Study to Measure the Delivery of Services in Accordance with the Individualized Education Programs of Students with Disabilities, Year 9 Report 2011–12

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Publication No. 383

September 2012

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Year 9 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 94% of required services were delivered. The confidence interval is above the MCD outcome of 93%.

- For students with SLD, estimates show that 94% of the required services were delivered. This is an improvement from last year (91%). The confidence interval is at or above the MCD outcome of 93%.

- The frequency is at 83% and duration is at 70%. Both are slight increases from last year. Frequency is very close to the outcome goal of 85% but duration is still lower than the MCD outcome.

Overview

This report presents the results from the Year 9 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 2010-11, data collection and service delivery monitoring continued in 2011-12. In Year 9, 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

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[1] 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 5-8 the data coding was done jointly between the Office of Data and Accountability and AIR.

format. Although some old format IEPs still exist in the database we decided to sample only students with a new format IEP.[2] 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.[3]

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 order to better understand the needs of the service providers and to identify areas that might be hindering students receiving service, a survey was sent to all service providers at the end of the school year.

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[2] The number of old format and hybrid IEPs was small relative to the population.

[3] 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 4,922 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 4,847 students (98.5% 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 9, the Office of Data and Accountability requested 7,728 logs for the MCD Study from the Division of Special Education.[4] 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.[5] See Appendix A for the complete methodology.

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[4] 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 through 8, AIR analyzed most 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, hand-code select logs, and conduct validation checks of the computer coding.

[5] 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.

An online survey was sent to 4,861 service providers at the end of May 2012. Only providers that provided services included in the MCD Outcome #13 study were included. With the assistance of the OIM and AIR, questions were designed by conducting a series of focus groups with supervisors, managers, and providers in January through March 2012. Pilot testing of the questionnaire was conducted to further fine tune the questions before distributing it to the entire population.

Summary of Findings

In Year 9, 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.[6] This section is based on the Office of Data and Accountability's review of those results. A separate report on the survey was also submitted to the OIM but will be briefly summarized in this section.[7]

Were special education services provided as required by the IEP?

Based on provider logs, the results showed evidence that 94% of the special education services required by IEPs districtwide during the 2011–12 school year were provided.[8] 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 94% of their required services. This is an increase from last year (91%). 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 2011–12, we would expect (with 95% confidence) the true service delivery rate to fall between 93.3% and 94.9%. The confidence interval for SLD shows that the true estimate would be expected to fall within the range of 93.0% to 95.9%. Therefore, for the special education population excluding SLD and for SLD only, the confidence interval range is at or above the MCD outcome.

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

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[6] AIR's Study to Measure the Delivery of Services in Accordance with the Individualized Education Programs of Students with Disabilities: Year 9 (2011–12).

[7] Office of Data and Accountability's Study to Measure the Delivery of Services in Accordance with the Individualized Education Programs of Students with Disabilities: Provider Survey Report 2011–12.

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

students with Autism, Deaf/Hard of Hearing, Multiple Disabilities/Deaf-Blindness, Mental Retardation, Other Health Impairment, Orthopedic Impairment/Traumatic Brain Injury, Specific Learning Disability, and Visual Impairment were at or above the 93% threshold.[9] Only Emotional Disturbance and Speech/Language Impairment were below the outcome threshold. Emotional Disturbance did increase from last year but Speech/Language Impairment decreased from the previous year when it met the goal. From the service perspective, 4 of the 11 service categories – Pre-School (61%), Non-Public Agency – Behavior (75%), School Mental Health (90%), and Occupational Therapy (91%) – show estimates of service delivery less than 93%. Last year only 2 of the 11 categories did not meet the goal. Of the two, Resource Specialist Program met the goal this year but School Mental Health did not but there was an increase from last year. Last year, 2 services had 100% but none did this year.

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, 83% of services across the population of students in special education with evidence of service met the frequency requirements in 2011–12 (confidence interval: 82.4% to 84.6%), while 70% met the IEP specifications for duration (confidence interval: 68.8% to 71.6%).[10]

This is an increase for frequency (82% vs. 83%) 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 was slightly below the goal but for duration the estimates are lower than the established outcome of 85%.

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[9] Please see the confidence intervals in the AIR report for individual disability and service categories.
[10] This is the fourth year in which population estimates were calculated for frequency and duration.

Similar to previous years' results, there was considerable variation by individual disability and service categories. Estimates for meeting the IEP frequency ranged from 73% for students with Emotional Disturbance to 93% for students with Visual Impairment. Only Visual Impairment, Multiple Disabilities/Deaf-Blindness, Specific Learning Disability, and Orthopedic Impairment/Traumatic Brain Injury were 85% or more. Duration rates ranged from 65% for students with Emotional Disturbances to 78% for students with Visual Impairment. None were 85% or more. By service category, frequency estimates ranged from 69% for School Mental Health and 96% for Visual Impairment; six services (Adapted Physical Education, Least Restrictive Environment, Non-Public Agency, Pre-School, Resource Specialist Program, and Visual Impairment) were above the 85% goal. Duration estimates ranged from 56% for Non-Public Agency to 85% for Visual Impairment. Only Visual Impairment was 85%.

