

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
LIMITED SCOPE COMPLIANCE EXAMINATION

For the Two Years Ended June 30, 2007

Performed as Special Assistant Auditors
For the Auditor General, State of Illinois

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
For the Two Years Ended June 30, 2007

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STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
For the Two Years Ended June 30, 2007

CENTER OFFICIALS

Acting Hospital Administrator (Current)	Ms. Patricia Kelley, LCSW
Hospital Administrator (7/1/05-5/18/06)	Mr. Brian Thomas, MSA
Assistant Hospital Administrator	Ms. Melissa Gross
Business Office Administrator	Mr. Richard Kerns

The Center is located at:

1315 Lehmen Drive
Chester, IL 62233



MANAGEMENT ASSERTION LETTER

Glass and Shuffett, Ltd.
Certified Public Accountants
1819 W. McCord
P.O. Box 489
Centralia, IL 62801

December 12, 2007

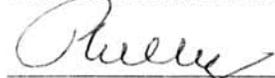
Gentlemen:

We are responsible for the identification of, and compliance with, all aspects of laws, regulations, contracts, or grant agreements that could have a material effect on the operations of the Center. We are responsible for and we have established and maintained an effective system of, internal controls over compliance requirements. We have performed an evaluation of the Center's compliance with the following assertions during the two-year period ended June 30, 2007. Based on this evaluation, we assert that during the years ended June 30, 2006, and June 30, 2007, the Center has materially complied with the assertions below.

- A. The Center has obligated, expended, received, and used public funds of the State in accordance with the purpose for which such funds have been appropriated or otherwise authorized by law.
- B. The Center has obligated, expended, received, and used public funds of the State in accordance with any limitations, restrictions, conditions, or mandatory directions imposed by law upon such obligation, expenditure, receipt, or use.
- C. The Center has complied, in all material respects, with applicable laws and regulations, including the State uniform accounting system, in its financial and fiscal operations.
- D. The State revenues and receipts collected by the Center are in accordance with applicable laws and regulations and the accounting and recordkeeping of such revenues and receipts is fair, accurate and in accordance with law.
- E. The money or negotiable securities or similar assets handled by the Center on behalf of the State or held in trust by the Center have been properly and legally administered, and the accounting and recordkeeping relating thereto is proper, accurate and in accordance with law.

Yours very truly,

Chester Mental Health Center



Patricia Kelley, Acting Hospital Administrator



Richard Kerns, Business Office Administrator

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
For the Two Years Ended June 30, 2007

COMPLIANCE REPORT

SUMMARY

The limited State compliance testing performed in this examination was conducted in accordance with *Government Auditing Standards* and in accordance with the Illinois State Auditing Act.

ACCOUNTANTS' REPORT

The Independent Accountants' Report on State Compliance, on Internal Control Over Compliance and on Supplementary Information for State Compliance Purposes relates only to those chapters of the "Audit Guide for Performing Financial Audits and Compliance Attestation Examinations of Illinois State Agencies" (*Audit Guide*) which are identified in the report as having compliance testing performed.

SUMMARY OF FINDINGS

<u>Number of</u>	<u>This Report</u>	<u>Prior Report</u>
Findings	1	1
Repeated Findings	0	0
Prior Recommendations Implemented or Not Repeated	1	0

Details of findings are presented in a separately tabbed report section of this report.

SCHEDULE OF FINDINGS AND RECOMMENDATIONS

<u>Item No.</u>	<u>Page</u>	<u>Description</u>
CURRENT FINDINGS		
07-1	9	Inadequate notification to recipients
PRIOR FINDINGS NOT REPEATED		
05-1	10	Inadequate segregation of duties

EXIT CONFERENCE

Agency management waived having an exit conference per a letter dated December 3, 2007. Responses to the recommendations were provided by Carol L. Adams, Ph.D., Secretary, Illinois Department of Human Services, in a letter dated December 11, 2007.

GLASS AND SHUFFETT, LTD.

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Certified Public Accountants
Illinois Society of
Certified Public Accountants

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INDEPENDENT ACCOUNTANTS' REPORT ON STATE COMPLIANCE, ON INTERNAL CONTROL OVER COMPLIANCE, AND ON SUPPLEMENTARY INFORMATION FOR STATE COMPLIANCE PURPOSES

Honorable William G. Holland
Auditor General
State of Illinois

Compliance

As Special Assistant Auditors for the Auditor General, we performed a limited scope compliance examination of the State of Illinois Department of Human Services - Chester Mental Health Center's (Center) compliance with the requirements listed below, as more fully described in the Audit Guide for Performing Financial Audits and Compliance Attestation Examinations of Illinois State Agencies (*Audit Guide*) as adopted by the Auditor General, during the two years ended June 30, 2007. The management of the State of Illinois Department of Human Services - Chester Mental Health Center is responsible for compliance with these requirements. Our responsibility is to express an opinion on the State of Illinois Department of Human Services - Chester Mental Health Center's compliance based on our examination.

- A. The State of Illinois Department of Human Services - Chester Mental Health Center has obligated, expended, received, and used public funds of the State in accordance with the purpose for which such funds have been appropriated or otherwise authorized by law.
- B. The State of Illinois Department of Human Services - Chester Mental Health Center has obligated, expended, received, and used public funds of the State in accordance with any limitations, restrictions, conditions, or mandatory directions imposed by law upon such obligation, expenditure, receipt, or use.
- C. The State of Illinois Department of Human Services - Chester Mental Health Center has complied, in all material respects, with applicable laws and regulations, including the State uniform accounting system, in its financial and fiscal operations.
- D. The State revenues and receipts collected by the State of Illinois Department of Human Services - Chester Mental Health Center are in accordance with applicable laws and regulations and the accounting and recordkeeping of such revenues and receipts is fair, accurate and in accordance with law.
- E. Money or negotiable securities or similar assets handled by the State of Illinois Department of Human Services - Chester Mental Health Center on behalf of the State or held in trust by the State of Illinois Department of Human Services - Chester Mental Health Center have been properly and legally administered and the accounting and recordkeeping relating thereto is proper, accurate, and in accordance with law.

Our limited scope compliance examination of the Center was limited to the following areas of the *Audit Guide*:

- Chapter 8 – Personal Services Expenditures
- Chapter 9 – Contractual Services Expenditures
- Chapter 11 – Commodities Expenditures
- Chapter 17 – Revenues, Refunds, and Receivables
- Chapter 18 – Appropriations, Transfers, and Expenditures
- Chapter 22 – Review of Agency Functions and Planning Program
- Chapter 30 – Auditing Compliance With Agency Specific Statutory Mandates

The areas of the *Audit Guide* not examined at the State of Illinois Department of Human Services - Chester Mental Health Center have had procedures performed on a Department-wide basis through the compliance examination of the Department of Human Services - Central Office, and accordingly, any findings from the results of those procedures have been included in the Department of Human Service – Central Office compliance report.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants; the standards applicable to attestation engagements contained in *Government Auditing Standards* issued by the Comptroller General of the United States; the Illinois State Auditing Act (Act); and the *Audit Guide* as adopted by the Auditor General pursuant to the Act; and, accordingly, included examining, on a test basis, evidence about the State of Illinois Department of Human Services - Chester Mental Health Center's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our examination provides a reasonable basis for our opinion. Our examination does not provide a legal determination on the State of Illinois Department of Human Services - Chester Mental Health Center's compliance with specified requirements.

