Study to Measure the Delivery of Services in Accordance with the Individualized Education Programs of Students with Disabilities, Year 8 Report 2010–11

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Year 8 Summary

- This report focuses on Outcome #13 of the Modified Consent Decree (MCD) which requires that the Los Angeles Unified School District provides evidence that at least 93% of special education services required by students' Individualized Education Programs (IEPs) were delivered and that 85% of the services meet the frequency and duration specified in the IEPs.

- Estimates for the population of special education students excluding students with Specific Learning Disabilities (SLD) show 95% of required services were delivered. The confidence interval is above the MCD outcome of 93%.

- For students with SLD, estimates show that 91% of the required services were delivered. The outcome requirement does not fall within the 95% confidence interval for this estimate.

- The frequency and duration of all services combined are lower than the MCD outcome; however, frequency made a large increase this year and is over 80%.

Overview

This report presents the results from the Year 8 study to measure whether the Los Angeles Unified School District (LAUSD or the District) has met the goals of Outcome #13 of the Modified Consent Decree (MCD). Outcome #13 measures the delivery of services to students with disabilities. Since the District did not meet the outcome in 2009-10, data collection and service delivery monitoring continued in 2010-11. In Year 8, this study has been a collaborative effort between LAUSD's Office of Data and Accountability and the American Institutes for Research (AIR).[1] Charter school students are included in this study and it is hoped that this will provide valuable information on Charter students with disabilities to the Division of Special Education and the Charter Schools Division. In March 2010 the District initiated a new IEP format. Therefore, this year we had two different IEP formats, those completed before March 15

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[1] The American Institutes for Research (AIR) conducted the Year 1 study in 2003-04 and the Office of Data and Accountability (formerly Program Evaluation and Research Branch) conducted the Year 2-4 studies. In Years 5-7 the data coding was done jointly between the Office of Data and Accountability and AIR.

(i.e., the old format) and those completed on or after March 15 (i.e., the new format). In addition, some IEPs are a combination of the two formats. This project is directed by the Office of the Independent Monitor (OIM), an independent body responsible for overseeing the progress of the District towards the outcomes, verifying the accuracy of District data, and determining disengagement from the MCD.

Outcome #13 states that the District must provide evidence that at least 93% of special education services required by students' Individualized Education Programs (IEPs) were delivered and 85% of the services must meet the frequency and duration specified in the IEPs. This outcome examines two disability groups for evidence of service: all disabilities combined excluding Specific Learning Disability (SLD) and SLD individually.[2]

The study addressed the following three questions:

- (1) Was there evidence of service delivery?
- (2) Did the student receive service at the frequency (i.e., how often the service was provided) stated on the IEP?
- (3) Did the student receive service for the duration (i.e., amount of time service was provided) stated on the IEP?

In addition, the Office of Data and Accountability conducted a separate site visit study to compare observations of service sessions in relation to what was documented on provider logs. This was an important step in determining the accuracy of the logs being used for this outcome.

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[2] Starting with Year 2, the MCD required that the District disaggregate the evidence of service delivery results for the population excluding SLD and for SLD only. Because students with SLD comprise the majority of the special education population, the OIM wanted to ensure that this group did not bias the overall results.

Methods

This study addressed the three research questions by examining the agreement between student IEPs and provider logs over periods of 8 weeks (for weekly or daily services) or 2 months (for monthly services). Logs are the official record of service and therefore should reflect actual service provision. Over the last several years, LAUSD has used a districtwide web-based software system called Welligent to document IEPs and provider logs. LAUSD's Office of Data and Accountability drew a random sample of 4,882 special education students across 10 disability categories for the MCD Study (see Appendix A for a comprehensive description of the sample). The Office of Data and Accountability requested Welligent IEP information from the Information Technology Division, resulting in complete IEPs for 4,595 students (94% of the sample). Some students were excluded from the study because they exited special education, attended non-public schools, or left the District.

Based on the services specified in the IEPs in Year 8, the Office of Data and Accountability requested 7,146 logs for the MCD Study from the Division of Special Education.[3] AIR analyzed the logs using computer programs with the Office of Data and Accountability preparing the databases, entering the supplemental information, offering technical assistance, and hand-coding some of the logs.[4] See Appendix A for the complete methodology.

