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STATE COMPTROLLER



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STATE OF NEW YORK  
OFFICE OF THE STATE COMPTROLLER

August 15, 2002

James L. Stone, MSW, CSW  
Commissioner  
Office of Mental Health  
44 Holland Avenue  
Albany, NY 12229

Re: Training of Direct Care Staff  
Report 2001-S-57

Dear Mr. Stone:

Pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution, and Article II, Section 8 of the State Finance Law, we have audited the training of direct care staff at psychiatric facilities operated by the Office of Mental Health (OMH) for the period January 1, 1997 through April 30, 2002.

**A. Background**

OMH is responsible for the planning and operation of an integrated system of mental health care designed to assist adults who have serious and persistent mental illness and children who suffer from serious emotional disturbances. OMH delivers mental health services at a variety of facilities, including 26 State-Operated Psychiatric Centers (Centers), 2 research institutes, 30 State-Operated Community Residences (SOCRs), 3 Residential Care Centers for Adults (RCCAs) and 5 Transitional Residences. Centers serve clients in inpatient settings, and SOCRs, RCCAs and Transitional Residences operate through Centers to provide community-based programs for clients who do not need inpatient services. OMH has a workforce of over 18,000 employees, including administrative and facility direct care staff. OMH's Bureau of Education and Workforce Development (Bureau) in OMH's central office is responsible for developing and providing employee training. Bureau staff train central office employees, develop training courses and conduct train-the-trainer sessions for Center personnel. Center personnel provide training to both Center and community based employees.

In 1995, OMH initiated an action plan to improve safety and security at all facilities. The objective of the action plan was to review and refine overall safety and security issues and to develop new procedures. Some of the resulting safety enhancements included several important staff training initiatives. OMH has mandated 39 training courses that cover a wide variety of mental health-related topics. There are 11 training courses that are required for all direct care staff. This

audit focused on five of these courses, which we selected based on our assessment of the overall importance of the related training initiatives. The five courses are: the Core Curriculum, Preventing and Managing Crisis Situations (PMCS), Infection Control, Incident Reporting and Investigation, and Information Management/Information Security.

In 1997, OMH introduced the Core Curriculum training program as part of its effort to address the many changes taking place in mental health. This three-day training initiative was organized into six modules and the course was designed to convey OMH's mission and to improve services and the competencies of the OMH workforce. Direct care employees were to receive the Core Curriculum once by the end of 1998 or upon being hired thereafter. This course is not required for SOCR, RCCA or Transitional Residence employees.

PMCS is an annual mandatory training program designed to strengthen staff competencies and build on those skills developed in the Core Curriculum by providing specific skills for preventing, de-escalating and managing aggressive behavior in an inpatient setting. This course is mandated by an OMH policy issued in 1999, by the Mental Hygiene Law and by standards of the Joint Commission on Accreditation of Health Organizations (JCAHO). PMCS is not required for SOCR, RCCA or Transitional Residence employees.

All employees are required to annually receive Infection Control training, which instructs staff on techniques to use to protect themselves from blood-borne pathogen exposure, and on actions to take in the event of an exposure. The State Education Department requires licensed medical professionals to receive this course every four years as a condition of re-certification of their license. An OMH policy issued in 1987, JCAHO standards, the Occupational Safety and Health Administration (OSHA) and the Public Health Law all mandate this course.

Incident Reporting and Investigation courses train employees about reporting and investigating incidents of property damage, occupational illness, and injuries to patients, personnel and visitors. OMH policies and procedures do not specify how frequently the course is to be given. Therefore, it is up to each Center to determine the frequency. The Centers we visited required this course to be given at least once during our audit scope period. This course is mandated by an OMH policy issued in 1993, JCAHO standards, the Civil Service Law and the Mental Hygiene Law.

OMH policy states that all employees shall receive annual training on Information Management/Information Security to instruct individuals on the procedures necessary to ensure the confidentiality of OMH data. An OMH policy issued in 2000, JCAHO standards, and the Mental Hygiene Law mandate this course.

