Study to Measure the Delivery of Services in Accordance with the Individualized Education Programs of Students with Disabilities, Year 10 Report 2012–13

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Year 10 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 98% of required services were delivered. The confidence interval is above the MCD outcome of 93%.

- For students with SLD, estimates show that 98% of the required services were delivered. The confidence interval is above the MCD outcome of 93%.

- The frequency is at 86% and duration is at 71%. Both are slight increases from last year. Frequency met the outcome goal of 85% for the first time but duration is still lower than the MCD outcome.

Overview

This report presents the results from the Year 10 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 all of the outcomes in 2011-12, data collection and service delivery monitoring continued in 2012-13. In Year 10, 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.[2] In March 2010 the District initiated a

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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 5-9 the data coding was done jointly between the Office of Data and Accountability and AIR.

[2] The number of Charters schools increased from 198 in 2011-12 to 228 in 2012-13.

new IEP format. Although some old format IEPs still exist in the database we decided to sample only students with a new format IEP.[3] 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.[4]

The study addressed the following three questions:

(1)   Was there evidence of service delivery?[5]

(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?

A series of reports, referred to as the 300 Reports, were developed by the District in an effort to provide staff with data to monitor the delivery of services. Some of these reports were designed for administrators to monitor services across services, schools, and providers whereas others were for the providers to self-monitor. Last year the OIM did a study to examine the accuracy of the reports. This year focus groups of program administrators and providers were conducted to find out more about the effectiveness of the reports. See Appendix B for the report.

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

[4] 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.

[5] This is based on having at least one countable incident of service delivery during our study period.

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 4,890 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 4,728 students (96.7% 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 10, the Office of Data and Accountability requested 7,664 logs for the MCD Study from the Division of Special Education.[6] 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.[7] See Appendix A for the complete methodology.

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[6] 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 9, 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.

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

Summary of Findings

In Year 10, 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.[8] 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 98% of the special education services required by IEPs districtwide during the 2012–13 school year were provided.[9] 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 also showed that evidence of service delivery was provided for 98% of their required services. Both of these are increases from last year. 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 2012–13, we would expect (with 95% confidence) the true service delivery rate to fall between 97.7% and 98.6%. Similarly, the confidence interval for SLD shows that the true estimate would be expected to fall within the range of 96.7% to 98.7%. Therefore, for the special education population excluding SLD and for SLD only, the confidence interval range is 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 all disability categories was at or above the 93% threshold.[10] They were all between 97% and 99% with Vision Impairment the highest. From the service perspective, all of the 11 service

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[8] AIR's Study to Measure the Delivery of Services in Accordance with the Individualized Education Programs of Students with Disabilities: Year 10 (2012–13).

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

[10] Please see the confidence intervals in the AIR report for individual disability and service categories.

categories met the goal. Pre-School and Vision Impairment were both at 100%. Pre-School showed the largest gain from last year, changing from 61% to 100%. Non-Public Agency also showed a large gain, increasing from 75% to 93%.[11]

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, 86% of services across the population of students in special education with evidence of service met the frequency requirements in 2012–13 (confidence interval: 84.8% to 87.1%), while 71% met the IEP specifications for duration (confidence interval: 69.8% to 72.9%).[12]

This is an increase for frequency (83% vs. 86%) and the first time they have met the goal. There was a slight increase for duration but the goal has still not been met. The confidence interval for frequency was at or above the goal but for duration the estimates are lower than the established outcome of 85%.

Similar to previous years' results, there was variation by individual disability and service categories. Estimates for meeting the IEP frequency ranged from 83% for students with Emotional Disturbance to 92% for students with Visual Impairment. Duration rates ranged from 68% for students with Emotional Disturbances and students with Other Health Impairments to 79% for students with Deaf/Hard of Hearing. None were 85% or more. By service category, frequency estimates ranged from 77% for Occupational Therapy to 96% for Visual Impairment; seven services (Adapted Physical Education, Least Restrictive Environment, Non-Public

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[11] Some of the Non-Public Agency Behavior Intervention Implementation providers were not on the Welligent system. If they could provide us with proof of service we counted them in the evidence of service analysis this year but dropped them from the frequency and duration analyses.

[12] This is the fifth year in which population estimates were calculated for frequency and duration.

