Findings of Focus Groups/Interviews for an Alternative Measure to

Outcome 13: Delivery of Services

Modified Consent Decree

Office of the Independent Monitor

May 8, 2017

TABLE OF CONTENTS

APPENDICES

Appendix A: Provider Survey Report, Office of Data and Accountability

Appendix B: Interview Guides

Appendix C: Speech and Language Reference Guide (REF-4311.2) and Frequently Asked Questions (FAQ)

Appendix D: Occupational and Physical Therapy (OT/PT) Frequently Asked Questions (FAQ) and Form Letter

Appendix E: Behavior Intervention Implementation (BII) Reference Guide (REF-5052.1)

TABLES

EXECUTIVE SUMMARY

Since the inception and establishment of Outcome 13, the intent of the measure was grounded in the premise that improvement toward the targets would result in substantial compliance. Despite progress in meeting two of the three targets, performance on the duration measure has been well below the 85% threshold. Given the lack of progress over the past several years, there is clear evidence that the current duration target is unlikely to be met.

The current structure of Outcome 13 identifies only students who have not received services within the study's parameters, and does not require any remediation of noncompliance or accountability for schools. This has resulted in a focus on data entered into the Welligent service tracking system and remediation of documentation, and not service delivery. Furthermore, the outcome does not address cases in which students have prolonged absences from receiving their services due to provider vacancies or absences.

Since the 2012-2013 school year, the Independent Monitor (IM) has repeatedly expressed concerns regarding the District's lack of progress with meeting the outcome's duration target and the structure of the measure itself. In May 2014, the Office of the Independent Monitor (OIM) provided the Plaintiffs' Counsel and District (the Parties) a discussion paper to assist in the reexamination of the appropriateness of Outcome 13's duration target and exploration of potential alternatives to measuring progress. The paper highlighted structural limitations of Outcome 13.

In fall 2016, at the request of the Plaintiffs' Counsel, the OIM—in collaboration with the Office of Data and Accountability (ODA) and Dr. Michael Norman—conducted various activities to better understand the challenges with the current measure of Outcome 13 as well as potential alternatives for improving service delivery.

To gain a deeper understanding of the factors that impact service delivery and explore possible alternatives to measuring service delivery, an online survey of service providers, and a series of focus groups and interviews were conducted. The aim was to obtain feedback about possible challenges that could be better addressed through a restructured Outcome 13 that would improve service delivery for students. Furthermore, participants were asked about possible alternatives to Outcome 13.

The online survey was distributed to specific service providers in November 2016. The survey was designed to better understand factors impacting the delivery of services. Questions focused on the reasonableness of the caseload/workload and the factors negatively impacting the delivery of services. Of the 1,801 providers sent the survey by email, 1,208 responded (67%). The survey findings were used in the development of the focus group/interview questionnaires.

A total of six focus groups with a total of 35 staff, eight in-person interviews, and eight telephone interviews were conducted between December 5, 2016, and February 21, 2017. Participants included: special education related services managers and supervisors, related service providers, RSP teachers, site administrators, and local district special education coordinators and LRE specialists. Focus groups and in-person interviews averaged one and one-half hours, while the phone interviews lasted 30-45 minutes. These yielded over 30 hours of qualitative data.

On March 7, 2017, the OIM provided a paper intended to facilitate discussion between the Parties and provide alternative methods for ensuring service delivery and overall compliance. It aimed to address the requirement to establish clear standards for the correction of deficiencies or

noncompliance within the Substantial Compliance framework. The paper emphasized alternative methods to address systemic issues and weaknesses that contribute to systemic noncompliance as well as limitations in the current accountability structure. The paper included three options, with one alternative for Outcome 13.

The alternative was designed to improve substantial compliance and address systemic weaknesses identified during the focus groups and interviews with District personnel. On March 13, 2017, a paper with the summary of findings was provided to the Parties. This report provides additional details of the methods, findings, and recommendations.

Data from the Welligent Service Tracking and 300 Reports, provide deeper insights into potential alternatives to Outcome 13. Furthermore, the District's new monitoring system provides information on various compliance levels (tiers), which can be linked to a student, provider, and school. This capacity, and the District's ongoing efforts to monitor and improve documentation, provides a foundation for an alternative approach that can build on these systems while improving those that are sustainable and enhance parental involvement.

Several systemic weaknesses that impact service delivery were explored. Organizational fragmentation in the reporting line and communication were found, particularly in the assignment of APEISs and the majority of related service providers. Site administrators lacked clear and direct accountability for ensuring services were delivered to students, and certification that monitoring reports were reviewed and instances of noncompliance addressed. Accountability is directed at those with no or little authority to allocate resources, such as local district SESCAs and providers. In addition, holding providers accountable only works if they have reasonable caseload and workloads and required training and support. Accountability for management to effectively manage resources and remediate noncompliance is void in the Outcome 13 structure and not evidenced in the organization. Misplaced accountability was also noted for ensuring RSP and BII services are provided and documented. These are clearly site-level responsibilities, supplanted by the local district SESCAs.