## **B. Audit Scope, Objectives and Methodology**

We audited the procedures used by OMH to provide reasonable assurance that Centers are complying with staff training requirements for the period January 1, 1997 through April 30, 2002. The primary objectives of our performance audit were to determine whether OMH direct care employees receive mandated training and to identify best practices in place at the Centers we visited.

To accomplish our objectives we interviewed staff from OMH and from seven Centers, as follows: Bronx Psychiatric Center (Bronx); Capital District Psychiatric Center (CDPC); Elmira Psychiatric Center (Elmira); Mid-Hudson Forensic Psychiatric Center (Mid-Hudson); Mohawk Valley Psychiatric Center (Mohawk); Pilgrim Psychiatric Center (Pilgrim); and the Richard H. Hutchings Psychiatric Center (Hutchings). We selected these Centers for review since they provided for a range in facility size (we included Centers with small, medium and large inpatient populations) and for a variety of geographic locations (the seven Centers were located in different regions of the State). Further, we reviewed OMH policies and procedures, and examined automated training transcripts for the 7 Centers and the 18 SOCRs, 1 RCCA and 2 Transitional Residences operated by these Centers to verify that employees attended training courses. In addition, to assess the level of compliance with OMH mandated training requirements, we selected a random sample of direct care staff and determined whether these employees had completed the five training courses we selected for review.

We conducted our audit in accordance with generally accepted government auditing standards. Such standards require that we plan and perform our audit to adequately assess those OMH operations that are within our audit scope. Further, these standards require that we understand OMH's internal control structure and compliance with those laws, rules and regulations that are relevant to the operations included in our audit scope. An audit includes examining, on a test basis, evidence supporting transactions recorded in the accounting and operating records, and applying such other auditing procedures as we considered necessary in the circumstances. An audit also includes assessing the estimates, judgments and decisions made by management. We believe that our audit provides a reasonable basis for our findings, conclusions and recommendations.

We use a risk-based approach when selecting activities to be audited. This approach focuses our audit efforts on those activities we have identified through a preliminary survey as having the greatest probability for needing improvement. Consequently, by design, we use our finite audit resources to identify where and how improvements can be made. Thus, we devote little effort to reviewing operations that may be relatively efficient or effective. As a result, we prepare our audit reports on an "exception basis." This report, therefore, highlights those areas needing improvement and does not address activities that may be functioning properly.

### **C. Results of Audit**

Based on our review of the training records for a random sample of Center, SOCR, RCCA and Transitional Residence employees, we determined that between 6 and 31 percent of OMH direct care staff had not completed required training. We also found that the rates of compliance with training requirements varied among the five courses we tested and among the seven Centers we visited. In our judgment, OMH management needs to reemphasize the importance of mandated training and improve its oversight of Centers' compliance with training requirements.

#### **1. Compliance With Training Requirements**

OMH has developed an extensive training curriculum which focuses on strengthening the competencies of its employees and improving the quality of services. To determine whether OMH complies with training requirements for its direct care staff, we verified staff attendance at 5 of the 11 courses specifically required to be taken by all direct care staff. We obtained an OMH database

of active employees as of either December 2001 or January 2002 at each of the 7 Centers, 18 SOCRs, 1 RCCA and 2 Transitional Residences we tested. Using this data, we identified a total of 3,786 inpatient and outpatient direct care staff at these Centers and community based facilities, from which we selected a random sample of 393 employees (279 Center employees and 114 community based employees). We then tested whether the sampled employees had attended the required training.