In our opinion, the State of Illinois Department of Human Services - Chester Mental Health Center complied, in all material respects, with the aforementioned requirements during the two years ended June 30, 2007. However, the results of our procedures disclosed instances of noncompliance with those requirements, which are required to be reported in accordance with criteria established by the *Audit Guide*, issued by the Illinois Office of the Auditor General and which are described in the accompanying Schedule of Findings and Recommendations as finding 07-1.

As required by the *Audit Guide*, immaterial findings relating to instances of noncompliance excluded from this report have been reported in a separate letter to your office.

Internal Control

The management of the State of Illinois Department of Human Services - Chester Mental Health Center is responsible for establishing and maintaining effective internal control over compliance with the requirements listed in the first paragraph of this report. In planning and performing our limited scope compliance examination, we considered the State of Illinois Department of Human Services - Chester Mental Health Center's internal control over compliance with the requirements listed in the first paragraph of this report in order to determine our

examination procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with the *Audit Guide*, issued by the Illinois Office of the Auditor General, but not for the purpose of expressing an opinion on the effectiveness of the State of Illinois Department of Human Services - Chester Mental Health Center's internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the State of Illinois Department of Human Services - Chester Mental Health Center's internal control over compliance.

Our consideration of internal control over compliance was for the limited purpose described in the preceding paragraph and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses as defined below.

A *control deficiency* in an entity's internal control over compliance exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect noncompliance with the requirements listed in the first paragraph of this report on a timely basis. A *significant deficiency* is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to comply with the requirements listed in the first paragraph of this report such that there is more than a remote likelihood that noncompliance with a requirement that is more than inconsequential will not be prevented or detected by the entity's internal control. We consider the deficiency in internal control over compliance described in the accompanying Schedule of Findings and Recommendations as item 07-1 to be a significant deficiency.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material noncompliance with a requirement listed in the first paragraph of this report will not be prevented or detected by the entity's internal control. We did not consider any of the deficiencies described in the accompanying Schedule of Findings and Recommendations to be material weaknesses.

As required by the *Audit Guide*, immaterial findings relating to internal control deficiencies excluded from this report have been reported in a separate letter your office.

State of Illinois Department of Human Services - Chester Mental Health Center's response to the finding identified in our examination is described in the accompanying Schedule of Findings and Recommendations. We did not examine State of Illinois Department of Human Services - Chester Mental Health Center's response and, accordingly, we express no opinion on it.

Supplementary Information for State Compliance Purposes

Our examination was conducted for the purpose of forming an opinion on compliance with the requirements listed in the first paragraph of this report. The accompanying supplementary information as listed in the table of contents as Supplementary Information for State Compliance Purposes is presented for purposes of additional analysis. We have applied certain limited procedures as prescribed by the *Audit Guide*, as adopted by the Auditor General, to the 2007 and the 2006 Supplementary Information for State Compliance Purposes, except for information on Employee Overtime, Contractual Payroll Employees, Center Utilization, Annual

Center Statistics and Service Efforts and Accomplishments on which we did not perform any procedures. However, we do not express an opinion on the supplementary information.

We have not applied procedures to the 2005 Supplementary Information for State Compliance Purposes, and accordingly, we do not express an opinion thereon.

This report is intended solely for the information and use of the Auditor General, the General Assembly, the Legislative Audit Commission, the Governor, Center, and Department of Human Services management, and is not intended to be and should not be used by anyone other than these specified parties.


Glass and Shuffett, Ltd.
Certified Public Accountants

December 12, 2007

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
SCHEDULE OF FINDINGS AND RECOMMENDATIONS
For the Two Years Ended June 30, 2007

Current Findings

07-1 Finding Inadequate notification to recipients

The Center did not provide notice of treatment review panel meetings to recipients.

Documentation of written notice for 20 recipients was requested, but could not be provided.

According to 405 ILCS 5/2-107.2 (b) “at least 7 days prior to the date of the meeting, the recipient, his or her guardian, if any, and the person designated under subsection (b) of Section 2-200 shall be given written notification of the time and place of the treatment review meeting.”

Center personnel indicated there was a misunderstanding regarding the notification requirements.

Failure to provide written notification violates the recipients’ rights to attend the meeting and assist in making decisions regarding their care. (Finding Code 07-1)

Recommendation

We recommend the Center implement procedures to ensure notifications are properly provided in accordance with the statute.

Agency Response

Agree. The Center will develop a procedure to ensure compliance with the statute 405 ILCS 5/2-107.2. The procedure will include notification sent to the recipient and the person designated under subsection (b) of Section 2-200 of the statute of their right to attend a meeting where a treatment review panel will review the treatment of the patient after he has been receiving psychotropic medication or electroconvulsive therapy continuously or on a regular basis for a period of 3 months, and every 6 months thereafter.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
SCHEDULE OF FINDINGS AND RECOMMENDATIONS
For the Two Years Ended June 30, 2007

Prior Findings Not Repeated

07-2 Finding - Inadequate segregation of duties.

The Center did not perform independent inventory counts at fiscal year end.

Disposition

Recommendation implemented. Non-stores staff now assist stores personnel in taking annual physical inventory counts. (Finding Code 05-1)

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
For the Two Years Ended June 30, 2007

SUPPLEMENTARY INFORMATION FOR STATE COMPLIANCE PURPOSES

SUMMARY

Supplementary Information for State Compliance Purposes presented in this section of the report includes the following:

Fiscal Schedules and Analysis:

- Schedule of Appropriations, Expenditures and Lapsed Balances
- Comparative Schedule of Net Appropriations, Expenditures and Lapsed Balances
- Description of Locally Held Funds
- Schedule of Locally Held Funds – Cash Basis
- Schedule of Changes in State Property
- Comparative Schedule of Cash Receipts and Deposits
- Analysis of Significant Variations in Expenditures
- Analysis of Significant Lapse Period Spending
- Schedule of Changes in Inventories
- Analysis of Accounts Receivable

Analysis of Operations

- Center Functions and Planning Program
- Average Number of Employees
- Employee Overtime (not examined)
- Contractual Payroll Employees (not examined)
- Center Utilization (not examined)
- Annual Center Statistics
 - Cost Per Year/Day Per Resident (not examined)
 - Ratio of Employee's to Residents (not examined)
 - Reported Employee Job Injuries (not examined)
 - Food Services (not examined)
- Service Efforts and Accomplishments (not examined)

The accountants' report that covers the Supplementary Information for State Compliance Purposes presented in the Compliance Report Section states the auditors have applied certain limited procedures as prescribed by the Audit Guide, as adopted by the Auditor General, except for information on Employee Overtime, Contractual Payroll Employees, Center Utilization, Annual Center Statistics, and Service Efforts and Accomplishments on which they did not perform any procedures. However, the auditors do not express an opinion on the supplementary information.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
SCHEDULE OF APPROPRIATIONS, EXPENDITURES AND LAPSED BALANCES
For the Fiscal Year Ended June 30, 2007

