

OVERVIEW

Audit of the School-Based Behavioral Health Program

Report No. 02-11, June 2002

Summary

The Office of the Auditor conducted an audit of the School-Based Behavioral Health Program of the Department of Education (DOE) pursuant to Section 23-4, Hawaii Revised Statutes, which requires the office to conduct post-audits of the transactions, accounts, programs, and performance of all departments, offices, and agencies of the State and its political subdivisions.

The School-Based Behavioral Health (SBBH) Program serves all students who have, or may develop, behavioral issues. The program offers prevention, early intervention, and intensive services closely tied to educational activities. The program began on July 1, 2001 when the DOE assumed responsibility for approximately 9,000 students previously receiving outpatient mental health services through the Department of Health's Child and Adolescent Mental Health Division. The DOE's educational model focuses on behaviors that impair a student's ability to learn, as opposed to a clinical model of diagnosis and treatment.

We found that the DOE has not ensured the efficient and effective delivery of mental health services under its SBBH Program. The program has deficiencies in the areas of personnel, management information systems, procurement, and quality assurance. The department had identified these concerns prior to the implementation of the program, but proceeded anyway.

In the area of personnel management, we found that some employees received significantly higher salaries than others with the same job titles and responsibilities. These differences appeared across districts and across complexes within districts. For example, a doctoral-level psychologist or a similar position providing clinical supervision could earn \$70,000 a year in the Honolulu District or up to \$123,000 in the Central District. In the Hawaii District, the same position could pay \$70,000 to \$80,000 in Hilo or \$100,000 in Ka'u. As a result, districts and complexes competed with each other for qualified candidates.

The long-delayed management information system for special education, called ISPED, continues to vex the SBBH Program. Problems with inputting data at the school level mean that the system, although nominally operational, does not produce reliable and valid reports.

In assuming responsibility from the Department of Health for contracting with private providers for the SBBH population, the Department of Education has contracted with providers that do not meet DOE criteria. Hiring providers that cling to the clinical model means hiring contractors that could work at cross purposes against DOE's educational model. We found the department hired contractors over whom the department's evaluators expressed concerns.

We also found that the DOE fails to accurately account for the cost of its program. The department has been reporting only additional funding requests—\$27.2 million and 405 positions for FY2001-02. It has not been reporting the funding in the base budget—another \$14 million and 293 positions—for a total of \$41.2 million and 698 positions for school-based behavioral health.

Finally, we found that the impact of anticipated autism services on the school-based behavioral health infrastructure and staff is unclear. The department intends to take on additional responsibilities (on July 1, 2002) for the delivery of even more complicated mental health services while still correcting SBBH program deficiencies. The department has no autism plan, the structure of contracts remains unresolved, and who is responsible to oversee contracted providers to curtail fraud is uncertain.

Recommendations and Response

We recommended that the DOE expedite its: a) development of minimum qualifications for staff and resolution of issues regarding probation and performance appraisals; b) integration of fragmented information systems by ensuring that ISPED is functional and accessible to all school-based behavioral health staff; c) revision of its procurement process to ensure that all relevant criteria are taken into consideration before issuing of an RFP and that only qualified providers willing to comply with the school-based behavioral health model are utilized; d) implementation of controls to curtail potential billing fraud; e) creation of a quality assurance system to track progress and assess appropriateness and effectiveness of services provided.

We also recommended that the Board of Education and the Legislature compel the department to update its school-based behavioral health budget to accurately reflect all positions and funding.

Finally, we recommended that the Department of Education clearly identify the infrastructure for the School-Based Behavioral Health Program and autism services, starting by differentiating the responsibilities of school-based behavioral health staff and autism services staff.

The DOE responded that it welcomes the findings of the report, but said we failed to note that corrective actions were already underway before the audit began and that we misstated a finding of a prior audit report issued by our office. The department also felt that it provided the Legislature with accurate information regarding the budget for the SBBH Program. However, the department noted that it would provide the Board of Education and the Legislature with a budget for the program that clearly reflects relevant positions and funding. The DOE also stated that actions are already underway to provide appropriate controls over personnel management, information systems, procurement processes, and quality assurance.

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