



February 2013
PE 12-22-533

AGENCY REVIEW

BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES DEPARTMENT OF HEALTH AND HUMAN RESOURCES

AUDIT OVERVIEW

Annual Per Patient Costs at Jackie Withrow Hospital Are Averaging \$26,000 More Than Comparative Services Provided at Other State Long-Term Care Facilities. As a Result, Jackie Withrow Expends \$1.5 to \$2 Million More Annually to Provide Services Than They Would Cost at Other State Facilities

The Bureau for Behavioral Health and Health Facilities Should Establish Standard Preventive Maintenance Schedules at State-Run Hospitals to Save Costs and Increase the Longevity of Equipment and Structures

The BBHBF Should Develop Standardized Reporting Forms and Reporting Requirements for Comprehensive Centers in Order to Better Gauge Center Performance and Ensure Accountability

Although the BBHBF Lists Relevant Performance Goals and Measures in the Executive Budget, Some Improvements Can Be Made to Better Gauge the Agency's Performance

The BBHBF Website Is In Need of Improvements



JOINT COMMITTEE ON GOVERNMENT OPERATIONS

Senate

Herb Snyder, Chair
Douglas E. Facemire
Brooks McCabe
Clark S. Barnes

House of Delegates

Jim Morgan, Chair
Dale Stephens, Vice-Chair
Ron Fragale
Ruth Rowan

Agency/ Citizen Members

John A. Canfield
W. Joseph McCoy
Kenneth Queen
James Willison
Vacancy

JOINT COMMITTEE ON GOVERNMENT ORGANIZATION

Senate

Herb Snyder, Chair
Ronald F. Miller, Vice-Chair
Sam Cann
Donald Cookman
Rocky Fitzsimmons
Mike Green
Evan H. Jenkins
Art Kirkendoll
Bob Williams
Jack Yost
Craig Blair
Donna J. Boley
Bill Cole
Dave Sypolt

House of Delegates

Jim Morgan, Chair
Dale Stephens, Vice-Chair
Gary G. Howell, Minority Chair
Tom Azinger
Phil Diserio
Jeff Eldridge
Ryan Ferns
William G. Hartman
Ronnie D. Jones
Dana Lynch
Brady Paxton
Margaret D. Smith
Margaret A. Staggers
Randy Swartzmiller

David Walker
Karen Arvon
Anna Border
Scott Cadle
Larry Faircloth
Michael Folk
Larry D. Kump
Joshua Nelson
William Romine
Randy Smith



WEST VIRGINIA LEGISLATIVE AUDITOR

PERFORMANCE EVALUATION & RESEARCH DIVISION

Building 1, Room W-314
State Capitol Complex
Charleston, West Virginia 25305
(304) 347-4890

Aaron Allred
Legislative Auditor

John Sylvia
Director

Denny Rhodes
Research Manager

Tina L. C. Baker
Research Analyst

Keith Brown
Referencer

CONTENTS

Executive Summary	5
Issue 1: Annual Per Patient Costs at Jackie Withrow Hospital Are Averaging \$26,000 More Than Comparative Services Provided at Other State Long-Term Care Facilities. As a Result, Jackie Withrow Expends \$1.5 to \$2 Million More Annually to Provide Services Than They Would Cost at Other State Facilities.....	9
Issue 2: The Bureau for Behavioral Health and Health Facilities Should Establish Standard Preventive Maintenance Schedules at State-Run Hospitals to Save Costs and Increase the Longevity of Equipment and Structures	25
Issue 3: The BBHBF Should Develop Standardized Reporting Forms and Reporting Requirements for Comprehensive Centers in Order to Better Gauge Center Performance and Ensure Accountability	33
Issue 4: Although the BBHBF Lists Relevant Performance Goals and Measures in the Executive Budget, Some Improvements Can Be Made to Better Gauge the Agency’s Performance.....	39
Issue 5: The BBHBF Website Is In Need of Improvements	
List of Figures	
Figure 1: Locations of State-Run Hospitals	26
List of Tables	
Table 1: Average Cost Per Patient at State-Run Long-Term Care Facilities FY 2010-2012	10
Table 2: Total Amounts Spent on Maintenance, Repair, and Improvements at State Long-Term Care Facilities FY 2010-2012.....	11
Table 3: Average Utility Costs at State Long-Term Care Facilities.....	12
Table 4: Cost Estimates for Conducting All Necessary Repairs and Upgrade at State Long-Term Care Facilities	13
Table 5: BRIM Recommendations at State-Owned Long-term Care Facilities	14
Table 6: Average Available Beds at State Long-term Care Facilities	18
Table 7: Ratings of Privately Owned and State Owned Nursing Homes (On a 1-5 Scale)	22
Table 8: The Decade of Construction of State Hospital Buildings	27
Table 9: Supplemental Capital Outlay Funds	27
Table 10: Total Maintenance, Repair, and Improvement Amounts Expended by State-Run Hospitals FY 2010-2012.....	28
Table 11: BBHBF Website Evaluation.....	47
Table 12: BBHBF Website Evaluation Score.....	48

List of Appendices

Appendix A: Transmittal Letter51

Appendix B: Objective, Scope and Methodology53

Appendix C: Jackie Withrow Hospital Mechanical, Electrical, and Plumbing Study55

Appendix D: Photographs of Jackie Wilson Hospital67

Appendix E: Jackie Withrow Hospital Loss Prevention Report75

Appendix F: Website Criteria Checklist and Points System95

Appendix G: Agency Response99

EXECUTIVE SUMMARY

The Legislative Auditor conducted an evaluation of the Bureau for Behavioral Health and Health Facilities (BBHFF) as part of the Agency Review of the Department of Health and Human Resources required by West Virginia Code §4-10-8.

Report Highlights

Issue 1: Annual Per Patient Costs at Jackie Withrow Hospital Are Averaging \$26,000 More Than Comparative Services Provided at Other State Long-Term Care Facilities. As a Result, Jackie Withrow Expends \$1.5 to \$2 Million More Annually to Provide Services Than They Would Cost at Other State Facilities.

- Operational and maintenance costs at the Jackie Withrow Hospital are relatively high.
- A contractor's evaluation estimated the cost of performing the mechanical, electrical, and plumbing upgrades and repairs needed at the facility to be \$26,975,249. This cost would not include asbestos abatement or the costs to make other structural improvements, such as floor and wall replacements.
- The Legislative Auditor evaluated all potential options for addressing the issues at the facility. Upon evaluating these options, the Legislative Auditor finds that building a new facility on the grounds of the current facility offers the most effective option.

Issue 2: The Bureau for Behavioral Health and Health Facilities Should Establish Standard Preventive Maintenance Schedules at State-Run Hospitals to Save Costs and Increase the Longevity of Equipment and Structures.

- The seven state-run healthcare facilities are all relatively old.
- Limited funding and the number and extent of necessary repairs and upgrades at the facilities has led to a reliance on reactive rather than proactive maintenance.
- The BBHFF has created a position to assist staff at the seven facilities in prioritizing and conducting maintenance.
- Though the seven facilities have preventive maintenance plans in place, these are nonspecific and vary by facility. Additionally, no preventive maintenance standard operating procedures have been developed by the BBHFF.

Issue 3: The BBHFF Should Develop Standardized Reporting Forms and Reporting Requirements for Comprehensive Centers in Order to Better Gauge Center Performance and Ensure Accountability.

- A sample of quarterly reports submitted by the 13 comprehensive behavioral health centers revealed a lack of standardization in program performance measures provided and questionable accuracy of the information submitted.

- The lack of uniformity in quarterly reporting forms inhibits the agency's ability to determine center performance and ensure accountability in the use of funds.

Issue 4: Although the BBHMF Lists Relevant Performance Goals and Measures in the Executive Budget, Some Improvements Can Be Made to Better Gauge the Agency's Performance.

- The BBHMF provides relevant performance measures in the Executive Budget.
- Maximizing the amount of services and eligible population served by the state behavioral health system is listed as a goal in the Executive Budget, but no measure of the agency's performance at meeting this goal is provided. The BBHMF can use information already provided by comprehensive centers to use as an indication of performance in this area.
- The agency lists a reduction in diversion costs as a measurable goal, but this goal is largely outside the agency's control. The BBHMF should consider replacing this goal with the goal of reducing recidivism rates at the state psychiatric hospitals, as this would give better insight into the agency's ability to achieve its mission.

Issue 5: The BBHMF Website Is In Need Of Improvements.

- The BBHMF website was updated in April 2012. The updated site is easy to navigate and includes some of the core website elements that government websites should have to be transparent and user-friendly.
- The addition of some elements, such as foreign language accessibility, a FAQ section, and mobile functionality, would further enhance the user-friendliness of the website.
- Several additions could be made to enhance the transparency of the website, including listing the physical address and phone number of the agency, providing the administrators' biographies, making the BBHMF budget information available, and providing public records such as statutes and rules and regulations.

Recommendations

1. *The Legislative Auditor recommends that the BBHMF immediately complete and submit its proposal for building a replacement facility for the Jackie Withrow Hospital.*
2. *The Legislative Auditor recommends that the BBHMF facilitate the development of comprehensive preventive maintenance schedules for the seven state-owned hospitals.*
3. *The Legislative Auditor recommends that the BBHMF continue to develop standardized reporting requirements and quarterly reporting forms for use by the 13 comprehensive behavioral health centers and enforce that the forms be filled out completely and accurately.*

4. *The Legislative Auditor recommends that the BBHFF make improvements to its performance measures as indicated in this report.*
5. *The BBHFF should consider enhancing the user-friendliness and transparency of its website by incorporating the website elements identified by the Legislative Auditor.*

ISSUE1

Annual Per Patient Costs at Jackie Withrow Hospital Are Averaging \$26,000 More Than Comparative Services Provided at Other State Long-Term Care Facilities. As a Result, Jackie Withrow Expends \$1.5 to \$2 Million More Annually to Provide Services Than They Would Cost at Other State Facilities.

Issue Summary

The state of West Virginia operates four long-term care facilities at various locations. These four facilities serve the same population, provide the same level of services, and have similar staff-to-patient ratios; yet, the Jackie Withrow facility in Beckley, West Virginia has an annual cost-per-patient that is \$26,000 higher than the other three facilities. This higher cost-per-patient results in the State paying between \$1.5 and \$2 million a year more to provide services at Withrow than they would cost at the other three facilities.

Jackie Withrow Hospital was originally built with a 655-bed capacity, but today maintains an average population of about 84 patients.

Contributing factors to the higher costs are the size of the building far exceeds its current use, and the age of the building necessitates numerous costly repairs and upgrades. The Jackie Withrow facility was originally built in the 1930s for a capacity of 655 beds. However, the facility currently serves between 80 and 90 patients at any one time. The Bureau for Behavioral Health and Health Facilities (BBHFF) recognizes the need to address this issue. There are several options that the State can consider. However, the Legislative Auditor's Office determined that building a new, size-appropriate facility on the grounds of the current facility presents the best option. **Given the \$2 million annual cost differential between the Withrow facility and the other long-term care facilities, the BBHFF needs to give this issue greater priority.**

Higher Maintenance and Utility Costs Contribute to Higher Overall Operational Costs at Jackie Withrow Hospital.

Interviews with BBHFF staff revealed that operational costs at Jackie Withrow Hospital are a concern because the size and age of the facility lead to increased utility and maintenance costs. The facility was originally built in the 1930s with a 655-bed capacity to serve as a tuberculosis sanitarium. The hospital transitioned to long-term elderly care in the 1970s. Today the facility maintains an average daily population of only about 84 patients. Because of the reduction in patient numbers, there are several floors in various sections of the building that are unused. However, because the HVAC system is an older, unzoned system, unused sections still must be heated.

The Legislative Auditor's Office evaluated the budgets and average daily censuses at the four state-run long-term facilities to see how the cost per patient at Jackie Withrow Hospital compares to the other state-run long-term care facilities. Table 1 provides these figures for the FY 2010-2012 period.

Table 1				
Average Cost Per Patient at State-Run Long-Term Care Facilities				
FY 2010-2012				
	Fiscal Year			Average FY 2010- 2012
	2010	2011	2012	
Hopemont Hospital				
Actual Expenditures*	\$8,647,233	\$8,789,283	\$9,078,680	\$8,838,399
Average Daily Census	95	94	93	94
Average Cost Per Patient	\$91,024	\$93,503	\$97,620	\$94,049
Lakin Hospital				
Actual Expenditures ¹	\$8,257,366	\$8,478,306	\$8,828,609	\$8,521,427
Average Daily Census	93	91	98	94
Average Cost Per Patient	\$88,789	\$93,168	\$90,088	\$90,681
John Manchin Sr.				
Actual Expenditures ¹	\$3,810,582	\$3,906,332	\$3,932,825	\$3,883,246
Average Daily Census	40	40	40	40
Average Cost Per Patient	\$95,265	\$97,658	\$98,321	\$97,081
Jackie Withrow Hospital				
Actual Expenditures ¹	\$9,754,873	\$9,851,716	\$10,524,187	\$10,043,592
Average Daily Census	79	84	88	84
Average Cost Per Patient	\$123,479	\$117,282	\$119,593	\$120,118
<i>Source: Costs per patient were computed by the Legislative Auditor's Office using actual expenditures from expenditure schedules and average daily census figures recorded by BBHFF (unaudited).</i>				
<i>*Actual expenditures include reappropriated funds from prior years.</i>				

These four state-run long-term care facilities are similar in the services they provide and the population they serve. The number of staff per patient at each hospital is about the same, averaging about two full-time equivalent employees per patient at each facility. Hopemont and Lakin facilities serve the same number of patients and their total expenditures and cost per patient are similar. The John Manchin facility serves a

The Jackie Withrow facility has averaged 10 fewer patients than Hopemont and Lakin over the past three fiscal years but its expenditures are higher by nearly \$1.5 million.

significantly smaller population but its expenditures are proportionately smaller as reflected in its cost per patient being similar to the Hopemont and Lakin facilities. However, the Jackie Withrow facility has averaged 10 fewer patients than Hopemont and Lakin over the past three fiscal years but its expenditures are higher by nearly \$1.5 million. Consequently, the Withrow facility’s total average cost per patient exceeds that of the other facilities by an average of over \$26,000.

The average cost per patient for the 2010-2012 period for Hopemont, Lakin, and John Manchin is \$93,937. If Withrow operated more in line with a cost per patient of \$93,937, its total expenditures would be around \$7.9 million; however, Withrow’s average actual expenditures of \$10 million for the same period are \$2.1 million higher.

One of the reasons that the Withrow facility’s expenditures are not lower in proportion to the number of patients it serves can be seen in the differences in costs for maintenance and repairs. Table 2 below provides the difference in total amounts spent on maintenance, repair, and improvements for FY 2010-2012 at Jackie Withrow Hospital versus the other three facilities. As these figures illustrate, costs at Jackie Withrow are significantly higher than the other facilities, especially Lakin and John C. Manchin Sr. This cost differential is attributed to the greater need for repairs at Withrow for the facility to remain operational.

Utility and maintenance costs are significantly higher at Jackie Withrow Hospital than at the other three state long-term care facilities.

<p align="center">Table 2 Total Amounts Spent on Maintenance, Repair, and Improvements at State Long-Term Care Facilities FY 2010-2012</p>		
Facility	Total Amount Spent* FY 2010-2012	Difference From Jackie Withrow Amount Spent
Jackie Withrow Hospital	\$ 762,099	-
Hopemont Hospital	\$ 607,420	-\$ 154,679
Lakin Hospital	\$ 120,129	-\$ 641,971
John C. Manchin Sr.	\$ 159,966	-\$ 602,133

Source: Computed by the Legislative Auditor using information from BBHMF account records (unaudited).
**Figures include reappropriated funds.*

Another factor in Jackie Withrow Hospital’s higher expenditures is utility costs. As previously mentioned, the Withrow facility has a 655-bed capacity but it serves between 79 and 90 patients. Nevertheless, sections of the building that are unoccupied must still be heated. The building is heated using natural gas, which costs on average about \$197,000 per year. Table 3 provides a comparison of the gas and electricity costs at

Jackie Withrow Hospital to that of the other long-term care facilities. As Table 3 illustrates, utility costs are significantly higher at Jackie Withrow Hospital.

Facility	Average Annual Electricity Cost FY 2011-2012	Average Annual Natural Gas Cost FY 2011-2012	Total Average Electricity and Gas Costs	Difference From Jackie Withrow Amount Spent
Jackie Withrow	\$184,664	\$197,187	\$381,851	-
Hopemont Hospital	\$ 97,046	\$106,478	\$203,524	-\$178,327
Lakin Hospital	\$163,083	N/A	\$163,083	-\$218,768
John C. Manchin Sr.	\$ 65,158	\$ 43,569	\$108,727	-\$273,124

Source: Computed by the Legislative Auditor using information provided by BBHFF (unaudited).

Although some aspects of Jackie Withrow's higher expenditures can be linked to the increased costs of maintaining the facility, some cannot. For example, not including electricity and gas expenses, annual expenditures on unclassified current expenses at the facility are about \$531,000 more on average than at the other three facilities. These costs include such expenses as contractual services, food products, medical supplies, and vehicle operating expenses. Current expenses for water and sewer are higher at Withrow by more than \$106,000 compared to the other facilities. Although some of these costs may be affected by the age and size of the facility, others, such as office expenses, which are about \$125,000 more on average at Withrow, would not.

The Jackie Withrow Hospital is relatively old and in need of numerous repairs and upgrades.