Parent involvement and communication mechanisms regarding compliance with the service delivery requirements of their student's IEP are also void. The establishment of a periodic reporting structure that informs parents of the level of services delivered would improve home-to-school communication and site-level accountability. The lack of uniform procedures for handling uncovered schools due to vacancies or employee leaves is a fundamental systemic weakness that can be readily addressed by DSE leadership and management. The responsibility for ensuring coverage at schools and manageable caseloads must be directed at those who control the allocation of resources—not the local district SESCAs or providers.

INTRODUCTION

At the inception of the Modified Consent Decree (MCD), several outcomes had yet to be defined and negotiated. Outcome 13: Delivery of Services, was one such outcome, which charged the Independent Monitor (IM), in consultation with the Plaintiffs' Counsel and the District (the Parties), to "establish a performance outcome to measure the District's delivery of services in accordance with a child's Individualized Education Program [IEP]."

To establish this outcome, the Office of the Independent Monitor (OIM) worked with the assistance and input of a chosen independent entity, the American Institutes of Research (AIR), and the District's Office of Data and Accountability (ODA).[1] In October 2003, the OIM and AIR initiated a districtwide study of service delivery for a sample of more than 3,000 students. AIR collected data on requirements for service provision in these student IEPs and compared them to evidence of service provision in service providers' logs and during observations on school sites.

The results of this study were presented to the Parties in May 2004 and used for negotiating the three current measures used to monitor Outcome 13. At the time, the districtwide baseline estimate of evidence of service delivery, based on student records (service logs and IEPs), for all disabilities was 42.7%. Although the baseline estimate derived from the log analysis was heavily influenced by the lack of evidence of service provision for students with learning disabilities in the resource specialist program (RSP), students with specific learning disabilities (SLDs) comprised the largest population of students with disabilities; thus the findings were indicative of the state of documentation practices at that time.

The Parties agreed to use these estimates as baselines for service delivery. In addition, the Parties agreed to submit to the IM a position paper on an outcome in this area that would achieve "substantial compliance" with the Individuals with Disabilities Act (IDEA) as required by the MCD. The Plaintiffs' Counsel provided a position on substantial compliance in a letter stating that "the District should be held to a high standard consistent with its legal obligations to implement the IEPs of every student and consistent with the Modified Consent Decree's requirement of substantial compliance." This letter provided references to state and federal law, legal precedent, a then-current consent decree, and the *Allen v. McDonough* standards in presenting an opinion that substantial compliance would require a standard in the 90-100% range. The District did not provide a clear position on what an outcome that achieves substantial compliance could look like.

Based on AIR's analyses, and in consultation with the Parties, the IM established the following outcome for evidence of service delivery:

> By June 30, 2006, the District will provide evidence of service provision for 93% of students with disabilities in all disability categories with the exception of specific learning disability. In addition, by June 30, 2006, the District will provide evidence of service provision in a separate estimate for 93% of students with specific learning disabilities.

In regard to the frequency and duration of service delivery, the District presented a proposal during negotiations for performance outcomes set at 70%. Plaintiffs stated their belief that an outcome in the "high 90s" range would constitute substantial compliance with IDEA. AIR noted

---

[1] At the time of the initial study, this office was referred as the Program Evaluation and Research Branch (PERB).

that current data indicated that 57.2% of students with disabilities had a monthly frequency of services that complied with the value specified in the IEP, and 61.5% of students with disabilities received services with a monthly duration that complied with their IEP.

Based on these baselines and in consideration of the Parties' positions, the IM established the following frequency and duration outcome:

> By June 30, 2006, 85% of students with disabilities will receive the frequency and duration of services that meet IEP compliance. For the purposes of assessment of frequency, provider absences will not constitute evidence of non-provision of service if such absence is the result of short-term (maximum two consecutive weeks) illness, family emergency or jury duty. Student absences/no shows will not constitute evidence of nonprovision of service. For the purposes of assessment of duration, sessions not completed as the result of conflicts with a student's school schedule or late arrival/early departure by student will not constitute evidence of an incomplete session.

The development of this outcome occurred during the rollout of the Welligent system and many years before the Welligent Service Tracking system. Documentation practices varied, with many students not having services tracked accordingly or at all, and related service departments using different tracking forms and methods. The OIM established a methodology with business rules for assessing progress with frequency and duration and an eight-week timeframe for determining annual progress. At the time of the initial study, AIR made two primary recommendations to the District: to standardize the Service Tracking log and to develop a comprehensive Welligent tracking system.

Limitations of Current Outcome Structure

In May 2014, the OIM provided the Parties a discussion paper to assist in the reexamination of the appropriateness of Outcome 13's duration target and exploration of potential alternatives to measuring progress. The paper highlighted structural limitations of Outcome 13. Since the 2012-2013 school year, the IM has repeatedly expressed concerns regarding the District's lack of progress with meeting the outcome's duration target and the structure of the measure itself.