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[3] In Year 1, AIR staff compared the IEP information to the logs and then entered the codes into a database according to a detailed coding manual. In Years 2–4, the Office of Data and Accountability continued this process while fine tuning the manual. In Year 5, a different approach was taken since most of the logs were now in Welligent. With guidance from the Office of Data and Accountability and the OIM, AIR developed a computer program based on the coding rules in the manual to electronically compare IEPs and logs. This computer program analyzed more than 70% of the sampled services, improving efficiency in conducting this work. The Office of Data and Accountability continued to hand-code the non-Welligent logs (paper logs), all Resource Specialist Program (RSP) logs, and logs accompanied by supplemental information from the Division of Special Education. In Years 6 and 7, AIR analyzed all of the sampled IEPs and logs using computer programs, as paper logs were no longer accepted. The Office of Data and Accountability continued to enter the supplemental information from the Division to guide the coding, offer technical assistance to AIR, and conduct validation checks of the computer coding.

[4] Some charter school and multi-track school cases needed to be hand-coded by the Office of Data and Accountability and OIM staff as the computer program was not designed to handle them. The results were given back to AIR to include with the computer results.

The observation study consisted of 245 services. Staff called schools to find out the service schedule and then made unannounced visits. The results of the observations were compared to the logs to determine if the logs were accurate at documenting both completed services and reasons why services did not occur. See Appendix B for the complete methodology.

Summary of Findings

In Year 8, AIR conducted analyses of the IEP and log data collected for this study and submitted a separate report to the OIM detailing the results of those analyses (see Appendix C for the full report). This section is based on the Office of Data and Accountability's review of those results.

Were special education services provided as required by the IEP?

Based on provider logs, the results showed evidence that 95% of the special education services required by IEPs districtwide during the 2010–11 school year were provided.[5] This figure represents services for students in all disability categories districtwide except for those with Specific Learning Disabilities (SLD). For the students with SLD included in this study, the results showed that evidence of service delivery was provided for 91% of their required services. Because these estimates are based on a sample of students and not the entire population, AIR estimated confidence intervals at the 95% level to specify the precision of these estimates. If we examined the entire population of students excluding SLD in 2010–11, we would expect (with 95% confidence) the true service delivery rate to fall between 93.8% and 95.3%. The confidence interval for SLD shows that the true estimate would be expected to fall within the range of 89.0% to 92.6%.

Therefore, for the special education population excluding SLD, the confidence interval range is above the MCD outcome. For SLD only it does not meet the outcome goal. For the special education population excluding SLD, the evidence of service rate remained the same as last year whereas the SLD only rate slightly decreased from 93% to 91%.

While the outcome does not apply to individual disability categories, except for SLD, disaggregating the results by disability and service categories may be helpful for future monitoring purposes. Across the 10 disability categories, the estimate of service delivery for students with Autism, Deaf/Hard of Hearing, Multiple Disabilities/Deaf-Blindness, Mental Retardation, Orthopedic Impairment/Traumatic Brain Injury, Speech/Language Impairment, and

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[5] This is a population estimate based on the probability weights for each disability category, excluding SLD.

Visual Impairment were at or above the 93% threshold.[6] Only Emotional Disturbance, Other Health Impairment, and Specific Learning Disability were below the outcome threshold. From the service perspective, 2 of the 11 service categories – Resource Special Program (87%) and School Mental Health (88%) – still show estimates of service delivery less than 93%. Last year 4 of the 11 categories did not meet the goal. However, Deaf/Hard of Hearing, Pre-School, and Visual Impairment showed 100% evidence of logs for the sampled students. This was an increase from last year where only one showed 100% evidence of logs.

Were services provided at the frequency and duration required by the IEP?

A second component of this study examined whether the services were provided at the frequency (e.g., 2 times a week) and the duration (e.g., 30 minutes per week) as documented in the IEPs. As mentioned above, the outcome specifies that 85% of services must meet the frequency and duration documented in the IEPs. Based on the analysis of the logs, 82% of services across the population of students in special education with evidence of service met the frequency requirements in 2010–11 (confidence interval: 80.6% to 83.0%), while 69% met the IEP specifications for duration (confidence interval: 67.5% to 70.3%).[7] Appendix C-Figure 3 reports this information by disability category, and Figure 4 depicts the percentages by service category.

This is a substantial increase for frequency (74% vs. 82%) but still slightly below the goal. There was a slight increase for duration but the goal has still not been met. The confidence interval for frequency and duration indicate that the estimates are lower than the established outcome of 85%.