	APPROPRIATIONS NET OF TRANSFERS	EXPENDITURES THROUGH JUNE 30, 2007	LAPSE PERIOD EXPENDITURES JULY 1ST TO AUGUST 31, 2007	TOTAL EXPENDITURES 14 MONTHS ENDED AUGUST 31, 2007	BALANCES LAPSED AUGUST 31, 2007
PUBLIC ACT 94-0798					
<u>GENERAL REVENUE FUND - 001</u>					
Personal Services	\$ 27,856,600	\$ 26,156,634	\$ 1,246,882	\$ 27,403,516	\$ 453,084
State Contributions to State					
Employees' Retirement System	3,168,900	3,015,357	143,730	3,159,087	9,813
State Contributions to Social Security	1,985,700	1,893,399	92,076	1,985,475	225
Contractual Services	2,869,400	2,516,511	341,640	2,858,151	11,249
Travel	50,700	45,938	4,711	50,649	51
Commodities	689,800	653,776	34,275	688,051	1,749
Printing	9,900	8,952	781	9,733	167
Equipment	46,500	42,014	4,417	46,431	69
Telecommunications Services	86,400	65,742	19,139	84,881	1,519
Operation of Auto Equipment	31,100	26,327	3,965	30,292	808
Expenses Related to Living Skills Program	4,600	4,560	-	4,560	40
Total	<u>\$ 36,799,600</u>	<u>\$ 34,429,210</u>	<u>\$ 1,891,616</u>	<u>\$ 36,320,826</u>	<u>\$ 478,774</u>

Note: The information reflected in this schedule was taken from the Center's records and reconciled to records of the State Comptroller.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
SCHEDULE OF APPROPRIATIONS, EXPENDITURES AND LAPSED BALANCES
For the Fiscal Year Ended June 30, 2006

	APPROPRIATIONS NET OF TRANSFERS	EXPENDITURES THROUGH JUNE 30, 2006	LAPSE PERIOD EXPENDITURES JULY 1ST TO AUGUST 31, 2006	TOTAL EXPENDITURES 14 MONTHS ENDED AUGUST 31, 2006	BALANCES LAPSED AUGUST 31, 2006
PUBLIC ACTS 94-0015 & 94-0798					
<u>GENERAL REVENUE FUND - 001</u>					
Personal Services	\$ 25,899,100	\$ 24,708,509	\$ 1,187,875	\$ 25,896,384	\$ 2,716
Employee Retirement Contributions Paid by Employer	316,300	316,284	-	316,284	16
State Contributions to State Employees' Retirement System	2,024,900	1,925,808	92,585	2,018,393	6,507
State Contributions to Social Security	1,893,900	1,800,070	87,577	1,887,647	6,253
Contractual Services	2,677,500	2,382,696	276,959	2,659,655	17,845
Travel	52,600	48,274	4,241	52,515	85
Commodities	632,100	609,394	22,350	631,744	356
Printing	9,700	9,566	41	9,607	93
Equipment	50,300	50,250	-	50,250	50
Telecommunications Services	98,200	69,009	27,511	96,520	1,680
Operation of Auto Equipment	30,200	27,583	2,215	29,798	402
Expenses Related to Living Skills Program	4,600	4,600	-	4,600	-
Total	<u>\$ 33,689,400</u>	<u>\$ 31,952,043</u>	<u>\$ 1,701,354</u>	<u>\$ 33,653,397</u>	<u>\$ 36,003</u>

Note: The information reflected in this schedule was taken from the Center's records and reconciled to records of the State Comptroller.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
COMPARATIVE SCHEDULE OF NET APPROPRIATIONS, EXPENDITURES AND LAPSED BALANCES
Years Ended June 30,

	FISCAL YEARS		
	2007	2006	2005
	P.A. 94-0798	P.A. 94-0015 94-0798	P.A. 93-0842 & 93-0681
GENERAL REVENUE FUND - 001			
Appropriations (Net of Transfers)	\$ 36,799,600	\$ 33,689,400	\$34,375,696
EXPENDITURES			
Personal Services	27,403,516	25,896,384	25,003,702
Employee Retirement Contributions Paid by Employer	-	316,284	49,996
State Contributions to State Employees' Retirement System	3,159,087	2,018,393	3,891,518
State Contributions to Social Security	1,985,475	1,887,647	1,747,061
Contractual Services	2,858,151	2,659,655	2,581,279
Travel	50,649	52,515	57,780
Commodities	688,051	631,744	603,741
Printing	9,733	9,607	9,761
Equipment	46,431	50,250	48,195
Telecommunications Services	84,881	96,520	93,107
Operations of Auto Equipment	30,292	29,798	31,170
Expenses Related to Living Skills Program	4,560	4,600	4,600
Total Expenditures	36,320,826	33,653,397	34,121,910
LAPSED BALANCES	\$ 478,774	\$ 36,003	\$ 253,786

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
DESCRIPTION OF LOCALLY HELD FUNDS
For the Two Years Ended June 30, 2007

The locally held funds of the Center are grouped into two fund categories and are nonappropriated funds.. The funds are not held in the State Treasury and are described as follows:

1. Governmental Funds

General Funds

The General Funds consist of the Living Skills Fund, Patient Travel Trust Fund, and Petty Cash account. These funds and account are used to record the activity of monies received from the State's General Revenue Fund for designated purposes.

The Living Skills Fund (SAMS fund number 1214) was established to provide behavioral modification programs for residents. The source of revenue is State appropriation. The revenue is then expended by distributing reward payments that are earned by residents by achievement of desired behavioral modifications.

The Patient Travel Trust Fund (SAMS fund number 1247) was established to provide for transportation of residents without funds. The source of revenue is the State appropriation. Expenditures are for travel costs incurred to transport indigent recipients to another facility or to their home upon discharge.

The Petty Cash account is maintained for the purpose of making change, purchasing items of small cost, payment of postage due, and for other nominal expenditures that cannot be administered economically and efficiently through the customary vouchering system. Reimbursements to the account are from State General Revenue Fund appropriations for contractual services.

Special Revenue Funds

The Special Revenue Funds consists of the DHS Other Special Trusts Fund. This fund is used to account for the proceeds of a specific revenue source that is legally restricted to expenditures for specific purposes.

The DHS Other Special Trust Fund (SAMS fund number 1139) was established to provide for the special comfort, pleasure and amusement of the residents. The primary sources of revenue for the fund is a percentage of vending machine commissions and monies donated for resident use. Also, any unclaimed Resident's Trust Fund balance of a resident separated from the Center for two years is transferred to this fund with the provision that the resident is entitled to the money upon application. These funds are then used for activities and materials to help fulfill the recipients' needs in these areas.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
DESCRIPTION OF LOCALLY HELD FUNDS
For the Two Years Ended June 30, 2007

2. Fiduciary Fund Type

Agency Fund

The Agency Fund consists of the DHS Resident's Trust Fund. Agency funds are used to account for assets held in a trustee capacity or as an agent for individuals, private organizations, other governments, or other funds.