Some of these concerns and/or limitations included:

- The structure only gave credit toward the frequency and duration targets for students who receive 98%-100% of their services
  - Therefore, students receiving 95% of their services did not count toward progress
- The frequency and duration targets are interconnected, which impacts the ability to meet the outcome
  - A provider may have missed a session but made up the time by extending additional sessions, which would not count for the frequency target
- The eight-week timeframe can under- and overestimate service delivery
  - The methodology allows credit for specific missed sessions, resulting in possible overestimation of service delivery
  - Conversely, the study's period may not capture times when students were provided services beyond their prescribed minutes
- Many services are delivered in a flexible format, creating challenges for measuring progress

- o The use of ranges for frequency lowered the bar for meeting this outcome, since the lowest amount of sessions was used to determine compliance
  - o Delivery models for services such as RSP can be dynamic, particularly for students receiving services in integrated settings
- The outcome is limited only to evidence of those services delivered and does not examine if services were made up or if personnel were held accountable for noncompliance
- Service delivery performance cannot be compared to other school districts

The paper included areas for the Parties to explore potential alternatives for measuring progress with Outcome 13. This included an option for lowering the duration target to focus on students who were getting most of their services. The alternatives were aimed at addressing the following:

- Identifying and remediating uncovered schools or those without a special education teacher or related service provider
- Establishing caseloads based on workloads to ensure providers have sufficient time to fulfill service delivery obligations
- Examining specific related services to determine factors for the under-delivery of services, and developing a plan to mitigate these variables
- Improving access to Welligent for all providers
- Developing parent reports on their child's service delivery in both MiSiS – Parent Portal and Welligent

This paper did not frame a potential alternative but was intended to initiate discussion with the Parties. At the time, the Parties did not pursue an alternative approach to Outcome 13.

Latest Examination of the Structure of Outcome 13 - Service Delivery

In fall 2016, at the request of the Plaintiffs' Counsel, the OIM—in collaboration with ODA and Dr. Michael Norman—conducted various activities to better understand the challenges with the current measure of Outcome 13 as well as potential alternatives for improving service delivery.

On March 7, 2017, the OIM provided a paper intended to facilitate discussion between the Parties and provide alternative methods for ensuring service delivery and overall compliance. It aimed to address the requirement to establish clear standards for the correction of deficiencies or noncompliance within the Substantial Compliance framework, which requires a system to:

- Call for the immediate cessation of the violations
- Initiate steps to prevent recurrence
- Identify actions to correct the violation
- Identify documentation and timeline for correction
- Eliminate or cure any harmful past effects of the violation

The paper emphasized alternative methods to address systemic issues and weaknesses that contribute to systemic noncompliance as well as limitations in the current accountability structure. The alternatives were based on the following assumptions:

- The District will not meet the duration target within the next two years
- The purpose of the outcome is to ensure students with disabilities get the services specified in their IEP

- There is a reasonable method to determine the District's capacity to deliver services and identify and remediate noncompliance
- Parents should be informed regarding the delivery of their children's services
- The efforts of the alternative outcome will result in building systemic capacity to ensure compliance consistent with the Substantial Compliance framework and beyond the tenure of the MCD

The paper included three options, with one alternative for Outcome 13. The alternative was designed to improve substantial compliance and address systemic weaknesses identified during the focus groups and interviews with District personnel. On March 13, 2017, a paper with the summary of findings was provided to the Parties. This report included additional details of the methods and findings.

Progress to Date

The first part of the outcome requires students to show evidence of at least one service session during the study's eight-week timeframe. It contains two measures to differentiate between students eligible with an SLD and all other disabilities. The District continues to meet these targets (Table 1). The target for students without SLD was met in 2008-2009, and students with SLD only, in 2007-2008.[2] Despite this high performance, the current study does not explore the reasons or causes that result in 2-3% of the students not receiving any services.

These findings are consistent with, yet slightly better than, the percentage of students with no evidence of service delivery as reported in the SER300 - Historical Report (3.6%) (Table 3). The availability of both sources allows for drawing a reasonable conclusion that approximately 1,640 to 3,280 (2% to 4%), of students who receive services are not receiving any at any point during the school year. For these students, the response to this noncompliance is unknown and not subject to accountability for purposes of the MCD.

Table 1. Percentages of students receiving at least one session (all other disabilities vs. SLD)

	Population without SLD	SLD Only
2015-16	97.7%	97.2%
2014-15	98.1%	97.6%
2013-14	96.4%	96.2%

To date, the District has met the frequency target and is considerably short of the duration target (Table 2). The District met the frequency target in 2012-2013 but fell below the target the subsequent year. For the past two years, the frequency target has been met and sustained. During the 2015-2016 school year, all services met the frequency target except occupational therapy (OT [83%]) and language and speech (LAS [81%]). Although this performance meets the outcome's standard, an examination of those cases that missed sessions can provide insight into challenges for meeting this target and areas of systemic weaknesses.

---

[2] The SLD only target was met in 2007-2008 and 2009-2010, but fell below the target in subsequent years.