Agency[13], Pre-School, Physical Therapy, Resource Specialist Program, and Visual Impairment) were above the 85% goal. Duration estimates ranged from 43% for Non-Public Agency[14] to 85% for Physical Therapy. Only Physical Therapy met the outcome goal. Non-Public Agency had the lowest duration rate and the largest decrease compared to last year, 56% to 43%.

What did the exploratory analyses reveal?

Based on AIR's exploratory analyses, of those that did not meet the IEP requirements, 53% were missing frequency by one session and 42% were missing duration by one session (average session minutes). Both of these are higher than last year's results, 42% and 34% respectively. Further analyses were conducted as to the reason a session was missed. If they missed duration by one session, 62% missed it for no stated reason, 19% missed it for attending an IEP meeting and 12% missed it for a provider absence with no reason. Last year 27% missed it for attending an IEP meeting. If one session was added to the cases that did not meet the outcome goal, then frequency would increase from 86% to 93% and duration would increase from 71% to 83%.

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 98% of the cases (with a confidence interval of 96.9% and 99.3%). For SLD only it was 99% (with a confidence interval of 97.0% and 100%). For frequency 85% met the frequency requirement (with a confidence interval of 81.9% and 87.8%) whereas 69% met the duration requirement (with a confidence interval of 65.3% and 73%). This is similar to the District results this year and an increase from last year.

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[13] This includes both Behavior Intervention Implementation (BII) and Behavior Intervention Development (BID).
[14] The IEP prescriptions for NPA services typically were a range of 1-5 for frequency and 1800 minutes a week for duration. The lowest number in the range was used to determine the frequency. This made it easy for providers to meet the frequency goal but not the duration goal.

What did the focus groups reveal?

Overall both program administrators and providers find the 300 Reports to be helpful, accurate, and easy to use. Respondents found improvements over last year in both the speed of accessing the data and the ability to sort and manage the data based on the data being in an Excel format. Program administrators use the 300 Reports to monitor their staff and providers use them to self-monitor. They both indicated that it is enabling them to do their job more efficiently and this should be reflected in the service delivery and the logs.

Conclusions and Recommendations

In Year 10, for all disability categories excluding SLD and for SLD only, the MCD evidence of a log outcome goal of 93% was met. For the first time, the frequency goal of 85% was also met. Similar to past years, the duration results still show estimates and confidence intervals that are lower than the required outcome of 85%. Charter school results were similar to all schools.

Of those that missed the frequency requirement, 53% missed the requirement by only one session, compared to 42% last year. Of those that missed the duration requirement, 42% missed the requirement by only one session. Last year, 34% missed it by one session. For duration, most had no reason listed (62%). Similar to last year, the most frequently listed reason for no service was an IEP meeting (19%).

Last Year's Recommendations

Each year we suggest recommendations based on the findings. Based on last year's recommendations, the Division indicated that the following changes were made or are in the process of being made (see italics for exact statements):

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. *The District has identified all of the hybrid IEPs which have resulted*

from IEPs that are in stay-put status and other reasons. The Division is working to address those issues.

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. *The services on the IEP are to be delivered by a qualified provider. In indicating delivery of service by a qualified provider, the District is not required to differentiate between a District employee versus a nonpublic agency provider. The District provides the service using District staff, unless the District does not have the capacity to do so, at which time a nonpublic agency provider is assigned to deliver the service.* 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. *Edits are in place to ensure that end dates are not earlier than start dates. End dates are not indicated for services that will continue until the next IEP review.*

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. *The central office monitors the provision of services and provides training to service providers and teachers. Related Services administrators and school site administrators have been*

provided reports to monitor the delivery of services in their programs or at their sites. Providers and teachers who are found to not be documenting services are held accountable by their administrator to address the issue appropriately and expeditiously.

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. *The District developed a two-year plan to address service delivery issues. The two-year plan was approved by the Office of the Independent Monitor on April 10, 2013.*

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. *The District developed a two-year plan to address service delivery issues. The two-year plan was approved by the Office of the Independent Monitor on April 10, 2013.*

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. *The District developed a two-year plan to address service delivery issues. The two-year plan was approved by the Office of the Independent Monitor on April 10, 2013.*

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. *The District developed a two-year plan to address service delivery issues. The two-year plan was approved by the Office of the Independent Monitor on April 10, 2013.*

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. *The District developed a two-year plan to address service delivery issues. The two-year plan was approved by the Office of the Independent Monitor on April 10, 2013.*

This Year's Recommendations

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

1) A fair number are still not meeting the duration by one session. Close to two thirds did not write down a reason for the missed session. Based on focus group 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.