The DHS Resident's Trust Fund (SAMS fund number 1143) is maintained as a depository for funds of residents while in residence at the Center. The fund also is used to receive Social Security monies obtained to pay for resident billings. Disbursements from the fund consist primarily of withdrawals of monies for recipients' personal use at the Center or when discharged as well as payments to the Department of Human Services Central Office for care and treatment charges billed to the recipient.

3. Proprietary Fund Type

The Proprietary Fund consists of the DHS Commissary Fund. (SAMS fund number 1140). The DHS Commissary Fund operates as a commissary for patients. The store sells candy, health and beauty aides, and other personal items to patients. The DHS Commissary Fund is a non-appropriated fund held in local bank accounts.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
SCHEDULE OF LOCALLY HELD FUNDS - CASH BASIS
June 30, 2007

	1140 DHS Commissary Fund	1139 DHS Other Special Trusts Fund	1143 DHS Resident's Trust Fund	1214 Living Skills Fund	1247 Patient Travel Trust Fund	Petty Cash Account
Balance - July 1, 2006	\$ 15,243	\$ 4,660	\$ 65,580	\$ -	\$ 2,105	\$ 810
Receipts						
Income from Sales	55,440	414				
Investment Income	17	57	1,479			
Resident Deposits			126,882			
Donations		100				
Appropriations				4,560	17,000	1,483
Unclaimed Funds		191				
Total Receipts	<u>55,457</u>	<u>762</u>	<u>128,361</u>	<u>4,560</u>	<u>17,000</u>	<u>1,483</u>
Disbursements						
Cost of Sales	46,478					
Operating Expenses	13,589					
Contractual Services						2,046
Travel					16,755	
Resident Activities		109				
Equipment		2,345				
Resident Withdrawals			127,200			
Appropriations Returned					1,769	
Living Skills Program				4,560		
Total Disbursements	<u>60,067</u>	<u>2,454</u>	<u>127,200</u>	<u>4,560</u>	<u>18,524</u>	<u>2,046</u>
Balance - June 30, 2007	<u>\$ 10,633</u>	<u>\$ 2,968</u>	<u>\$ 66,741</u>	<u>\$ -</u>	<u>\$ 581</u>	<u>\$ 247</u>

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
SCHEDULE OF LOCALLY HELD FUNDS - CASH BASIS
June 30, 2006

	1040 DHS Commissary Fund	1139 DHS Other Special Trusts Fund	1143 DHS Resident's Trust Fund	1214 Living Skills Fund	1247 Patient Travel Trust Fund	Petty Cash Account
Balance - July 1, 2005	\$ 14,448	\$ 4,283	\$ 53,472	\$ -	\$ 2,725	\$ 526
Receipts						
Income from Sales	60,160	330				
Investment Income	20	68	968			
Resident Deposits			155,710			
Donations		651				
Appropriations				4,600	19,500	2,739
Unclaimed Funds		181				
Total Receipts	<u>60,180</u>	<u>1,230</u>	<u>156,678</u>	<u>4,600</u>	<u>19,500</u>	<u>2,739</u>
Disbursements						
Cost of Sales	47,374					
Operating Expenses	12,011					
Contractual Services						2,455
Travel					17,504	
Resident Activities		853				
Resident Withdrawals			144,570			
Appropriations Returned					2,616	
Living Skills Program				4,600		
Total Disbursements	<u>59,385</u>	<u>853</u>	<u>144,570</u>	<u>4,600</u>	<u>20,120</u>	<u>2,455</u>
Balance - June 30, 2006	<u>\$ 15,243</u>	<u>\$ 4,660</u>	<u>\$ 65,580</u>	<u>\$ -</u>	<u>\$ 2,105</u>	<u>\$ 810</u>

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
SCHEDULE OF CHANGES IN STATE PROPERTY
For Two Years Ended June 30, 2007

	Land and Land Improvements	Buildings and Building Improvements	Site Improvements	Capital Lease Equipment	Equipment	Total
Balance June 30, 2005	\$ 20,000	\$ 25,039,032	\$ 5,622,836	\$ -	\$ 1,931,006	\$ 32,612,874
Additions:						
Purchases					39,746	39,746
Transfers-In:						
Intra-Agency					216,513	216,513
Capital Development Board		143,650	64,248			207,898
DAVTE Fund					180	180
Adjustments					473	473
Total Additions	\$ -	\$ 143,650	\$ 64,248	\$ -	\$ 256,912	\$ 464,810
Deductions:						
Transfers-Out:						
Intra-Agency					207,657	207,657
Surplus Property					162,536	162,536
Scrap Property					1,803	1,803
Adjustment					1,993	1,993
Total Deductions	\$ -	\$ -	\$ -	\$ -	\$ 373,989	\$ 373,989
Balance June 30, 2006	\$ 20,000	\$ 25,182,682	\$ 5,687,084	\$ -	\$ 1,813,929	\$ 32,703,695
Additions:						
Purchases					27,669	27,669
Transfers-In:						
Intra-Agency					140,353	140,353
Capital Development Board		328,340				328,340
Amusement Fund					2,345	2,345
Donations					140	140
Alternative to Restraint and						
Seclusion Grant					4,881	4,881
Adjustments					2,380	2,380
Total Additions	\$ -	\$ 328,340	\$ -	\$ -	\$ 177,768	\$ 506,108
Deductions:						
Transfers-Out:						
Intra-Agency					137,671	137,671
Inter-Agency					39,279	39,279
Scrap Property					1,876	1,876
Adjustment					377	377
Total Deductions	\$ -	\$ -	\$ -	\$ -	\$ 179,203	\$ 179,203
Balance June 30, 2007	\$ 20,000	\$ 25,511,022	\$ 5,687,084	\$ -	\$ 1,812,494	\$ 33,030,600

Note: The property balances at June 30, 2006 and 2007 have been reconciled to the property reports submitted to the Office of the Comptroller.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
COMPARATIVE SCHEDULE OF CASH RECEIPTS AND DEPOSITS
Years Ended June 30,

	FISCAL YEARS		
	2007	2006	2005
<u>RECEIPTS</u>			
Commissary Fund Salary Reimbursements	\$ 13,589	\$ 12,011	\$ 14,991
Jury Duty, Witness Fees, Military Duty	465	453	409
Copy Charges	177	130	165
Return of Patient Travel Trust Money	1,769	-	-
Return of Lump Sum for Discharge Reversal	-	-	5,679
Sale of Scrap	349	-	-
Meal Reimbursements	35	-	-
Telephone Reimbursements	-	125	862
TOTAL RECEIPTS	<u><u>\$ 16,384</u></u>	<u><u>\$ 12,719</u></u>	<u><u>\$ 22,106</u></u>
<u>DEPOSITS</u>			
Receipts Recorded by Agency	\$ 16,384	\$ 12,719	\$ 22,106
Add: Deposits in Transit - Beginning of Year	-	4	257
Deduct: Deposits in Transit - End of Year	(10)	-	(4)
Deduct: Deposits Posted by the Comptroller to Other Agencies	-	-	(5)
Deduct: Deposits posted to receipt source code 1267 - Returned Locally Held Funds	(7,320)	-	-
Add: Deposit Posted by the Comptroller Not for Agency	-	-	(1) 383
DEPOSITS RECORDED BY COMPTROLLER	<u><u>\$ 9,054</u></u>	<u><u>\$ 12,723</u></u>	<u><u>\$ 22,737</u></u>