Similar to previous years' results, there was considerable variation by individual disability and service categories. Estimates for meeting the IEP frequency ranged from 74% for students with Emotional Disturbance to 87% for students with Multiple Disabilities/Deaf-Blindness. Only

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[6] Please see the confidence intervals in Appendix C for individual disability categories.
[7] This is the fourth year in which population estimates were calculated for frequency and duration.

Deaf/Hard of Hearing, Multiple Disabilities/Deaf-Blindness, Orthopedic Impairment/Traumatic Brain Injury, and Visual Impairment were 85% or more. Duration rates ranged from 65% for students with Emotional Disturbances or Autism to 80% for students with Deaf/Hard of Hearing. None were 85% or more. By service category, frequency estimates ranged from 70% for School Mental Health and 94% for Visual Impairment; seven services (Adapted Physical Education, Deaf/Hard of Hearing, Least Restrictive Environment, Non-Public Agency, Pre-School, Resource Specialist Program, and Visual Impairment) were above the 85% goal. Duration estimates ranged from 51% for Non-Public Agency to 89% for Pre-School services. Only Deaf/Hard of Hearing and Pre-School were over 85%.

What did the exploratory analyses reveal?

Based on AIR's exploratory analyses, of those that did not meet the IEP requirements, 44% were missing frequency by one session and 36% were missing duration by one session (average session minutes). Last year it was found that approximately one-third of the frequency and duration cases missed meeting the IEP requirement by one session. See Section II (Appendix C) for a detailed explanation of when these occurred.

Were services for charter school students provided as required by the IEP?

At the request of the OIM, a separate analysis was conducted on charter school students in the sample. For all disabilities excluding SLD there was evidence of service in 91% of the cases (with a confidence interval of 88.2% and 94.7%). For SLD only it was also 91% (with a confidence interval of 84.7% and 95.7%). For frequency 74% met the frequency requirement (with a confidence interval of 69.1% and 78.1%) whereas 59% met the duration requirement (with a confidence interval of 54.2% and 64.3%).

Based on the observations, were the logs completed accurately?

Similar to past years we are still finding that what we observed or were told by the school staff was not always reflected in the logs. Overall, in 74% of the cases the observation and log matched on status (either completed session or reason for no session). Compared to last year

we observed less services (46% versus 54%) and less completed sessions matched the log (80% versus 89%). See Appendix B for the complete observation study.

Conclusion and Recommendations

In Year 8, for all disability categories excluding SLD, the MCD outcome falls within the 95% confidence interval. Although SLD did last year, this year the estimate of service delivery (91%) does not. Similar to past years, the frequency and duration results show estimates and confidence intervals that are lower than the required outcome of 85%. However, the frequency rate is close to the goal (82%). Of those that missed the frequency requirement, 44% missed the requirement by only one session. This was an increase from last year (32%).

The District was asked to respond to the recommendations made last year.

> The District seriously considers and implements those study recommendations that are feasible, such as having administrators at school sites monitor service provision on a regular basis and meeting with service providers who are not accurately documenting services in order to resolve the documentation practice issue, as well as having service providers sign in and out and notify the school when they are cancelling services, a process that had already been in place. However recommendations found not fiscally or programmatically feasible for the District, such as holding IEP meetings before or after school and holding professional development meetings afterschool or on weekends are not able to be implemented.

Based on this year's findings, the following series of recommendations, similar to past years, are suggested to improve IEP and log documentation in LAUSD.

Recommendations

1) This year the data was difficult to interpret because the District changed IEP formats in March 2010, creating two different IEP formats plus cases combining the two (hybrids). By the beginning of the 2011-12 school year all of the old IEPs and hybrid IEPs should have been replaced by the new format. The Division should check the Welligent system for any students that still have old format IEPs and conduct new IEPs.

2) Several problems were encountered with the new IEP format. If it has not been corrected already, edits should be placed into the new IEP to eliminate problems. The following are some examples. All RSP services should have to have a RSP performance area listed.

There should be a clear way to determine if speech services are school-based or from a non-public agency. There were many problems with incorrect service dates. For instance, the end date was before the start date or the start and end dates were the same.

3) The Division of Special Education should continue to train providers on how to enter log information into the Welligent system accurately. Based on the observation study and similar to past year's studies, some of the logs did not match what site visitors observed or what was reported by school staff (see Appendix B for a discussion of the observation study and results). Also, since Resource Specialist Program (RSP) and Adapted Physical Education (APE) providers are not required to indicate the time of the service, it was difficult to reliably monitor these services. This is not only a problem for those who conduct analyses but also one would expect it to be a problem for the School and Related Services Administrators who must monitor these services at the schools. Therefore, it is recommended that providers be required to provide actual times of service delivery for RSP and APE.