2) We still found old format or hybrid IEPs in Welligent in 2012-13 as well as ones that were outdated, based on IEP dates. As stated above, the Division is working on updating the old format and hybrid IEPs. The Division should also run the data every few months looking for IEPs that are outdated.

3) This year some of the Non-Public Agency Behavior Intervention Implementation (DIS 32) providers were not in the Welligent system. All service providers should be logging and tracking services in Welligent. No provider should still be using timecards.

4) Although the Division was not penalized, there were service sessions that said "Complete" with zero minutes listed. The Division should determine what is occurring in these instances.

5) The Division should review practices regarding what prescription of services is entered on the IEP. In many instances there is a range listed (e.g., 1-5). In fact, the number of prescriptions with ranges has increased since last year. This was found even for services that you would expect to be daily. The Division should review how this is impacting the delivery of services and the monitoring of services.

6) Based on the focus groups, it was determined that overall the reports were very useful, easy to use, and accurate; however, according to the respondents there were a few areas that could use some fine-tuning.

   - It was recommended that there should be an online training course on using the 300 reports available for new employees and existing employees to use as a review.
   - Services were often double counted if a service was made up. A system should be put in place so this does not occur. There should be a way to mark a service as a make up so it is not counted.
   - Presently, if no service minutes are entered on the log then there is a default of 30 minutes. This is not accurate in many instances and causes over and under reporting of services. The Division should develop a method to put in the actual number of minutes based on the IEP or at least the most frequently used number of minutes for a particular service.

- When there are problems with the Welligent system there should be a user alert distributed to everyone so that employees don't work with incorrect data and waste time.

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 November 2012. 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, 2012. 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, 2012

Disabilities	Frequency	Percent
Autistic (AUT)	8,602	14.2
Deaf – Blindness (DBL)	2	.0
Deafness (DEA)	317	.5
Developmental Delay (DD)	3,533	5.8
Emotional Disturbance (ED)	587	1.0
Established Medical Disability (EMD)	19	.0
Hard of Hearing (HOH)	964	1.6
Mentally Retarded (MR/ID)	2,566	4.3
Multiple Disabilities – Hearing (MDH)	89	.1
Multiple Disabilities – Orthopedic (MDO)	966	1.6
Multiple Disabilities – Vision (MDV)	115	.2
Orthopedic Impairment (OI)	720	1.2
Other Health Impairment (OHI)	6,406	10.6
Specific Learning Disability (SLD)	27,550	45.5
Speech and Language Impairment (SLI)	7,730	12.8
Traumatic Brain Injury (TBI)	91	.2
Visual Impairment (VI)	251	.4
Total	**60,508**	**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, 2012, or did not have a service code.

As done in Years 2-9, 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). A new category, Intellectual Development, was grouped with MR this year. (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 34 students at charters schools to augment the sample, increasing the sample to 40 students in each disability category except for VI 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 4,890 students in the sample to the Information Technology Division (ITD), requesting specific information from current and amended IEPs. Based on the IEP file, 162 students 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	380	375
Deaf/Hard of Hearing (DHH)	DEA, HOH	380	374
Emotional Disturbance (ED)	ED	380	355
Mental Retardation (MR)	DD, MR, ID	395	374
Multiple Disability/Deaf-Blind (MD/DBL)	DBL, MDH, MDO	399	391
Orthopedic Impairment/Traumatic Brain Injury (OI/TBI)	OI, TBI	380	369
Other Health Impairment (OHI)	EMD, OHI	380	372
Specific Learning Disability (SLD)	SLD	1080	1055
Speech and Language Impairment (SLI)	SLI	750	706
Visual Impairment (VI)	VI, MDV	366	357
Total		**4,890**	**4,728**

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. 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.