(1) Comptroller adjustment not reflected on Center's records.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES
For the Two Years Ended June 30, 2007

Fiscal Year 2007

A comparative schedule of significant variations in expenditures (20% or more) for the fiscal years ended June 30, 2007 and June 30, 2006 are shown below:

	FISCAL YEAR ENDED		INCREASE	
	JUNE 30		(DECREASE)	
	<u>2007</u>	<u>2006</u>	<u>AMOUNT</u>	<u>%</u>
Employee Retirement Contribution				
Paid by Employer	\$ -	\$ 316,284	\$ (316,284)	(100.00)%
State Contributions to State				
Employees' Retirement System	\$ 3,159,087	\$ 2,018,393	\$1,140,694	56.51%

Employee Retirement Contributions Paid by Employer

This appropriation was virtually eliminated in fiscal year 2005. Employee retirement contributions that were paid from this appropriation were charged to Personal Services beginning in fiscal year 2005. Only a small amount was paid by the State in fiscal year 2006, as per union contract. Nothing was paid in fiscal year 2007.

State Contributions to State Employees Retirement System

The significant increase in State retirement contributions resulted from an increase in the required employer contribution rate from 7.792% in fiscal year 2006 to 11.525% in fiscal year 2007.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
ANALYSIS OF SIGNIFICANT VARIATIONS IN EXPENDITURES
For the Two Years Ended June 30, 2007

Fiscal Year 2006

A comparative schedule of significant variations in expenditures (20% or more) for the fiscal years ended June 30, 2006 and June 30, 2005 are shown below:

	FISCAL YEAR ENDED		INCREASE	
	JUNE 30		(DECREASE)	
	<u>2006</u>	<u>2005</u>	<u>AMOUNT</u>	<u>%</u>
Employee Retirement Contribution				
Paid by Employer	\$ 316,284	\$ 49,996	\$ 266,288	532.62%
State Contributions to State				
Employees' Retirement System	\$2,018,393	\$3,891,518	\$(1,873,125)	(48.13)%

Employer Retirement Contributions Paid by Employer

This appropriation was virtually eliminated for fiscal year 2005. Employee retirement contributions that were paid from this appropriation were charged to Personal Services in fiscal year 2005. Only a small amount was paid by the State in fiscal year 2006, as per union contract.

State Contributions to State Employees Retirement System

The significant decrease in State retirement contributions resulted from a decrease in the required employer contributions rate from 16.107% in fiscal year 2005 to 7.792% in fiscal year 2006.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
ANALYSIS OF SIGNIFICANT LAPSE PERIOD SPENDING
For the Two Years Ended June 30, 2007

We have reviewed lapse period spending for fiscal years ended June 30, 2007 and 2006 and have identified significant lapse period spending (10% or more). A schedule of significant lapse period spending for fiscal year 2007 is shown below:

<u>EXPENDITURE ITEM</u>	<u>Fiscal Year Ended June 30, 2007</u>		
	<u>TOTAL EXPENDITURES</u>	<u>LAPSE PERIOD EXPENDITURES</u>	<u>PERCENTAGE</u>
Contractual Services	\$2,858,151	\$341,640	11.9%
Telecom. Services	\$ 84,881	\$ 19,139	22.5%
Operation of Auto Equip	\$ 30,292	\$ 3,965	13.1%

Contractual Services

Significant lapse period spending was due to timing of goods and services (utilities, court services, laundry services, medical services) incurred near the end of the fiscal year. The invoices were received and paid during the lapse period. Sewer usage charges provided by the City of Chester are billed annually after June 30. This amount for fiscal year 2007 was \$50,357. Electrical charges for fiscal year 2007 from the University of Illinois amounted to \$52,059 and was billed and paid during the lapse period.

Telecommunications Services

Lapse period spending was due to timing of billings from the Department of Central Management Services for telecommunication services used during the fiscal year.

Operation of Auto Equipment

Lapse period spending was due to timing of billings from the Department of Central Management Services for State garage services performed during the fiscal year.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
ANALYSIS OF SIGNIFICANT LAPSE PERIOD SPENDING
For the Two Years Ended June 30, 2007

A schedule of significant lapse period spending for the fiscal year ended June 30, 2006 is shown below:

<u>EXPENDITURE ITEM</u>	<u>Fiscal Year Ended June 30, 2006</u>		
	<u>TOTAL EXPENDITURES</u>	<u>LAPSE PERIOD EXPENDITURES</u>	<u>PERCENTAGE</u>
Contractual Services	\$2,659,655	\$276,959	10.4%
Telecom. Services	\$ 96,250	\$ 27,511	28.5%

Contractual Services

Significant lapse period spending was due to timing of goods and services (utilities, court services, laundry services, medical services) incurred near the end of the fiscal year. The invoices were received and paid during the lapse period. Sewer usage charges provided by the City of Chester are billed annually after June 30. This amount for fiscal year 2006 was \$73,350. Electrical charges from the University of Illinois amounted to \$74,502 and was billed and paid during the lapse period.

Telecommunication Services

Lapse period spending was due to timing of billings from the Department of Central Management Services for telecommunication services used during the fiscal year.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
SCHEDULE OF CHANGES IN INVENTORIES
For the Two Years Ended June 30, 2007

	<u>Balance</u> <u>July 1, 2006</u>	<u>Additions</u>	<u>Deletions</u>	<u>Balance</u> <u>June 30, 2007</u>
General Stores:				
Medical Lab	\$ 4,674	\$ 53,399	\$ 53,291	\$ 4,782
Food Supplies	83,071	411,086	438,258	55,899
Household and Laundry	25,804	143,407	147,387	21,824
Other General Stores	8,925	80,367	83,310	5,982
Mechanical Stores:				
Repair and Maintenance	-	111,999	111,999	-
Other Mechanical Stores	2,207	3,430	5,052	585
Postage	2,765	8,729	10,496	998
Commissary	3,153	44,701	44,859	2,995
	<u>\$ 130,599</u>	<u>\$ 857,118</u>	<u>\$ 894,652</u>	<u>\$ 93,065</u>

	<u>Balance</u> <u>July 1, 2005</u>	<u>Additions</u>	<u>Deletions</u>	<u>Balance</u> <u>June 30, 2006</u>
General Stores:				
Medical Lab	\$ 4,786	\$ 44,311	\$ 44,423	\$ 4,674
Food Supplies	48,455	450,337	415,721	83,071
Household and Laundry	24,927	117,976	117,099	25,804
Other General Stores	8,305	76,630	76,010	8,925
Mechanical Stores:				
Repair and Maintenance	-	157,695	157,695	-
Other Mechanical Stores	1,377	5,586	4,756	2,207
Pharmacy	208,097	-	208,097	-
Postage	1,003	12,300	10,538	2,765
Commissary	3,104	48,037	47,988	3,153
	<u>\$ 300,054</u>	<u>\$ 912,872</u>	<u>\$ 1,082,327</u>	<u>\$ 130,599</u>

Note: The inventories consist primarily of commodities and medications and are valued at weighted average cost. Pharmacy inventories were transferred to the Central Office effective July 1, 2005.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
ANALYSIS OF ACCOUNTS RECEIVABLE
For the Two Years Ended June 30, 2007

The Department has accounts receivable of \$273,175, arising from operations of Chester Mental Health Center at June 30, 2007. This total represents amounts due from private assets, private insurance, Social Security Administration, etc. for resident care provided at Chester Mental Health Center. The Department of Human Services Central Office prepares and mails the monthly billing statements, receives the payments and records the revenue and receivable in their general ledger. The Patient Resource Unit at the Center is responsible for determining billing amounts and is responsible for pursuing collection of delinquent accounts. The aging of outstanding accounts receivables and determination of an allowance for uncollectible accounts are the responsibility of the Department of Human Services - Central Office.