In doing our tests, we reviewed various sources of documentation maintained to verify and track staff attendance at mandated training. These sources include computerized employee training history transcripts maintained by individual Centers for their respective employees. We also reviewed available sign-in/sign-out attendance records for individual courses. We concluded that we could generally rely on the accuracy of the Centers' employee training history transcripts based on our verification to original sign-in/sign-out records. Centers also send staff supervisors periodic reports that identify employee training histories as well as the courses employees are required to take to satisfy training requirements. The frequency of these reports varied among the Centers we visited, ranging from monthly to semi-annually.

From our analysis, we determined that between 6 and 31 percent of direct care employees did not receive the required training. The following table shows the percentage of employees that did not satisfy the training requirement, by year, for each of the courses direct care staff members were required to take annually (i.e., three courses for Center employees and two courses for community based employees). Because PMCS and Information Management/Information Security courses were not mandated until 1999 and 2000, respectively, our testing for these courses was limited to the start of the mandated periods. Since Incident Reporting and the Core Curriculum had to be completed only once during our audit period to meet OMH requirements, the table shows the percentage of employees that did not take the course during that time.

PERCENTAGE OF EMPLOYEES WHO DID NOT COMPLETE TRAINING							
	1997	1998	1999	2000	2001	Average Annual Exception Rate	Course Not Taken
<b>Center Employees</b>							
PMCS	NA	NA	38%	27%	30%	31%	
Infection Control	35%	12%	37%	10%	14%	21%	
Information Security	NA	NA	NA	36%	12%	23%	
Incident Reporting							7%
Core Curriculum							6%
<b>Community Based Employees</b>							
Infection Control	31%	12%	23%	12%	10%	17%	
Information Security	NA	NA	NA	22%	8%	15%	
Incident Reporting							30%

NA: Attendance statistics are not applicable, since the course was not required for this year.

On a Center-by-Center basis, we found that the level of compliance with the training mandate varied significantly. For example, whereas only 40 percent of our sample of employees at the Bronx received the PMCS training, 92 percent of the Elmira staff had completed this course. Similarly, while just 54 percent of SOCR employees at Hutchings had satisfied the Infection Control training requirement, 99 percent of the SOCR employees at Elmira had taken this course, as required.

We also found that the overall compliance rate at the Bronx was low in comparison to the rates at the other Centers we visited. We determined that Bronx officials did not begin to offer the Core Curriculum training until the fall of 2000, more than two years after the course was first required to be taught. In addition, we found that none of the approximately 60 staff assigned to two inpatient service units (male admissions and residency training) had received Core Curriculum training as of April 2002. The staff on the male admissions and residency training units comprise approximately 11 percent of the Bronx's 544 direct care employees.

OMH's mandated training courses for direct care staff are intended to benefit both employees and the OMH clients with whom they interact on a regular basis. According to Center officials, employees who do not receive adequate training may perform at a lower level than employees who completed the training. Further, Center officials stated that individuals who miss training could act indecisively in a crisis. Senior OMH management stated that current procedures require Center personnel to evaluate the competencies of their employees, identify areas needing improvement and then initiate training. However, our findings suggest there is a risk that employees do not always receive such training identified by these competency evaluations.

During the course of our audit, Center managers told us that they need to balance staff attendance at training with meeting OMH's primary responsibility of providing care and services to clients who reside in Centers and community based facilities. Managers noted that they must maintain adequate staff coverage when employees attend classes. They also stated that, when training is offered outside the employees' regular work schedule, employees are paid overtime to attend the required training. However, restrictions on the amount of overtime Centers can pay can make it difficult to meet the mandated training requirements for all direct care staff.