The Hospital Is in Need of Numerous Repairs and Upgrades

As discussed above, one cost concern at Jackie Withrow Hospital is maintenance and upkeep of the facility for it to remain operational. The building is relatively old and in need of numerous repairs and upgrades. The BBHFF contracted with ZDS Design/Consulting Services in 2011 to evaluate the mechanical, electrical, and plumbing systems of all seven state hospitals (long-term care, acute care, and psychiatric care) to determine the estimated costs of performing necessary repairs to these systems. Repairs identified in the evaluations may be needed to bring systems up to fire and energy code requirements, to address safety concerns, to increase

energy efficiency, or to decrease operating and maintenance costs. The evaluations do not specify whether one recommendation is more critical than another, but simply identify all systems repairs or upgrades that are needed versus systems that are adequate and in operable condition. The evaluation of Jackie Withrow Hospital is provided in Appendix C. This evaluation found that HVAC replacement, plumbing and piping replacements, ventilation upgrades, fire system upgrades, and electrical upgrades are necessary. **The total estimated cost of these repairs, not including such things as asbestos abatement, would be \$26,975,249.** Table 4 below provides the estimates for each long-term care facility. As these figures show, the estimated cost to repair Jackie Withrow is significantly higher than the estimated costs of conducting repairs at the other facilities.

Jackie Withrow	\$26,975,249
Hopemont Hospital	\$14,560,773
Lakin Hospital	\$ 6,424,634
John C. Manchin Sr.	\$ 3,681,426
<i>Source: ZDS Design/Consulting Services' Mechanical, Electrical, and Plumbing studies of each hospital.</i>	

The same company estimated the cost of building a new, appropriately-sized facility at \$20,600,803, which is less than the cost to repair the current building. The BBHMF indicates that building a new facility is preferable to attempting to further renovate and repair the current facility. The cost of building a new, smaller facility would be offset in the long run by the cost savings realized from the decrease in operational and maintenance costs.

Representatives from the Legislative Auditor's Office toured the facility to see the condition of the hospital first-hand. Appendix D provides photographs of some of the issues that were seen. Although some of these issues were among the mechanical, electrical, and plumbing systems identified in the ZDS evaluation, other issues were outside the scope of that review, such as the need for new floors and the crumbling ledges around the building's exterior. In light of the poor condition of the hospital, the Legislative Auditor's Office had concerns regarding the safety of staff and patients there. The BBHMF indicates that although upkeep and maintenance are concerns at the facility, safety is never compromised because any safety-related issue is of first priority. The Legislative Auditor consulted with the Board of Risk and Insurance

Management (BRIM) to determine if there has been any instance of injury as a result of unsafe conditions at the hospital. A review of DHHR insurance claims showed that there have been no such claims filed by or against the hospital within the last three fiscal years.

State-run healthcare facilities are inspected by BRIM, the Office of Health Facility Licensure and Certification (OHFLAC), and the State Fire Marshal. BRIM inspections are conducted to identify hazardous conditions or practices that can cause property or liability losses and increase insurance costs for facilities. OHFLAC conducts Life Safety inspections of the four state-run nursing homes to ensure compliance with the National Fire Safety Protection Association's Life Safety Code. Complaint investigations of hospitals are conducted as necessary. The State Fire Marshal conducts inspections to ensure compliance with the State Fire Code. The Legislative Auditor evaluated the most recent reviews of Jackie Withrow Hospital by BRIM, OHFLAC, and the Fire Marshal to see whether safety issues exist.

BRIM Inspections

Recommendations made by BRIM based on inspections fall into three categories: Critical, Important, and Desirable/Maintenance. The most recent inspection report for Jackie Withrow Hospital, dated April 26, 2012, listed a total of 26 recommendations to be corrected. Of these 26 recommendations, 3 were Critical, 18 were Important, and 5 were Desirable/Maintenance. As a comparison, Table 5 provides summary information for the most recent inspections for all four state-run long-term care facilities.

Facility	Inspection Date	Recommendation Type ¹			Total
		Critical	Important	Desirable/Maintenance	
Hopemont	6/27/12	0	1	2	3
Jackie Withrow	4/26/12	3	18	5	26
John Manchin	4/12/12	0	1	0	1
Lakin	6/27/12	0	4	3	7

Source: Totals computed by the Legislative Auditor's Office using BRIM inspection reports for each facility, conducted by Aon Global Risk Consulting.

¹Figures include new recommendations and any outstanding recommendation from prior reports.

As Table 5 illustrates, the number of BRIM recommendations at the Withrow facility exceeds that of the other three long-term care

facilities. Additionally, Jackie Withrow is the only hospital with Critical recommendations. These Critical recommendations included the need for carbon monoxide alarms, that updated fire doors be installed, and that gas lines be properly covered.

BRIM reports also show compliance with recommendations from prior inspections. Jackie Withrow Hospital had eight outstanding recommendations. Five of these were from the 2011 BRIM inspection, one was from a 2010 inspection, and two were from a 2007 inspection. Of the eight outstanding recommendations, seven were Important and one was Critical. The Critical recommendation has been corrected and plans are in place to correct one Important outstanding recommendation, contingent on the release of state paving funds. Additionally, comments from the BRIM report indicate that major improvements have been made toward completing another Important recommendation. One of the unaddressed recommendations was that loss prevention inspections be conducted, while the other four pertained to repairs or upgrades that need to be made at the facility. There was no indication that plans are underway to address these four recommendations. The BRIM inspection report is provided in Appendix E.

State Fire Marshal Inspections

The most recent Fire Marshal inspection report for Jackie Withrow Hospital, dated January 18, 2012, found three violations:

1. The sprinkler piping system in the basement and “A” wing do not comply with National Fire Safety Association standards.
2. Electrical boxes are unsecured.
3. Panic hardware on doors is installed incorrectly.

Two of these violations were new, while one was an uncorrected violation from a previous report. The uncorrected violation, related to sprinkler piping standards, was from a February 2009 inspection, which means it had gone unaddressed for almost three years as of the January 2012 fire inspection. It should be noted that the State Fire Marshal has authority to order the closure of a facility if violations exist that pose immediate danger to building inhabitants. For example, the state Rehabilitation Center in Institute was closed by order of the State Fire Marshal in 2011 because of electrical and structural problems.

OHFLAC Inspections

OHFLAC’s Long Term Care program conducts annual Life Safety inspections of the state-run nursing homes. The most recent inspection of Jackie Withrow Hospital, dated December 2, 2011, found 16 violations. Comparatively, Hopemont and Lakin Hospitals were found to comply with all provisions of the Life Safety Code in the most recent evaluations

of those facilities and John Manchin Sr. Health Care Center had seven violations. Of the 16 violations at Withrow Hospital, 7 pertained to practices, such as the use of portable space heaters in patient rooms and a lack of documentation for smoke detector testing, rather than problems with the facility itself. The nine relevant violations included inoperable latches on doors, unsealed or incompletely sealed smoke barrier walls, a lack of sprinkler coverage in the facility's walk-in freezer, inoperable emergency lighting, etc. As of February 16, 2012, the hospital had taken corrective action on all the identified violations.

BRIM, State Fire Marshal, and OHFLAC inspections of Jackie Withrow Hospital reveal that there are numerous issues at the facility; however, none of these issues has necessitated drastic measures such as closure by the State Fire Marshal. Additionally, there have been no instances of litigation as a result of safety violations at the facility in the last three years. Upon review of these inspections, the Legislative Auditor's primary concern is cost-related rather than safety-related. In order to comply with recommendations made by these inspecting agencies, numerous repairs and upgrades have been and will need to be made. For example, to comply with the uncorrected Critical recommendation from its last BRIM inspection, the hospital has replaced 50 doors and is currently awaiting the release of money from a state-funded paving program to comply with an Important recommendation from that inspection as well. In order to comply with Critical and Important recommendations from the most recent inspection, the hospital has performed some upgrades and repairs, including the installation of new carbon monoxide detectors in all patient rooms and repair of the fire alarm panel. Additionally, there are plans in place to update the sprinkler system in the hospital basement and install a new fire door, among other things. Over \$762,000 has been spent on maintenance and repairs at Jackie Withrow Hospital over the last three fiscal years, averaging a little over \$254,000 per year. While the current facility remains in use, repair and maintenance costs will continue to add up.

BRIM, State Fire Marshal, and OHFLAC inspections of Jackie Withrow Hospital reveal that there are numerous issues at the facility; however, none of these issues has necessitated drastic measures such as closure by the State Fire Marshal. Additionally, there have been no instances of litigation as a result of safety violations at the facility in the last three years.

Given the Additional \$2 Million to Operate the Jackie Withrow Hospital Annually, the BBHFF Should Give Greater Priority to Addressing This Issue.

A decision will have to be made regarding how to deal with the issues at Jackie Withrow Hospital. The facility is inefficient to run due to its excess capacity and the aged heating system. Numerous repairs and upgrades have been identified that should be made to bring the mechanical, electrical, and plumbing systems up to code requirements and to increase efficiency. Additionally, there are structural repairs that are needed as a natural result of an aging building, such as floor replacement and wall repairs. The Legislative Auditor's Office attempted to consider all possible options in order to ensure the most effective and cost-efficient

recommendation. The possible options include the following:

- close the hospital and move patients to other state facilities,
- close the hospital and move patients to private facilities,
- repair the current facility,
- relocate to another existing building,
- build a new facility,
- privatization of long term care services at Jackie Withrow Hospital,
or
- take no additional action at this time.

These options are discussed in further detail below.

Option 1: Repair the Current Facility

As previously discussed, the BBHMF contracted with a consulting company in 2011 to evaluate the mechanical, electrical, and plumbing systems at the hospital and determine the estimated costs of performing all necessary repairs. This evaluation found that the facility needs HVAC replacement, plumbing and piping replacements, ventilation upgrades, fire system upgrades, and electrical work. The total estimated costs of these repairs, not including such things as asbestos abatement, would be \$26,975,249. As the list of recommendations in Appendix C illustrates, four of the eight recommended upgrades are necessary to correct code violations. Although recommendations four and six do not address code violations, upgrading the kitchen ventilation system would provide a more sterile environment for food preparation and upgrading the existing lighting in the facility would save on energy, operating, and maintenance costs.

It is important to note that the cost estimate above is for mechanical, electrical, and plumbing repairs only. As previously discussed, there are other repairs that are needed at the facility as well, such as wall repairs and floor replacement. Although the maintenance staff at the hospital may be able to continue patching the floors and walls for the foreseeable future, at some point major repairs will become necessary. In light of the age of the facility and the growing list of repairs and upgrades the facility needs, the Legislative Auditor does not consider repairing the current facility to be the most effective option.

Option 2: Close the Hospital and Move Patients to Other State Facilities

Jackie Withrow Hospital is one of four state-run long-term care facilities. Additionally, Welch Community Hospital in Welch, WV has a Long-Term Care Unit. A critical factor to consider in deciding to close

In light of the age of the facility and the growing list of repairs and upgrades the facility needs, the Legislative Auditor does not consider repairing the current facility to be the most effective option.

the facility and move its patients to the other hospitals is whether these hospitals have the available space to accommodate them. As Table 6 illustrates, the other four facilities have a combined average availability of about 39 beds, which means they would be unable to accommodate the average of 84 patients served at Jackie Withrow.

Hospital	Average Daily Census (FY 2010-2012)	Capacity	Average Empty Beds
Hopemont Hospital	94	98	4
Lakin Hospital	94	114	20
John Manchin Sr	40	41	1
Welch Community Hospital Long Term Care Unit	45	59	14
Total	273	312	39

Source: Computed by the Legislative Auditor's Office using average daily census figures provided by BBHBF and capacities reported on hospital websites.

Expanding one of the other facilities to accommodate the Jackie Withrow patients may be a more cost-efficient option than repairing or rebuilding the Jackie Withrow facility. Lakin Hospital, for example, has the potential for significant expansion on its grounds. A cost estimate would have to be requested in order to determine the exact cost of such an expansion.

While it may be possible to make an addition to one of the other facilities to increase its capacity, accessibility is a factor. Patients are typically admitted to the facility nearest their family unless they need to be placed in another facility due to a lack of bed availability or choose placement at another facility for some other reason. If Jackie Withrow Hospital were to close, Welch Community Hospital's Long-Term Care Unit would be the only state-run nursing home serving the southern region of the state. As an example, should someone from Princeton require the services offered at one of the state facilities, he or she could currently be placed at Jackie Withrow Hospital and their loved ones could visit them after driving approximately 45 minutes. Welch is only a slightly farther drive, at about 55 minutes. The next closest facility would be Lakin Hospital, which is located in West Columbia, a 2 hour, 45 minute

Expanding one of the other facilities to accommodate the Jackie Withrow patients may be a more cost-efficient option than repairing or rebuilding the Jackie Withrow facility, however, accessibility is a factor. If Jackie Withrow Hospital were to close, Welch Community Hospital's Long-Term Care Unit would be the only state-run nursing home serving the southern region of the state.

drive from Princeton. If this person were placed in the farthest facility, Hopemont Hospital in Terra Alta, he or she would be approximately four hours from their home.

Option 3: Close the Hospital and Move Patients to Private Facilities

Another potential option would be for the BBHMF to contract with private facilities to provide services to Jackie Withrow patients. The average cost-per-patient at a private facility in West Virginia is about \$85,000 per year, which is less than the average of about \$120,118 per patient at Jackie Withrow Hospital. Additionally, there are about 41 private nursing homes within 75 miles of Beckley, so it is possible that, between them, they would have enough vacancies to accommodate the average of 84 Withrow patients without placing an excessive travel burden on the families.

However, often the reason individuals are in Jackie Withrow and the other three state-run long-term care facilities is because they have special placement needs such as behavioral or developmental disabilities that private facilities are either unable or unwilling to serve and treat. The BBHMF indicates that staff members at the state-run hospitals have skills in managing difficult behavior and certain diagnosis areas that private nursing homes seldom encounter. Additionally, the agency indicates that private sector facilities tend to focus on skilled care that is billed to Medicare rather than the long term support services offered at the state facilities. Because the state-run hospitals often admit patients that have been denied by private facilities, even if the BBHMF were able to assist private facilities in developing the resources required to serve Jackie Withrow patients, it is not certain the facilities would want to do so.

Staff members at the state-run hospitals have skills in managing difficult behavior and certain diagnosis areas that private nursing homes seldom encounter. Additionally, private sector facilities tend to focus on skilled care that is billed to Medicare rather than the long term support services offered at the state facilities.

Option 4: Relocate to Another Existing Building

The BBHMF consulted with the West Virginia Real Estate Division (Division) to determine if an existing structure in the same general geographic location is available that would meet the needs for a replacement facility. The Division indicated that it could not provide an alternative. There is no long-term care facility located in central West Virginia, so the Legislative Auditor’s Office considered the possibility of the Division locating an already existing building in a more geographically centralized location. However, relocating to a building outside of the southern region of the state would result in the same accessibility issue as moving patients to another state-run facility. Moving the facility to a location in the center of the state would mean placing it in a more sparsely populated area, resulting in more patient families having to drive greater distances to visit loved ones.

The West Virginia Real Estate Division was unable to provide an alternative facility in the same general geographic location that would meet the requirements for a replacement facility.

Option 5: Build a New Facility

A new, smaller facility would better meet the hospital's needs and would save on the operational costs currently spent to run the larger facility. A new facility would also have fewer upkeep and maintenance needs than the older building currently in use. Building a separate facility in a different location on the grounds of the current facility would enable the hospital to remain in use until the new building is constructed, preventing a disruption in services. An estimate by ZDS Design/Consulting Services places the cost of a replacement facility at approximately \$20,600,800, which is over \$6 million less than the cost to make the necessary repairs to the current facility.

However, it is important to note that given the amount of money required to construct a new facility, it is possible that the State might have to borrow money through issuing bonds to pay for the construction. Issuing bonds would add interest expenses to the total construction costs of a new facility. Additionally, there would be some costs associated with the old facility such as demolition costs if the building is to be torn down, or short-term costs to maintain the old facility while options are considered.

The estimated cost of building a replacement facility is less than the estimated cost to repair the current facility.

Option 6: Privatization of Long-Term Care Services

Thirty-nine of the 50 states have state-run nursing homes, including all 5 of the surrounding states. Studies concerning the privatization of state healthcare services in general and long-term care specifically provide conflicting data regarding the results of privatization. Although no cost-benefit analysis of privatization of a state-run nursing home could be found, several studies have been conducted of privatization of county-owned nursing homes. The findings of these studies are that privatization typically leads to improved financial performance, including increased productivity of services, increased profits, and cost savings, although there have been some cases of reverse privatization in which the privatized service actually ended up costing more.

As previously discussed, the average cost-per-patient at a private facility in West Virginia is about \$85,000 per year, which is about \$35,000 less than the \$120,118 average per patient at Jackie Withrow Hospital. Although a private facility serving the number of special needs patients housed at Jackie Withrow Hospital might have a higher cost-per-patient than the typical private facility, it is unlikely that the cost increase would be \$35,000 per patient, so it is possible that private ownership could lead to a significant cost savings.

Another important factor in the discussion of privatizing nursing home services is the quality of care that patients receive. Opponents

to privatizing long-term care services argue that there is a decrease in the quality of care offered by private companies, while proponents make the opposite argument, indicating that quality of care is improved by privatization. The Legislative Auditor’s Office sought to determine whether there is a difference in quality of long-term care service offered by private facilities versus state-owned facilities using data in the Nursing Home Compare database maintained by the Centers for Medicare and Medicaid Services (CMS). This database provides a five-star quality rating system for all nursing homes in the United States, on which nursing homes are rated on a 1-5 star scale. Each home is assigned an overall rating based on the nursing home’s score on each of three performance measures, which are described below. Each of these performance measures receives its own five-star rating.

- Health inspections – The rating for this measure is based on the number, scope, and severity of deficiencies found on the most recent three annual inspections conducted at the facility and findings from the most recent 36 months of complaint investigations.
- Staffing – Facilities are rated on two staffing measures, total staffing hours, which takes into account Registered Nurse, Licensed Practical Nurse, and nurse aide hours per day, and Registered Nurse hours per day.
- Quality measures - Nursing homes are evaluated based on their performance on nine quality measures that describe the quality of care provided at the facility. These include the percentage of long-term residents:
 - whose need for help with daily living activities has increased,
 - with pressure sores,
 - with a catheter inserted and left in their bladder,
 - physically restrained,
 - with a urinary tract infection,
 - who self-report moderate to severe pain, and
 - who experience one or more falls with major injury.