An aging of accounts receivable as of June 30, 2007, 2006, and 2005 prepared by the Department of Human Services Central Office and forwarded to the Center is as follows:

	<u>June 30,</u>		
	<u>2007</u>	<u>2006</u>	<u>2005</u>
Current (0-3 Months)	\$68,258	\$63,023	\$141,200
Past Due (4-6 Months)	20,990	17,516	5,410
Past Due (7-12 Months)	31,736	61,039	646
Past Due (Over 12 Months)	<u>22,506</u>	<u>37,359</u>	<u>95,121</u>
Subtotal	143,490	178,937	242,377
Court Cases	<u>129,685</u>	<u>107,250</u>	<u>100,846</u>
Total	<u><u>\$273,175</u></u>	<u><u>\$286,187</u></u>	<u><u>\$343,223</u></u>

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
ANALYSIS OF OPERATIONS
For the Two Years Ended June 30, 2007

CENTER FUNCTIONS AND PLANNING PROGRAM

CENTER FUNCTIONS

The Chester Mental Health Center is a 280 bed facility located in Chester, Illinois. It is the Illinois Department of Human Services' maximum security mental health facility. The facility has been at its present location since April 13, 1976, and consists of five adult units and an infirmary. The Center's role and purpose are to provide safe and humane custody and treatment of male mentally ill and mentally retarded patients who require a maximum security mental health setting. The all male patient population is derived from two major sources: (1) those patients charged with a crime who are determined to be Unfit to Stand Trial (UST) or Not Guilty by Reason of Insanity (NGRI) and in need of a maximum security setting; and (2) those patients being treated in another Department facility who in the course of their treatment exhibit sufficient behavior management problems to require placement in a maximum security environment.

There are several primary objectives influencing and directing the development and operation of the facility's treatment programs. These are (1) to design and implement treatment services which address the forensic patient's needs and are in compliance with statutory and Department requirements; (2) to provide such treatment necessary to enable the patient to: a) be determined fit to stand trial and be returned to the committing court for disposition of any charges pending against him; or b) bring his behavior and thinking under sufficient control so that he may be transferred to another Department facility; or c) to initiate effective necessary changes in his thinking and behavior which will contribute to his eventually being able to be discharged into the community to pursue living a productive life; and (3) to use the knowledge gained from working with this type of patient to contribute to the development of improved preventive and mental health treatment programs.

The Facility Director and the Facility Director's Executive Council have developed a strategic plan which consists of written statements of the facility's goals and objectives, as well as written strategies for implementing these goals and objectives that are consistent with the overall mission and vision of the facility. Budgetary resources are allotted based upon the goals and objectives established in the strategic plan.

The Facility Director's Executive Council is also responsible for assessing the results of the facility's quality management activities. This involves regular input from facility evaluators regarding the system's operational capacities, outcome of program efforts, and reports of the effectiveness and efficiency of the operation's various components. Ongoing system functioning also includes regular reports by fiscal and accounting staff reporting on the availability of resources along with expenditures to ensure the judicious use of available resources throughout the year.

The programs are coordinated by Ms. Patricia Kelley, LCSW, Acting Hospital Administrator. The Chester Mental Health Center is located at 1315 Lehmen Drive, Chester, Illinois 62233.

CENTER PLANNING PROGRAM

Chester Mental Health Center's planning process includes:

1. Participation in the statewide Annual Plan of the Department of Human Services.
2. Internal planning on a departmentalized functional basis. This includes written documentation on policies, procedures, goals, and objectives along with a description of the methods of measuring and evaluating actual results.

The overall objective of the Center is described in its Mission Statement together with specific measurable goals located in the Governing Body Bylaws. This statement designates the Center's quality improvement program as the internal check on compliance with written goals by requiring the review of records of actual results on a sampling basis at designated intervals and to ensure a process of continuous quality improvement for the purpose of providing positive outcomes to those served. The Center has a Quality Manager who oversees this function.

The Center is also evaluated periodically by an inspection team representing the Joint Commission on Accreditation of Healthcare Organizations. To maintain its accreditation, the Center must comply with predetermined criteria established by the Commission concerning the standards of patient care services, continuing education and physical plant characteristics.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
ANALYSIS OF OPERATIONS
For the Two Years Ended June 30, 2007

AVERAGE NUMBER OF EMPLOYEES

The following table, prepared from Center records, presents the average number of employees, by function, for the past three years.

	Fiscal Year		
	<u>2007</u>	<u>2006</u>	<u>2005</u>
Rehabilitation Services	25	24	22
Adult Inpatient Services	238	254	269
Central Admissions	4	5	5
Medical, Surgical and Clinical Services	80	85	82
Staff Development	3	3	3
Superintendent's Office	2	2	2
Administrative Services	24	24	26
Engineering	16	16	14
Business Management	8	8	11
Other Support Services	66	61	62
Dietary	<u>23</u>	<u>22</u>	<u>22</u>
Total Employees	<u>489</u>	<u>504</u>	<u>518</u>

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
ANALYSIS OF OPERATIONS
For the Two Years Ended June 30, 2007

EMPLOYEE OVERTIME (not examined)

Certain employees are eligible for overtime if the hours worked during a week exceed the standard workweek hours. The standard workweek hours range from 37 ½ to 40 depending on an employee’s job classification. In most cases employees are compensated at 1 ½ times their normal hourly rate for overtime hours worked. A supervisor must approve all overtime. Certain employees may receive compensatory time off in lieu of pay depending on the position classification of the employee’s job title.

The following table, prepared from Department records presents the paid overtime and earned compensatory time incurred during last three fiscal years.

	<u>2007</u>	<u>June 30, 2006</u>	<u>2005</u>
Paid overtime hours worked during fiscal year	<u>96,013</u>	<u>77,607</u>	<u>56,797</u>
Value of overtime hours worked during fiscal year	<u>\$2,922,379</u>	<u>\$2,264,375</u>	<u>\$1,589,747</u>
Compensatory hours earned during fiscal year	<u>3,417</u>	<u>5,819</u>	<u>5,067</u>
Value of compensatory hours earned during fiscal year	<u>\$ 138,404</u>	<u>\$ 194,849</u>	<u>\$ 165,776</u>
Total paid overtime hours and earned compensatory hours during fiscal year	<u>99,430</u>	<u>83,426</u>	<u>61,864</u>
Total value of paid overtime hours and earned compensatory hours during fiscal year	<u>\$3,060,783</u>	<u>\$2,459,224</u>	<u>\$1,755,523</u>

CONTRACTUAL PAYROLL EMPLOYEES (not examined)

The Center hires some individuals to perform personal services pursuant to a contract where the individual is deemed an “employee” under IRS regulations. Some of the services provided by the contractual payroll employees were in the areas of dentists, workers compensation coordinators, optometrists, chaplains, barbers, and medical records consultants.