Table 2. Percentage of students meeting frequency and duration of services (IM 2016 Annual Report)

	Frequency	Duration
2015-16	85.3%	70.5%
2014-15	87.4%	72.4%
2013-14	84.4%	67.7%

Almost half (48%) of the cases that did not meet the frequency requirement were missing one session. Some services missed more than one session, particularly two that were daily or instructional supports with a higher number of sessions prescribed per month. For those that missed more than one session, the services with the highest rates of multiple missed sessions include: nonpublic agency behavior intervention implementation (NPA-BII) - 83%, RSP - 64%, and school mental health/ERICS counseling (SMH) - 51%. For several years, the study had recalculated performance to allow the inclusion of students with one missed session (1 out of 8 sessions or 87.5% of their services). This recalculation can be viewed as an estimate of students getting most of their services. By including these students, performance increases to 92% of students having received 87.5% of their services. Although the 300 Reports focus on meeting the duration targets of a student's prescribed service, they do not allow for an alternative view of performance of the frequency target.

The IM's fall 2016 report noted that the "lack of progress with the targets of this outcome, particularly the duration target, has been a dark cloud over the prospect of disengagement" (p. 5). Since the 2011-2012 school year, progress toward the duration target has been relatively stagnant (70.2%: 2011-12 vs. 70.5%: 2015-16). These findings provide sound evidence that the District is unlikely to meet this target and outcome. In the 2015-2016 Services Study, conducted by AIR, the only services to meet the duration target were physical therapy (PT [87%]) and deaf and hard of hearing (DHH [85%]). Performance of many services is considerably lower than the 85% target, with the following demonstrating the lowest duration rates: NPA-BII (45%), RSP (67%), SMH (71%), LAS (74%), and adapted physical education (APE [79%]).

Similarly, the 2015-2016 Services Study recalculated performance, allowing students with the equivalent time of one missed session (87.5% of their services) to determine performance at a lower standard. The inclusion of these students increased performance to 81%. This means that 81% of students received at least 87.5% of their services. Of those that missed the duration target, daily or higher-frequency services had the highest rates of missing more than one session, and include: RSP – 80%, NPA-BII – 78%, and APE - 54%.

The SER300 – Historical Report also provides insight into students getting most of their services. Although concerns exist over the data's accuracy due to the unknown impact of overcounting of make-up sessions or student absences, 74.6% of all students were receiving services in Tiers 1 and 2, meaning they received between 90-100% of their services. When including students in Tier 3, 83.5% of students received 80% or more of their services.

Although direct comparisons of performance from both measures (Services Study and 300 Report) cannot be made, it is evident that many students are not receiving at least 87.5% (81% - Services Study) or 90% (74.6% - 300 Report) of their services.

Over the course of the MCD, the District has dedicated many resources to develop the Welligent system's capacity to capture, maintain, and report service delivery data. Outcome 13 relies on Welligent service-tracking log data and service prescriptions on students' IEPs. Performance is based on the methods as stipulated in the outcome, which includes some instances for credit when sessions are missed. Although these business rules are favorable to the District, progress has remained stagnant for the duration target. Comparisons with the District's 300 Reports of service provision must be made cautiously. However, it is important to review and consider this data and performance, as the methods of Outcome 13 will not continue beyond the MCD, and the Welligent system must be deemed reliable for monitoring.

The OIM has repeatedly questioned the business rules of the 300 Reports and expressed concerns for the over- or double-counting of services when sessions are made up, or when a student is coded as absent and provided the service another day. Focus group and interview participants expressed concerns regarding the accuracy of these reports and noted discrepancies between the reports and service-tracking logs when reconciling data. While it is clear that the business rules and accuracy of the reporting must be addressed, the data and reports have undoubtedly become a monitoring tool and part of a provider's service delivery responsibilities. The use of and reliance on these reports is currently systemic; therefore, improving these reports' capacity and accuracy should be viewed as critical for determining disengagement.

Although the concerns with the accuracy are valid, the District's 300 Report provides an alternative source of service delivery performance data. These concerns are somewhat less for students in the lower thresholds, or Tiers 5 and 6, because it is unlikely business rules that result in overcounting have much of an impact, and cases in which a provider failed to document a session will be part of the process for remediating noncompliance.

The reports include performance thresholds for informing providers and staff of service provision at the student, site, and District levels. The six tiers of service delivery are:

- Tier 1 – 100%
- Tier 2 – 90% to 99.9%
- Tier 3 – 80% to 89.9%
- Tier 4 – 50% to 79.9%
- Tier 5 – 0.01% to 49.9%
- Tier 6 – 0.0% or no services

The District's Historical SER300 report (Table 3) shows service delivery between August 1, 2016, and February 23, 2017. As noted above, 74.6% of all students received 90% or more of their services, and 83.5% received more than 80%. These data demonstrate how performance, measured by Welligent, falls considerably short of 90% (Tiers 1 and 2). The following services had the lowest percentages of students in Tiers 1 and 2:

- OT - 71.3%
- LAS – 72.3%

- SMH/ERICS – 71.1%
- Visually impaired services (VI) – 74.8%
- Least Restrictive Environment (LRE) – 77.0%

The historical report is also indicative of the ongoing noncompliance, which requires continual monitoring and remediation. The table shows the magnitude and impact of students not getting any or getting very few of their services in Tiers 5 and 6 (n=4,036, 7.4%). Furthermore, about one out of six students is getting less than 80% of their services, or those in Tiers 4 through 6 (n=8,974, 16.5%). Unlike the data reported in the Services Study, the 300 Reports identify noncompliance at different thresholds, and at any given time. This capacity allows for the remediation of noncompliance at the student level, and in a timely manner.