Privately run nursing homes rank lower than state government-run nursing homes on the CMS star scale.

And the percent of short-term residents:

- with pressure sores that are new or worsened and
- who self-report moderate to severe pain.

Table 7 below provides a comparison of the average ratings in each area for privately owned nursing homes, including non-profit and for-profit ownership, and state owned nursing homes. As these figures illustrate,

state owned facilities rank higher in all performance measures, with an overall score of 3.7 compared to a score of 3.1 for private facilities. The most significant rating differences are in total nurse staffing and RN staffing, with state facilities rating 1.3 and 1.1 stars higher, respectively.

Ownership Type	Private	State Government	Difference
Overall Star Rating	3.1	3.7	-0.6
Health Inspections	2.8	3.0	-0.2
Nurse Staffing	3.1	4.4	-1.3
RN Only Staffing	3.2	4.3	-1.1
Quality Measures	3.4	3.7	-0.3

Source: Averages computed by the Legislative Auditor’s Office using data provided in the Centers for Medicare and Medicaid Services’ Nursing Home Compare database, available at www.data.medicare.gov.

Option 7: Take No Additional Action at This Time

The agency could choose to continue using the current facility as it has been doing, making delayed repairs as funding is available or emergency repairs as circumstances necessitate. Under this option, the facility would continue to operate inefficiently, spending roughly \$2 million more to operate than other state long-term care facilities. The systems and structure would continue to degrade with age. It is not possible to estimate how long the facility could continue operating in this manner, but at some point in the future the state of the hospital’s disrepair would force the agency to take action. Because high operating and repair costs would continue to be paid and the cost of whatever course of action is ultimately chosen will likely increase in the meantime, the agency would likely end up spending more in the long-run than if immediate action had been taken.

If the agency takes no action at this time, it is likely that more money will be spent in the long-run than if immediate action had been taken.

Conclusion

The Legislative Auditor’s Office took numerous factors into account in evaluating the options available to the BBHFF in dealing with inefficiency and repair issues at Jackie Withrow Hospital, including cost and potential cost-savings, location and access for patients and patients’

families, and quality of services offered to patients. Another factor that should be noted is that closing Jackie Withrow Hospital could result in a loss of jobs. The hospital currently employs 191 full-time equivalent employees. Some of the options available could maintain all or most of these jobs.

Upon evaluating the available options, the Legislative Auditor's Office finds that the best option for addressing the issues at the Jackie Withrow Hospital and the needs of its patients is to build a new, more size-appropriate facility on the grounds of the current facility. The BBHMF also indicates that this is the preferable option. The cost of building a new, smaller facility would be offset in the long run by the cost-savings brought by the decrease in operational and maintenance costs. Although the agency has been developing a proposal for this project for some time, the proposal has not been finalized and no action has been taken. Because the higher costs of operating Withrow are substantial, and repairing the current facility continues to add up the longer the facility is in use, it is recommended that the BBHMF give greater priority to obtaining a more cost-efficient facility.

The Legislative Auditor's Office finds that the best option for addressing the issues at the Jackie Withrow Hospital and the needs of its patients is to build a new, more size-appropriate facility on the grounds of the current facility.

Recommendation

1. *The Legislative Auditor recommends that the BBHMF immediately complete and submit its proposal for building a replacement facility for the Jackie Withrow Hospital.*

ISSUE 2

The Bureau for Behavioral Health and Health Facilities Should Establish Standard Preventive Maintenance Schedules at State-Run Hospitals to Save Costs and Increase the Longevity of Equipment and Structures.

Issue Summary

The BBHBF provides administrative oversight to seven state-owned hospitals, most of which are housed in relatively old buildings. Limited funding and the number and extent of necessary repairs and upgrades at the facilities have led to a reliance on reactive rather than proactive maintenance. Though the BBHBF has created a position to assist staff at the state-owned facilities in prioritizing and conducting maintenance projects, no preventive maintenance schedules have been developed by the BBHBF for facilities to follow. Additionally, the preventive maintenance plans used at facilities tend to be non-specific. Over \$7,000,000 was expended at the seven state-owned facilities for improvements, maintenance, and repairs over the last three fiscal years (2010-2012). In order to save on repair costs, the Legislative Auditor recommends that the BBHBF develop standard preventive maintenance operating procedures and assist staff at the seven facilities in developing comprehensive preventive maintenance schedules.

Maintenance at State-owned Hospitals Has Been Conducted Reactively Rather Than Proactively

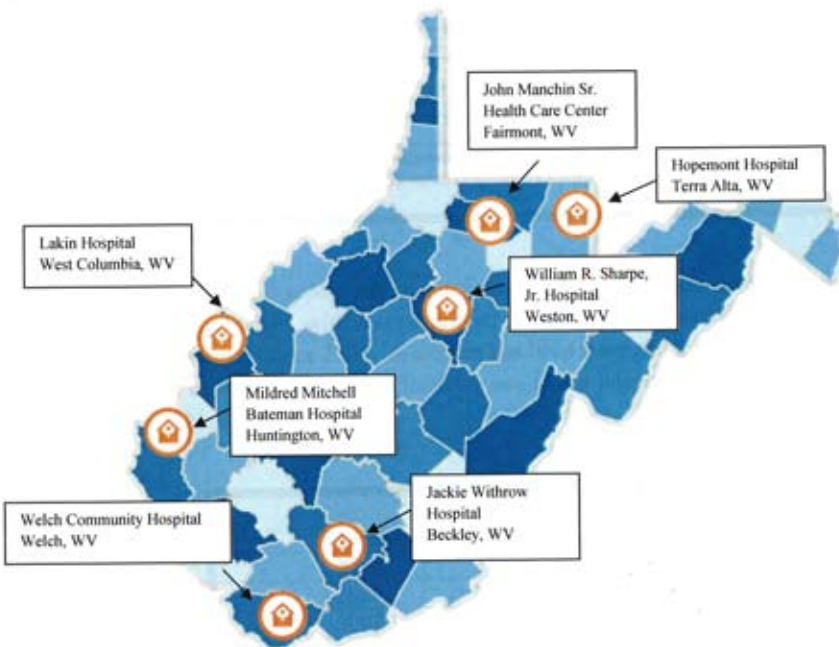
The BBHBF operates seven state-owned hospitals. These include:

- Two acute psychiatric hospitals that provide inpatient psychiatric treatment for mentally ill adults in the state:
 - Mildred Mitchell-Bateman Hospital in Huntington, WV
 - William R. Sharpe Hospital in Weston, WV
- Four long-term care facilities that provide geriatric services to those requiring long-term and behavioral health care who are not served by traditional health care systems:
 - Hopemont Hospital in Terra Alta, WV
 - Jackie Withrow Hospital in Beckley, WV
 - John Manchin, Sr. Health Care Center in Fairmont, WV
 - Lakin Hospital in West Columbia, WV

- One acute medical hospital that provides health care services with an emphasis on prevention and education to rural southern West Virginia:
 - Welch Community Hospital in Welch, WV

The map below provides the locations of these hospitals in the state.

Figure 1
Locations of State-Run Hospitals



Source: BBHBF website www.dhhr.wv.gov/bbhf. Text added by the Legislative Auditor's Office

The BBHBF indicates that maintenance and upkeep are a concern at the hospitals due to the age of the structures and limited resources with which to conduct repairs. As Table 8 illustrates, most of the facilities are old, with two being constructed in the 1930s.

Hospital	Decade(s) of Construction ¹
Hopemont	1930, 1940, 1950
Jackie Withrow	1930, 1940
John Manchin Sr.	1980
Lakin	1950, 1970, 1990
Mildred Mitchell-Bateman	1950, 1970
Welch	1980
William R. Sharpe Jr.	1990

Source: ZDS Design/Consulting Services' Mechanical, Electrical, and Plumbing studies of each hospital.
¹*Multiple construction decades indicate additions to original buildings or the construction of additional buildings at a facility complex.*

Prior to 2006, all repair and maintenance costs at the seven hospitals came from each facility's operating budget, with reappropriated funds being used when there were shortages to perform major repairs. Since 2006, an amount has been budgeted by the Legislature each year in a supplemental capital improvement fund for use at the hospitals. The amounts budgeted are illustrated in Table 9.

Year	Amount
2006	\$ 6,000,000
2007	\$ 2,000,000
2008	\$ 2,000,000
2009	\$ 2,000,000
2010	\$ 1,000,000
2011	\$ 950,000
2012	\$ 6,950,000 ¹
2013	\$ 950,000
Total	\$21,850,000

Source: BBHFF account records (unaudited)
¹*This figure includes a supplemental appropriation of \$6 million from surplus general revenue.*

The most common expenditures from this account are roof repair/replacement and heating, ventilation, and air conditioning (HVAC) system repair/replacement. Other projects funded include lot repaving; drainage repair; asbestos inspections, removal, and abatement; building demolition; ductwork; fire door replacement, etc. A large HVAC renovation project taking place at Sharpe Hospital has largely monopolized funding for the last several years, and the BBHFF indicates that ongoing repairs at Sharpe Hospital will likely be requiring all \$950,000 budgeted for FY 2013. Total amounts expended by each hospital for maintenance, repairs, and improvements in the most recent three fiscal years are provided in Table 10 below. It should be noted that these figures reflect expenditures only and do not include committed amounts.

Hospital	Amount Expended ¹			
	FY 2010	FY 2011	FY 2012	Total
Hopemont	\$ 279,290	\$150,636	\$ 177,494	\$ 607,420
Jackie Withrow	\$ 213,408	\$200,869	\$ 347,822	\$ 762,099
John Manchin Sr.	\$ 45,083	\$ 77,019	\$ 37,864	\$ 159,966
Lakin	\$ 14,866	\$ 42,506	\$ 62,756	\$ 120,129
Mildred Mitchell Bateman	\$1,040,330	\$133,289	\$ 249,196	\$1,422,815
Welch	\$ 95,993	\$110,972	\$ 144,054	\$ 351,019
William R. Sharpe Jr.	\$ 428,106	\$102,342	\$3,105,049	\$3,635,497
Total	\$2,117,077	\$817,632	\$4,124,235	\$7,058,944

Source: BBHFF account records (unaudited)
¹Amounts are rounded to the nearest dollar.

The BBHFF indicates that funding limitations cause maintenance goals at facilities to be reactive rather than proactive, necessitating a focus on fixing what is currently in need of repair rather than conducting preventive maintenance. However, the agency has taken steps to ensure the cost-effective use of maintenance funds. The BBHFF created a Health Facilities Surveyor position in March 2011 to provide oversight of maintenance and renovation at BBHFF-run facilities in order to help address maintenance and upkeep needs as efficiently as possible. Smaller, day-to-day projects are typically handled by hospital CEOs, CFOs, or

The BBHFF indicates that funding limitations cause maintenance goals at facilities to be reactive rather than proactive, necessitating a focus on fixing what is currently in need of repair rather than conducting preventive maintenance. However, the agency has taken steps to ensure the cost-effective use of maintenance funds.

maintenance managers, with the Health Facilities Surveyor overseeing larger projects. Included among the duties of this position are assisting staff at facilities in planning construction, maintenance renovation, and preventive maintenance projects; prioritizing projects needed at facilities; and making recommendations for cost effectiveness.

Improved Preventive Maintenance Schedules Based on Standard Operating Procedures Could Save Costs and Increase Longevity of Equipment and Structures at State Hospitals

The Legislative Auditor's Office asked the Department of Administration (DOA) and divisions of the Department of Military Affairs and Public Safety (DMAPS) whether these agencies are able to handle maintenance and upkeep at the facilities under their direction proactively and, if so, what procedures they have in place for doing so. There is variance among the agencies in terms of both ability and procedures in place to maintain facilities. Two agencies indicate that they have preventive maintenance schedules in place for proactively maintaining facilities, although the plans at one are extensive and detailed while plans at the other vary in depth and implementation by facility. One agency utilizes a full-time staff member to oversee and advise facilities on maintenance issues and one is the process of creating such a position. The agency responses are as follows:

- DOA:

All Department of Administration owned and managed facilities have preventive maintenance schedules for heating and cooling systems, electrical, plumbing, lighting, filters, drains, and other essential building systems. Preventive maintenance is also scheduled in connection with both grounds and custodial work. There are standard operating procedures in place to direct staff on the preventive maintenance process as well. Preventive maintenance schedules are maintained and updated in a database that issues 'work order alerts' for each item of preventive maintenance to be done. This allows DOA to monitor project inventory needs and determine resource

allocation. In addition, DOA schedules Board of Risk and Insurance Management (BRIM) Inspections to evaluate all facility systems on an annual, or as needed basis.

- DMAPS, Division of Juvenile Services (WVDJS):
Our Central Office directs each of our facilities to be proactive in regards to on-going maintenance issues. We have quality assurance monitors that routinely inspect facility maintenance and safety needs as well as a full time staff person that oversees and gives advice and recommendations on building and maintenance issues. The majority of our buildings were constructed after the year 2000 and most in fact were constructed after 2004 so maintenance issues have not been extremely prevalent, although even in newer buildings problems can arise.
- DMAPS, Regional Jail and Correctional Facility Authority (WVRJA):
Currently each individual facility has a preventive maintenance plan in place. These plans have been developed by the maintenance staff at each facility and vary greatly in their depth and implementation. The WVRJA is currently in the process of implementing an Asset Planning Department. This Department, headed by a yet-to-be-hired Director of Asset Planning will, in part, be responsible for streamlining best practices policies and procedures as they pertain to preventive maintenance.
- DMAPS, Division of Corrections (WVDOC):
The WVDOC approaches its maintenance needs in a very proactive fashion as we identify and prioritize projects/needs. With that said, certainly budget restrictions make this a challenge. The WVDOC has some structures that are well over 100 years old. The challenges

are many and based on unforeseen developments; our priority list can change in an instant. Commissioner Rubenstein is constantly meeting with his Director of Administration, Construction Manager, and others to identify maintenance needs, what corrective action is required, and the associated cost(s)...The WVDOC works closely with BRIM, State Fire Marshall's Office and State and Local Health Departments. The WVDOC takes immediate corrective action when needs are identified. Some of these are affected and impacted due to budgetary limitations. WVDOC submits requests through the proper channels for budget consideration.

The hospitals have preventive maintenance plans in place; however, those plans are non-specific and vary by facility. The BBHMF has not created schedules for preventive maintenance to be followed by all facilities and does not track or document preventive maintenance at facilities.

Maintenance activities at the state-owned hospitals involve many of the same actions taken at DOA and DMAPS facilities. Reviews and inspections conducted by the State Fire Marshall, BRIM, and OHFLAC play a large role in determining the projects undertaken at BBHMF-controlled facilities. Additionally, the BBHMF has a staff person in place to oversee maintenance and upkeep at the facilities like WVDJS has and WVRJA is in the process of establishing. The hospitals also have preventive maintenance plans in place; however, similar to the preventive maintenance plans at WVRJA, those plans are non-specific and vary by facility. The BBHMF has not created schedules for preventive maintenance to be followed by all facilities and does not track or document preventive maintenance at facilities.

The Operations and Maintenance Best Practices Guide published by the United States Department of Energy indicates that an adequate preventive maintenance program can increase the life cycle of equipment and systems, result in energy savings, reduce the risk of equipment failures, and result in a 12-18 percent cost savings over reactive maintenance. Large amounts of money have been and will need to be spent in the future to maintain the seven state-owned hospitals.

Conclusion

In order to ensure that existing structures and systems last as long as possible and that any upgrades that are made at facilities are sustained in peak condition, state-owned facilities should have detailed and thoroughly utilized preventive maintenance schedules. Therefore, **the Legislative Auditor recommends that the BBHMF assist in the**

development of comprehensive preventive maintenance schedules for the seven state-owned hospitals.

Recommendation

2. *The Legislative Auditor recommends that the BBHBF facilitate the development of comprehensive preventive maintenance schedules for the seven state-owned hospitals.*

ISSUE 3

The BBHMF Should Develop Standardized Reporting Forms and Reporting Requirements for Comprehensive Centers in Order to Better Gauge Center Performance and Ensure Accountability.

Issue Summary

The Legislative Auditor sought to evaluate the performance of the 13 comprehensive behavioral health centers funded and overseen by the BBHMF. However, upon sampling the quarterly reports submitted by the centers, it was found that a comparative evaluation was not possible due to the lack of standardization in program performance measures provided by centers. Although the agency indicates that evaluation of these forms is only a portion of the monitoring of centers that the agency conducts, the Legislative Auditor finds that the agency cannot adequately determine center performance without requiring the reporting of accurate, complete data. Reliable reporting is also essential to ensuring accountability of centers. Reports issued by the United States Department of Health and Human Services Office of Inspector General have found that the risk of fraudulent Medicare billing may be high at some community mental health centers in the country and called for increased fraud prevention controls by the Centers for Medicare and Medicaid Services. Though these reports did not discuss the risk for fraud and abuse in the administration of grant funds such as those managed by the BBHMF, it is equally as important to guard against the potential for abuse of funds from these programs. In order to ensure the accuracy and uniformity of program data, to enable the agency to gauge program performance easily and effectively, and to ensure the accountability of comprehensive centers, the BBHMF should develop standardized reporting requirements and quarterly report forms for use by comprehensive centers. Additionally, the BBHMF may consider providing training to instruct centers on the use of these forms to ensure the accuracy of information that is provided.