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	830	11%
Deaf/Hard of Hearing Itinerant Service (DHH)	• Audiology • Deaf/Hard of Hearing Itinerant	465	6%
Language and Speech (LAS)	• Language and Speech • Non-Public Agency Services-Speech	1886	25%
Least Restrictive Environment Itinerant Service (LRE)	• Inclusion • Least Restrictive Environment Counselor • Orthopedic Impairment Services	183	2%
Non-Public Agency (NPA)	• Non-Public Agency Services-Behavior Support	208	3%
Occupational Therapy (OT)	• Occupational Therapy • Occupational Therapy - Clinic	603	8%
Physical Therapy (PT)	• Physical Therapy	390	5%
Pre-School (PRE)	• Pre-Kindergarten Itinerant • PKIT-Head Start • Head Start LAS	156	2%
School Mental Health (SMH)	• Pupil Counseling • School Mental Health • Educationally-Related Mental Health Service (ERMHS)	673*	9%
Resource Specialist Program (RSP)	• Resource Specialist Program	1832	24%
Visual Impairment Itinerant Service (VI)	• Blind/Partially Sighted Itinerant • Orientation Mobility for Blind	438	6%
Total		**7664**	**100%**

*This number includes some rare cases where Designated Instruction and Services (DIS) 4 and 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 9, 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 10, AIR continued to analyze the service records by computer program. Office of Data and Accountability staff had to hand-code a selection of logs since the program wasn't designed to handle all cases.[15] Since IEPs are not static, the Division of Special Education may have provided us with 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, we had to exclude 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

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[15] For multi-track schools and Charter schools the Office of Data and Accountability hand coded certain cases. Some tracks did not have 8 consecutive weeks of instruction so we had to examine fewer weeks and make adjustments. Also, Charter schools did 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. One Charter school did not follow a traditional single track schedule so those students were also hand coded.

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: Results from Focus Groups on 300 Reports

Introduction

The Division of Special Education (the Division) developed a series of reports, referred to as the 300 Reports, to help them monitor the delivery of services to students with disabilities (SWDs). Program administrators use these reports to monitor their staff whereas providers use them to monitor their own service delivery and caseloads. The reports are also available to school administrators to monitor service delivery at their schools.

The reports are comprised of information captured from the online Welligent system based on IEPs and service delivery logs. Last year, the Office of the Independent Monitor (OIM) reviewed the 300 Reports for accuracy and found that the reports accurately reported service delivery with only minor discrepancies. This report focuses on the effectiveness of the 300 Reports as a monitoring tool.

As shown in Table B-1, the 300 Reports display data in different ways and for different audiences. Several of the reports focus on whether students received their prescribed minutes of service as stated on their IEPs within a specified amount of time.[16] For example, Report 310 displays the targeted minutes data and results for one provider over a 30 day period, Report 311 shows the same data for all providers and all services at one school, and Report 312 shows the same data by type of service. Those reports focusing on service delivery minutes indicate if a student received their minutes of service (85-100%), were over-served (above 100%), or were under-served (below 85%).

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[16] The Division uses duration (i.e., number of minutes) as the compliance measure whereas both frequency (i.e., number of sessions) and duration are used in the service delivery study.

Table B-1: List of 300 Reports

Report Number	Report Name	Report Viewer
310	30 Day Service Report (Single Provider)	Program Administrators
312	30 Day Service Report (Single Service)	Program Administrators
313	30 Day Service Report (NPA)	Program Administrators
314	30 Day Service Report (Supervisor)	Program Administrators
315	30 Day Service Report (Missing Services)	Program Administrators
316	30 Day Service Report (Single Student/Service Audit)	Program Administrators
317	30 Day Service Report (Hierarchy Counts)	Program Administrators
320	Two Week Usage Report (Role)	Program Administrators
310	30 Day Service Report (Single Provider)	Providers
315	30 Day Service Report (Missing Services)	Providers
316	30 Day Service Report (Single Student/Service Audit)	Providers
311	30 Day Service Report (Single School)	Principals
315	30 Day Service Report (Missing Services)	Principals
316	30 Day Service Report (Single Student/Service Audit)	Principals

Report 315 is essential because it displays all students who do not have documentation of service provision for the past 30 days. This is commonly referred to as the Missing Services Report. This report is available to program administrators, providers, and principals so action can be taken immediately to remedy a student not receiving their services. There are also two reports, Reports 317 and 320, which show whether or not the reports are being accessed by staff. All reports were introduced in 2012, except for Report 320, which was introduced in 2013.