Table 3. SER300 Historical Report (August 1, 2016, to February 23, 2017)

Service	Tier 1 100%		Tier 2 90-99.9%		Tier 3 80-89.9%		Tier 4 50-79.9%		Tier 5 0.01-49.9%		Tier 6 0.0%		Total
	n	%	n	%	n	%	n	%	n	%	n	%	
APE	4,092	56.8	2,085	28.9	491	6.8	284	3.9	116	1.6	142	2.0	7,210
VI	341	62.7	66	12.1	31	5.7	41	7.5	22	4.0	43	7.9	544
DHH	1,312	74.5	146	8.3	70	4.0	103	5.9	47	2.7	82	4.7	1,760
LAS	15,977	52.9	5,863	19.4	2,906	9.6	2,980	9.9	1,350	4.5	1,106	3.7	30,182
LRE	181	65.8	31	11.3	4	1.5	23	8.4	13	4.7	23	8.4	275
OT	5,589	56.3	1,485	15.0	1,018	10.3	1,153	11.7	370	3.7	299	3.0	9,919
PT	1,265	77.8	117	7.2	97	6.0	69	4.2	30	1.8	49	3.0	1,627
SMH/ ERICS	1,643	54.8	488	16.3	242	8.1	280	9.3	148	4.9	196	6.5	2,997
Total	30,400	55.8	10,281	18.9	4,859	8.9	4,938	9.1	2,096	3.8	1,940	3.6	54,514

Summary

In 2004, in consultation with the Parties and based on the findings of the initial Services Study conducted by AIR, the IM developed Outcome 13 to include three targets and methodology for determining progress. In the development of this outcome, the IM requested that the Parties submit positions on what an outcome would entail that would meet the standard of substantial compliance. This effort is evidence that the notion and expectation of a system that ensures substantial compliance has always been at the root of Outcome 13.

In 2004, standards to measure and hold a school district accountable for its delivery of special education services were unprecedented. Outcome 13 was designed at a time when many variables were unknown, and the District lacked uniform service logs used by different related services departments as well as a comprehensive service tracking system.

Despite progress in meeting the targets requiring evidence of a one-time service and the frequency requirements of students' IEPs over the eight-week period, structural limitations within the outcome presented significant challenges in achieving the duration target. In addition, the outcome does not address systemic weaknesses or require the remediation of noncompliance.

In essence, it does not require the District to act upon instances of noncompliance or to hold schools or providers accountable.

The OIM has made two efforts to have the Parties explore and reconsider reframing Outcome 13. In 2014, the OIM provided the Parties the first discussion paper, which neither party pursued. In March 2017, the OIM provided two papers with the summary of findings of the research efforts undertaken to understand service delivery, and an alternative to replace Outcome 13.

Past and current efforts show that further progress with the duration target is unlikely to yield the needed increase to meet the outcome. This is further supported by the District's own 300 Reports for monitoring service delivery. In addition, the high use of ranges by providers when prescribing service frequency results in an overestimation of performance, since the study provides credit based on the lowest number of sessions required.

METHODS

To gain a deeper understanding of the factors that impact service delivery and explore possible alternatives to measuring service delivery, the OIM, in collaboration with the ODA and Dr. Norman, conducted a series of focus groups and interviews. The aim was to obtain feedback about possible challenges that could be better addressed through a restructured Outcome 13 that would improve service delivery for students. Furthermore, participants were asked about possible alternatives to Outcome 13.

The focus groups were led by various team members. Each session contained a lead facilitator and was recorded and transcribed. In-person interviews with central and local district support personnel were conducted by at least two team members: a lead facilitator was responsible for conducting the interview, while the other member acted as note taker. Phone interviews with RSP teachers were done individually by two team members, with each responsible for notes of the call.

Sample Design

A total of six focus groups with a total of 35 staff, eight in-person interviews, and eight telephone interviews were conducted between December 5, 2016, and February 21, 2017. Focus groups and in-person interviews averaged one and one-half hours, while the phone interviews lasted 30-45 minutes. These yielded over 30 hours of qualitative data. Managers and supervisors were grouped based on position type and responsibilities.

All related service directors and coordinators, and local district Special Education Support Center Administrators (SESCAs), were invited to participate in focus groups. Related service specialists were randomly selected. Participants such as LRE specialists were included at the request of the local district SESCAs.

Sampling for site administrators was based several variables such as geographic location and focused on schools having students in Tier 6 with no service provider listed in the 300 Report. Related service providers were randomly selected based on geographic location.

RSP teachers were selected based on school level and geographic location. To minimize disruption of student services, RSP teachers were emailed with an invitation to participate in a telephone interview and asked to select the best time for the call.

