenton, NJ 08625-0067

Dear Mr. Fair:

This letter is in response to the January 16, 1997 audit report of the Division of Mental Health Services Psychiatric Hospitals and Treatment Centers-Selected Expenditures, for the period July 1, 1994 to February 29, 1996. After discussion of the audit findings with your staff at the recent exit conference, we have chosen to provide an official response to the report.

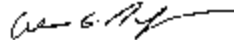
Accordingly, attached are the comments to the individual findings and recommendations. You will notice that, in some cases, corrective action has already been taken to address certain matters. For some other items, corrective action is proceeding or being planned. We will continue to track the successful implementation of all such actions at both the institution and Division levels as part of our Internal Control Certification Process.

The Division appreciates the opportunity to provide this response and we ask that our comments be made part of the final report.

Sincerely,

Alan G. Kaufman, Director
Division of Mental Health Services

AGK/DR/dlb
Attachment
C:William Waldman
Michele Guhl
Dennis Lafer
Bernice Smith
Robert Immordino
Don Ryba
Jerry Mahony
Chief Executive Officers
Business Managers



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Division of Mental Health Services
Response to Audit of Psychiatric Hospitals and
Treatment Centers-Selected Expenditures

CONCLUSIONS (p. 4-5)

We appreciate the recognition that the two hospitals previously found to have high error rates regarding the accuracy of employee leave balances have improved significantly in this area. We will continue to reinforce the importance of accurate records with not only Greystone Park and Ancora, but with all of our institutions.

FINDINGS AND RECOMMENDATIONS

Interim Assistance Program (p.5)

The Division has put significant emphasis on the monitoring and control of its Interim Assistance account and the establishment of extensive procedures to optimize recoveries from clients. When the Division implemented this program, we did so fully expecting that a portion of the payments to appropriate residential settings on behalf of its clients would not be recovered through retroactive SSI checks for a variety of reasons such as:

- @ SSI applications for the patients being denied either for difference in medical determination or income requirements
- @ Lack of full payment from SSA of the SSI benefit due to a prior SSA recovery
 - @ack of full benefit payment since benefit payments are made as of the first of the subsequent month and the patients are discharged during the prior month
 - @ayments of SSDI which reduce the retroactive SSI check the State is entitled to system errors on the part of SSA
- @ Patients misleading hospital staff as to assets and/or ability to work
 - @ccasional errors by State hospital staff

At any given time, there are approximately 125 patients on Interim Assistance from the five hospitals participating in the program. Although the exact amount of losses is not easily determined, the Division did analyze 214 cases for the period January 1, 1995 to June 30, 1996, where losses exceeded the outlay of State funds by more than ten percent. For these more material cases, we have computed net losses of approximately \$220,000.

Despite the losses that do occur, we still consider the Interim Assistance Program to be successful. The program has resulted in large dollar savings to State taxpayers by virtue of the fact that the cost to keep patients hospitalized would be far greater than the losses incurred.

We have reviewed our screening process for applicants seeking Interim Assistance as well as streamlined our protocols with the Social Security Administration as this program has evolved. We have conducted specific Internal Control Reviews of the programs at various hospitals and find that the current protocols in place allow the program to operate at peak efficiency.

The hospitals are currently receiving all retroactive SSI checks from the Federal government. There are occasional instances when checks go directly to clients due to errors on the part of the Social Security Administration. We will continue to work with the Social Security Administration to eliminate these situations.

In cases where SSI checks are misdirected to clients and the checks are not returned to the hospital, we will pursue recovery through the Set Off of Individual Liability (S.O.I.L.) Program.

Purchasing Procedures (p. 7)

We acknowledge that the psychiatric hospitals have not always strictly adhered to all State purchasing regulations, and will strengthen our internal control procedures to comply with this requirement. At the same time, however, it is important to highlight some of the factors related to the issues raised in the audit and efforts being taken to address purchasing procedures.

The audit finding notes various instances of D.P.A. purchases from vendors when a state contract vendor was available. In some cases, use of contracts for small orders, most notably at our smaller-sized facilities, proved to be highly problematic due to minimum quantity requirements, concerns with quality of goods and slower delivery for such orders.