Methods

On May 16 and 17, 2013, the Office of Data and Accountability conducted four focus groups to get a better understanding of the effectiveness of the 300 Reports to monitor service delivery and improve the delivery of services. Participants were selected by the Division of Special

Education. Sixteen program administrators (i.e., Administrative Coordinator, Directors, Coordinators, and Specialists) and 15 providers participated.[17] Since program administrators supervise and monitor providers, program administrators and providers participated in separate focus groups.

Findings

The following is an overview of the comments made during the focus groups. They are presented separately by question and by respondent (i.e., first by the program administrators and then by the providers) to highlight different points of view.[18]

PROGRAM ADMINISTRATORS

What kind of training on accessing and using the reports was offered to you?

Some program administrators indicated that they were trained how to use each report, while others indicated that they received training years ago but when the new reports came out no new training was provided. Those surveyed reported that they developed their own training for their staff on how to use the reports. When the reports were initially released, providers gave them feedback to make sure the information was accurate before the reports were widely distributed. Additionally, program administrators indicated that they set aside time for training new staff each year on how to use the reports. Respondents believed it would be useful to have an online training course available for all employees.

What kind of support was available to you to help with access and use of the reports?

Respondents reported receiving support from colleagues in the Division and staff from the Welligent help desk. Senior program staff said they used to call the Administrative Coordinator during the initial roll-out. The Administrative Coordinator said that she still gets an occasional

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[17]There was at least one person present from each of the 11 service areas of the service delivery study.
[18] The text may be a direct quote or it may be paraphrased.

question by telephone or e-mail. If she can't answer the question, she makes referrals to a Welligent contractor.

Program administrators noted that they provide support to their staff and work with the Welligent team on fixing problems. In some instances, they may send Welligent trainers out to sites to offer support and help. Program administrators reported using experts or "superusers" to provide support and assistance to staff as well as to serve as coaches and mentors. They believe that providers usually contact other providers first when they have questions. The experts not only answer questions and train across programs, but also conduct focus groups and technology workshops as needed.

Program administrators reported an improvement in their ability to access the reports this year. They believe that the best feature of the 300 Reports is that the reports are in Excel format. The Excel format enables them to sort/manage the data to assist with the supervision of staff. The program administrators can easily highlight issues in Excel and contact those providers who have not checked the report for the week. They keep spreadsheets of those providers who continually don't review the reports.

How often are you supposed to review the reports?

Respondents noted that they review the 310 (single provider) and 312 (single service) reports every Monday, since reports are updated on Sunday. They reported that a weekly review was helpful for monitoring purposes. Program administrators also required their providers to check the same reports weekly. Some program administrators even send out reminders to their providers every Friday to remind them to review the reports.

What do you do with the data? Do you use all of the reports?

Respondents stated that they used all of the reports because it helped them view the data from different perspectives. They said that the 312 and 315 reports are at the student level and as

such are incredibly important to them. They believed the 312 report is the most useful report, but stated that the 315 report is also invaluable. They review the 315 on a weekly basis to identify those students who don't have case records. This helps to see if the providers are serving all children. The 317 and 320 reports let them see if providers are accessing the reports.

The program administrators reviewed the data reports weekly to determine if providers delivered all of the services as specified in students' IEPs and if they are accessing the reports. When a student did not receive services, senior staff called the provider to determine why. Program administrators can review the reports the following week to monitor if the service was made up. If the reports are not being accessed, then the provider's name is sent to the coordinator to follow-up with the provider. They look for consistency and patterns and keep a list of providers who repeatedly do not maintain logs or are not providing services. If Resource Specialist Program (RSP) providers are behind on tracking, then senior staff send a letter to the principal advising them to address the problem.[19] They also use the data to determine what schools may need additional training. If they have to go out to a school, they have the school administrators pull the reports to review with them. Program administrators believed that the majority of schools are paying close attention to the reports.