Participants were grouped by roles and consisted of the following:

Focus Groups (Six Total):
- Related Services Coordinators/Managers (6 participants)
- Related Services Specialists/Supervisors (6)
- Elementary Assistant Principal Elementary Instructional Specialist (APEIS) (6)
- Secondary Assistant Principals (5)
- Related Service Providers - LAS (6)
- Related Service Providers - All others (4)

In-Person Interviews (Eight Total):

- Local District SESCAs (6)

- Local District LRE Specialists (4)
- Related Services Directors (2)
- Psychological Services Director (1)

Phone Interviews (Eight Total)

- Resource Specialist Teachers (8)

For reporting purposes, senior-level positions were referred to as managers, while support specialist positions were referred to as supervisors.

Instrument Design

To get a clearer understanding of why the District had not met the Outcome 13 duration goal, an online survey (Appendix A) was distributed to specific service providers in November 2016.[3] The survey was designed to get a deeper understanding of what factors might be impacting the delivery of services. Questions focused on the reasonableness of the caseload/workload and the factors negatively impacting the delivery of services. Of the 1,801 providers sent the survey by email, 1,208 responded (67%). The survey findings were used in the development of the focus group/interview questionnaires.

Five interview guides (Appendix B) were designed for focus groups and in-person interviews. The guides were aimed at specific groups and might have contained items that were not used for all groups or that were included as probes. Interview guides were developed for the following groups:

- Special education managers and supervisors
- Local district SESCAs and LRE specialists
- Related service providers
- Site administrators
- RSP teachers

The interview guides were designed to gather information on the following:

- Determination of caseloads
- Staffing needs and uncovered schools
- Assignment process for APEISs and related service providers
- Service delivery challenges
    - Attendance at IEP meetings
    - Coordination of IEP meetings
    - Conducting assessments and report writing
- Service delivery monitoring
- Service prescriptions
- Accountability mechanisms
    - RSPs and BIIs
- Procurement and process for determining BII services
- Parent involvement
- Opinions on potential components to an alternative to replace Outcome 13

---

[3] RSP and BII providers were excluded because these services have different service models and accountability structure.

The interview guide for local district SESCAs and site administrators also focused on the following:

- Assignment process for APEISs and related service providers
- Procurement and process for determining BII services
- Delivery and accountability challenges for providing RSP services

The interview guide for RSP teachers focused on the following information:

- Role of the site administrator in monitoring service delivery
- Challenges in delivering services and documentation in Welligent
- Challenges with dynamic service delivery models
- Absences and substitutes' role in documenting services
- Parent involvement
- Opinions on potential components to an alternative to replace Outcome 13

FINDINGS

The online survey and interviews revealed several issues that impact service delivery, service tracking, and monitoring. In addition, the interviews focused on accountability mechanisms, assignment of providers and APEISs, and parent involvement and explored alternatives to Outcome 13. Issues related to RSP and behavior intervention implementation/behavior intervention development (BII/BID) services were the focus of interviews with local district SESCAs and LRE specialists as well as RSP teachers.

This section includes a summary of the findings of the eight primary areas of inquiries. Selected excerpts from the focus groups and interviews are included in some discussions to highlight the findings. Recommendations for an alternative outcome are included for each area of inquiry.

Service Tracking and Data Monitoring (300 Reports)

Service tracking and monitoring compliance is an ongoing part of the service delivery system for providers, site administrators, local district SESCAs and LRE specialists, and central office administrators. Over the course of the MCD, the District has dedicated many resources to develop this monitoring capacity down to the student level. Monitoring service delivery is a weekly and monthly function and an integrated part of the service delivery system. Although this system has yielded many positives, including the ability to identify noncompliance, it continues to require improvements to ensure accurate and efficient monitoring.

Focus groups and interviews of all staff noted inaccuracies with the 300 Reports and bewilderment with the business rules for generating these reports. All reported that these inaccuracies lead to "chasing data," or looking into discrepancies between service delivery logs and 300 Reports. These reports are cumulative, and some discrepancies are due to delays in service delivery documentation.

Efforts to reconcile data can occur for all students with data discrepancies, including those with high rates of service provision. These efforts consume a lot of time that could be spent servicing students and can create a punitive and stressful environment for staff. Some providers expressed not worrying so much about discrepancies because they recognize that business rules result in inaccurate reports and they believe that they were up to date with their service delivery obligations.

Despite an increase in capacity to monitor service delivery, historical 300 Report data has not yielded better results for the study. The report data included in the discussion paper showed lower service delivery performance compared to the Services Study. Concerns regarding the over- or double-counting of services raise questions regarding the data's accuracy, particularly for students showing the highest levels of service, in Tiers 1 and 2 (90%-100%).

Improving the accuracy of the 300 Reports is critical to ensuring compliance. District staff are consumed with these monitoring efforts, and the inaccuracies result in wasted time looking into cases as well as undue stress. The District's approach to meeting the current outcome has focused primarily on providers' documentation practices, and not service delivery. Although it is evident that many resources are used to identify instances of noncompliance, it is unknown how these are remediated, carried out, and monitored.