As a result of our audit tests and observations, we concluded that OMH senior management and Center officials should improve their oversight of training for direct care staff to obtain greater assurance that these staff members receive mandated training courses. For example, some Centers produce formal employee training history reports on a monthly basis. Supervisors can use these reports to monitor employees' progress in satisfying requirements, and request that employees be scheduled for any training they need. However, other Centers, such as the Bronx, produce reports only twice a year. Reports produced this infrequently do not provide supervisors with timely notice of the training employees need to meet their annual requirements. We also found that, with the exception of Mid-Hudson, the Centers we visited did not have a policy that required trainers to promptly notify supervisors when employees miss training they are scheduled to attend. Prompt notification is necessary to ensure that supervisors are aware of these occurrences. We also found there is no centralized database used to track the training provided to Center and community based employees. Instead, each Center has its own system for electronically tracking training histories. While some Centers have good rates of compliance, others do not. OMH central office should strengthen procedures in place to identify those Centers that are not meeting the mandate so that

appropriate corrective measures can be taken to address instances of non-compliance. Bureau officials stated that OMH's Center for Information System Management is looking into acquiring a software package that is capable of tracking training histories of all OMH personnel.

We also found that some Center officials knew that some staff members had not received all mandatory training. One Center official also acknowledged that some staff try to avoid training and that others fail to attend scheduled classes. Further, we found that poor record keeping practices at the Bronx and Hutchings, two Centers that had low rates of conformance with mandated training, exacerbated compliance problems. It is essential that OMH and Center officials reemphasize the importance of attending required training and that Centers maintain complete and reliable attendance records. In addition, we found that CDPC and Hutchings did not give formal Information Management/Information Security training for 2000, but rather, distributed information security pamphlets developed by the Bureau. (Hutchings employees were also required to sign a usage agreement). The mandate was initially announced in 1999 in anticipation of the official February 2000 mandate. The Director of the Bureau agreed that distribution of pamphlets was not an acceptable means for fulfilling the mandate. CDPC and Hutchings provided a formal course on this topic in 2001.

Bureau officials cited several tools that they use to monitor the competencies and health and safety of such staff. These monitoring tools include JCAHO reviews, health and safety committees, Safe and Therapeutic Environment Plans, Facility Management Indicator Reports and monitoring of staff competencies by Center management and OMH's Governing Body. However, as documented in this report, OMH officials need to strengthen their monitoring of staff compliance with mandated training requirements, to maximize the percentage of staff members who fulfill all requirements. In this regard, communication on training compliance occurs through OMH's Governing Body through reviews of staff competencies. Yet, not all of the Centers we reviewed report to the Governing Body on training compliance for all employees or for all mandated courses.

## **2. Best Practices**

Training is important to help ensure employee competencies. We found some Centers are taking positive steps to enhance their training programs. OMH officials agreed with our observations pertaining to best practices and stated that they plan to inform all Centers of these practices.

Elmira offers on-line learning to employees on the Center's Intranet site. The Intranet site also provides supervisors and employees access to training transcripts and current training schedules. This system has alleviated some of the tracking, reporting and scheduling issues that a staff development team can encounter. The site is also linked to various sites that have up-to-date information on new practices, technologies and medicines. Hutchings also recently began using on-line training.

Pilgrim uses a bar code scanning system to enter completed training into its automated training database. Employees who attend training are required to sign in next to their name on a class roster, which includes a bar code next to their name. The bar code represents each individual's social security number. Social security numbers of employees who took training can be quickly and easily scanned in from the signed roster sheets. The bar code scanning system has helped speed up

the data entry process. Center officials stated that it was inexpensive to acquire the software and modify the bar code reading system to suit their needs. The Center also airs learning initiatives, developed at the Center, on televisions located throughout the hospital wards for Center employees to view throughout the day.

The Director of the Staff and Organizational Development unit at Mid-Hudson annually reviews all employee performance evaluations to identify skills and areas where employees need improvement. This information is used to modify and update the Center's training program in order to meet the identified needs.