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
ANALYSIS OF OPERATIONS
For the Two Years Ended June 30, 2007

The following table prepared from Department records presents the number of contractual payroll employees and amount expended for contractual payroll employees during fiscal year 2007, 2006 and 2005.

	<u>2007</u>	<u>2006</u>	<u>2005</u>
Contractual Payroll Employees Paid During the Fiscal Year	<u>4</u>	<u>5</u>	<u>8</u>
Total Amount Expended for Contractual Payroll Employees During the Fiscal Year	<u>\$128,706</u>	<u>\$174,042</u>	<u>\$182,361</u>

CENTER UTILIZATION (not examined)

Chester Mental Health Center (Center) is situated on 26 acres west of Chester, Illinois. The Center has 24 buildings on its grounds. Center management has provided the information below outlining their occupancy and/or utilization of the buildings on the grounds of the Center.

<u>Building</u>	<u>Type/Use</u>	<u>Square Feet</u>	<u>Status</u>	<u>%</u>
A-1	Residential	6,860	Occupied	100%
A-2	Residential	7,652	Occupied	100%
A-3	Residential	6,860	Occupied	100%
B-1	Residential	6,860	Occupied	100%
B-2	Residential	7,652	Occupied	100%
B-3	Residential	6,860	Occupied	100%
C-1	Residential	6,860	Occupied	100%
C-2	Residential	7,652	Occupied	100%
C-3	Residential	6,860	Occupied	100%
Infirmery	Residential	6,440	Occupied	100%
D-2	Offices	7,300	Occupied	100%
D-3	Residential	6,860	Occupied	100%
E-1	Residential	6,860	Occupied	100%
E-2	Residential	7,652	Occupied	100%
E-3	Residential	6,860	Occupied	100%
F-1	Rehab Services	7,652	Occupied	100%
F-3	Staff Development Offices	6,860	Occupied	100%
Administration & Medical Diagnostics	Administration & Medical Diagnostics	29,465	Occupied	100%
Multi Purpose	Kitchen/Dining/Gym	25,279	Occupied	100%
Rehab Serv. Building	Education and Offices	19,897	Occupied	100%
Pavilion-North	Recreation/Storage	920	Occupied	100%
Outside Security Bldg. Storage Bldg.	Outside Security Storage/Vehicle Maint./ Laundry	64 7,618	Occupied	100%
Pavilion-South	Recreation/Storage	2,052	Occupied	100%

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
ANALYSIS OF OPERATIONS
For the Two Years Ended June 30, 2007

COST PER YEAR/DAY PER RESIDENT (not examined)

The following schedule represents costs per resident based upon the Department of Human Services Management Cost System. This includes costs for depreciation and an allocation of costs incurred by the Department's Central Office and other State agencies.

	Fiscal Year		
	2007	2006	2005
Cost Per Year Per Resident	*	\$158,152	\$162,413
Cost Per Day Per Resident	*	\$ 433	\$ 445

* The Department had not calculated this statistic by the close of fieldwork.

RATIO OF EMPLOYEES TO RESIDENTS (not examined)

The following comparisons are prepared from Center records for the fiscal years ended June 30:

	2007	2006	2005
Certified Capacity of Center	280	280	280
Average Number of Residents	286	278	281
Average Number of Employees	489	504	518
Ratio of Employees to Residents	1.71 to 1	1.81 to 1	1.84 to 1

REPORTED EMPLOYEE JOB INJURIES (not examined)

The following comparisons are prepared from Center records for the fiscal years ended June 30:

	2007	2006	2005
Number of Reported Employee Injuries	345	275	385

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
ANALYSIS OF OPERATIONS
FOR THE TWO YEARS ENDED JUNE 30, 2007

FOOD SERVICES (not examined)

The following table, prepared from the Center records, summarizes the number of meals served and the average cost per meal.

	Fiscal Year		
	2007	2006	2005
Meals Served	362,011	351,885	363,763
Total Food Costs	\$ 407,517	\$ 389,425	\$ 369,459
Total Labor Costs	814,463	741,333	736,339
Total Costs	<u>\$1,221,980</u>	<u>\$1,130,758</u>	<u>\$1,105,798</u>
Average Food Costs/Meal	\$1.13	\$1.11	\$1.02
Average Labor Costs/Meal	<u>2.25</u>	<u>2.10</u>	<u>2.02</u>
Total Average Cost/Meal	<u>\$3.38</u>	<u>\$3.21</u>	<u>\$3.04</u>

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CHESTER MENTAL HEALTH CENTER
SERVICE EFFORTS AND ACCOMPLISHMENTS
For the Two Years Ended June 30, 2007
(not examined)

Leadership staff at Chester Mental Health Center have made it a priority to promote the concept of patient recovery in all their endeavors with staff and patients. The members of the Leadership Council and Unit Leadership Group attended a week long training on supervision in September of 2006. This training helped develop the cohesiveness of the Leadership group facility-wide, which has enhanced their ability to effect change in the culture.

Chester Mental Health Center's efforts to reduce violence began in 2003 and have continued to grow stronger each year. During this past year we have had the good fortune to have access to monies through the SAMSHA grant with a focus on Choosing Alternatives to Seclusion/Restraint. The financial boost has enabled us to bolster our efforts through training and purchasing tools that will aide in our focus on recovery for patients. We purchased video equipment for conference rooms to be used in the group therapy process, bulletin boards for patients rooms to help personalize their private space and audio equipment for listening to music to soothe or satisfy their own personal listening preferences. Additional tools that have been implemented include Leadership Support after the Restraint/Seclusion event, which helps the team to identify potential measures that could be taken in the future to avoid the use of restraint or seclusion. The Patient Personal Safety Plan is a tool that illicit the patient's ideas on how to avoid the need for restraint or seclusion. We are beginning to organize materials that will be included in Calming Kits. A training by an outside occupational therapist, helped staff to see the validity of using sensory stimulation to assist patients in taking responsibility for their own calming activities when their emotions heighten. Restraint hours per 1000 patient hours has gone down from 6.5 per month in FYO6 to 4.3 per month. The % of patients restraint has reduced from 15 per month to 14.5 per month in FY07.

We have included the hospital's violence prevention plan in the orientation for all new employees. Additional training that has been provided over the past couple of years has been as follows: Public Health Prevention Model, Principles of Recovery, Principles of Trauma Informed Care, Effective Debriefing Methods, Use of Personal Safety Plans, Conflict Resolution, De-escalation Techniques, Culture Change, and Nonviolent Crisis Intervention Training and Team Response.