4) The Division of Special Education should continue to examine individual services to determine why they did not meet the MCD outcomes for service delivery, frequency, and duration. This may require providing more training targeted towards providers of certain services to improve provision and documentation. Although most children are getting some service, as indicated by the evidence of service measure, many are not getting the amount specified on the IEP, as indicated by the frequency and duration measures. Last year it was recommended that the Division should require an administrator at the school site to monitor service provision on a monthly basis and that those providers who are not meeting their IEP goals need to be counseled. Since this is still a problem the Division should evaluate the process of monitoring and counseling.

Appendix A: Service Study Methods

Sampling Design

The Los Angeles Unified School District's (LAUSD) Student Information System (SIS) special education database comprised the study population. The database was drawn in February 2011. As in previous years, students were excluded if they attended non-public schools, had graduated, had left the District, or were not 3-years old by September 30, 2010. Additional students were dropped due to data entry problems. Students were not eligible to be selected for the study if they did not have at least one service code. Table A-1 reports the counts of students by disability code.

TABLE A-1
Counts of students with disability codes in the Los Angeles Unified School District, 2011

Disabilities	Frequency	Percent
Autistic (AUT)	6,388	12.4
Deaf – Blindness (DBL)	3	.0
Deafness (DEA)	302	.6
Developmental Delay (DD)	2,832	5.5
Emotional Disturbance (ED)	560	1.1
Established Medical Disability (EMD)	28	.1
Hard of Hearing (HOH)	871	1.7
Mentally Retarded (MR)	2,318	4.5
Multiple Disabilities – Hearing (MDH)	71	.1
Multiple Disabilities – Orthopedic (MDO)	880	1.7
Multiple Disabilities – Vision (MDV)	84	.2
Orthopedic Impairment (OI)	640	1.2
Other Health Impairment (OHI)	4,902	9.5
Specific Learning Disability (SLD)	24,209	47.1
Speech and Language Impairment (SLI)	6,924	13.5
Traumatic Brain Injury (TBI)	84	.2
Visual Impairment (VI)	255	.5
Total	**51,351**	**100**

Note: Table A-1 excludes students who attended non-public schools, graduated or left the District, were not 3-years old by September 30, 2010, had data entry irregularities, or did not have a service code.

As done in Years 2-7, the Office of Data and Accountability collapsed the disabilities and services into 10 and 11 groups, respectively, combining categories that were similar in nature

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as well as consolidating low-incidence categories. For example, Developmental Delay (DD) was grouped with Mental Retardation (MR). (See Tables A-2 and A-3 for these groupings.)

The study objective was to make statements about the overall special education population as well as specific disabilities and services. To do so, a goal was set to collect data on at least 330 students in 8 of 10 disability categories. Since Specific Learning Disability (SLD) and Speech and Language Impairment (SLI) represented the largest groups in the population, a larger sample was drawn to increase the precision of the estimates. Because the first year's results showed approximately 15% errors and 15% attrition/transiency in the data, we over-sampled. As was done during the previous years, we randomly selected 380 cases in each category except for VI, SLD, and SLI. For VI, we selected all of the cases (339), given that there were fewer than 380 students. For SLD, we randomly selected 1,080 students and for SLI we randomly selected 750 students. We randomly selected an additional 53 students at charters schools to augment the sample. Where possible we randomly selected additional students to increase the sample to 30 students in each disability category. This was not possible for VI and MDDBL. As in previous years, charter students were included in the MCD Study so that the study would represent all schools in the District.

Individualized Education Program (IEP) and Log Collection

The Office of Data and Accountability provided a list of the 4,882 students in the sample to the Information Technology Division (ITD), requesting specific information from current and amended IEPs. Based on the IEP file, 287 students were dropped from the study (266 with no IEP, 10 who became ineligible, and 11 who are now attending a non-public school). As shown in Table A-2, we obtained more than 330 IEPs for all but one disability category.