Do you discuss the data/reports with each other, principals or providers?
Program administrators said they discuss the current status of the data/reports frequently. Generally, they said they review the reports weekly with their colleagues and on a monthly basis with providers. The data reports are always on the agenda at staff meetings, many said. Related service administrators contact providers immediately if there is an issue where services have not been delivered. Discussions with principals are limited; however, participants noted that the reports allow them to review the data in instances when they do speak with staff at schools. School administrators are responsible for monitoring their resource specialist teachers,

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[19] RSP providers are directly monitored by school administrators and not central staff.

therefore central staff communicate primarily with school administrators to discuss these reports and not the provider directly.

What steps are taken if a principal is not reviewing the reports and working with providers?

Although principals are responsible for all services at their schools, they are specifically responsible for monitoring the resource specialist providers. Program administrators could not report with certainty if principals are reviewing the reports, but they believed that the assistant principals were more likely to review them than principals. Respondents recommend that the Division provide online training to school administrators on how to better access and use the reports to monitor service delivery at their schools as well as provide an easy computer link to retrieve the reports.

What steps do you take if a provider is not reviewing the reports?

The program administrators have been mandating the utilization of the 300 Reports this year, emphasizing how the data can be helpful to providers for managing their caseloads. Providers are given lots of reminders about reviewing the reports. Participants noted that most providers are using the reports, while only a handful still struggle with it. If program administrators notice that providers have not reviewed them, they are contacted immediately via e-mail or telephone call by senior staff

The Division has a system of progressive discipline in place when the provider is not providing services or tracking the services. This usually starts with an e-mail to find out what is occurring. If the problem persists, providers may receive a "needs improvement" on their performance evaluations. While participants noted that providers are usually not evaluated on a yearly basis, administrators may do so if needed.

What steps do you take if a provider does not meet the IEP frequency and duration goals?

Participants believed that 85-90% of providers are delivering services as required by IEPs. Similarly to those steps taken when providers do not view the reports, administrators say they contact providers when they notice that services provided do not meet the frequency and duration targets. Administrators first try to understand the reasons why services were not provided, or if services were provided and not accurately documented. Administrators noted that if service delivery levels continue to be below the duration target, they will meet with a provider on a one-to-one basis and follow progressive discipline procedures as needed.

What do you think are the strengths of the reports? What do you think needs improvement? Do you have any suggestions?

Respondents reported that the reports are quick, easy and accurate compared to those from last year. The reports are available in Excel format, which enables administrators to efficiently monitor service delivery due to Excel's ability to allow users to easily sort and use data.

Participants noted overall improvements in the reports and the Welligent system compared to the previous year. This includes eliminating being timed-out of Welligent when accessing reports.[20] They also believe that the problem of students missing from the system has been resolved this year. Program administrators said they found the reports easy to use to monitor and hold staff accountable because they provide the necessary information regarding the delivery of services at the student level. Many said the ease of accessing reports and the ability to sort/manage the data has freed up time compared to last year. Related services respondents noted that they have the same training, understanding and criteria for everyone so they can share the information with each other. They believe that the providers now have what they need to be able to monitor their service delivery and serve their students.

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[20] In the past, the system would kick you out after a certain number of minutes.

Administrators shared the following issues and comments regarding the 300 Reports:[21]

- When a provider is on leave (e.g., maternity), the provider's access to Welligent is removed and the provider must reapply to get back into the system upon their return. Participants believed that the system should suspend access in such cases, which could be re-activated automatically when they return based on re-entry dates.

- Administrators indicated that there are problems with differentiating between counseling services delivered by school psychologists versus Educationally-Related Mental Health Service (ERMHS) providers. Currently, problems determining who is responsible for what service arise because they are using the same IEP code (04).

- Administrators would like there to be an automatic pop-up menu of items that need to be reviewed when they sign in to Welligent. They believed that this would reduce the number of telephone calls with questions.

- Respondents believed the ability to click on a child's name and pull up all of their services automatically instead of searching for them would save time.

- They would like to have both provider's first and last names listed on the reports. This has been problematic because right now Welligent only lists the last name, and more than one person may share the same last name.

- Staff would like there to be an automatic notification to individual providers when there are problems with the Welligent system so that they don't waste time trying to access information or working on incorrect data.

- Program administrators expressed the need for an online training tool for new staff as well as existing staff to use as a reference when they have questions.

- They would like all reports in one location within Welligent. Right now all of the reports are in the report section but under different sub-headings.