What did the exploratory analyses reveal?

Based on AIR's exploratory analyses, of those that did not meet the IEP requirements, 42% were missing frequency by one session and 34% were missing duration by one session (average session minutes). This is similar to last year's results. If they missed duration by one session, 53% missed it for no stated reason and 27% missed it for attending an IEP meeting.

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 95% of the cases (with a confidence interval of 92.8% and 97.2%). For SLD only it was 94% (with a confidence interval of 90.0% and 97.7%). For frequency 83% met the frequency requirement (with a confidence interval of 79.9% and 86.5%) whereas 67% met the duration requirement (with a confidence interval of 63.1% and 71.4%). This is similar to the District results this year and an increase from last year.

What did the provider survey reveal?

On average the provider is assigned to 3 schools with a range of 1 to 49 schools. Although this varies by service, the provider visits 3 school or non-school location a month, providing service

to an average of 26.5 students. Providers were asked to identify what factors (i.e., school, IEP, or job) impact their ability to complete their student service sessions. One quarter (25%) felt that conducting assessments and writing reports is a major factor hindering them. One third or more felt the following were a moderate or major factor for them: conducting assessments and writing reports (48%), entering Welligent documentation (43%), attending IEP meetings (41%), and completing non-Welligent paperwork (33%). They were also asked what factors impact their ability to complete service tracking logs in Welligent during 2012.[11] Over one quarter (27%) indicated that limited time during the work day was a major factor in completing their logs. Over one third felt that limited time during the work day (53%) and the speed of the Welligent system (40%) are moderate to major factors for them. Two thirds work on their logs several days a week. The District provides Welligent reports to help providers monitor their service delivery but only 71% use them. At the end of the survey, they were asked if there was one thing that should be improved what it would be. Close to three quarters (72%) mentioned Welligent. Frequent comments were that it needs to be made: more efficient, user friendly, accurate, accessible, and faster.

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[11] Changes had been made to the Welligent system during the beginning of the school year so we didn't want that to influence their views. It was more important to get their views on the present version of Welligent.

Conclusion and Recommendations

In Year 9, for all disability categories excluding SLD and SLD only, the MCD outcome falls within the 95% confidence interval. 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 (83%). Of those that missed the frequency requirement, 42% missed the requirement by only one session. Of those that missed the duration requirement, 34% missed the requirement by only one session. This was similar to last year (44% and 36% respectively). Of those that missed the duration by one session, 53% had no reason listed and 27% had an IEP meeting listed as the reason for no service. Charter school results were similar to all schools. This year the providers completed a survey on factors that impact their ability to complete their student service sessions and to complete their logs. Time needed to conduct assessments and write reports, attend IEP meetings, and complete Welligent documentation were often mentioned as problematic as was having limited time during the work day and using the Welligent system itself.

Based on last year's recommendations, the Division indicated that the following changes were made:

- The District's IEP document format was updated on March 15, 2010. Subsequently all IEP annual review documents newly opened in the Welligent Integrated System on and after that date were in the updated format. Each student's annual review IEP meeting held on March 15, 2010 or after was conducted using the updated document format.
- The IEP document section FAPE Part 2 currently requires that a performance area be indicated for an RSP service. Edits are currently in place in the IEP to prevent an end date that is earlier than the start date.
- The District currently uses updated Welligent reports at the school-site and central level to monitor the provision of IEP services. Trainings, resources and supports for Resource Specialist Teachers and Designated Instructional Services providers are in use and are being expanded.

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

Recommendations

1) Even though the IEP format changed In March 2010, we still found IEPs that were on the old format or a combination of the two formats (hybrids). The Division should check the Welligent system for any students that still have old format IEPs and conduct new IEPs as it is past one year.

2) Several problems were encountered with the new IEP format. If these have not been corrected already, edits should be placed into the new IEP to eliminate these problems. The following are some examples. There should be a clear way to determine if speech services are school-based or from a non-public agency. Perhaps two separate DIS codes could be used. There were many cases with incorrect service dates. For instance, the start and end dates were the same or there was no end date listed. Edits should be put in place to not allow the IEP to close unless both dates are included and are reasonable.

3) 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. A few years ago 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.

4) A fair number are not meeting the frequency and/or duration by one session. Over half did not write down a reason for the missed session. Based on survey comments, it seems that the rules for what reasons a session needs to be made up or not are unclear.

Perhaps providers are not writing these down on the log because they don't realize that they count as service. Providers should be trained on what needs to be made up and what does not.

5) To help monitor service provision, additional status codes may be needed to explain why services are or are not being provided. Status codes should be placed in the Welligent log system that indicates that it is a make-up session or make-up time. Additional codes may be needed to clearly indicate why a session is not being conducted. For instance, the teacher won't release the student at the set time.