TABLE A-2

Number of students sampled and number of students for whom IEPs were obtained, by disability category

Disability Grouping	Categories Included	N Sampled	N of Students whose IEPs were Obtained
Autism (AUT)	AUT	389	363
Deaf/Hard of Hearing (DHH)	DEA, HOH	390	370
Emotional Disturbance (ED)	ED	385	336
Mental Retardation (MR)	DD, MR	398	378
Multiple Disability/Deaf-Blind (MD/DBL)	DBL, MDH, MDO	386	373
Orthopedic Impairment/ Traumatic Brain Injury (OI/TBI)	OI, TBI	385	371
Other Health Impairment (OHI)	EMD, OHI	380	356
Specific Learning Disability (SLD)	SLD	1,080	1018
Speech and Language Impairment (SLI)	SLI	750	702
Visual Impairment (VI)	VI, MDV	339	328
Total		**4,882**	**4595**

Based on these IEPs, we generated a list for all of the services the students were entitled to receive and determined which 8-week/2-month period would be most appropriate to request, given that LAUSD has single and multi-track schedules.[8] On behalf of the Office of Data and Accountability, the Division of Special Education collected the sampled service logs from the Welligent system. See Table A-3 for the number of logs per service in our sample.

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[8] Some service providers had vacations during our requested period, so we made additional adjustments for certain services and tracks. We asked for complete months for monthly services, which included more than the 8-weeks requested for weekly services.

TABLE A-3
Number of logs per service in the sample

Service Grouping	Services Included	N of Service Logs Requested	Percent
Adapted Physical Education (APE)	• Adapted Physical Education	760	11%
Deaf/Hard of Hearing Itinerant Service (DHH)	• Audiology • Deaf/Hard of Hearing Itinerant	435	6%
Language and Speech (LAS)	• Language and Speech • Non-Public Agency Services-Speech[9]	1735	24%
Least Restrictive Environment Itinerant Service (LRE)	• Inclusion • Least Restrictive Environment Counselor	182	3%
Non-Public Agency (NPA)	• Non-Public Agency Services-Behavior Support	185	3%
Occupational Therapy (OT)	• Occupational Therapy • Occupational Therapy – Clinic	578	8%
Physical Therapy (PT)	• Physical Therapy	340	5%
Pre-School (PRE)	• Pre-Kindergarten Itinerant • PKIT-HS	108	2%
School Mental Health (SMH)	• Pupil Counseling • School Mental Health	625*	9%
Resource Specialist Program (RSP)	• Resource Specialist Program	1825	26%
Visual Impairment Itinerant Service (VI)	• Blind/Partially Sighted Itinerant • Orientation Mobility for Blind	373	5%
Total		**7146**	**102%****

*This number includes some cases where both Designated Instruction and Services (DIS) 4 and 20 were listed on the IEP. Although we requested both logs we combined them and only expected one log.

** The total is more than 100% due to rounding.

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[9] In past years Non-Public Agency Services-Speech was under Non-Public Agency (NPA). This year they were coded by the providers as Language and Speech so we couldn't determine which ones were NPA.

Data Entry and Analysis

In Years 2 through 4, the Office of Data and Accountability checked the logs by hand to determine whether the information on the logs matched the IEP requirements. This was necessary since many of the logs were completed on paper with different formats and non-standard coding. Hand-coding allowed us to use all of the information provided in making coding decision. Given that the Welligent system housed the majority of provider logs in Year 5, the Office of Data and Accountability and the American Institutes for Research (AIR) revised the approach in order to take advantage of this electronic information. Accordingly, AIR developed a computer program to analyze information extracted from the Welligent databases, while the Office of Data and Accountability continued to hand-code a more limited number of logs. For Years 6 and 7, AIR with the guidance of the Office of Data and Accountability and the Office of the Independent Monitor (OIM) coded all of the service records by computer and analyzed the codes. For Year 8, AIR continued to analyze the service records by computer program. LAUSD and OIM staff had to hand-code a selection of logs since the program wasn't designed to handle these cases.[10] Since IEPs are not static, the Division of Special Education may have provided additional information on the student or the service. For instance, a student may have left the District after our request or had a new IEP meeting, thus impacting what log information we would expect. The Office of Data and Accountability entered this information into the database before the computer analyses.

As in past years, the Office of Data and Accountability and AIR collaborated on establishing and documenting detailed rules to maintain consistency coding the data. Based on these coding rules, each service was given a code for each research question to indicate whether the log met the IEP requirements (code 1) or did not meet the requirements (code 2). In some cases, the log or IEP lacked sufficient information to make a judgment, and in others, we excluded the service from the analysis (e.g., if the student left the District).