The Legislative Auditor Sought to Evaluate the Performance of the 13 Comprehensive Behavioral Health Centers

As discussed in further detail in Issue 4, one of the functions performed by the BBHMF is to provide funding and oversight of the state's 13 comprehensive behavioral health centers. The BBHMF strives to ensure preventive and educative services at the community level to avert the sort of crises that lead to individuals being committed to one of the state facilities, along with services to reintroduce those released from these facilities back into the community in a way that prevents readmission. When comprehensive centers receive funding through the BBHMF to perform these services, they sign a Grant Agreement that

details the specific services to be provided using the grant funds, the goals and measurable objectives of these services, and the outputs and performance measures the grantee is expected to document.

The services provided vary between comprehensive centers, although there are services that are common to all 13. There are various reports that must be submitted daily, monthly, quarterly, and annually by the centers, depending on the type of services offered. The Legislative Auditor requested quarterly reports submitted by the comprehensive centers for FY 2012 in order to evaluate the centers' performance. The following program reports were chosen as a sample:

- Care Coordination
- Substance Abuse Outpatient Services and Intensive Outpatient Services (Adolescent)
- Substance Abuse Outpatient Services and Intensive Outpatient Services (Adult)

Care Coordination was selected because this is one of the services offered by all centers. This program is targeted toward individuals who need to be assessed for or have been diagnosed with mental illness, substance abuse, developmental delay, or a co-occurring disorder and are at risk for psychiatric admission or other out-of-home placement. The substance abuse outpatient services were selected because the Division on Alcoholism and Drug Abuse within the BBHFF is the single state authority responsible for preventing, treating, rehabilitating, researching, and planning for substance abuse-related services. As such, performance in this area is of particular importance.

There is a lack of standardization in quarterly reports submitted by comprehensive centers and some reports contain unreliable data.

Variance Exists in the Content and Reliability of Reports Submitted Quarterly by Comprehensive Centers

Upon evaluating the reports submitted, the Legislative Auditor's Office found that a comparative evaluation of program outcomes would not be possible due to a lack of standardized reporting and data reliability issues. Of the reports sampled, only Care Coordination is reported using a standard form. Though there were some instances of centers submitting Care Coordination data in another way, the standard forms are typically utilized. However, the information provided is not always reliable. For example, the form requests information concerning the number of unduplicated individuals evaluated for Care Coordination services, the number of unduplicated individuals evaluated who were deemed eligible for services, and the number of unduplicated individuals deemed eligible who accepted and were enrolled in the services. The information provided by Healthways, Inc. for the third and fourth quarters was eliminated from the data compiled for Issue 4 of this report because that comprehensive

center indicated that the number of individuals deemed eligible for services who accepted and were enrolled was larger than the number of individuals deemed eligible for services. Other figures were missing from Issue 4 because no Care Coordination report had been submitted for that quarter or the Care Coordination data had been submitted in another layout besides the standard form and was missing figures required to be submitted on the form.

There are no standardized forms for reporting quarterly substance abuse outpatient performance measures. Different centers provided different information and some centers that provide outpatient substance abuse services did not submit any quarterly information concerning these programs. Though there may be variances in statements of work between centers offering different programs, the BBHMF indicates that the agency has been moving toward standardization of these agreements because *“programs throughout the state should be operating in a similar fashion so that program data can be trended and evaluated.”* In order to enable the BBHMF to evaluate these programs, centers should be reporting the same information in a standardized way.

It is important that comprehensive centers conduct programs effectively for multiple reasons. It is essential that state and federal funds be expended for the most efficient and effective methods of prevention, rehabilitation, and education. It is also important that the centers perform in a way that helps the BBHMF meet its goals and mission. Finally, it is important at the individual level that people who come to the comprehensive centers for assistance receive effective treatment. In order to determine whether the centers are meeting these objectives, the BBHMF must be able to measure their performance.

The agency indicates that centers are monitored frequently and in several ways. Invoices and fiscal reports are evaluated to ensure funds are being used appropriately, grant agreement reports are evaluated, and staff from various sections within BBHMF conduct onsite visits to evaluate how specific programs are performing. For example, staff from the Substance Abuse division would visit adolescent substance abuse programs to perform evaluations of those programs. While fiscal monitoring and site visits are important in evaluating the effectiveness of programs and ensuring funds are administered appropriately, it is equally important that centers demonstrate the specific measurable objectives detailed in the grant agreements that they sign. **Based on the sample of reports evaluated by the Legislative Auditor’s Office, it does not appear that centers are reporting these measures as required or that the BBHMF is evaluating them as necessary to ensure adequate performance and accountability.**

This is of particular concern in light of findings reported by the Department of Health and Human Services Office of Inspector General

in August 2012 and January 2013. These reports found that there is an increased risk for fraud and abuse in Medicaid billing at some community mental health centers in the country and called for increased fraud prevention controls by the Centers for Medicare and Medicaid Services. West Virginia was not identified as one of the states where questionable activity had occurred and these reports did not address the risk for fraud in the administration of grants such as those handled by the BBHMF; however, the findings of these reports help stress the importance of ensuring accountability of comprehensive centers. The BBHMF must be able to monitor the required quarterly reports submitted by centers in order to prevent the risk of fraud and abuse.

The agency indicates that it annually reviews and seeks to improve on reporting data and requirements. Standardizing reports would ensure that the same information is being received for each center, enabling the BBHMF to better gauge the performance of each program at each center and ensure accountability in the use of grant funds. Therefore, **the Legislative Auditor recommends that the BBHMF develop standardized reporting requirements and quarterly reporting forms for use by the 13 comprehensive behavioral health centers and enforce that the forms be filled out completely and accurately.** The BBHMF may also consider offering training to instruct centers on how to submit data in order to ensure that forms are being completed correctly and the information provided is accurate.

The BBHMF must be able to monitor the required quarterly reports submitted by centers in order to prevent the risk of fraud and abuse.

Conclusion

The 13 comprehensive behavioral health centers perform a very important role in the state's mental health system. Therefore, it is vital that the programs administered by these centers be conducted as effectively as possible. A sample of reports submitted by centers revealed much variation in the completeness and reliability of information provided. Although the agency indicates that it reviews these reports as part of the monitoring process, it does not seem possible that the performance of centers could be evaluated using these data. This is of particular concern because studies have shown a potential for fraud and abuse in the administration of funds at comprehensive centers. The BBHMF indicates that the agency reviews and improves on reporting data and requirements every year. The Legislative Auditor finds that incorporating standardization of reporting requirements and quarterly report forms to be used by centers into the agency's data improvement methods would enable the agency to gauge program performance at the comprehensive centers more easily and effectively and help ensure accountability.

Recommendation

3. *The Legislative Auditor recommends that the BBHMF continue to develop standardized reporting requirements and quarterly reporting forms for use by the 13 comprehensive behavioral health centers and enforce that the forms be filled out completely and accurately.*

Issue 4

Although the BBHFF Lists Relevant Performance Goals and Measures in the Executive Budget, Some Improvements Can Be Made to Better Gauge the Agency's Performance.

Issue Summary

The state budget process requires agencies to submit performance goals and measures in order to increase accountability and provide insight into how well the agency is doing in achieving its mission. The BBHFF lists goals and measures in the Executive Budget that are relevant to its mission, but there are a few areas that can be improved. For example, one of the goals it listed is to “maximize the amount of services and eligible population that are served by the behavioral health system in West Virginia.” However, the agency did not provide any measure of the agency’s performance in this area, and the goal to “maximize” needs to be more specific. One way to measure performance for this goal would be to show what percentage of those who apply and are eligible for services actually enroll in a program, and “maximization” would be specified as enrolling at least 90 percent of eligible applicants. The agency also lists the goal to reduce diversion costs and redirect funds to community-based services. However, the agency has limited control in reducing diversion costs, which explains why it has had difficulties achieving the goal. The agency should also consider measuring recidivism rates and determine an appropriate goal.

The BBHFF Mission Statement Is Determined Administratively

The West Virginia Department of Revenue requires state agencies to submit division-level performance measures as part of the appropriation request process. Other information reported includes the agency’s mission statement, goals, and objectives. Although appropriations are not based on the performance measures reported by agencies, performance measures are required to ensure accountability and to aid agencies in making informed allocation decisions in order to better achieve their goals. The Legislative Auditor has observed that many state agencies have not provided adequate performance goals or measures in the *Operating Details* of the state’s Executive Budget. In some cases, the performance measures are not strongly tied to the agency’s overall mission, while in other cases the list of performance measures is incomplete. In addition, state agencies often do not provide goals or benchmarks for their performance measures. Without a performance goal or benchmark, a performance measure does not indicate whether performance is good or needs improvement.

The BBHBF states its mission as follows:

Bureau for Behavioral Health and Health Facilities

The BBHBF ensures that positive meaningful opportunities are available for persons with mental illness, chemical dependency, and developmental disabilities and ensures that those at risk are placed in the most appropriate setting. The bureau provides support for families, providers, and communities in assisting persons to achieve their potential and gain greater control over the direction of their future.

The Legislative Auditor examined the agency’s mission statement to determine if the agency’s focus is statutorily supported. The performance of an agency is tied to what the agency considers its mission. Therefore, the mission should be clearly understood by the agency and it should not be more or less than what is statutorily required. The Legislative Auditor’s evaluation of what the agency considers its mission statement is shown in the following table.

BBHBF’s mission statement is:	
fully supported by statute.	
not supported by statute.	
less than statutorily required.	
more than statutorily mandated.	
determined administratively as allowed by statute.	X

The BBHBF is not specifically created in West Virginia Code (W.Va. Code), but carries out duties assigned to the Secretary of the Department of Health and Human Resources (DHHR) in various code sections. Although the BBHBF’s duties and mission are not defined in statute, the DHHR Secretary is given the statutory authority to determine the mission administratively in W.Va. Code §5F-2-2(a)(2), which assigns the power to:

Cause the various agencies and boards to be operated effectively, efficiently and economically and develop goals, objectives, policies and plans that are

necessary or desirable for the effective, efficient and economical operation of the department.

The primary sources of BBHMF's functions are sections of W.Va. Code §26 – State Benevolent Institutions, and W.Va. Code §27 – Mentally Ill Persons. W.Va. Code §26 establishes the management of state-owned hospitals. W.Va. Code §27 details various responsibilities pertaining to mental health programs, including:

- establishing programs for alcoholism and drug abuse treatment, education, and prevention;
- directing mental health facilities;
- administering of National Mental Health Act funds;
- developing a public mental health education program;
- establishing comprehensive community mental health centers; and
- performing duties pertaining to the involuntary hospitalization of patients.

The policy statement of this chapter as detailed in W.Va. Code §27-1A-1 is to

...improve the administration of the state hospitals, raise the standards of treatment of the mentally ill and intellectually disabled in the state hospitals, encourage the further development of outpatient and diagnostic clinics, establish better research and training programs, and promote the development of mental health.

The BBHMF also performs other duties assigned to DHHR in W.Va. Code. These include such responsibilities as the administration of a safety and treatment program for individuals whose licenses have been revoked for drug or alcohol-related driving offenses W.Va. Code (§17C-5A-3), administering the Family Support Program assisting families caring for family members with developmental disabilities in their homes W.Va. Code (§49-4A), and assisting with the compilation of the state mental health registry W.Va. Code (§61-7A).

Some Improvements Are Needed to Provide a Better Gauge of the Agency's Performance

The BBHBF provided the following goals, objectives, and performance measures for the FY 2013 Executive Budget:

- Maximize the amount of services and eligible population that are served by the behavioral health system in West Virginia.
- Develop and implement within the next two to four years a strategic plan to redesign the behavioral health system that includes realigning and redefining behavioral health services, as well as the funding mechanisms to reimburse for services.
- Improve upon the quality of behavioral, long-term care, and psychiatric services to consumers, and incorporate best practices within the service delivery system.
 - Reduce the number of restraint/seclusion events at William R. Sharpe Jr. Hospital and Mildred Mitchell Bateman Hospital by five percent per year.

Fiscal Year	Actual 2009	Actual 2010	Estimated 2011	Actual 2011	Estimated 2012	Estimated 2013
Percentage change of restraint events	(3.65%)	(41.14%)	(5.00%)	(21.15%)	(5.00%)	(5.00%)
Number of restraint events	739	435	413	343	326	310
Percentage change of seclusion events	(72.58%)	217.65%*	(5.00%)	(74.07%)	(5.00%)	(5.00%)
Number of seclusion events	17	54	51	14	13	12

Source: State of West Virginia FY 2013 Executive Budget

*In 2010 William R. Sharpe Jr. and Mildred Mitchell-Bateman hospitals saw a significant increase in seclusion events because of the types of clients being served. As the forensic population increased, William R. Sharpe Jr. and Mildred Mitchell-Bateman hospitals had to seclude more patients.

- Reduce the overcrowding at state-owned psychiatric facilities to comply with the Hartley Mandate.

- Oversee the two-year construction of an additional 50 forensic beds at William R. Sharpe Jr. Hospital – to be completed by the end of FY 2013.
- Increase the state capacity for community-based treatment and recovery services for substance abuse and/or substance abuse with co-occurring disorders.
 - Oversee the construction of a 16 bed facility (to be completed by February 2012) on the grounds of Jackie Withrow Hospital for the treatment and recovery of women who are pregnant or have dependent children.
- Develop cost control measures to maximize use of available resources.
 - Maintain overtime at the seven state-owned hospitals as a percentage of total salary cost at a level not to exceed five percent.

Fiscal Year	Actual 2009	Actual 2010	Estimated 2011	Actual 2011	Estimated 2012	Estimated 2013
Overtime to total salaries*	7.90%	7.00%	5.00%	8.08%	5.00%	5.00%

Source: State of West Virginia FY 2013 Executive Budget
**Due to vacancies and unexpected illnesses in a 24/7 care environment, the staff at the seven state-owned hospitals required significant overtime in order to meet mandated staff-to-patient ratios.*

- Reduce diversion costs to \$8 million in FY 2012, and redirect savings (up to \$2 million) to increase community-based services (per Hartley Mandate).

Fiscal Year	Actual 2009	Actual 2010	Estimated 2011	Actual 2011	Estimated 2012	Estimated 2013
Diversion costs (millions)	\$9.22	\$12.46	\$8.00	\$13.06	\$8.00	\$8.00

Source: State of West Virginia FY 2013 Executive Budget

The goals provided by the BBHFF in the Executive Budget and the indicators used to measure the agency’s success at achieving some of these goals relate back to the agency’s mission of assisting those with

mental health issues. As the figures above illustrate, the agency has been meeting its goals of restraint and seclusion reduction, but has not been meeting overtime and diversion cost reduction goals. Reductions in the number of seclusions and restraints illustrate the quality of service that patients receive, although, as the footnote regarding the increase in forensic patients indicates, this is not a measure that is fully within the control of hospital staff. Overtime costs are a major issue at the state facilities, both in terms of cost and quality of care for patients. Reductions in overtime mean cost-savings, decreases in overwork of staff, and, by extension, increases in the quality of care received by patients. Reducing diversion costs to redirect funds to community-based services is a measure that is not completely within the control of the BBHMF. Since state code requires the BBHMF to take patients committed by the court, facilities must either overbed when they are at capacity or divert patients to other facilities. However, redirection of diversion cost-savings to community services would mean that more people are being helped in the community rather than being committed, so, to the extent that BBHMF can affect diversion costs, this is an indication of the amount of services available to individuals with mental health issues and how well these people are being served. Agency goals need to be realistic and achievable. To be achievable, the goal must be significantly controlled by the agency. Since diversion costs are to a large extent outside the BBHMF's control, the agency should consider substituting this performance goal with an achievable goal.

Since diversion costs are to a large extent outside the BBHMF's control, the agency should consider substituting this performance goal with an achievable goal.

One important function performed by BBHMF is oversight and funding of the State's comprehensive behavioral health centers (Comprehensive Centers). Grant agreements signed by the comprehensive centers require that certain information pertaining to the performance of programs offered at the centers be reported. The BBHMF could utilize figures that are already being reported by comprehensive centers to gauge the agency's success at providing services to those who need them.

For example, Care Coordination is a service that is common to all the centers. This program addresses emergent needs of individuals diagnosed with mental illness, substance abuse, developmental delay, or co-occurring disorders who are at risk for psychiatric inpatient admission in order to maintain their stability and prevent hospitalization. Quarterly reports provided by comprehensive centers to BBHMF include figures for Care Coordination services. Among these figures are the number of individuals deemed eligible for service, and the number of individuals deemed eligible for service that accepted and were enrolled.

The BBHMF lists "Maximize the amount of services and eligible population that are served by the behavioral health system in West Virginia" as a goal in the Executive Budget, although no measures are provided to gauge accomplishment of this goal. One way to gain insight

into whether the eligible population is being served would be to look at the percentage of eligible individuals who accept Care Coordination services. Evaluating the change in number or percentage of eligible individuals receiving services from year to year would determine whether the goal of increasing the eligible population served by the behavioral health system is being met.

The BBHMF strives to provide community-based services to consumers in order to maintain their quality of life in the community rather than in a facility. Comprehensive centers offer prevention and early intervention to prevent admission into the state hospitals and provide assistance in assimilating those who have been committed back into the community to prevent readmission. As such, recidivism rates at the state facilities can provide insight into how successful the BBHMF is at meeting its mission and is an additional measure that should be considered for the Executive Budget.

Conclusion

For the most part the BBHMF has provided useful performance goals and measures. However, to provide a better understanding of the agency's performance, a few of the goals and measures should be improved, and one should be substituted with recidivism rates at state facilities, which is a more meaningful measure. The agency has the means to measure its success at maximizing the amount of services and eligible population that are served by the State's behavioral health system using figures already reported by comprehensive centers. The agency should utilize this information to provide performance information in the Executive Budget. Goals that are listed should be accompanied by some measure on how the agency is performing in achieving stated goals. In addition, goals should be specific instead of using broad and immeasurable definitions. Goals should also be within significant control of the agency so that the goals are realistic and achievable.

Recommendation

4. *The Legislative Auditor recommends that the BBHMF make improvements to its performance measures as indicated in this report.*

Recidivism rates at the state facilities can provide insight into how successful the BBHMF is at meeting its mission and is an additional measure that should be considered for the Executive Budget.