Training provided through the "Alternatives to Restraint and Seclusion" grant has helped to move us to a more recovery based culture. The first training by a consumer specialist was not received well. Employees were indignant about being asked to "respect patients when they didn't feel respected by patients or management. The second training by a specialist in consumer satisfaction on Trauma Informed Care was received well. Staff believed what the instructor had to say because she came from a similar environment and listened to what staff had to say. The training, along with the training provided by the outside occupational therapist provided a strong base of understanding on how trauma can effect a person's ability to function and it gave staff tools for helping relieve the patient's aggressive tendencies to respond. The last training by a music therapist helped all of our direct line staff see the role music can play to calm and relax patients, even in the midst of crisis. This year of training provided by grant monies has given us

information and resources to provide better care and it has helped to improve staff's attitude about the potential for recovery in our patients.

The units started holding Community Meetings on each module twice a day this past year in an effort to bring staff and patients together in an informal gathering to discuss issues and problem resolution on the living modules. The units have been charged with changing their color schemes to create a visually pleasing atmosphere. Colors were researched for their effect and painting has been completed on Unit C.

Starting in June 2005, the following classes for patients were introduced in Rehabilitation and are still currently being offered, Rage Management, Introduction to Court Proceedings class in English and in Spanish, English as a 2nd Language.

In February 2006, the Activity Therapy staff began to ready for the F-1 area for programming. The area includes music stations, listening centers, game rooms, group rooms, reading rooms, pool tables, etc. We created individual patient schedules for patients to enhance their responsibility in benefiting from programs and therapies. Bulletin boards have been installed in all patients' rooms, which can be used to display these schedules. Additional work is needed in tracking the time a patient is engaged in active treatment in order to determine further need in this area.

In June of 2006, additional resources and materials that support various group activities and therapies were ordered through grant monies. These resource materials were distributed and reviewed for use with various group activities. The Activity Therapy staff researched, developed curriculum, and began implementing groups on a weekly basis in December 2006. The current scheduling system for the Educational and Vocational programming provided the necessary tracking system for the groups led by Activity Therapy, Nursing, and Therapists. Some of the various groups that continue to meet on a regular basis include: Accepting Responsibility, Anger Management, Creative Expressions, Dialectic Behavior Therapy, Diet, Healthy Living, Hepatitis, Hypertension, Leisure Skills, Leisure Education, Life Skills, Mind & Body and Current Events Group, MISA, Self-Care, Sexually Transmitted Diseases, Stress Management, and UST - Unfit To Stand Trial Group.

The Level System has been implemented on all units and has achieved its purpose, which was to establish a standard for acceptable behavior needed in order to participate in programs in specified areas through the hospital. The Behavior Management Committee has monitored the use of behavior plans for patients with high restraint use and one member of the committee continues to perform functional behavior assessments on patients identified with severe maladaptive behaviors.

The new treatment plan process has ensured all team members contribute to the development and implementation of the patient's treatment plan. The STA's contribute by filling out Behavior Data Reports that identify the precursors to acting out type behaviors and give the treatment team additional information on the behaviors displayed by patients throughout the day on the living module. The new Shift to Shift Communication process adopted by STA's ensures patient related information is provided daily when the shifts change, which helps with continuity of care. The Director of Nursing, has developed patient specific logs for nursing staff to address all patient issues monitored by nursing at shift change.

We separated the patients who are unfit to stand trial onto Unit A in January of 2005 in order to focus on their special treatment needs and reduce their length of stay. The average length of stay per discharged patient from Unit A decreased from 6.8 months per patient discharged to 6.7 months per patient. Increased psychiatric coverage has proven effective in decreasing the length of stay for UST's. There was .5 FTE staff psychiatrist coverage added to this unit in September of 2007. The LOS for patients discharged reduced to 4.9 months for this month.

Emphasis has been placed hospital wide on improving the timeliness of paperwork completion. The treatment plan process is dependent upon the availability of current treatment plan documents and the courts are dependent upon same. Unit D-3 was opened in August of 2006, which is a 24 bed unit that is providing treatment to patients requiring assistance with taking care of their activities of daily living, walking, and eating due to physical limitations and/or dementia. Twenty additional staff were approved to hire in FY07 for this new unit. Twenty-nine have been appropriated for hiring in FY08.

In FY07 we committed to enhancing the employee recognition program. The Employee of the Month program was expanded to a second employee each month, chosen by patients through the Consumer Advisory Committee. The parking slots for these chosen employees has been moved to the front of the building, which was previous parking for Administration. Employee of the Month articles and photos have been submitted to the Chester Herald Tribune for publication starting in January of 2007.

A newsletter has been developed to act as a vehicle for promoting the hospital's vision and mission for recovery; the Acting Assistant Hospital Administrator collects the information and composes the newsletter, which was first distributed to staff on February 13, 2006. The articles have focused on recovery and provide information to staff about what is happening in the hospital. A CMHC web page has been created and includes information related to recovery and the treatment needs of our patients. It includes the Mission statement, policies, Doc Share, Employee and Patient Handbooks, minutes of committee meetings, forms and the Mental Health Code. A representative from Leadership attends each Unit Clinical Leadership meeting in the morning. The focus of this representation is to provide oversight and support in handling risk issues of concern. Communication has increased between Unit Leadership and all treatment team members who have representation in these meetings.

Annual meetings have been held with all staff since 2003 to solicit their ideas on issues such as violence reduction and the alleviation of overtime. The ideas are documented and those used to resolve problems are communicated back to staff. The Roll Out for the beginning of the grant year started with a kick-off December 14, 2006, where staff voted on the selection of projects for the grant year. The ideas chosen were as follows: Reassess Methods of Sharing Information; Better Treatment of Injured Employees; Increase Staffing; Train Staff in Violence Reduction/De-escalation; and Use Consistency with Patients/Level System. Better Treatment of Injured Employees was chosen by the STAR (Safety, Therapy and Recovery) Team, which became the new name of the steering group in November 2006. A Grant Facilitator was added in October of 2006 and helped facilitate the implementation of grant activities throughout the year.

We have completely revised the competency process. All staff are evaluated on competencies annually and we have achieved 100% compliance with the new process, effective October 19, 2007.

Staff injuries from patient aggression have decreased from 25 per month to 22 per month, from FY06 to FY07. The number of staff on extended benefits has increased slightly, but the number of light duty days lost has decreased significantly, 271 days per month FY06, to 93 days per month in FY07. The number of service connected days and leave days lost has also decreased from 679 to 560 per month from FY06 to FY07. A clerical position was added to the Worker's Compensation office in August of 2006 and a Worker's Comp Coordinator was added in February of 2007. We attribute the reduction in lost days to the addition of these two employees.

In summary, we have worked very hard over the past two years to develop a treatment environment that is both sensitive to patients' needs as well as those of staff. We are serving a difficult population whose treatment needs are extensive and require team participation and collaboration. Leadership has attempted to change their image from the group who makes all the decisions, to the group who wants input from staff before making decisions and resolving problems. A Quality Council has recently been established to oversee the quality and improvement efforts throughout the hospital. Each unit/area will have representation on the council. The council will also be used to ensure staff understand the standards set forth by JCAHO, our accrediting body, and staff have input on how we will meet the standards.