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[10] Charter schools do not always follow the same pattern of school closures as District schools so hand-coding was used to determine if those days were on normal days of service. For Tracks 4C and 3A (E basis) there were not 8 consecutive weeks of instruction so we examined 6 and 7 weeks respectively and made adjustments accordingly.

Only services for which we obtained a log were included in the frequency and duration analysis, which examined whether the service was provided over an 8-week/2-month period in accordance with the IEP specifications. For instance, if the IEP noted that service was to be provided once a week, we would expect service to occur at least 8 times over the 8 weeks. For the duration analysis, if the IEP stated that the student was to receive 30 minutes of service per week, we would expect the student to receive a minimum of 240 minutes of service.

Appendix B: Observation Study

Overview

The Office of Data and Accountability conducted a separate study to assess the accuracy of log documentation by comparing information from field observations to what providers documented on the log for a sample of services.[11] Accuracy was measured by whether what we observed at the school or what was reported by the school staff matched the log. This study is an important step in understanding the reliability of analyzing logs as a method to monitor progress towards the Modified Consent Decree (MCD) outcomes. This is the fifth year of this study.

Methods

The Office of Data and Accountability selected a subsample of 35 students in each of 7 service categories for a total of 245 services from the MCD sample for field observations. Only students with specific frequency and duration information (e.g., one time a week for 30 minutes) in their Individualized Education Programs (IEPs) were selected for the sample. The service categories included in this study were Adapted Physical Education (APE), Deaf/Hard of Hearing (DHH), Language and Speech (LAS), Occupational Therapy (OT), Resource Specialist Program (RSP), School Mental Health (SMH), and Visual Impairment (VI).[12] After completion of the observations, logs were requested from the Information Technology Division (ITD) for the subsample for the observation period (i.e., February through May).

The study was a three-step process. The first step was to obtain each student's service schedule information from administrators, special education coordinators, or IEP (special education) clerks at the school of enrollment. Using this information, we documented whether

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[11] In Years 1 through 3 the observation study was designed to determine whether services were occurring or not. This study was not designed for that purpose.
[12] DHH includes Audiology and Deaf/Hard of Hearing Itinerant, SMH includes Pupil Counseling and School Mental Health, and VI includes Blind/Partially Sighted Itinerant and Orientation Mobility for Blind.

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the sampled student was still at the school, whether or not he or she was receiving special education services, the required frequency and duration of current IEP services, and scheduling information (e.g., days of the week/month and time of day at which services were typically provided). We also documented whether the day and start time were flexible (e.g., sometime during the mornings) or fixed (e.g., every Friday at 9 a.m.). We inquired about all of the services listed on the IEP, so that the schools would not know the specific focus of our visit. No attempt was made to set up a visit time. Although students often receive services in more than one category, if a student was no longer receiving the specific service we selected, we did not attempt to observe any other service for that same student. Examples of students whose service wouldn't be observed are flexible schedules, no provider was assigned, or the student had to be dropped from the study.

In the second step, we visited the school during the scheduled service time and attempted to observe the service.[13] The third step was the comparison of the observation findings with the log information using a set of coding rules. We used the logs to determine the following information: 1) the status of the session (if service was completed or if there was a reason why service was not completed), 2) the number of completed service minutes (e.g., 30), and 3) what time the service session started (e.g., 9:30). For sessions in which service was provided, we compared the observation notes on the status of the session, the amount of minutes, and the start time to the log information; for instances of no service, we examined only the status. Number of minutes and start time was based on when the provider was available for service and not when the student arrived. Since Adapted Physical Education (APE) and Resource Specialist Program (RSP) providers are not required to indicate a start time, these cases were dropped from this part of the analysis. Resource Specialist Program was also eliminated from the analysis of the number of minutes because of interpretation issues due to multiple sessions and RSP areas.

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[13] For School Mental Health services the observers remained outside the room due to the sensitive nature of the service.

Based on the observation or what was reported by school staff, we categorized the status of each session with 11 distinct codes:

- session completed (code 1)

- service provided but session incomplete (code 2)

- provider absent because of illness, an emergency or jury duty (code 3)

- provider in meeting (code 4)

- student absent (code 5)

- student no show (code 6)

- provider absent but the reason was unacceptable or unknown (code 7)[14]

- no provider assigned (code 8)

- service too flexible to observe (code 9)

- student excluded from analysis (code 10)

- service occurred at another time (code 11).