- Accessing the reports should be made easier for school administrators so that they can check to make sure the providers at their schools are doing their job.

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[21] Due to limited time, we were not able to delve into why some of these were suggested.

PROVIDERS

What kind of training on accessing and using the reports was offered to you?

Providers noted that their respective departments provided training at either staff meetings, local district meetings or during a one-on-one meeting with a supervisor. Some providers indicated that they received a copy of the presentation as a reference and that the PowerPoint screen shots were helpful. Providers can also refer to the frequently asked questions section on the Division website. Additionally, providers indicated that they learned how to interpret the reports at monthly department meetings and from other providers.

What kind of support was available to you to help with access and use of the reports?

Providers indicated that their specialists are available by e-mail or telephone when questions arise regarding the reports. Additionally, providers are provided support during monthly department meetings, on the Division website, and/or by the Welligent support staff on the telephone hotline.

Was it easy to log in, examine, and print the reports?

Providers believe that improvements to the reports this year include the ability to more efficiently log in and review the reports. Participants also noted that previous problems with the system freezing up have been addressed. It now takes less than 10 minutes to run the reports. Additionally, this year they are able to run one report that includes all of the schools they serve, compared to last year, which required them to run reports for each school. However, some providers noted that they would like the ability to run a report for an individual child. Not all groups print their reports but no problems were expressed.

How often are you supposed to review the reports?

Providers noted that reports are supposed to be reviewed weekly. Providers reported that reviewing them on Mondays was most useful to help keep them on track and catch any mistakes or omissions in logging data from the previous week. New reports are generated every

Sunday. Participants reported receiving reminders from their supervisors to review reports if they have not done so.

What do you do with the data?

Providers reviewed the reports to see if services from the previous week were not delivered or logged properly. They are able to see if there was a new IEP, for example, or if they have new students, if they missed a session, or if they have to follow-up with anyone. If incorrect data is found, they correct the data to accurately reflect the session. The reports also help them schedule make-up sessions if needed. Some supervisors require the providers to e-mail them copies of the reports once a month as evidence of accessing the reports.

Do you discuss the data/reports with supervisors, managers or principals?

Related service providers discuss the reports with their supervisors but do not have much contact with principals; however, reports are only usually discussed when there are problems. At the school site, providers typically discuss service delivery issues with the IEP person or the assistant principal, who also has access to the reports and may ask them if something seems incorrect. Some participants commented that some school administrators weren't really involved in discussing the reports.

What steps are taken if a provider is not reviewing the reports?

Providers get group e-mail reminders as well as verbal reminders during monthly staff meetings. Supervisors also e-mail the providers if they are not accessing the reports. If this does not correct the problem, then the next step is to meet with senior staff at the central office. The providers indicated that this has improved over the year and didn't think it happens very often any more. Providers can get a negative evaluation if they continue to not review the reports.

What steps do principals take if a provider does not meet the IEP frequency and duration goals?

Participants reported that when issues arise, principals or assistant principals may contact the provider's supervisor. However, providers believed that some principals are not involved with supervising provider services.

Have these reports enabled you to do your job more efficiently? Do you use all three reports?

Providers noted that the reports have helped because reviewing the data helps them to stay current and not get behind. Reviewing the reports weekly provides them with a consistent routine. Participants noted the system is much better compared to last year, but there are still some problems.

Respondents believed that the monthly log is the most effective of the reports. It helps them to see if an IEP has been signed or not and if the students have the right programs/codes listed. Participants noted that even with training, there were still areas within the reports that they had to figure out how to use on their own or consult with colleagues.

What do you think are the strengths of the reports? What do you think needs improvement? Do you have any suggestions?

Providers reported that they can quickly check the report and get a snapshot of services delivered or owed. They believed the reports are helping them meet their requirements more easily. This also saves them time, compared to past years, because now they can check the reports instead of driving around to check at the schools.

Respondents made the following suggestions/comments to improve the 300 Reports:

- Providers believed that there was a need to develop additional codes in Welligent so that the log more accurately reflects what occurred.