### **Recommendations**

1. *Reemphasize the importance and necessity of mandatory training for all Center, SOCR, RCCA and Transitional Residence personnel.*
2. *Take steps on both central office and Center levels to strengthen monitoring of compliance with mandated training for direct care staff which include, but are not limited to, the following actions:*
  - *improve central office's monitoring of Centers' compliance with training requirements, and take appropriate corrective action to address identified non-compliance;*
  - *direct Centers to produce formal and frequent employee training history reports so supervisors can intervene, as necessary, to schedule staff for the training they need to meet annual requirements;*
  - *require that Centers develop policies requiring trainers to promptly notify unit supervisors when employees do not attend scheduled training; and*
  - *establish adequate record keeping practices at all Centers.*
3. *Examine alternative methods for delivering and administering mandatory training, including but not limited to, using electronic training methods and automating training histories.*

We provided draft copies of this report to OMH officials for their review and comment. Their comments have been considered in the preparation of this report and are included as Appendix A. OMH officials generally agreed with our recommendations. OMH officials also disagreed with certain statements made in the report. In this regard, Appendix B contains State Comptroller's Notes, which address matters of disagreement contained in OMH's response.

Within 90 days after the final release of this report, as required by Section 170 of the Executive Law, the Commissioner of the Office of Mental Health shall report to the Governor, the State Comptroller and the leaders of the Legislature and fiscal committees, advising what steps were taken to implement the recommendations contained herein, and where recommendations were not implemented, the reasons therefor.

Major contributors to this report were Ed Durocher, Andrea Inman, David Bell, Shawn Smith and Nancy Varley.

We wish to thank the management and staff of OMH for the courtesies and cooperation extended to our auditors during the audit.

Very truly yours,

Kevin M. McClune  
Audit Director

cc: Deirdre A. Taylor





James L. Stone, MSW, CSW, Commissioner

44 Holland Avenue  
Albany, New York 12229

July 26, 2002

Kevin McClune  
Audit Director  
Management Audit  
Office of the State Comptroller  
110 State Street  
Albany, NY 12236

Dear Mr. McClune:

The Office of Mental Health has reviewed the draft audit report entitled, Training of Direct Care Staff (2001-S-57). Our comments to the findings and recommendations contained in the report are enclosed.

The Office of Mental Health appreciates the Office of the State Comptroller's efforts to recommend improvements in our operations.

Many thanks for your continued help and cooperation.

Sincerely yours,

A handwritten signature in black ink that reads "James L. Stone". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

James L. Stone

Enclosure



**OFFICE OF MENTAL HEALTH  
RESPONSE TO THE OFFICE OF THE STATE COMPTROLLER'S  
DRAFT AUDIT REPORT 2001-S-57  
TRAINING OF DIRECT CARE STAFF**

**OMH Overall Comments**

As described later in this response, the Office of Mental Health is in general agreement with and has begun implementing many of the Office of the State Comptroller's audit recommendations.

We are also pleased that OSC has accepted several of the suggestions previously made by OMH to improve the accuracy of the report. However, the draft report includes a number of misleading statements which require correction, and OMH requests that those statements be revised or removed as indicated throughout our response.

**OMH Comments to OSC Statements – Results of Audit**

On page 3 of the draft report (Section C), OSC states "...we concluded that many OMH direct care staff have not completed required training." Page 4, third paragraph includes a similar statement. Both of these statements are misleading. The facts of the draft report confirm that the large majority of OMH direct care staff, ranging from 94% to 70%, depending on the training area, were found to have completed mandated training. The OSC statements should be revised to make this point clear.

\*  
Note  
1

Again on page 3, Results of Audit, OSC states that "If direct care staff are not adequately trained, there is a risk that they will not know about current medical practices or will not be able to act decisively in an emergency." (See also paragraph 3 on page 5 for a similar comment.) ***These comments are inappropriate since none of the areas of mandated training that were reviewed are concerned with the practice of medicine.*** Furthermore, as explained in OMH's response to the OSC preliminary audit finding, staff competencies are regularly monitored and assessed by performance outcome processes which are outside of the training area (as explained on page 2 of this response). In addition, clinical supervision is ongoing and continuous. All staff members likely to be responding to emergency situations must have demonstrated competence in the interventions they may be called upon to perform. Missing a mandated training in a non-clinical area has no bearing on this process. Accordingly, OSC's misleading comments should be removed from the report.