We expected the observation or school information to match what we saw on the logs. For instance, if the school staff reported to us that the provider was at an IEP meeting, we would expect the log to indicate that the provider was at an IEP meeting for that day. In some cases we did not conduct an observation (i.e., no provider was assigned, the service was too flexible to observe, or the case was excluded from analysis). In these cases there may or may not be a log.

Results

Overall, did the observation or school information match the log status?

In 74% of the cases the log and observation matched for status over the seven service categories. Matches were documented for both services that we observed and for those that we were given a reason from school staff as to why service wasn't completed. This is lower than

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[14] For the purposes of the study, the MCD indicates that certain reasons for provider absences (i.e., illness, emergencies, or jury duty) are acceptable whereas others are not. Therefore, provider absences with an acceptable reason and provider absences with an unacceptable reason were coded separately.

the last two years (78% and 82% respectively). As indicated in Table B-1, the observations

provided a variety of different situations to compare to the logs.

TABLE B-1
Number of matched observations to logs by session status

Status of Session	N (%) of Observations	N (%) of Observations in which Status of Observed Session Matched the Log
Code 1. Session completed	107 (44%)	86 (80%)
Code 2. Service provided but session incomplete*	6 (2%)	4 (67%)
Code 3. Provider absent (illness, emergency, jury duty)/student present at school	6 (2%)	2 (33%)
Code 4. Provider in meeting/student present at school	8 (3%)	1 (13%)
Code 5. Student absent/provider present at school	21 (9%)	12 (57%)
Code 6. Student no show/provider present at school	5 (2%)	2 (40%)
Code 7. Provider absent (reason unknown)/student present at school	8 (3%)	5 (63%)**
Code 8. No provider assigned	1 (<1%)	1 (100%)
Code 9. Service too flexible to be observed	35 (14%)	32 (91%)
Code 10. Exclude from analysis (e.g., student exited from special education, moved to a Non-Public School, or left the District)	33 (14%)	30 (91%)
Code 11. Session occurred at a different time	15 (6%)	6 (40%)
TOTAL	245 (100%)	181 (74%)

* Welligent does not permit the documentation of a "service provided but incomplete duration" status; therefore, we would expect the provider to document "Complete" when service was provided.
**In this case, if there is nothing on the log this is also considered a match.

Did the completed service session information match the logs?

First of all, there was a decrease in the number of completed sessions we were able to observe

this year (46% versus 54%). For codes 1 and 2 (complete and partially complete) combined, we

found that 80% of the cases had a completed session listed for the day we observed on the log.

This was also a decrease from last year (89%). Of the 23 cases in which the log did not

document a complete session that day, 19 had no information on the log for that day, 1 had no

log, and 3 did not match. In 15 cases we were told that we had the wrong session time. If the session happened the day before, the same day, or the day after then we coded it an 11 and looked to see if the new information matched the log. It is important to note that we did not observe this service. In 6 cases the new information matched the log. In 6 cases we were told that the service would occur another time but there was nothing on the log. It is unknown if the service did occur but the provider failed to enter it on the log or if the service did not occur. In 2 cases the service was listed for the same day and time even though we were not able to observe a service and in 1 case it said a different time than what we were told.

Did the number of service minutes and the start times match the logs?

We were able to look at completed minutes and start times for codes 1 and 2 (complete and partially complete). Of the 75 code 1 and code 2 cases with a duration documented on the log (RSP was eliminated from this analysis because of multiple sessions), 60 matched within 5 minutes (80%). This was a decrease from last year (85%). In 6 cases we observed more time than was indicated on the log, and in 8 cases, the log indicated more minutes than we observed. Of the 54 cases with a start time documented on the log (APE and RSP do not have start times listed on the logs), 40 matched within 5 minutes (74%). This was an increase from last year (66%) and the year before (67%).

Did the reasons for no service match the logs?