6) The provider survey revealed many areas that providers find to impact their ability to complete their student service sessions and to complete service documentation. The Division has already requested and received all of the provider's open-ended comments to help them identify areas that need improvement. Many comments had to do with problems using the Welligent system. Changes need to be made so providers are not spending so much of their time working on Welligent. Once it is determined how to fix these system problems, the changes should be made during winter break when services are not being provided so as to not slow down the documentation process further.

7) Having to conduct assessments and write reports was mentioned frequently by the providers as impacting their ability to conduct student service sessions. A team of supervisors and providers should be convened to determine how the process could be improved. Perhaps select providers could be assigned to do the assessments and report writing to free up time for the providers who are servicing students. These providers could also be used as substitutes when the service providers are not able to conduct service.

8) Conducting IEP meetings during the school day continues to be a problem. The Division needs to set guidelines on scheduling IEPs. An effort should be made to conduct all IEPs before school or directly after school within work hours. Pulling teachers out of classrooms and providers away from their scheduled appointments has too large an impact on students.

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 December 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, 2011. 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)	7,985	13.7
Deaf – Blindness (DBL)	3	< 0
Deafness (DEA)	323	.6
Developmental Delay (DD)	3,309	5.7
Emotional Disturbance (ED)	593	1.0
Established Medical Disability (EMD)	21	< 0
Hard of Hearing (HOH)	980	1.7
Mentally Retarded (MR)	2,546	4.4
Multiple Disabilities – Hearing (MDH)	80	.1
Multiple Disabilities – Orthopedic (MDO)	980	1.7
Multiple Disabilities – Vision (MDV)	114	.2
Orthopedic Impairment (OI)	724	1.2
Other Health Impairment (OHI)	5,883	10.1
Specific Learning Disability (SLD)	27,034	46.4
Speech and Language Impairment (SLI)	7,367	12.6
Traumatic Brain Injury (TBI)	94	.2
Visual Impairment (VI)	267	.5
Total	**58,303**	**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, 2011, or did not have a service code.

As done in Years 2-8, the Office of Data and Accountability collapsed the disabilities and services into 10 and 11 groups, respectively, combining categories that were similar in nature 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 SLD and SLI. For SLD, we randomly selected 1,080 students and for SLI we randomly selected 750 students. We randomly selected an additional 52 students at charters schools to augment the sample, increasing the sample to 40 students in each disability category except for VI and MDDBL where it was not possible. 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 4,922 students in the sample to the Information Technology Division (ITD), requesting specific information from current and amended IEPs. Based on the IEP file, 75 students with no IEP were dropped from the study. As shown in Table A-2, we obtained more than 330 IEPs for all disability categories.

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	383	377
Deaf/Hard of Hearing (DHH)	DEA, HOH	390	389
Emotional Disturbance (ED)	ED	380	371
Mental Retardation (MR)	DD, MR	402	388
Multiple Disability/Deaf-Blind (MD/DBL)	DBL, MDH, MDO	395	394
Orthopedic Impairment/Traumatic Brain Injury (OI/TBI)	OI, TBI	382	377
Other Health Impairment (OHI)	EMD, OHI	380	372
Specific Learning Disability (SLD)	SLD	1,080	1,067
Speech and Language Impairment (SLI)	SLI	750	735
Visual Impairment (VI)	VI, MDV	380	377
Total		**4922**	**4847**

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.[12] 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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[12] 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	798	10%
Deaf/Hard of Hearing Itinerant Service (DHH)	• Audiology • Deaf/Hard of Hearing Itinerant	466	6%
Language and Speech (LAS)	• Language and Speech • Non-Public Agency Services - Speech	1,893	24%
Least Restrictive Environment Itinerant Service (LRE)	• Inclusion • Least Restrictive Environment Counselor • Orthopedic Impairment Services	204	3%
Non-Public Agency (NPA)	• Non-Public Agency Services-Behavior Support	183	2%
Occupational Therapy (OT)	• Occupational Therapy • Occupational Therapy - Clinic	597	8%
Physical Therapy (PT)	• Physical Therapy	385	5%
Pre-School (PRE)	• Pre-Kindergarten Itinerant • PKIT-Head Start • Head Start LAS	166	2%
School Mental Health (SMH)	• Pupil Counseling • School Mental Health • ERMHS	666*	9%
Resource Specialist Program (RSP)	• Resource Specialist Program	1,939	25%
Visual Impairment Itinerant Service (VI)	• Blind/Partially Sighted Itinerant • Orientation Mobility for Blind	431	6%
Total		**7,728**	**100%**

*This number includes some cases where Designated Instruction and Services (DIS) 4, 20, and/or 80 were listed on the IEP. Although we requested all logs we combined them and only expected one log.

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 through 8, AIR with the guidance of the Office of Data and Accountability and the Office of the Independent Monitor (OIM) coded most of the service records by computer and analyzed the codes. For Year 9, 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.[13] 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).

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

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[13] 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 Track 4C (all cases) and Tracks 3A, 3B, 3C, 4A, 4B, and 4D (E basis) there were not 8 consecutive weeks of instruction so we examined 7 weeks and made adjustments accordingly.

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.