ISSUE 5

The BBHMF Website Is In Need Of Improvements.

Issue Summary

The Legislative Auditor’s Office conducted a literature review of government website assessments and, using this information, developed a list of attributes that should be considered for state agency websites. The most common elements in previous studies were applied to establish a set of criteria used to measure how the Bureau for Behavioral Health and Health Facilities (BBHMF) website supports online citizen engagement (see Appendix F). Some of the elements included on the checklist should be included on every state agency website while others may not be necessary or practical for some agencies. The scope of this website evaluation was limited to the main BBHMF website. Other related sites, such as those for the seven state facilities administrated by BBHMF, were not evaluated. BBHMF piggybacks on a West Virginia Office of Technology contract with West Virginia Interactive to host the BBHMF website and the site is maintained by staff within the BBHMF Data Division.

The website checklist has two major components, User-friendliness and Transparency, which were evaluated to create a total score for the agency. As illustrated in Table 12, BBHMF integrates 38% of the checklist items within its website. This score indicates that improvements can be made to the agency’s website.

Substantial Improvement Needed	More Improvement Needed	Modest Improvement Needed	Little or No Improvement Needed
0-25%	26-50%	51-75%	76-100%
	BBHMF 38%		

Source: The Legislative Auditor’s review of the BBHMF website.

The BBHHF Website Scores Low in User-Friendliness and Transparency

In order for a citizen to actively engage with an agency online, he or she must first be able to access and comprehend information on the agency's website; therefore, government websites should be designed with citizens in mind. A user-friendly website is readable and allows a citizen to easily navigate from page to page. Government websites should also be transparent and provide citizens with confidence and trust in the agency. Transparency promotes accountability and provides information for citizens about what the government is doing. As illustrated in Table 13, the BBHHF website's score indicates improvements needed in both user-friendliness and transparency.

Table 12
BBHHF Website Evaluation Score

Category	Possible Points	Agency Points	Percentage
User-Friendly	18	8	44
Transparent	32	11	34
Total	50	19	38

Source: Legislative Auditor's assessment of the BBHHF website.

The BBHHF Website Could Benefit From Additional Elements to Enhance User-Friendliness

West Virginia Interactive updated the BBHHF website in April 2012. The updated site is easy to navigate and includes some of the core website elements such as a site map, which acts as an index of the entire website, and a search box on every page. Users can access the homepage by clicking on the home button on the navigation bar on any page of the website or browse the website's content using the site map. However, some citizens may not easily comprehend the language used on the website. A report done by the Brookings Institute determined that government websites should be written at an 8th grade reading level to facilitate readability. Readable, plain language helps the public find information quickly, understand the information easily and use the information effectively. According to the Flesch-Kincaid Test for measuring readability, on average, the BBHHF website text is on a 9th grade reading level.

West Virginia Interactive updated the BBHHF website in April 2012. The updated site is easy to navigate and includes some of the core website elements.

User-Friendly Considerations

Some key attributes that the BBHFF might consider incorporating into its website in order to enhance user-friendliness are:

- **Foreign Language Accessibility** - A link to translate all webpages into other languages other than English.
- **FAQ Section**- A page that lists the agency's most frequently asked questions with responses.
- **Mobile Functionality** – A mobile version of the agency website.

The BBHFF Website Could Benefit From Additional Content Elements to Enhance Transparency

A website that is transparent will have elements such as email contact information, the location of the agency, the agency's phone number, budget information, and performance measures. A transparent website also allows interaction between the agency and citizens concerning a host of issues. Appendix F demonstrates that the BBHFF website has less than half of the core elements that are necessary for a general understanding of the agency.

Transparency Considerations

The BBHFF website has some elements of transparency, but as with the user-friendly section, it could benefit from improvements. The following are a few attributes that could be beneficial to the BBHFF in increasing its transparency:

- **Physical address and phone number of the agency** – General agency contact information should be easily located on the website.
- **Administrator(s) Biography** – Biography explaining the professional qualifications and experience of the commissioner and other administrators.
- **BBHFF Budget**- A link to the annual BBHFF budget.
- **FOIA Information** – Information on how to submit a BBHFF FOIA request, ideally with an online submission form.
- **Public Records** – Information relating to the agency's function, such as statutes, rules and regulations, contracts, and grants.
- **Agency History** – A page explaining how the agency was created, what it has done, and how, if applicable, its mission has changed over time.
- **Website Updates** – A website update status, ideally for every page.

The BBHFF website has some elements of transparency, but as with the user-friendly section, it could benefit from improvements.

- **BBHFF Performance Measures-** A link from the homepage providing the agency’s goals and performance measures.

Conclusion

As internet technology continually advances and allows for greater accessibility, state agencies are utilizing websites to engage citizens as active participants in the government process. Although, recent updates to the BBHFF website have made the site easy to navigate, it is missing several elements that would enhance the availability of information to citizens. In order to increase user-friendliness and transparency, the agency should consider incorporating elements such as foreign language accessibility, a FAQ section, budget and performance measure information, and applicable public records.

Recommendation

5. *The BBHFF should consider enhancing the user-friendliness and transparency of its website by incorporating the website elements identified by the Legislative Auditor.*

Appendix A: Transmittal Letter

WEST VIRGINIA LEGISLATURE *Performance Evaluation and Research Division*

Building 1, Room W-314
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305-0610
(304) 347-4890
(304) 347-4939 FAX



John Sylvia
Director

January 25, 2013

Damon Iarossi, Chief Financial Officer
Bureau for Behavioral Health and Health Facilities
350 Capitol Street, Room 350
Charleston, WV 25301


Dear Mr. Iarossi:

This is to transmit a draft copy of the Performance Review of the Bureau for Behavioral Health and Health Facilities. This report is scheduled to be presented during the February 10-12, 2013 interim meetings of the Joint Committee on Government Operations and Joint Committee on Government Organizations. We will inform you of the exact time and location once the information becomes available. It is expected that a representative from your agency be present at the meeting to orally respond to the report and answer any questions the committees may have.

We need your written response by noon on February 1, 2013 in order for it to be included in the final report. If you would like to schedule an exit conference to discuss any issues you may have with the report, please contact Tina Baker at 304.347.4890. If your agency intends to distribute additional material to committee members at the meeting, please contact the House Government Organization staff at 304.340.3192 by Thursday, February 7, 2013 to make arrangements.

We request that your personnel not disclose the report to anyone not affiliated with your agency. Thank you for your cooperation.

Sincerely,


John Sylvia

Enclosure

c: Brian M. Cassis, Director, Office of Internal Control and Policy Development
Craig Richards, Deputy Commissioner, Bureau for Behavioral Health and Health Facilities

Joint Committee on Government and Finance

Appendix B: Objective, Scope and Methodology

The Performance Evaluation and Research Division (PERD) within the Office of the Legislative Auditor conducted this performance review of the Bureau for Behavioral Health and Health Facilities (BBHFF) as part of the Agency Review of the Department of Health and Human Resources as required and authorized by the West Virginia Performance Review Act, Chapter 4, Article 10, of the *West Virginia Code*, as amended. The purpose of the BBHFF, as established in West Virginia Code §27-1A-1, is to improve the administration of state hospitals, improve the standards of treatment of the mentally ill and intellectually disabled, encourage the development of outpatient and diagnostic clinics, establish mental health and alcohol and drug abuse research and training programs, and promote the development of mental health.

Objectives

The objectives of this review are to determine: 1) what action should be taken to address the high costs of operating and maintaining the Jackie Withrow Hospital, 2) if the agency is properly scheduling preventive maintenance at the seven state-owned healthcare facilities, 3) if the 13 comprehensive behavioral health centers funded and overseen by the BBHFF are providing complete, uniform, and consistent reports to the agency, 4) if the BBHFF reports performance measures in the State's Executive Budget that are relevant and meaningful, and 5) if the BBHFF website is user-friendly and transparent.

Scope

The scope of this review primarily focused on the 13 comprehensive behavioral health centers throughout the state for which the BBHFF provides funding and oversight, and the 7 state-run healthcare facilities overseen by the BBHFF, which consist of 4 long-term care facilities, 2 psychiatric facilities, and 1 acute care hospital. With respect to the 13 comprehensive behavioral health centers, the focus was on whether or not these centers are providing information in quarterly reports that will help the agency determine if the centers are meeting grant requirements. The scope was narrowly focused on a sample of quarterly reports submitted by comprehensive centers but did not involve an audit of the information provided. With respect to the seven state-run healthcare facilities, the scope of this review consisted of the operational and maintenance costs and maintenance needs at the four long-term care facilities overseen by the BBHFF, and the preventive maintenance plans in place at all seven healthcare facilities and BBHFF oversight of these plans. The scope also included BBHFF's performance measures and goals listed in the 2013 Executive Budget, and the user-friendliness and transparency aspects of the BBHFF website.

PERD staff used cost and patient daily census data for the four long-term care facilities for FY 2010-2012; facility inspection information for FY 2006-2013; budgeted capital outlay fund information for FY 2006-2013; expenditures on maintenance, repair, and improvements by the seven state healthcare facilities for FY 2010-2012; FY 2013 quarterly reports submitted by the 13 comprehensive behavioral health centers; performance measures reported in the 2013 Executive Budget; and the content of the BBHFF website as of January 2013.

Methodology

Testimonial evidence gathered for this review through interviews with the BBHFF's staff or other agencies was confirmed by written statements and in some cases by corroborating evidence. Where possible, cost and expenditure information provided by the agency was verified against other sources, such as information acquired from WVFIMS by the Legislative Auditor's Office. To determine the difference in cost per patient between the four long-term care facilities, the Legislative Auditor obtained actual expenditures from the Expenditure Schedules and average daily censuses reported by hospitals to the agency, which were then used to compute average costs per patient at each facility. Actual expenditures and daily patient census data were considered to be sufficient and appropriate. Physical evidence in the form of photographs was collected by PERD at the Jackie Withrow Hospital in Beckley, WV in order to document the physical state of the building and repairs that are needed there.

Sampling was used in evaluating the information provided to the BBHFF by the 13 comprehensive behavioral health facilities. Reports for three programs were selected as a sample based on one program being universal to all centers and two programs pertaining to substance abuse programs, which are of particular importance given that the BBHFF is the single state authority responsible for substance-abuse-related services. The information provided by the centers was not audited to confirm accuracy or performance outcomes, but was evaluated strictly for consistency, uniformity, and completeness.

The agency's performance measures reported in the Executive Budget were evaluated to determine whether the agency is providing meaningful and relevant measures in accordance with generally accepted standards for performance goals and measures. No evaluation was conducted to confirm the accuracy of the performance measures listed.

In evaluating the Board's website, the Legislative Auditor conducted a literature review of government website studies and performed a review of top ranked government websites and groups that rate government websites in order to establish a master list of elements that would increase citizen engagement. The Brookings Institute's "2008 State and Federal E-Government in the United States" and the Rutgers University's 2008 "U.S. States E-Governance Survey (2008): An Assessment of State Websites" helped identify the top ranked states in regards to e-government. The Legislative Auditor identified three states (Indiana, Maine and Massachusetts) that were ranked in the top 10 in both studies and reviewed all 3 states' main portals for trends and common similarities in transparency and open government. The Legislative Auditor also reviewed a 2010 report from the West Virginia Center on Budget and Policy that was useful in identifying a group of core elements from the master list that should be incorporated into every state and local website to increase their transparency and e-governance. It is understood that not every item listed in the master list is to be found in a department or agency website because some of the technology would not be practical or useful for some state agencies. Therefore, the Legislative Auditor is recommending that an agency or department determine if it is progressing in step with the e-government movement that is emphasizing transparency and user-friendliness.

This performance audit was conducted in accordance with generally accepted government auditing standards. Those standards require that the audit is planned and performed to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. The Legislative Auditor believes that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix C: Jackie Withrow Hospital Mechanical, Electrical, and Plumbing Study

JACKIE WITHROW HOSPITAL
MECHANICAL, ELECTRICAL AND PLUMBING STUDY
Prepared for
WEST VIRGINIA DEPARTMENT OF
HEALTH AND HUMAN RESOURCES

June 29, 2011



ZDS DESIGN/CONSULTING SERVICES

91 Smiley Drive
St. Albans, WV 25177
Phone (304) 755-0075 Fax (304) 755-0076

June 29, 2011

Greg Nicholson, Chief Operations Officer
WVDHHR
One Davis Square
Suite 100, Room 116
Charleston, WV 25301

RE: Jackie Withrow Hospital Preliminary MEP Renovation Recommendations

FACILITY DESCRIPTION

The original hospital Unit "A" (49,102 ft²) was constructed in the early 1930's with additions as follows: Unit "B" built in 1937 with the Kitchen, Cafeteria and Auditorium added in 1940 (69,125 ft²); Unit "C" (32,500 ft²) in 1938; and Unit "D" (57,408 ft²) in 1941. The facility has been renovated numerous times and most recently includes the alteration of the 4th floor of unit "B" for an isolation area, the alteration of the entire 4th floor of unit "D" for use by the West Virginia Division of Corrections, and boiler plant upgrades which are currently under construction.

The purpose of this report is to evaluate the Mechanical, Electrical and Plumbing systems of Jackie Withrow Hospital. The Hospital is comprised of approximately 208,000 square feet and has undergone multiple renovations throughout its history. A complete set of original and subsequent renovation drawings for this facility could not be found.

We would like to thank Mr. Greg Nicholson with WVDHHR, Mr. Joe Wickline and Mr. Jay Jennings with Jackie Withrow Hospital, for their efforts in helping ZDS to obtain as much information as possible.

EXISTING HVAC SYSTEMS

Jackie Withrow Hospital is over 70 years old and in need of renovation. The facility is currently heated via steam generating boilers in various locations of the facility. The steam plant in the "C" wing is currently under a complete renovation. Steam plants throughout the facility have been addressed to correct Code related issues with one (the Laundry building) being abandoned in place. The steam heating distribution system has exceeded its service life and is in need of replacement. The existing steam distribution system delivers heating steam to an assortment of space heating equipment consisting of, but not limited to, the following; original steam radiators, steam heating coils located in both packaged terminal air-conditioners (P-TAC's), roof top units (RTU's), unit heaters, steam-to-heating hot water heat exchangers, and kitchen equipment used for food processing. The copper piping serving the individual P-TAC units is not rated for steam use.



Existing Steam Distribution Piping



Existing Steam valves are failing.

The existing facility is provided cooling via an assortment of P-TAC type air-conditioners and window type air-conditioners, Split system air-conditioners, roof top units (RTU). P-TAC's are used to provide comfort and have to be supplemented with a window type air-conditioner in order to maintain space temperature. The facility has no means to provide mechanically conditioned ventilation air to the spaces except for the recently renovated TB Isolation area.



Existing Typical P-TAC Type Units



Existing Typical Split System (Non-Functional)



Terminal Type Air-Conditioner (Non-Functional)

Roof top cooling units (RTU) are used to cool the medicine storage and nurse station. There is one per Unit for A, B, and C. These RTU are well past there service life and have begun to fail.



Existing RTU (Non-Functional).

The existing kitchen ventilation system does not meet current code. Exhausts outlets are too close to outside air intakes.



Kitchen Hood Exhaust system venting into operable window.

EXISTING PLUMBING SYSTEMS

The condition of the existing plumbing distribution system is past its expected service life except for recently replaced electric hot water heaters. Piping opened during recent construction activities shows severely restricted piping and very poor condition. Recent observation have indicated the sprinkler piping is deteriorating



Existing Restricted Flow Sanitary Line



Existing Overflow and drain piping to sump pump



Deteriorated Sprinkler Piping

HEATING, COOLING and VENTILATION RECOMMENDATIONS

HVAC serving the spaces is inadequate, non-functioning or, in some areas, non-existent and should be replaced throughout the facility except for the new “C” building boiler plant and recently renovated TB isolation area. The steam boilers should be converted or provided with steam to heating hot water exchangers and supply heating hot water. The existing steam distribution system should be replaced or abandoned in place as required installing a new heating hot water distribution system to deliver heating hot water to new air handling units (AHU), variable air volume terminal boxes (VAV), unit heaters, and various other heating units throughout the facility.

Cooling will be supplied via air cooled screw chillers located on the exterior of and piped throughout the facility. New chilled water systems will need to be installed including piping, pumps and pumping specialties.

New AHU, VAV and other terminal equipment will need to be installed to deliver the necessary heating, cooling and ventilation within the facility. This equipment will introduce the Code required ventilation air to the facility. Currently the facility has no means of introducing ventilation without opening windows.

EXISTING LIGHTING SYSTEMS

The existing lighting throughout the facility is generally in bad condition, inadequate and not in compliance with current energy Codes.



Inadequate lighting



Obsolete lighting

EXISTING ELECTRICAL POWER SYSTEMS

The existing electrical switchboards, panel-boards and other components of the distribution systems are aged, in poor condition and include Code violations. Some of the distribution/branch panel-boards have no space or spares for circuits to be added and may exceed the rated capacity of the panel-board; the existing distribution and branch circuiting do not include a grounding conductor as required by Code; some of the equipment is obsolete making it difficult or impossible to procure replacement parts; and the main service will be undersized if the Owner chooses to upgrade the HVAC systems as recommended.

The existing emergency generator, associated equipment and distribution system is not adequate for the current facility size and there is no capacity for growth. The system is not configured as required by current Codes that regulate healthcare facilities.

EXISTING MISCELLANEOUS SYSTEMS

Systems upgrades/improvements may be necessary due to age and changes in area occupancies/usages. Fire alarm System is relatively new and assumed to be adequate and in operable condition.