For codes 3 through 6 (reasons for no service), we would expect a reason for no service to be listed on the logs; however, only 43% of the logs matched the status information. Last year 52% matched. There were 6 cases were the school informed us that the provider was out because of illness, jury duty, or personnel necessity (code 3). In 2 cases the log matched but in the other cases it said that there was nothing on the log or there was a change in the student's schedule. There were 8 cases where the school said that the provider was out because he or she was at a meeting (code 4). In only one case this matched the log. In 6 cases it said something different and in one case it indicated nothing on the log. There were 21 cases were the student was

absent (code 5). In 12 cases the log said that the student was absent but in 9 cases it did not match (2 had nothing on the log for that day and 7 had something different listed). In 2 out of 5 cases where the school said that the student couldn't attend the service because of a field trip or testing (code 6) the log matched. In 2 cases it indicated that the service was complete but we were unable to determine the time from the log and in one case there was nothing on the log. For code 7 (provider absent no reason), it was considered a match if it said provider absent or if there was nothing on the log for that day. In 2 of the 8 cases the log matched what was indicated and in 3 cases there was nothing on the log for that day. In 3 cases something else was listed on the log.

Did the information match when we did not expect to receive a log?

In cases where we did not expect to receive logs (specific reasons identified below), a match is when we do not receive a log or if we do receive a log, it is not for the service time period. Since we did not expect services in these instances we did not attempt observations. In only one case the school reported that no provider had been assigned (code 8) to the student. The student had changed schools and no provider had been assigned yet; however, based on the log a provider was assigned shortly after we called. In 35 cases the service was too flexible to observe (code 9). In all but 2 cases the log matched what we were told. The number of flexible services increased from 21 to 35 this year. We excluded 33 cases from the observation and coded them a 10 (e.g., the student left the school or exited the service).

Were there any differences by service categories?

APE and RSP were most likely to have an observable service. This is not unexpected as both APE and RSP are classes at the secondary level. MH was most likely to be on a flexible schedule and DHH students were most likely to be absent.

What were the limitations of the study?

First, we had to rely on what was reported by the school. In some cases the person providing the information may have had incorrect information. This may have resulted in some errors in the analyses. Second, some services may have changed from the time of the telephone call to the observation and/or the log. Finally, both APE and RSP do not indicate the time of the service on the log (i.e., the system defaults to 8 a.m.). This made it difficult to analyze if something other than what we expected showed up on the log. For example, if we were told that the provider was in an IEP meeting but the log showed that the service was complete we don't know if the service occurred at another time or if this was an error.

Conclusion

An important step in using log data to monitor service delivery is to assess whether the data accurately reflects what is occurring at the schools. Overall, the logs and the observation or information provided by the school matched 74% of the time. This rate is lower than last year. Consistent with the prior year's results, logs did not always reflect what we saw or what was reported by the school. When examining only sessions in which service was provided (codes 1 and 2 – complete and partially complete), we found that 80% of the logs indicated the service status correctly, a decrease from last year (89%). When the providers had to document reasons for no service the percentages of matches varied within codes.

Overall, the impact of the observation-log discrepancies upon the MCD outcome measures is uncertain, working both in favor and against the outcomes. For example, 20% of the observed sessions in which service was provided were missing session or log information (which could have the effect of lowering both the frequency and duration rates in the IEP-log comparison). Also, 8 of the logs with duration for code 1 or 2 sessions reported more duration than what was observed (thereby possibly inflating the duration rates) whereas in 6 cases the log indicated less time than we observed (thereby possibly deflating the duration rates). In conclusion, the study shows that services need to be better documented on the logs.

Even incorrectly documented reasons for services not being provided could have implications for the outcome measures. For the purposes of the MCD Study, certain reasons for no service being provided are counted as service and therefore proper documentation affects the outcome. For example, the study methodology provides credit for student absences. Among the 21 observations in which we were told that the student was absent, 2 cases had nothing on the log and therefore, providers would not have received session credit.

While some of the discrepancies may be due to schools providing incorrect information as opposed to incorrect log documentation on the part of the provider, these results suggest that providers may be still learning to use the Welligent system and more training as well as periodic checks may be needed to ensure that the logs are accurately documented. This is especially essential for providers new to the Welligent log system. It is important in establishing a useful monitoring system that providers not only document completed services but also the reasons why services did not occur.

Recommendations

1. The Division should take steps to ensure that providers are properly documenting their services. Additional training or supervision may be needed. Administrators should continue to review the logs each month to make sure the students are receiving services and that they are documented correctly. New procedures should be put in place to reduce the inaccuracies.

2. As mentioned in previous years, until APE and RSP have times included on the logs it is hard to determine if services are being documented correctly. This not only impacts the MCD Study but also the ability of the administrators to monitor the service delivery and documentation.

3. The number of flexible services is much larger this year than last year. The Division should study the impact of flexible versus stable services on the student and the student's progress to determine policy implications.

Appendix C: AIR's Report