- The District should address inaccuracies created by the default time setting for sessions missed when a session is missed for an acceptable reason.[22] Participants noted there is a default of 30 minutes if a session is missed, however, not every service session is 30 minutes. For instance, if a typical session lasts 60 minutes and a student was absent, the Welligent credits only 30 minutes, resulting in services not having been credited for the remaining 30 minutes. This then looks like a student was under-served. In contrast, some sessions may only be 20 minutes in duration but students are credited with 30 minutes, resulting in reports that may be seen as a student having been over served. Providers recommended edits in Welligent that allow them to enter the correct increment of time for services that are not 30 minutes in duration.

- The system double-counts if a session is missed with an acceptable reason and the provider later makes up the session. This is a problem because the students look like they are getting more service time. Some providers indicated that they go back in the system and delete the absence while others were unaware this was possible.

- Providers believed there were problems associated with the time period of the reports. Provider data are captured every Sunday and cover the previous 30 days. This does not always correspond to a calendar month.[23] Providers questioned the logic associated with the time period of the reports as IEPs are organized monthly.

- Providers reported that months with vacation days may throw off the accuracy of service delivery. Some reported that for holidays, they are told to leave it blank and that they are not expected to make it up. Other participants expressed confusion on how to handle holidays. They recommended that Welligent be designed to automatically factor in vacations.

- Providers recommended set parameters for knowing when supervisors would contact them for services delivered over or below the targets.

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[22] Certain missed services are not counted as missed time such as student absences and student testing. The system adds in minutes in those cases so providers still receive credit for those sessions.

[23] If the provider accesses the reports between the 1st and 5th of the month it should come close to being a calendar month. Although not a 300 Report, the Division still has a monthly summary report that does cover an entire month time period.

- Providers expressed concerns over the reports showing that they were not on target because they over-served a student when the student needed extra service during a time of crisis.

- Providers indicated that there are problems with writing IEP prescriptions and conducting services if their school is on a block schedule.

- Providers found problems with entering data into the log system if an IEP has not been closed. The system shows that the services are not being conducted as prescribed because the provider is using the old IEP prescriptions because the newer IEP is not official until closed. If they continue to do the services it says "not per IEP" on the reports but it is supposed to be "stay-put" until the new IEP is signed. For example, if a child is transitioning from elementary school to middle school, staff can not close the IEP until they know where a student will be attending school so the IEP remains open.

- Providers expressed confusion on how to record time when a child is seen in a group as it adds the total group time to each child and not the time served.

- Providers believed that there have been some improvements with the Welligent system since last year's online survey.[24] For instance, there is less waiting time for opening the reports. However, counter to what program administrators indicated, providers still found problems with students being on their caseload who are not at their school or students dropping off of their lists but should be there.

- Providers recommended that Welligent automatically code when services are missed due to statewide testing instead of providers coding the information.

- Providers would like an alert system in Welligent that lets them know when they are not meeting the targets as specified in IEPs.

Conclusions and Recommendations

Overall, both groups found the reports to be helpful and easy to use. Program administrators used them to monitor their staff and providers used them to self-monitor. They both indicated

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[24] As part of last year's evaluation, providers were asked to complete an online survey on the Welligent system.

that it is enabling them to do their job more efficiently and this should be reflected in the service delivery and the logs.

The following recommendations are offered:

- The Division should develop an online training course available for everyone on how to use and access the reports. This would be useful to new employees as they enter the District as well as to existing employees who have questions or need review. This could be used by senior staff, providers and school personnel.

- There needs to be some additional improvements made to the Welligent system to make the data more accurately reflect what is occurring in the field. The Division should create new business rules to address these problems. For instance, the default of 30 minutes for missed sessions should be changed. If possible, the default should be the amount of minutes per session prescribed on the IEP. If not, the default should be the most commonly used duration for that particular service. There also needs to be a mechanism where the provider can indicate if a service is a make-up session and therefore not double-counted as minutes.[25] These changes should reduce the number of cases where it looks like the provider is over- or under-serving the student. Once completed, training on how to enter the proper codes will be needed.

- Although school administrators were not asked about their experiences with accessing and using the reports, Division of Special Education staff believed that the system needed to be made easier for them to use. The Division should gather information on the needs of the administrators and make changes where needed.

- When there are problems with the data in the Welligent system, there should be an automatic alert in Welligent distributed to everyone so senior staff and providers don't waste time working with incorrect data.

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[25] This recommendation was also suggested last year by the OIM.