MAJOR RENOVATION RECOMMENDATIONS

1. Replace all steam and condensate distribution piping with heating hot water piping/pumping system for improved comfort and control. Provide systems to meet current codes and standards including variable water volume pumping.
2. Provide air conditioning and mechanically introduced outside ventilation air to meet current codes and standards. Recommended long term air conditioning system is a chilled water system including variable water volume pumping to meet current energy code requirements.
3. Provide a full direct digital control (DDC) system to allow for central monitoring and control of all HVAC systems and assist maintenance in being proactive in dealing with the HVAC systems.

4. Upgrade the Kitchen ventilation system to provide a clean and healthy environment for food preparation. Upgrade items include providing proper markup air for the kitchen hood. Locating discharge of kitchen hoods away from OA intakes.
5. Upgrade plumbing and fire protection systems to meet current Code and energy requirements including water conservation fixtures; repair/replace the sanitary waste and vent piping throughout the facility; and investigate the condition of the domestic water systems for potential overall replacement that will include new insulation on all domestic water piping and components. Recent observations have indicated the sprinkler piping is deteriorating and replacement is necessary for safety concerns.
6. Upgrade lighting throughout the hospital to improve the illumination of all areas, reduce the energy costs and save on operating and maintenance costs.
7. Electrical upgrades are recommended on all major pieces of equipment to include a new Main Distribution Switchboard to accommodate a new electrical power service, new distribution and branch panel-boards for both normal and essential emergency power, new emergency generator and transfer switch to complement the existing (or possibly replace entirely), all new conduit and wiring to include ground conductors for compliance with current Codes, and the replacement of all general use convenience outlets and light switches.
8. Cost estimates assume completely new data, telephone, intercom and paging, access/security, nurse call, code blue, camera surveillance and miscellaneous.

Recommendations Cost Summary

Recommended Upgrade Cost Summary	Project Costs
Project: HVAC	\$ 9,123,145
Project: Electrical Upgrades	\$ 8,848,301
Project: Plumbing & Fire Protection	\$ 4,349,853
Project: General Trades Upgrades	\$ 4,653,950
Total Project Cost	\$ 26,975,249

Note: The opinion of construction costs for all options listed in this report assume construction will occur in 2011 under one bid except for asbestos abatement which may be a separate contract. **All of our opinions of probable construction costs are based on available information and actual costs may vary.** The costs estimates should be refined during the design phase of the project as more information and direction are determined. This estimate does not include additional study fees or any costs that are associated with securing funding. This estimate excludes ADA upgrades, architectural Fire Marshal issues and asbestos abatement, and assumes major areas are unoccupied during construction.

Sincerely,



Todd A. Zachwieja, P.E., CEM, LEED AP
Principal, Chief Executive Officer

Enclosures: Boiler and Machinery Inspection

G:\ZDS\PROJECTS\HOSPITAL\JWH101-2-3H-Jackie Withrow\Reports\JWH102H Study\X06-29-11GN Facility Upgrades.doc

PRELIMINARY BUDGETARY COST ESTIMATE - Jackie Withrow Hospital

	\$/SF	
Project: HVAC	\$43.83	\$9,123,145
Project: Electrical Upgrades	\$42.51	\$8,848,301
Project: Plumbing & Fire Protection Upgrades	\$20.90	\$4,349,853
Project: General Trades Upgrades	\$22.36	\$4,653,950
Total Budgetary Renovation Costs	\$129.60	\$26,975,249

Project: HVAC

Date: 6-30-11

DESCRIPTION	MATERIAL	LABOR	TOTAL
Demolition	\$0	\$318,447	\$318,447
New Heating Hot Water Distribution System	\$371,309	\$350,291	\$721,600
Air Cooled Chillers (3) three minimum	\$473,349	\$446,556	\$901,868
Chilled Water Distribution System	\$495,078	\$467,055	\$962,133
HVAC DDC Controls	\$618,848	\$618,848	\$1,237,696
VWV Pumping Systems for HVAC	\$356,796	\$356,796	\$713,592
AHU's, RTU, VAV's, Ductwork, Air Side Systems	\$1,113,926	\$1,113,926	\$2,227,852
		SUB-TOTAL	\$7,083,187
		15% Contingency	\$1,062,478
		Total Estimated Budgetary Construction Cost	\$8,145,665
		Planning, Design Fees, Reimbursables, Agency Review Fees	\$977,480
		New HVAC Systems ESTIMATED PROJECT COST	\$9,123,145

Project: Electrical Upgrades

DESCRIPTION	MATERIAL	LABOR	TOTAL
Lighting replacement/upgrades	\$618,848	\$583,819	\$1,202,666
Demolition	\$0	\$212,298	\$212,298
Power Upgrades, grounding	\$1,485,235	\$1,401,165	\$2,886,400
Emergency Power Upgrades	\$247,539	\$233,527	\$481,067
New Electric Service upgrades, site work	\$500,000	\$250,000	\$750,000
Systems Allowance	\$618,848	\$583,819	\$1,202,666
		SUB-TOTAL	\$6,735,097
		15% Contingency	\$1,010,265
		Total Estimated Construction Cost	\$7,900,268
		Planning, Design Fees, Reimbursables, Agency Review Fees	\$948,032
		Electrical ESTIMATED PROJECT COST	\$8,848,301

Project: Plumbing & Fire Protection Upgrades

DESCRIPTION	MATERIAL	LABOR	TOTAL
Plumbing Fixtures/Piping/Fire Protection	\$1,485,235	\$1,401,165	\$2,886,400
Demolition	\$0	\$424,595	\$424,595
		SUB-TOTAL	\$3,310,995
		15% Contingency	\$496,649
		Total Estimated Construction Cost	\$3,883,797
		Planning, Design Fees, Reimbursables, Agency Review Fees	\$466,056
		TOTAL ESTIMATED PROJECT COST	\$4,349,853

Project: General Trades Upgrades

DESCRIPTION	MATERIAL	LABOR	TOTAL
SHPO Compliance, exterior restoration MEP related	\$495,078	\$467,055	\$962,133
Ceilings	\$618,848	\$583,819	\$1,202,666
Mechanical Room & Enclosures	\$87,500	\$87,500	\$175,000
Demolition	\$185,654	\$175,146	\$360,800
Patching, painting, general repair related to MEP	\$433,193	\$408,673	\$841,867
		SUB-TOTAL	\$3,542,466
		15% Contingency	\$531,370
		Total Estimated Construction Cost	\$4,155,313
		Planning, Design Fees, Reimbursables, Agency Review Fees	\$498,638
		TOTAL ESTIMATED PROJECT COST	\$4,653,950

From: Jonathan Perry (jperry@psadigm-arch.com)
 Sent: Tuesday, June 14, 2011 4:33 PM
 To: todd.zachwieja@hhsdesign.com
 Subject: Jackie Withrow
 Importance: High

Todd - It is our pleasure to present to you this early project budget based on the following data:

1. New 119 bed replacement nursing home facility for Jackie Withrow Hospital.
2. Site to be located on grounds of existing facility.
3. Please note additional line item footnotes.

Based on this information, it is our opinion that the approximate cost of the project will be \$16 million. However, at this early stage in the project we recommend at least a 20% total project contingency, as well as factor in two years of cost escalation. This brings the total project budget to \$20.6 million.

Please do not hesitate to contact me with additional questions/clarifications.

Thank you,

Jackie Withrow Nursing Home Replacement Facility

Prepared by Psadigm Architecture & 2015 Design

Item	Quantity	Unit Cost	Unit	Total Cost	Percentage
Building Construction Costs (1)	119	\$60,000.00	per bed	\$8,526,000.00	46.21%
Site Construction Costs (2)	1	\$2,000,000.00	Allowance	\$2,000,000.00	9.71%
Subtotal: Construction Costs (2011)				\$11,526,000.00	55.92%
Programming Fees (8)	1	6.50%	Percentage	\$757,600.00	6.54%
Design Fees (9)	1	11.00%	Percentage	\$1,207,200.00	10.47%
Site Acquisition (NA) (2)	1	\$0.00	Lump Sum	\$0.00	0.00%
Site Survey (2)	1	\$40,000.00	Allowance	\$40,000.00	0.35%
Geotechnical Investigation (2)	1	\$20,000.00	Allowance	\$20,000.00	0.17%
Testing and Inspection Fees (3)	1	\$30,000.00	Allowance	\$30,000.00	0.26%
Permits and Fees (4)	1	4.00%	Percentage	\$460,800.00	3.99%
Furniture Fixtures & Equipment (FFE) (5)	1	\$2,800,000.00	Allowance	\$2,800,000.00	24.30%
Owner Soft Cost Allowance (TBD) (6)	1	\$0.00	Allowance	\$0.00	0.00%
Other				\$0.00	0.00%
Project Total Costs (2011)				\$16,195,600.00	78.62%
Project Contingency	1	20.00%	Percentage	\$3,239,120.00	15.72%
Cost Escalation (7)	2	3%	Per Year	\$1,166,033.20	5.66%
Project Total Including Contingency and Cost Escalation				\$20,600,633.20	100.00%

Notes:

1. Costs per bed is based off of 2011 AS Mean National Average. The Cost per bed could range \$60,000 to \$80,000 for the area. At the early stage in the project, we recommend using the upper end of this range. This cost has been verified with a contractor with experience in this project type.
2. At this time, there are many unknowns about the existing site, except that the new facility would be on the same grounds as the existing facility. Actual area of site development is unknown, as well as subsurface conditions, extent of utilities, etc.
3. Testing and Inspection Fees include costs incurred during construction, such as soil compaction and concrete testing.
4. Permits and Fees include costs incurred during both design and construction, such as design reviews by local and state agencies, as well as building permits and local (SLO) Taxes. This number requires further verification by the local authorities having jurisdiction. Percentage expressed in percentage of Subtotal: Construction Costs
5. FFE includes an allowance for medical beds, food service equipment, laundry equipment, general furnishings, group, window treatments, and other related accessories. These costs have been verified by consultants with experience in this project type.
6. Owner Soft Costs To Be Determined include, but are not limited to moving expenses, legal fees, insurance, marketing, and financing.
7. We are assuming a minimum 2 year cost escalation to the mid point of construction.

Appendix D: Photographs of Jackie Withrow Hospital

Image 1

Fire doors in the basement need replaced.



Image 2

The basement needs a new sprinkler system. Some sections have no sprinklers at all, while those in other sections are not live.



Images 3 and 4

Walls have various degrees of damage. Image 3 illustrates wall damage on an uninhabited floor used for storage only. Image 4 shows wall damage on a floor that is in use for patients.



Image 5

The HVAC system is in need of replacement and was not working properly when the Legislative Auditor's Office toured the facility.



Images 6 and 7

Ceilings in various places have water damage caused by roof leaks (Image 6) or steam damage caused by pipe issues (Image 7).



Images 8-10

Nearly all drains and pipes in the facility need replaced. The water system has asbestos-covered pipes, which means asbestos removal services would have to be contracted before replacement could occur.



Images 11-13

Floors need replaced all over the facility. The current floor tile contains asbestos, which would require vacating residential floors in order for removal to occur. Maintenance currently repairs holes in the floor by patching them with concrete. Damaged floor tile in one abandoned area of the building (Image 13) means a risk of asbestos exposure if maintenance staff should have to work in that area.



Image 14

Concrete ledges around the outside of the building are crumbling and falling.



Appendix E: Jackie Withrow Hospital Loss Prevention Report

**STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
BOARD OF RISK AND INSURANCE MANAGEMENT**



90 MACCORKLE AVENUE SW, Suite 203
SOUTH CHARLESTON, WV 25303

(304) 766-2646 ADMINISTRATION
(304) 744-7120 FAX
(800) 345-4669 TOLL FREE WV
www.state.wv.us/brim

Earl Ray Tomblin
Governor

Ross Taylor
Acting- Cabinet Secretary

Charles E. Jones, Jr.
Executive Director
charles.e.jones@wv.gov

August 1, 2012

Mr. Terry Wass, Director of Security, Safety & Loss Management
West Virginia Department of Health & Human Resources
One Davis Square
Suite 100, Room 120
Charleston, WV 25301

Re: LOSS PREVENTION REPORT DATED: April 26, 2012
AON ID#: 9967 ID#: 0153-93-80000
LOCATION: Jackie Withrow Hospital

Dear Mr. Wass:

Aon Global Risk Consulting has inspected premises that you own/lease and we insure. This report is being provided to assist you in identifying conditions or practices that, if not corrected, can result in property and/or general liability losses and an increased insurance cost for your entity.

Each recommendation is followed by a reference from the National Fire Protection Association (NFPA), Occupational Safety and Health Administration (OSHA), U.S. Consumer products Safety Commission (CPSC), Generally Accepted Safety Practices (GASP), or the West Virginia Board of Risk and Insurance Management (WVBRIM). Recommendations have been prioritized as Critical, Important, or Desirable/Maintenance to assist in prioritizing necessary corrective action. Those recommendations marked "critical" require immediate attention.

Please submit a written plan of action to BRIM within sixty (60) days of receipt of this letter detailing the corrective action you intend to take with regard to each recommendation. The plan of action must include, the recommendation number, the remedial/corrective action you will be taking and the anticipated date the corrective action will be completed. The following identifies the compliance status of recommendations for this location:

Number of recommendations contained in the previous report	20
Number of recommendations corrected since the previous report	12
Number of outstanding recommendations	8
New recommendations	18
TOTAL RECOMMENDATIONS TO BE CORRECTED	26

We recognize that the property we have inspected may warrant our making recommendations to remedy a situation in which your organization might not be responsible. An example is where your organization is the building owner, and our recommendation addresses a housekeeping issue that should be addressed by a tenant. The opposite of that situation works as well when your organization is a tenant and our recommendation addresses a fire protection alarm system that the building owner should remedy.

In the event you are of the opinion your organization should not be held responsible for addressing a particular recommendation(s), please identify each recommendation and the responsible organization in your plan of action. We will consider that in our review and respond accordingly.

Please feel free to contact Jackie Scott of Aon Global Risk Consulting at (304)-633-0533 for information regarding questions on specific recommendations or you can contact me or my staff for general information regarding this report and our requirements.

Sincerely yours,



Jeremy C. Wolfe
Loss Control Manager

JCW/cej

cc: Ms. Angela Booker, Administrator
Jackie Withrow Hospital
105 South Eisenhower Drive
Beckley, WV 25801

Enclosure



J.W.
7/27/12

STATE PROPERTIES - STATE OF WEST VIRGINIA
WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Jackie Withrow Hospital
Ms. Angela Booker, Administrator
105 South Eisenhower Drive
Beckley, WV 25801

Loc. ID: 9967 Customer ID: ^{0153 19-00001}~~0035~~-93-80000
 Survey Date: 04 / 26 / 2012 Resurvey No.: 52
 Survey Conducted By: Jackie Scott Project, Task Nos: 1011099-000, 0026

Class of Risk: Intermediate Care Nursing Home, Department of Corrections Housing and Homeless Shelter

Protection: Partially Sprinklered

Building	Area (sq. ft.)
Main Building	218,658
Homeless Shelter	32,290
DOC Barracks	9,216
Laundry	7,076
Auto Maintenance Garage	1,065
Boiler House (idle)	3,300
DOC Cottage (2-11)	1,254
DOC Cottage (3-10)	616
DOC Cottage (8-9)	1,152
DOC Storage	1,162
Garage (203)	2,976
Independent Living Office (15)	1,271
Independent Living Office (13)	2,100
Oxygen Storage	100
Paint Storage	384
Totals	Building Count: 15
282,620	

RECEIVED
JUL 23 2012
BOARD OF RISK AND
INSURANCE MANAGEMENT

SURVEY REMARKS AND CHANGES

Survey Conditions:

The survey was performed and discussed with Mr. Joe Wickline, Facilities Manager/Safety Director for Jackie Withrow Hospital, Ms. Billie Meadows, Director Pinehaven, Mr. LeLand Swafford, Supervisor for Pinehaven and DOC Warden, William Vest.

Summary:

The Main Hospital (Buildings A to D) is a part three-story and part six-story with partial basement, fire-resistive, ISO Construction Class 5 building. The wings were constructed in 1927, 1938, 1939 and 1940. Sprinkler protection is installed in Buildings B, C and D. The walls are masonry. The roof is rubber membrane on precast concrete. The first floor is concrete on earth; additional floors are concrete slab.

The windstorm classification is wind resistive. The Main Hospital is subject to light to moderate smoke damage.

The facility is located a mercantile area that apparently is not subject to civil disturbance or vandalism.

The exposures are considered light.

Detached Buildings:

The DOC Barracks is a one-story without basement, 9,216 sq. ft., ordinary, ISO Construction Class 2 building. The building was constructed circa 1950 is not sprinklered.

The DOC Cottages are all one-story unsprinklered buildings of wood frame construction. Areas of these cottages are 1,254 sq. ft., 616 sq. ft., 1,152 sq. ft. and 1,162 sq. ft.

The Garage is a one-story, 2,976 sq. ft., unsprinklered building of wood frame construction.

The Homeless Shelter is a two and three-story with partial basement, 32,290 sq. ft., fire-resistive, ISO Construction Class 5 building. The building is partially sprinklered.

The Laundry is a one-story with partial basement, 7,076 sq. ft., noncombustible building. The building was constructed circa 1930 and is partially sprinklered.

The Oxygen House is a one-story unsprinklered building of masonry construction with an area of 100 sq. ft.

The Paint House is a one-story unsprinklered building of masonry construction with an area 384 sq. ft.

Changes Since Previous Survey:

There have been no material changes in occupancy, construction, hazards, protection, or exposure since the previous survey conducted March 24, 2011.

Remarks:

Boiler Installation is complete.

Auto Maintenance Garage had a new roof installed.

Sleeping Quarters are provided in DOC properties, Pinehaven (homeless shelter), and the hospital/long term care facility. Fuel burning appliances and equipment are installed in each.

The Department of Corrections (DOC) is still utilizing D Wing of Hospital.

Wings A, B and C are primarily used as a Long Term Care Nursing Home. Administration has developed their fire evacuation plan in collaboration with the first response fire department. The plan states that the residents will remain in their living quarters in the event of an emergency. The first response fire department reportedly has toured the premises.