The Division is pleased to report that we have been working cooperatively with the Purchase Bureau to not only improve our compliance with purchasing guidelines but also to address these operational concerns. A Department of Human Services purchasing task force now meets periodically with the Division of Purchase and Property Director and Purchase Bureau Supervisor to be updated on a number of procurement initiatives, including:

- The formation of user groups to address problem contracts
- Plans for electronic catalogs to facilitate use of contracts and ensure the proper price is paid
- Possible increases to DPA thresholds/limits that would allow hospitals to focus on larger transactions and facilitate bidding through increased use of taxed bids in place of sealed bids

- Placement of additional resources to process complaints so as to dramatically improve handling of problems referred by our hospitals
- Decreases in the number of contract awards in order to make multi-source contracts easier to use
- Offers to set up special training sessions to instruct hospital staff on both basics and specific contract problems

We are confident that the improved working relationship and more effective communication with the Purchase Bureau will facilitate more efficient procurement by our hospitals.

The importance of written agreements for all services under waiver will be reinforced with all institutions. Recurring expenditures likely to exceed D.P.A. thresholds will be more closely monitored and more favorable leasing arrangements will be pursued where possible. The need to more consistently document adherence to bidding procedures will also be emphasized Division-wide.

Finally, the audit report recommends the creation of centralized purchasing units within each of the facilities. The hospital Business Managers and Division central office fiscal staff are constantly evaluating Business Office staffing needs related to our operational objectives and internal control standards. We have recognized the merits of a completely centralized purchasing function and agree that the establishment of specialized purchasing units for each hospital would be an ideal step toward improved efficiency and control. However, given our decreasing staff resources for administrative functions and competing priorities more directly related to patient care, this recommendation is not viewed as possible in the immediate future. Hospital Business Offices will, however, continue to provide oversight for the purchasing function to better assure policies' compliance.

Telephone Billing (p. 8)

We acknowledge our non-compliance with the Circular Letter's requirements for the reimbursement of the cost attributable to personal telephone calls. Although some improvement could be achieved with better procedures and enforcement, full compliance is not viewed to be cost effective considering the 24-hour a day nature of our hospital operations.

There are certain controls in practice now which serve to limit the use of telephones for non-business related purposes. For many locations, callers must go through the hospital telephone operator to gain access to an outside line and the nature of the call is subject to question. Employees are also encouraged and expected to use pay phones for personal calls. Some locations are restricted so that only certain extensions or area codes can be reached depending on the user's official needs. Caller I.D. technology is also used to help preclude personal calls from unsupervised phones.

But while the above examples illustrate some degree of control, the high volume of calls for many locations and the fact that there may be many employees using the same extension(s) in a 24-hour a day setting make it exceedingly difficult to fully comply with the Circular Letter's objective. A review of billings on a timely basis and determination of all persons responsible for each call is also not practical in such situations.

Nonetheless, in recognizing the audit recommendation to improve controls, it is our intention to request OTIS monthly billing reports for one of the hospitals. The usefulness of this data, efforts required to collect funds for personal calls and amounts collected will then be evaluated to better inform us as to what cost effective actions can and should be taken across all facilities.

Patient Wages (p.-9)

Patient files at Greystone Park Psychiatric Hospital will be updated as recommended and patients reassessed if necessary.

Rent-Central Motor Pool (p. 10)

The Hagedom Gero-Psychiatric Hospital will review monthly billings from the Central Motor Pool (CMP) for accuracy. Our other hospitals will review vehicles assigned to the CMP and request reassignment as agency owned if the cost of repair and service is expected to be significantly less than CMP monthly fees.

Household and Security (p. LI)

The audit finding was based on a one day survey of the trash containers on site. While we do not question the accuracy of the survey results, we are not in agreement that the number of containers is excessive. The number of containers needed and their placement throughout the grounds was jointly determined by hospital and Departmental staff as well as the vendor; and the hospital reports that the number and distribution of containers is appropriate. The current vendor contract expires in January, 1998. Before a new contract is entered into, we will again closely examine the needs of the facility and make any service changes that are warranted.

Other Matters (p.12)

Starting January 1997, the Arthur Brisbane Child Treatment Center advertised their Board of Trustee meetings in two local newspapers as recommended.

The Hagedom Gero-Psychiatric Hospital has over the years and will continue to notify the State Board of Human Services of any lack of local board members.