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Note  
1

On the last line of paragraph 2 on page 6, OSC comments "Bureau officials stated that OMH's Center for Information Systems Management is looking into acquiring a software package that is capable of tracking training histories of all OMH personnel." Please note that OMH has purchased the software package (Aspen Click2Learn), and it is being piloted prior to implementation at OMH psychiatric centers.

In the last paragraph on page 6 (which extends to page 7), OSC reacts to OMH's comments that

\* See State Comptroller's Notes, Appendix B

many tools are used to assess the competencies, health and safety of staff. In this paragraph, OSC dismisses these methods saying "...these tools do not provide a consistent or comprehensive review of training compliance." This OSC comment misses the point. The monitoring tools referred to in this paragraph are not intended, nor do they, directly review or monitor training compliance. They are used instead to monitor the outcomes of service at the individual and system level. Poor outcome, e.g., noticing that the rate of restraint and seclusion is increasing at a certain facility, may trigger enhanced training in that specific area as one of many possible ways to improve outcome. We discussed these methods because ***OMH outcome data over the time period of this audit show continued improvements in the rates of staff injuries, escapes, and use of restraint and seclusion in OMH psychiatric centers. This is direct evidence that staff are doing their work in a competent way, and is indirect evidence that the staff's level of training is appropriate and adequate to the tasks they are asked to do.***

\*  
Note  
1

In this same paragraph on the top of page 7, OSC states "...not all of the Centers we reviewed report to the Governing Body on training compliance for all employees or for all mandated courses." OMH maintains that ***discussion of training activities is a standing agenda item at all OMH facilities, which means it is discussed with senior Central Office management at least four times per year.*** Formal reports on training are presented to the Governing Body and reviewed and approved as necessary, but at least once per year.

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Note  
2

In the second paragraph on page 6, OSC comments about not counting the Information Security training provided at Capital District and Hutchings Psychiatric Centers. OMH believes that these two facilities met the intent of providing Information Security training in the first year that it was required.

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Note  
3

Recognizing the importance of such training due to the confidentiality of patient records, OMH developed this new initiative for implementation in 2000. The intent for the first year was to get the material out to OMH staff while more formalized training was being developed. For example, Hutchings PC's Director of Education and Training recognized the importance of this training and wanted to immediately train Hutchings staff. Information pertaining to this training requirement (i.e., Information Security Booklet and Information Security Quick Reference Sheet along with the usage statement) was distributed to all staff in late 1999 and Hutchings required each employee to return the signed usage statement. OMH believes that the training provided in 1999 should be counted as meeting the requirement for the year 2000. This would materially increase the level of compliance at Hutchings for this area of training.

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Note  
3

At the Capital District Psychiatric Center (CDPC), our review of the OSC sample in the area of Information Security for inpatient staff indicated that 90% received all required training and that 100% of the SOCR staff received the required training. These percentages were supported by the data provided to OSC during their on-site work. However, OSC reported that none of the inpatient or SOCR staff received the required training. OSC did not accept the method of training provided in this area to CDPC staff during the year 2000. However, OMH believes that the facility did meet the intent of the training in the initial year by delivering with the employee paychecks the *Security Awareness Brochure and the Information Security at the NYS Office of Mental Health and Your Role*

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Note  
3

\* See State Comptroller's Notes, Appendix B

*and Responsibilities: An Overview.* CDPC has provided a self-instruction refresher module in subsequent years to remain in compliance with this mandated training. In our opinion, CDPC has met both the intent and spirit of the training and OMH disagrees with OSC's exclusion of this training from their calculation.

In addition, on at least two occasions, staff were trained at the end of one year to get a start on the following year of training. For example, staff may have received training in January of one year and then received the training again in November or December of that year, but not the following year. In these instances, OSC did not give the facility "credit" for providing that training on both dates. OMH believes that the training dates (in these instances) are appropriate and should be counted in both years.

