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OFFICE OF THE STATE COMPTROLLER

May 10, 2004

Sharon E. Carpinello, RN, Ph.D.
Commissioner
Office of Mental Health
44 Holland Avenue
Albany, NY 12229

Re: Report 2003-F-54

Dear Dr. Carpinello:

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 followed up on the actions taken by officials of the Office of Mental Health (OMH) to implement the recommendations contained in our audit report, *Training of Direct Care Staff* (Report 2001-S-57).

Background, Scope and Objectives

In 1995, OMH initiated an action plan to address the many changes taking place in mental health and to improve safety and security at its facilities by raising the competency level of the OMH workforce. This action plan mandated 39 training courses that cover a wide variety of mental health-related topics, including 11 that are required for all direct care staff. Our audit focused on 5 of these 11: the Core Curriculum, Preventing and Managing Crisis Situations (PMCS), Infection Control, Incident Reporting and Investigation, and Information Management/Information Security. Although OMH policies and procedures do not always specify the required frequency for training in each of these areas, we found that most OMH Psychiatric Centers (Centers) require that courses be provided once a year.

Our initial report, which was issued on August 15, 2002, examined the question of whether these five courses were provided as required; we found they were not. Our report found, on the basis of our random sample of direct care staff, that the requirements for these courses had not been met by between 6 percent and 31 percent of OMH's direct care staff. Moreover, at some facilities, the rate of noncompliance was very high (e.g., at one psychiatric center, the PMCS course was not provided to 60 percent of the direct care staff in our sample). We recommended that compliance with training requirements be monitored more closely by OMH managers. The objective of our follow-up, which was conducted in accordance with Generally Accepted Government Auditing Standards, was to assess the extent of implementation, as of March 25, 2004, of the three recommendations included in our initial report.

Summary Conclusions and Status of Audit Recommendations

We found that OMH has made significant progress in correcting the problems we identified. Of the three prior audit recommendations, two recommendations have been implemented and one recommendation has been partially implemented.

Follow-up Observations

Recommendation 1

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

Status - Implemented

Agency Action - The importance of mandated training was discussed in June 2002 at a Facility Directors' meeting held by OMH's Central Office. Central Office staff and the Centers' Directors agreed that training should be included as a standard agenda item at Governing Body meetings. Officials provided us with a copy of an August 2002 Central Office e-mail reminder that was sent to the Executive Directors of all Centers, reaffirming the June meeting decision and providing the Centers with new guidelines for Governing Body agendas that added training as one of the topics to be discussed at these meetings. Central Office staff attend all Governing Body meetings, providing direct oversight of the Centers' compliance with mandated training requirements. We obtained copies of Governing Body agendas from three Centers - Mohawk Valley, Elmira, and Bronx - that show the addition of training as a discussion topic at these meetings. We also received documents to support the inclusion of training accomplishments in the Centers' annual reports.

Recommendation 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 noncompliance;*
- *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.*

Status - Partially Implemented

Agency Action - In June and August 2002, OMH took steps to strengthen compliance by reinforcing requirements for mandatory training and requiring Governing Body meetings to report on the Centers' training accomplishments. Although OMH officials generally agreed with the need for more-careful monitoring of compliance with mandated training, they told us they believe this responsibility rests at the Center level, under the general oversight of the Central Office. They explained that, in addition to Central Office monitoring through Governing Body meetings, monitoring is also provided through Joint Commission on Accreditation of Health Organizations (JCAHO) reviews, health and safety committee reviews, and other related indicator reports.

In addition, OMH is currently searching for an automated Learning Management System (LMS) that will strengthen the Centers' ability to manage their training functions, activities, and records. This LMS would also provide the Central Office with the ability to monitor and track staff's education requirements and training compliance. Once implemented, the automated system would provide Center management with the ability to establish training histories on all staff; promptly identify staff who do not attend required training; and generate notifications, both to employees who need training and to their supervisors.

Recommendation 3

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

Status - Implemented

Agency Action - OMH officials provided documents that detailed their consideration of alternative methods for delivering and administering mandatory training. In 2002, OMH began extensive development and testing of an LMS called Aspen, which OMH hoped would provide all the benefits of the LMS described previously, including the generation of automated training histories. As the Aspen system was developed and tested through August 2002, significant problems were identified. OMH evaluated the system until December 2002, when officials concluded that Aspen had serious limitations that would prevent it from being adopted effectively at all of the Centers. During the same period, OMH also implemented an e-learning training initiative called the OMH Online Institute. Through this initiative, staff have been provided the opportunity to access on-line training programs on a wide range of topics. This Internet-based learning system is designed to enhance the supervisory, administrative, and management skills of the OMH workforce. OMH resumed its search for an alternative LMS in early 2003, and sent out a new request for information/proposal to several vendors in September 2003. OMH currently has three prospective vendors, is actively evaluating these LMS products, and expects to have a system operational at all of the Centers by 2005.

In addition to finding an alternative LMS, OMH started a "Computer Based Training Development Work Group" in October 2002 to explore and promote the expanded use of computer-based training (CBT) programs as a method of delivering training to OMH staff. OMH also purchased software to support the development of CBT and has conducted

training in the use of this software for members of the work group. OMH is using CBT increasingly to deliver mandated Health Insurance Portability and Accountability Act (HIPAA) training, using CD-ROM-, Internet-, and intranet-based instruction to all members of the OMH workforce; as well as mandated Hazardous Materials Communications/Right to Know training. To ensure continued compliance with the HIPAA Security Regulation, OMH is currently developing computer-based Information Security Training for all staff.

Major contributors to this report were Joel Biederman and Don Wilson.

We would appreciate your response to this report within 30 days, indicating any actions planned to address the unresolved issues discussed in this report. We also thank the management and staff of the Office of Mental Health for the courtesies and cooperation extended to our auditor during this process.

Very truly yours,

Frank J. Houston
Audit Director

cc: Stanley P. Lockwood, OMH
Robert Barnes, DOB