Related Service Providers

Providers expressed frustration and befuddlement over the calculation of service delivery in the Welligent system. The following quotes highlight this confusion:

"Because I will see my kids that I see weekly and it will come up like either 200% or 58%. It's all over the map and makes no sense."

"There are ways that kids fall through the cracks or we don't serve until the IEP is signed and sometimes it is on a different record and sometimes the dates are different. I feel reporting isn't always showing that I did it all."

One provider noted keeping paper logs due to the low confidence in the 300 Reports and explained the rationale.

"One Monday I'm at 70% and the next Monday I am at 220% and I've seen these kids once. I didn't do any make-up. I guess I don't understand how the numbers are [calculated]."

These inaccuracies have increased frustration and resulted in providers viewing the reports indifferently.

"We tend to ignore them because if I do it right, if I do it wrong, if I miss a day, if I don't miss a day, it isn't going to look right."

"This has happened a bunch of times where I know I have a half hour student and I have seen him for the month and half an hour, no absences going on, and it will show 'owed 12 minutes.' If I do 30, 30, 30, 30, where does 12 come from? And when that happens enough you feel like this is just…"

RSP Teachers

All participants expressed not understanding how reports are generated and spend time chasing data to look into and resolve discrepancies between service tracking logs and 300 service reports. Most believed they serviced students more than their prescribed minutes despite the inaccurate reporting.

APEISs and Secondary APs

Administrators noted that the business rules for generating some 300 Reports can be misleading and inaccurate due to lags in the updates or timeframe for pulling reports.

"Accurate? Eh, because it looks at the past four weeks, 20 days, whatever it is. So when you make a change this week, it is not reflected until the following week and they [providers] sometimes get confused."

"So it's part of my Monday thing. Every Monday I run the report because it updates on Sunday so then I have the whole week for them to fix it and then the next Sunday it will be fixed but it is also fishy with the way it looks in the minutes."

Some participants believed that generating reports every two weeks would make more sense particularly if there was time for data to be inputted and service tracking records or grid to be opened.

Although the reports help administrators monitor service delivery, the inaccuracies result in time spent following up, limiting their time for other tasks. Some noted that even though they continue to be inaccurate, they believe accuracy has improved.

"There is a difference, because if I am holding a teacher accountable and I am having that conversation and then their response to me is, 'I updated it. It is just not showing.' It is going to depend on our schedule too because if I have five areas of responsibility and if I

am looking at these reports, then I have to find time to follow up to actually meet those teachers."

"We have at least 60 people [in related service] that we supervise so if we took all of that inaccurate data and spent just one hour a week on each provider, when will anything else get done?"

"On the same run date, everyone runs their 300 Reports and annotates it and gives that – sends it to me because one of the things that we have come across are a lot of IEP errors and a lot of errors in the calculation of minutes because students sort of coming in and out, popping up and out of Welligent. So we will see a kid that are owed twice as many minutes as they should because they have actually not been enrolled anywhere but Welligent still thinks they have been enrolled somewhere but they weren't open and active on a caseload anywhere so they weren't available to write absent in the record. So I spend a full day at least every month scrubbing data so that what I am looking at is accurate. That is a tremendous time waster for me."

Local District SESCAs and LRE Specialists

Local district support staff expressed similar concerns with the accuracy of data of 300 Reports. Participants believed data showing lower levels of service provision were due to system glitches caused by codes or business rules, and the reports' timeframes. When they looked into cases, they found that schools were documenting accurately, but the data was not reflected in the 300 Reports.

One local district stated the field is frustrated with the 300 Reports' inaccuracies and misrepresentation of service delivery. One staff member believed that it is almost impossible to achieve 100% delivery due to the lack of alignment between what data schools pull and how the central office creates the reports, resulting in confusion.

One local district provided examples of the monitoring of students identified in Tier 6—those not receiving any services. This local district examined 61 students at 38 schools and found:

- Six students switched from District BII to NPA providers or vice versa, causing paperwork issues
- Six students had IEPs that were recently signed, and there was no access to the service tracking record
- One school/provider lacked Welligent access
- Two students left the District but continued to show up because the system takes 30 days to update and drop students
- 16 students were receiving services, but the service tracking record was not updated
- Four cases were duplicates

One participant expressed the dynamic and widespread occurrences of the inaccurate reports, noting that about 60% of their schools have problems with service tracking logs, and that schools not tracking correctly vary from month to month. Some of these problems were attributed to substitutes who do not track services, unfilled positions, new administrative leadership, or assistants being absent. Furthermore, some schools did not track accordingly due to technical issues or providers' variance of skills, lack of training, transience, and confusion about the business rules, particularly with how time is tracked.