* Note 4
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## **OMH Responses to Specific OSC Recommendations**

### **OSC Recommendation No. 1**

Reemphasize the importance and necessity of mandatory training for all Center, SOCR, RCCA and Transitional Residence personnel.

#### **OMH Response:**

OMH concurs with this recommendation and has already taken action to ensure its implementation. The importance and necessity of mandatory training has been reemphasized in recent Facility Director's Meetings, and is also stressed at each quarterly Governing Body meeting for each facility. Likewise, staff training is a standing agenda item at quarterly Governing Body Meetings.

### **OSC Recommendation No. 2**

Take steps on both central office and Center levels to strengthen monitoring of compliance with mandated training for direct care staff which include, but are not limited to, the following actions:

- improve central office's monitoring of Center's compliance with training requirements, and take appropriate corrective action to address identified non-compliance;
- direct Centers to produce formal and frequent employee training history reports so supervisors can intervene, as necessary, to schedule staff for the training they need to meet annual requirements;
- require that Centers develop policies requiring trainers to promptly notify unit supervisors when employees do not attend scheduled training; and
- establish adequate record keeping practices at all Centers.

\* See State Comptroller's Notes, Appendix B

**OMH Response**

OMH generally agrees with the need to better monitor compliance with mandated training, but strongly believes that this responsibility rests at the psychiatric center level under the general oversight of Central Office given the extent of practices in place to monitor the competencies and health and safety of staff. Such monitoring practices include: JCAHO reviews, health and safety committees, Safe and Therapeutic Environment Plans, Facility Management Indicator Reports, and continuous monitoring of staff competencies by facility management and Governing Body.

Once implemented by OMH facilities, the utilization of the recently purchased automated system will provide *facility management with the ability to: establish training histories on all staff; promptly identify staff who do not attend required training; and generate a notification to each deficient employee and their supervisor.*

**OSC Recommendation No. 3**

Examine alternative methods for delivering and administering mandatory training, including but not limited to, using electronic training methods and automating training histories.

**OMH Response**

OMH will diligently continue its efforts in pursuit of alternative training methods. The Bureau of Education and Workforce Development has been and continues to work with the Center for Information Systems Management to review the cost and efficacy of purchasing software for on-line curriculum development for mandated training. Also, OMH recently implemented an on-line system called the *OMH On-Line Institute*, which is an internet-based learning system designed to enhance the supervisory, administrative and management skills of the OMH workforce. This effort will provide OMH with experience in this area and lead to further on-line training efforts.

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## ***State Comptroller's Notes***

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1. We modified our report accordingly.
  
2. We acknowledge that discussion of staff training activities occurs on a routine basis at the Centers. However, the formal means of reporting on training is a written report to the Governing Body. We noted that some written reports did not contain information on training compliance for all employees or for all mandated courses and, therefore, we maintain that improved central office oversight of compliance with training requirements is warranted.
  
3. We do not agree with OMH's position that the distribution of information packets to employees at the Capital District and Hutchings Psychiatric Centers met the intent of providing Information Management/Information Security training in the first year it was required. OMH officials provided sufficient advance notice to the Centers of the impending mandate and, as we noted in the report, five of the seven Centers we tested provided formal Information Security training to their employees. Further, OMH's Director of the Bureau of Education and Workforce Development acknowledged to us that the distribution of pamphlets was not an acceptable means for fulfilling the mandate.
  
4. We reviewed over 3,700 records in our testing of compliance with mandated training requirements and used a consistent methodology to count training in those instances where training was provided in advance of the required timeframe. If a Center informed us that it had altered the training year to get a start on meeting the mandate, we recognized these instances as satisfying the training requirement for the period in question. However, with respect to the two occasions cited by OMH officials, the Center in question did not alter its training calendar and, consequently, we did not give credit in these two instances.