DOC Barracks kitchen was remodeled. There is no longer deep fat frying conducted.

A natural gas generator was installed for the hospital.

FIRE PROTECTION

Automatic Protection:

Sprinkler protection is provided in the following buildings: Main Hospital (Buildings B, C and D), Housing Shelter (partial sprinkler protection) and the Laundry (partial sprinkler protection).

The automatic sprinkler protection servicing the Hospital (Buildings B, C and D) consists of wet pipe systems supplied from the city water supply from an undetermined size main. The sprinkler systems are mostly designed based on a tree configuration 2-3-5 Light or Ordinary Hazard pipe schedule using K-5.6, 165°F rated sprinklers spaced between 100 and 200 square feet.

The remaining automatic sprinkler protection provided throughout the complex consists of wet pipe sprinkler systems (except for the dry pipe valve protecting part of the Homeless Shelter). These sprinkler systems are mostly designed based on a tree configuration 2-3-5 Light or Ordinary Hazard pipe schedule using K-5.6, 165°F rated sprinklers spaced between 100 and 200 square feet.

The wet pipe sprinkler systems are tested quarterly by FSP. The sprinkler main drain tests were last conducted on March 30, 2012 with the following results:

Location		Static Pressure/Residual Pressure	
Hospital Unit B		115/110	
Hospital Unit C		116/112	
Hospital Unit D		105/100	
Homeless Shelter*		105/65	
*The Homeless Shelter DPV was last tested on January 24, 2012 by Greenbrier Fire Protection.			

Automatic and manual wet chemical extinguishing systems are provided to protect the ducts, hood and cooking surfaces at the Hospital. Automatic and manual dry chemical systems are provided to protect the ducts, hood and cooking equipment in the DOC Barracks and the Homeless Shelter.

LOCATION 9967

Page 4 of 13

04 / 26 / 2012

The Hospital extinguishing system was last serviced in December 2011 by Fire Safety Products. The DOC Barracks extinguishing system was serviced by Advance Fire Control in February 2012. The Homeless Shelter extinguishing system was serviced in March 2012 by Advance Fire Control.

Manual Protection:

The fire extinguishers are serviced as follows:

Hospital buildings - Last serviced in January 2012 by Fire Safety Products (FSP).

DOC buildings - Last serviced in January 2012 by Advanced Fire Control.

Homeless Shelter - Last serviced in June 2011 by Advance Fire Control.

A paid fire department with the closest engine company is located approximately 1½ miles travel distance from the facility. The fire fighters tour and preplan annually for emergency situations at the complex.

A public water supply is available. A public fire hydrant is provided within 500 feet and is reportedly flow tested annually.

Alarm Systems:

Fire alarm systems are installed in the Hospital, Homeless Shelter and DOC Barracks.

The Hospital alarm system includes waterflow alarms, valve supervision, manual fire alarm pull stations, smoke and heat detectors (installed in corridors, day rooms, boiler rooms, auditorium, dining room, kitchen and electrical rooms) and kitchen extinguishing system activation with signals transmitted to a local panel and the Emergency Operations Center.

The DOC Barracks alarm systems includes manual fire alarm pull stations, smoke/heat detectors (installed in corridors and hazardous areas) and kitchen extinguishing system activation with signals transmitted to local panels.

The Homeless Shelter alarm system includes waterflow alarms; valve supervision, manual fire alarm pull stations, smoke and heat detectors (installed in corridors, boiler room, dining room, kitchen and electrical rooms) and kitchen extinguishing system activation with signals transmitted to a local panel and the Emergency Operations Center.

The alarm systems at the Hospital buildings were last tested by FSP in March, 2012. The fire alarms are under a quarterly contract with FSP. They were scheduled to start next quarter testing in June 2012.

The Homeless Shelter alarm system was last tested by Advanced Fire Control in March, 2012.

The DOC Barrack fire alarm annual testing was completed in June 2011, by Electronic Specialty.

Fire Separations:

The fire doors appear to be in good operating condition, except as noted in the recommendations.

COMMON HAZARDS

Housekeeping:

Housekeeping was found acceptable, except as noted. Trash and floor sweepings appear to be properly disposed.

Heating Systems:

New Boilers were installed at the hospital. All heat is from gas fired boilers and electrical heat pumps. All systems are serviced in the fall and as needed.

Cooking Equipment:

Gas fired cooking equipment is installed in the kitchens. The fuel supplies are interlocked with the extinguishing system. The hoods appear to be clean. Filters are provided and were found to be clean. The filters are cleaned as needed by the different agencies cafeteria staff.

Hospital/Nursing Home: The ducts are cleaned and inspected semiannually by Fire Safety Products. A "Hood and Duct" label is affixed. The system was last inspected/cleaned in December 2011.

DOC Barracks: The duct is cleaned and inspected by Advance Fire Control. A "Hood and Duct" label is affixed. The system was serviced in February 2012.

Homeless Shelter: The duct is cleaned and inspected by Advance Fire Control. A "Hood and Duct" label is affixed. The last cleaning was completed in March 2012.

Ignition Source Control:

Smoking is not permitted inside any of the buildings.

PROPERTY LOSS ESTIMATES

Probable Maximum Loss:

The Probable Maximum Loss (PML) is estimated to be 25%. This is our estimate of the loss expected from a single fire when all of the loss limiting systems provided to minimize the consequences of a loss event function to achieve the results intended. The loss potential is based on "normal conditions" when all fire protection features are in full service and functioning to capacity.

The PML scenario is based on a fire occurring in the nonsprinklered portion of the Hospital/Nursing Home Building A) spreading, unchecked, consuming this part of the Hospital as well as spreading to adjoining areas and causing smoke, heat and water damage.

Maximum Foreseeable Loss:

The Maximum Foreseeable Loss (MFL) is estimated to be 75%. This is our estimate of the most serious loss which we can reasonably foresee, resulting from a single fire to any given property, taking into consideration the impairment of the fire protection systems. Impairment of fire protection is assumed so that control of a fire is dependent solely on physical fire barriers or space separation between buildings. Also taken into consideration are other factors such as water supplies, which may be available under adverse conditions, delayed notification, accessibility and conflagration. Our MFL estimate excludes catastrophic losses (such as impact by aircraft,

earthquake or large unconfined vapor cloud explosion) resulting from events that are not, in our opinion, reasonably foreseeable for the occupancy involved in this analysis.

The MFL scenario is based on a fire occurring anywhere in the Hospital/Nursing Home with the sprinkler system impaired. The fire is expected to spread consume the Hospital buildings.

RISK AND HAZARD MANAGEMENT

Emergency Organization:

A formal safety program is in place for all three agencies. A safety committee is established for all three agencies. Monthly meetings are being held for each agency.

Fire training with local fire departments is reportedly conducted annually in the Hospital and the Homeless Shelter. Key personnel are familiar with emergency procedures in all agencies.

A drill chart is posted for all three agencies. Recorded drills are conducted quarterly for each shift in the Hospital. Drills are also performed at the Homeless Shelter and the DOC Barracks.

The hospitals last drill was conducted on April 14, 2012.

Pinehaven's last drill was conducted in March 2012.

The hospital had a disaster drill on April 13, 2012.

The DOC's last drill was held in August 2011.

Self Inspections:

Monthly loss prevention inspections are being conducted at the Hospital and homeless shelter. These inspections include fire extinguishers, housekeeping, exit signs, emergency lights, sprinkler valves and fire doors. The inspections are being recorded.

Monthly loss prevention inspections are not consistently being conducted at the DOC Barracks. The inspections should include fire extinguishers, housekeeping, exit signs, emergency lights, and fire doors. These inspections are not all being recorded.

Supervision and Control:

A watchman/guard service is maintained in the Hospital. Uniformed guard protection is maintained on the second and third shifts. Random rounds are made through hospital complex and grounds. Coverage is adequate and records were found satisfactory.

The DOC Barracks has police and correctional officers on duty twenty four hours a day, seven days a week.

The Homeless Shelter works closely with local law officials, who respond promptly in emergency situations.

The property is partially fenced. There are exterior lights provided.

Closed circuit television (CCTV) is installed to monitor activity in all locations.

LIFE SAFETY - FIRE

Means of Egress:

Adequate exits are provided and were found clear of obstructions. Panic hardware is provided. Exit lights are provided. The exit doors open in the direction of egress.

Emergency lights are provided.

A natural gas fueled emergency generator is provided for the hospital. The generator provides power for the elevators and emergency lights in Buildings A, B, C and the TB Unit in Unit D. The generator is started weekly and load tested annually.

CASUALTY

Facilities:

Parking areas, walking surfaces, and building entrances are maintained level, clear of obstructions and are well-illuminated, except as noted in the Recommendations.

Floor treatment in use is reportedly slip-resistant. Provisions have been made to absorb moisture and spills.

The stairs and ramps are clear and adequately illuminated. The treads are not excessively worn and are tight.

Handrails are provided and are in good condition.

Machinery and Equipment:

Maintenance agreements continue in force on the elevators. Certifications were available for review and were current.

In accordance with NFPA 70E - 2012 - All electrical sources should be identified and labeled. Labels should include proper personal protective equipment (PPE) required, arc flash hazard, disconnect locations and safe working distances.

Activities:

Activity in all agencies is 24 hours a day, 7 days a week.

RECOMMENDATIONS

Recommendations Completed or Removed:

09-06-06 09-06-07 10-04-05 10-04-04 11-03-03 11-03-04 11-03-05 11-03-06
 11-03-07 11-03-08 09-06-11 08-04-10

Summary of Recommendation Changes:

Number of recommendations appearing on the previous report: 20
 Number of previous recommendations completed: 12
 Number of recommendations remaining from the previous report: 8
 Number of new recommendations added to this report: 18
 Total number of recommendations appearing on this report: 26
 Number of critical recommendations: 3
 Number of important recommendations: 18

Recommendations:

*** 12-04-01** **Priority: Critical** **NFPA/720**
 Complex - Fuel burning appliances and equipment are being utilized at this location. Carbon monoxide detection and warning equipment with audible and visual alerting mechanisms should be placed throughout the facility's sleeping areas to warn occupants of the presence of carbon monoxide.

*** 12-04-02** **Priority: Critical** **WV BRIM/GASP**
 Hospital - There are gas lines that are not properly covered. All gas lines should be buried 12-18 inches deep and covered with dirt or other ground surface material. An investigation should be completed on the lines that were run to identify areas where the gas lines are still visible and have not been covered appropriately. The exposed lines should be covered ASAP. Uncovered lines were noted in the back of some of FMRS building structures. The lines have been reportedly uncovered since the new lines were run approximately two years ago.

LOCATION 9967

12-04-03 / **Priority: Important** **NFPA/72**

Hospital - The fire alarm panel is in trouble. Necessary repairs should be made to restore the system to normal operating condition.

* Comment 2012 - The alarm is reportedly in trouble due to installation of a new detector. A service call has been placed.

12-04-04 / **Priority: Important** **NFPA/13**

Hospital "A" Basement - The basement is reportedly sprinklered from a domestically fed line. Automatic Sprinkler Protection should be provided throughout in accordance with the current edition of NFPA 13, Automatic Sprinkler Systems. Protection should be based on the occupancy classification (Light Hazard, Ordinary Hazard Group 1 or 2, Extra Hazard Group 1 or 2).

* **12-04-05** / **Priority: Important** **OSHA 1910/213**

Hospital Maintenance - The table saw should be provided with a floating blade guard to help prevent accidental contact with the blade.

12-05-06 / **Priority: Important** **NFPA/101**

Hospital Maintenance Department - A self closing and latching fire door should be installed. The door should remain closed at all times.

12-05-07 / **Priority: Desirable/Maintenance** **OSHA 1910/176**

Hospital "A" 334 - Housekeeping should be improved to reduce the fire and injury hazard.

* **12-05-08** / **Priority: Desirable/Maintenance** **WV BRIM/GASP**

Hospital B - Basement Sump Pump - The sump pump area should have a gate or a 42 inch rail with midrail installed around it. This will help avoid potential falls or injuries in this area.

LOCATION 9967

Page 10 of 13

04 / 26 / 2012

12-05-09 / Priority: Desirable/Maintenance WV BRIM/GASP

* Hospital B Basement - The "old" elevator pit should have chain installed in front to provide protection and warning to people of drop in elevation.

* 12-04-10 / Priority: Desirable/Maintenance WV BRIM/facility

Hospital D - 6th Floor - Roof Leak - When excessive moisture accumulates in buildings or on building material, mold growth and or structural damage will often occur, particularly if the roof leak remains undiscovered or unaddressed. It is highly suggested that the source of the leak be researched and corrected accordingly in this area.

* 12-04-11 / Priority: Desirable/Maintenance WV BRIM/facility

Hospital "B" Basement - Water is entering the building from external ramp. There is not a drain available in this area, so when excessive water accumulates it backs up into the facility. An evaluation of this area should be completed to ascertain a method for draining excessive water before it seeps into the building.

* 12-04-12 Priority: Important WV BRIM/GASP


Pinehaven - The front porch is still in bad repair. It has deteriorated since the March 2011 structural engineer evaluation. The porch is taped off and no one is allowed in the area. Plans should be made to repair the porch. If the porch fails or separates from the structure, it could cause damage to main structure. If parts of the porch fall, people could get injured from falling debris.


* 12-04-13 Priority: Important NFPA/72


DOC - Male Cottage - The fire alarm system is in trouble and should be repaired to normal operating condition.

12-04-14 / Priority: Important NFPA/70



DOC Barracks - Hot Water Tank Room - All romex wiring should be covered with approved metal conduit.

12-04-15  **Priority: Important** **WV BRIM/GASP**



 DOC Hot Water Tank Room - Due to moisture that is in this room, mold and mildew may be present. The area should be thoroughly cleaned to eliminate any existing mold or mildew and a method for dehumidifying the room should be implemented.

12-04-16  **Priority: Important** **NFPA/72**


Female Cottage - The missing smoke detector should be replaced to ensure proper protection is maintained. Female inmates were smoking in cottage at time of survey.

 **12-04-17**  **Priority: Important** **OSHA 1910/22**

Cottage 3 - The walkway to the cottage has drainage problems. Water accumulates on the walkway. The drainage in this area should be improved, so water does not stand on path to cottage.


 **12-04-18**  **Priority: Important** **NFPA/101**

DOC Barracks and Cottages - Fire drills should be conducted monthly at this facility, due to occupancy and overnight housing. The last fire drill was in August 2011.

11-03-01  **Priority: Critical** **NFPA/80**

Hospital/Nursing Home Basements: The fire doors and hardware attached to such should be approved by The Authority Having Jurisdiction (AHJ). These doors may have been installed in accordance to the building code at the time the hospital was initially built, but may not provide the proper protection to the occupants currently residing in Building A, B, C, and D (once occupied). Documentation of such should be kept and provided upon request.

Comment 2012 - There is currently a bid in process for replacement of 50 doors in the hospital.

11-03-02  **Priority: Important** **NFPA/80**

Basement of Wings A, B, C, D: The horizontal and vertical openings in Boilers Rooms, Electrical Rooms, and other hazardous areas should be filled with material having the same fire rating of the wall, ceiling and/or floor.

Comment 2012 - Major improvements were noted.

LOCATION 9967

Page 12 of 13

04 / 26 / 2012

11-03-09**Priority: Important****NFPA/101**

Homeless Shelter Basement - High Voltage Room and Hot Water Tank Room: The horizontal and vertical openings should be sealed with material that provides the same protection as the walls. Doors should be self-closing and self-latching.

11-03-10**Priority: Important****NFPA/80**

* Homeless Shelter Basement - Shower Room: The ceiling in this area has been badly damaged. The reason for the damage should be investigated and abated, and the ceiling should be repaired/replaced.

In addition the area should be evaluated by a structural engineer to ensure the buildings integrity is not compromised due to damage in this area.

11-03-11**Priority: Important****OSHA 1910/22**

Entire Complex: Walkway and parking lots areas should be repaired to provide level surfaces for walking.

There is a state funded paving project program that has been established. Jackie Withrow Hospital will be included in the project when money is released to start projects.

07-05-13**Priority: Important****NFPA/101**

Homeless Shelter – Automatic sprinkler protection designed in accordance with National Fire Protection Association (NFPA) Standards should be extended to all un-sprinklered areas. The use of quick response sprinklers is suggested.

Comment: This recommendation is being proposed due to the life safety exposure and combustible contents of this facility. Without automatic sprinkler protection, the facility must rely on manual fire fighting, which depends on early detection and personnel availability. If manual fire fighting is hindered, the fire can gain control and the facility will sustain extensive damage and the potential for loss of life. In a fire situation, automatic sprinkler protection can help reduce damage and associated downtime by sending an early alarm to occupants, while simultaneously applying water to an incipient fire.

07-05-20

Priority: Important

OSHA 1910/22

* Homeless Shelter – The damaged and deteriorated areas of the front exterior sidewalk should be repaired to provide a reasonably even surface and to help reduce the number of tripping hazards.

10-04-01

Priority: Important

WV BRIM/facility

DOC - Monthly loss prevention inspections should be conducted. The inspections should include fire extinguishers, housekeeping, exit signs, emergency lights and fire doors. These inspections should be recorded and available for review upon request.

This report contains information supplied by personnel at this location and observations made at the time of our survey. This report is for the exclusive use of West Virginia Board of Risk and Insurance Management. The scope of work performed Aon Global Risk Consulting Property Risk Control as well as the content and format of this report are as specified in our proposal and agreed upon by West Virginia Board of Risk and Insurance Management. Any relative grading is as defined in our report. The information contained in this report is not intended to imply, guarantee, assure, or warrant in any way that this facility is in compliance with any federal, state, or local codes, laws, or regulations. This report should not be considered a definitive listing of all existing hazards nor an absolute solution to all indicated hazards. Furthermore, although certain consensus-based or nationally recognized codes/standards, or corporate guidelines may be referenced in the report, this is not intended to imply, guarantee, assure, or warrant in any way that Aon Global Risk Consulting Property Risk Control has conducted a total compliance review with these consensus-based or nationally recognized codes/standards, or corporate guidelines. Aon Global Risk Consulting Property Risk Control assumes no responsibility for action or inaction regarding this report or implementation of recommendations. Completion of the recommendations in this report does not relieve this facility or any other party from the responsibility of complying with any federal, state, or local codes, laws, or regulations.

J.W.
10/23/12

Wolfe, Jeremy C

From: Wass, Terry L
Sent: Thursday, October 25, 2012 2:24 PM
To: Wolfe, Jeremy C
Cc: Nicholson, Greg C; Wilcoxon, Kristopher R; Richards, Craig A; Jones, Victoria L; Pauley, Brian D; Smith, Ramona R
Subject: 153-19-00001 Jackie Withrow Hospital LPR POA 2012 10 25
Attachments: Responses to April 26, 2012 BRIM Report.pdf; 153-19-00001 JWH LPR Final Notice 2012 10 25.pdf

Importance: High

Jeremy:

Attached is the Plan of Action [POA] for the Jackie Withrow Hospital [153-19-00001] in response to the Loss Prevention Report [LPR] resulting from the April 26, 2012 site inspection. My thanks to Angela Booker and staff for addressing these findings.

If you have any questions, please contact me.

Terry W

Terry L. Wass
Director of Safety, Security and Loss Management
WV Department Of Health and Human Resources
Suite 100, Room 120
One Davis Square
Charleston, WV 25301

E-mail: terry.l.wass@wv.gov
Telephone: 304-957-0216
Mobile: 304-610-4179
Fax: 304-558-5706



NOTICE OF CONFIDENTIALITY: This e-mail, including any attachments, is intended only for the use of the individual or entity to which it is addressed and may contain confidential information that is legally privileged and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are notified that any review, use, disclosure, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please contact the sender by reply e-mail and destroy all copies of the original message.

File: DHHR Operations > BRIM > Shared Documents > 19 00001 Jackie Withrow Hospital [Pinecrest Hospital] > LPR 2012 04 26

Responses to Brim's Loss Prevention Report Dated 4/26/12

Submitted by Angela Booker/CEO and Joseph Wickline/Maintenance Supervisor

Recommendation#:

- 12-04-01---Complex – The need for placing Carbon Monoxide detectors in facility....:
 - JWH maintenance staff completed the installation of carbon monoxide detectors in all patient rooms, during the month of September 2012.

- 12-04-02---Hospital – Gas lines that are not properly covered behind FMRS building structures...:
 - The Maintenance supervisor inspected this area on October 16, 2012 and noted that 3 areas where gas lines were installed are not covered at this point. Arrangements/assignments have been made by the Maintenance supervisor to have this work completed by November 15, 2012.

- 12-04-03---Hospital – Fire alarm panel is in trouble...:
 - The work to remove the warning of fire alarm panel in trouble has been repaired.

- 12-04-04---Hospital "A Basement" – Installation of an automatic sprinkler system in the A Basement...:
 - There are no residents housed on the A unit however the facility CEO and Procurement officer will initiate a Request for Quote after the specifications for supplies needed for the installation of the sprinkler system has been completed by the Maintenance Supervisor. The facility plans to have the work for sprinkler installation on the A Basement unit initiated July 2013.

- 12-04-05---Hospital Maintenance – The table saw should be provided with a floating blade guard...:
 - The floating blade guard has being obtained and is in use.

- 12-05-06---Hospital Maintenance Department – An installation of a self closing/latching fire door...:
 - A door will be installed for the Carpenter's shop by 12/31/12.

- 12-05-07---Hospital "A: 334—Improve housekeeping...:
 - Area will be cleaned up by 10/26/12 by the maintenance, housekeeping and inventory personnel.

- 12-05-08—Hospital B Basement – The sump pump area should have a gate installed...:
 - A gate will be built and installed in this area by 10/26/12.

- 12-05-09---Hospital B Basement – Elevator pit should have chain installed...:
 - A chain will be installed over this area by 10/24/12.

- 12-04-10---Hospital D/6th floor/Roof leak –
 - The Maintenance department staff cleaned the drain scabbards due to limbs from trees clogging up this area. The maintenance supervisor will complete a monthly check on this area with documentation to avoid further issues.

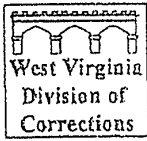
- 12-04-11---Hospital "B" Basement – Water is entering the building from external ramp...:
 - The drain located at the 2 doors was clogged with leaves and debris and this area was cleaned out May 2012 following the inspection.

11-03-11---Hospital/Nursing Home Basements – 5 doors may not protect occupants...:

All new external doors were installed by the facility maintenance staff over the last 2 years.

11-03-11---Entire Complex – Walkways and parking lots should be repaired...:

The front walkway of the hospital had additional concrete installed in the cracked areas during the month of September 2012 by the maintenance staff. The facility parking lot was repainted and restriped by the maintenance department during the month of July 2012. The stated funded paving project program, which was to include Jackie Withrow Hospital, has not been completed yet, as the money to start the project has not been released.



STATE OF WEST VIRGINIA
DEPARTMENT OF MILITARY AFFAIRS & PUBLIC SAFETY
DIVISION OF CORRECTIONS
BECKLEY CORRECTIONAL CENTER



EARL RAY TOMBLIN
GOVERNOR

JOSEPH C. THORNTON
CABINET SECRETARY

JIM RUBENSTEIN
COMMISSIONER

WILLIAM J. VEST
WARDEN

111 South Eisenhower Drive
Beckley, West Virginia 25801
Telephone: (304) 256-6780 - Fax: (304) 256-6782

TO: Angela Booker
Administrator
FROM: William J. Vest
Warden

DATE: 17 October 2012

RE: BRIM Report
.....

The following areas have been repaired or in the process of being repaired.

12-04-13 DOC Cottage-The fire alarm system is in trouble and should be repaired to normal operating condition.

Repaired by Electronic Specialties, the batteries were replaced.

12-04-14 DOC Barracks-Hot Water Tank Room-All Romex wiring should be covered with approved metal conduit.

This is in the process of being repaired.

12-04-15 DOC Hot Water Tank Room-Due to moisture that is in this room, mold and mildew maybe present. The area should be thoroughly cleaned to eliminate any existing mold or mildew and a method for dehumidifying the room should be implemented.

This area is in the plans of being renovated.

12-04-16 Female Cottage-The missing smoke detector should be replaced to ensure proper protection is maintained. Female inmates were smoking in the cottage at the time of survey.

A smoke detector was installed.

12-04-17 Drainage Pipes have been cleaned and additional lines installed. Also concrete lip was installed to direct the water down the drain.

12-04-18 We have appointed a new Fire Safety Officer who attends DOC Safety Committee Meetings which will rectify this issue.

10-04-01 We have appointed a new Fire Safety Officer who attends DOC Safety Committee Meetings which will rectify this issue.

cc: BRIMS file
Chuck Mankins

rls

Appendix F: Website Criteria Checklist and Points System

Website Criteria Checklist and Points System Bureau for Behavioral Health and Health Facilities			
User-Friendly	Description	Total Points Possible	Total Agency Points
Criteria	The ease of navigation from page to page along with the usefulness of the website.	18	8
		Points Possible	Agency Points
Search Tool	The website should contain a search box (1), preferably on every page (1).	2	2
Help Link	There should be a link that allows users to access a FAQ section (1) and agency contact information (1) on a single page. The link's text does not have to contain the word help, but it should contain language that clearly indicates that the user can find assistance by clicking the link (i.e. "How do I...", "Questions?" or "Need assistance?")	2	1
Foreign language accessibility	A link to translate all webpages into languages other than English.	1	0
Content Readability	The website should be written on a 6 th -7 th grade reading level. The Flesch-Kincaid Test is widely used by Federal and State agencies to measure readability.	No points, see narrative	
Site Functionality	The website should use sans serif fonts (1), the website should include buttons to adjust the font size (1), and resizing of text should not distort site graphics or text (1).	3	1
Site Map	A list of pages contained in a website that can be accessed by web crawlers and users. The Site Map acts as an index of the entire website and a link to the department's entire site should be located on the bottom of every page.	1	1

Website Criteria Checklist and Points System
Bureau for Behavioral Health and Health Facilities

Mobile Functionality	The agency's website is available in a mobile version (1) and/or the agency has created mobile applications (apps) (1).	2	0
Navigation	Every page should be linked to the agency's homepage (1) and should have a navigation bar at the top of every page (1).	2	2
FAQ Section	A page that lists the agency's most frequent asked questions and responses.	1	0
Feedback Options	A page where users can voluntarily submit feedback about the website or particular section of the website.	1	1
Online survey/poll	A short survey that pops up and requests users to evaluate the website.	1	0
Social Media Links	The website should contain buttons that allow users to post an agency's content to social media pages such as Facebook and Twitter.	1	0
RSS Feeds	RSS stands for "Really Simple Syndication" and allows subscribers to receive regularly updated work (i.e. blog posts, news stories, audio/video, etc.) in a standardized format.	1	0
Transparency	Description	Total Points Possible	Total Agency Points
Criteria	A website which promotes accountability and provides information for citizens about what the agency is doing. It encourages public participation while also utilizing tools and methods to collaborate across all levels of government.	32	11
		Points Possible	Agency Points
Email	General website contact.	1	1
Physical Address	General address of stage agency.	1	0

<p align="center">Website Criteria Checklist and Points System Bureau for Behavioral Health and Health Facilities</p>			
Phone Number	Correct phone number of state agency.	1	0
Location of Agency Headquarters	The agency's contact page should include an embedded map that shows the agency's location.	1	0
Administrative officials	Names (1) and contact information (1) of administrative officials.	2	2
Administrator(s) biography	A biography explaining the administrator(s) professional qualifications and experience.	1	0
Privacy policy	A clear explanation of the agency/state's online privacy policy.	1	1
Public Records	<p>The website should contain all applicable public records relating to the agency's function. If the website contains more than one of the following criteria the agency will receive two points:</p> <ul style="list-style-type: none"> • Statutes • Rules and/or regulations • Contracts • Permits/licenses • Audits • Violations/disciplinary actions • Meeting Minutes • Grants 	2	0
Complaint form	A specific page that contains a form to file a complaint (1), preferably an online form (1).	2	0
Budget	Budget data is available (1) at the checkbook level (1), ideally in a searchable database (1).	3	0
Mission statement	The agency's mission statement should be located on the homepage.	1	1
Calendar of events	Information on events, meetings, etc. (1) ideally imbedded using a calendar program (1).	2	1
e-Publications	Agency publications should be online (1) and downloadable (1).	2	2
Agency Organizational Chart	A narrative describing the agency organization (1), preferably in a pictorial representation such as a hierarchy/organizational chart (1).	2	2

Website Criteria Checklist and Points System
Bureau for Behavioral Health and Health Facilities

Graphic capabilities	Allows users to access relevant graphics such as maps, diagrams, etc.	1	1
Audio/video features	Allows users to access and download relevant audio and video content.	1	0
FOIA information	Information on how to submit a FOIA request (1), ideally with an online submission form (1).	2	0
Performance measures/outcomes	A page linked to the homepage explaining the agencies performance measures and outcomes.	1	0
Agency history	The agency's website should include a page explaining how the agency was created, what it has done, and how, if applicable, its mission has changed over time.	1	0
Website updates	The website should have a website update status on screen (1) and ideally for every page (1).	2	0
Job Postings/links to Personnel Division website	The agency should have a section on its homepage for open job postings (1) and a link to the Division of Personnel's application page (1).	2	0

Appendix G: Agency Response



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

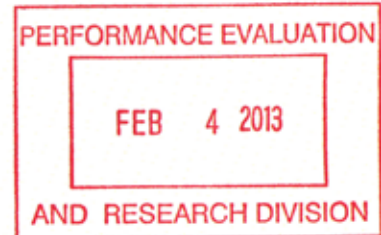
Earl Ray Tomblin
Governor

Bureau for Behavioral Health & Health Facilities
Commissioner's Office
350 Capitol Street, Room 350
Charleston, West Virginia 25301-3702
Telephone: (304) 356-4538 Fax: (304) 558-2230

Rocco S. Fucillo
Cabinet Secretary

February 4, 2013

Mr. John Sylvia, Director
West Virginia Performance Evaluation and Research Division
Office of the Legislative Auditor
Building 1, Room W-314, State Capitol Complex
Charleston, West Virginia 25305-0610



Dear Mr. Sylvia:

The West Virginia Department of Health and Human Resources (DHHR), Bureau for Behavioral Health and Health Facilities (BBHFF), has received and reviewed the draft report of the Performance Review of the Bureau for Behavioral Health and Health Facilities, submitted to our office January 25, 2013. The BBHFF offers the following as formal responses to the five recommendations contained within the draft report:

1. The Legislative Auditor recommends that the BBHFF immediately complete and submit its proposal for building a replacement facility for the Jackie Withrow Hospital.

The BBHFF concurs with the Legislative Auditor's recommendation that this issue be prioritized and a plan be developed for immediate action. However, the BBHFF would like to clarify that, as the Legislative Auditor noted within the report, there are many options available, all with potential benefits and detriments to the patients, their families, employees, and the surrounding communities. Until such time as a decision is made and funding becomes available, the BBHFF will strive to continue to seek out maximum efficiencies while maintaining the operability of the facility.

2. The Legislative Auditor recommends that the BBHFF facilitate the development of comprehensive preventive maintenance schedules for the seven state-owned hospitals.

The BBHFF concurs with the Legislative Auditor's recommendation that a comprehensive preventative maintenance schedule be developed. Currently, Sharpe Hospital is installing Computer Maintenance Management System (CMMS) as part of a renovation and 50 bed expansion at the facility. It is anticipated that CMMS or a similar software will be purchased and adopted by all other BBHFF administered Facilities.

Mr. John Sylvia
February 4, 2013
Page Two

3. The Legislative Auditor recommends that the BBHHF continue to develop standardized reporting requirements and quarterly reporting forms for use by the 13 comprehensive behavioral health centers and enforce that the forms be filled out completely and accurately.

The BBHHF concurs with the Legislative Auditor's Office that the Bureau needs to continue to develop and implement acceptable and standardized reporting requirements for use by all providers. As noted in the Legislative Auditor's Report, the BBHHF has made strides in the last few years to review and improve the reporting forms used to track program performance. The result of one of those initiatives was the Care Coordination forms reviewed by the Legislative Auditor's, and still being ingrained into program performance.

The BBHHF would also like to clarify that the other two programs identified for review by the Legislative Auditor (Adult and Adolescent Outpatient and Intensive Outpatient Services) are grant programs which are mirrored on Medicaid services and as a result, data is reported in the same format as would be required by those services to be reimbursable. The key difference for payment of those services through the grant would be the individual did not qualify for federal or any other reimbursable service, and the BBHHF is payor of last resort as per West Virginia Code. The BBHHF still concurs improvements to the reporting system will increase the usability of the data already collected and lead to better program evaluations.

The BBHHF would also like to note that in addition to its own initiatives, the DHHR has conducted an internal review of the efficiency and effectiveness of policies and procedures within the Department with respect to performance measures applied towards recipients of DHHR grant awards. This internal review started in October, 2012, and it is anticipated that the results, when final, will assist in the prioritization of the need for increased accountability and performance measures.

4. The Legislative Auditor recommends that the BBHHF make improvements to its performance measures as indicated in this report.

The BBHHF concurs with the Legislative Auditor's recommendation that the Bureau make improvements to its performance measures. As stated in the Bureau's response to the previous issue (#3), the BBHHF has made strides in the last few years in relation to standardized forms and performance measures. In response to the many changes at both the Federal and State level over the last few years, the BBHHF has committed significant efforts to review and evaluate the services being provided throughout the state of West Virginia.

The BBHHF would like to note that during December of 2012, the Bureau collaborated with both the Department of Health and Human Resources and the West Virginia State Budget Office to revise and update much of the information contained in the Executive

Mr. John Sylvia
February 4, 2013
Page Three

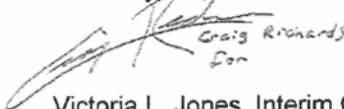
Budget for the upcoming 2014 State Fiscal Year. While the BBHMF believes that significant progress was made, we look forward to our continued work with those organizations to provide detailed, realistic and meaningful performance measures on an annual basis.

5. The BBHMF should enhance the user-friendliness and transparency of its website by incorporating the website elements identified by the Legislative Auditor.

The BBHMF concurs with the Legislative Auditor's recommendation that the Bureau should enhance the user-friendliness and transparency of its website. As noted by the Legislative Auditor, the webpage was transferred to West Virginia Interactive during the 2012 State Fiscal Year, however, the official go live of the completely new website did not occur until June of 2012. Since that time the BBHMF has made consistent efforts to improve the usability and functionality of the site and will continue to do so with the input of all interested parties.

The BBHMF would like to thank the Legislative Auditor's Performance Evaluation and Research Division for the opportunity to respond to the draft report of the Performance Review of the Bureau for Behavioral Health and Health Facilities.

Sincerely,



Craig Richards
Son

Victoria L. Jones, Interim Commissioner
Bureau for Behavioral Health and Health Facilities

VLJ:dm

cc: Brian Cassis, Director, DHHR Office of Internal Control and Policy Development
Craig Richards, Deputy Commissioner, Bureau for Behavioral Health & Health Facilities



WEST VIRGINIA LEGISLATIVE AUDITOR

PERFORMANCE EVALUATION & RESEARCH DIVISION

Building 1, Room W-314, State Capitol Complex, Charleston, West Virginia 25305

telephone: 1-304-347-4890 | www.legis.state.wv.us/Joint/PERD/perd.cfm | fax: 1-304-347-4939