Related Service Managers and Supervisors

Managers and supervisors monitor services weekly and monthly, and spend a considerable amount of time following up with providers to resolve cases that demonstrate missing services. Supervisors reported supervising high numbers of providers, upward of 120 staff. Report inaccuracies result in chasing data and increased frustration as these efforts take them away from other duties and providing direct support. The following quotes illustrate these sentiments:

> "…and those reports are not accurate. There are times it will come up saying someone is missing service and you look at the entire service record for that IEP and every session is in there, but it's either over or under. And then the report is pulled on Sunday, but if our providers have five days to document, if I saw a student on Wednesday, the report is pulled on Sunday and I don't have to put my notes in until Tuesday, you have data in there that isn't even reflective of what was. It may have been that moment but not necessarily up-to-date."

> "At some point, it has to be either reflective and a true reflection of what we are doing in a timely manner, or it's kind of yeah, we can run it [the reports] and I can't take my time as an administrator to email my 60 people the minutes they are missing on Monday morning and then they have until Wednesday to put their notes in, so is that the best use of time when I can be out supporting them?"

One participant noted that the reports are most useful for identifying students getting no services or very few compared to students who received most of their minutes but were missing some.

> "I think it is easier to find students that are missing services because that is pretty apparent. It is when I have to bring out the calculator to try and figure out why there is a problem when there is no problem – that is what takes time."

<u>Recommendation</u>

Overall, an overwhelming consensus was noted for how these inaccuracies result in increased frustration and time spent reconciling data for all students. The District should review and revise business rules for coding service delivery and generating reports, and provide training to staff responsible for the delivery or monitoring of service provision. Changes should aim to simplify data entry and reporting to reduce the workload of providers and supervisors, while ensuring an effective monitoring tool.

To address the service delivery system's weaknesses, an alternative outcome should focus on students who are receiving no or the least amount of services, and getting their services to an acceptably high standard. This would provide evidence that the District is capable of ensuring systemic substantial compliance.

Assignment of APEISs and Service Providers and Coordination of Resources

The site administrators responsible for special education compliance differ between elementary and secondary schools. Elementary schools are provided an APEIS, whereas secondary schools have an assistant principal who is assigned by the principal and has additional special education responsibilities. Secondary schools also have additional resources, such as counselors, who serve as administrative designees. Providers expressed concern over the varying capacities of special education site administrators, noting that newer or untrained individuals can lead to longer IEPs or disputes with parents, which impacts service delivery.

Local district SESCAs have the authority to assign APEISs and evaluate their performance. Many noted a tactical approach when assigning these resources, deploying them to clusters of schools based on a feeder system. This promotes relationship building and ensures consistency with programs in these schools. SESCAs do not have any authority to assign or evaluate secondary administrators; this is the principal's responsibility. Therefore, owing to the APEISs, local districts have more influence and better-established relationships at elementary schools when it comes to supporting schools and monitoring compliance.

APEISs are assigned to an average of three schools. This impacts the coordination of and attendance at IEP meetings, which can result in missed sessions. Providers noted that although many APEISs try to accommodate schedules when coordinating IEP meetings, it is not always possible to hold IEPs the days they are assigned at that school due to parents' or other providers' availability. Dealing with multiple administrators compounds communication difficulties when scheduling meetings or dealing with last-minute cancellations. This is less of a problem at secondary schools, as an administrator or designee is assigned at only one school, and more resources are available to assist. However, accountability is limited at secondary schools, making compliance more challenging.

APEISs report that having three schools to cover also limits their ability to provide instructional support—a primary function of their job. They also confirmed the challenge that being at multiple sites creates for coordinating IEP meetings and acknowledged the impact on providers serving students. Most providers and APEISs are assigned to only one local district. However, two providers reported having schools in multiple local districts—one assigned to two and the other to three—further confounding communication and the ability to consistently meet their obligations.

The challenges of APEISs fulfilling their duties at three schools were highlighted in the April 10, 2017, Associated Administrators of Los Angeles (AALA) newsletters. The newsletter included an excerpt from one administrator who described the overwhelming challenges of the job:

> "I have at least a dozen complicated IEPs between my three schools. My job requires the following: be knowledgeable of instructional programs; massage egos; build teams; reach consensus on IEP meetings; interact with parents refusing to sign IEPs; interact with outside attorneys eager to find a procedural issue so that they can file for formal due process and collect a paycheck; collaborate with due process and general counsel; work with unsupportive and often times hostile administrators showing little respect for the work I do; work with some supervisors who create a hostile work environment and sometimes sabotage my work; follow-up on independent evaluations; collaborate with IDR and complete multiple IEPs to comply with the IDR agreement; work with the support unit that often times is too busy to reply to my emails and/or phone calls; and provide the assistance that I need to be more effective; manage timelines; respond to inquiries from all schools; be the IEP manager and do the job of the IEP clerk in some cases; plead and beg for additional psychologist time to complete the initial/reevaluation and triennial IEPs; manage and supervise staff; become familiar with every student at every school; monitor IEP compliance; and other duties assigned."

The majority of related service providers, with the exception of school psychologists, are assigned by central district management. Local district SESCAs noted that this makes responding to noncompliance issues easier, as they have direct access to their colleagues who can deploy resources as needed. Two SESCAs noted collaborating with local district school psychologist coordinators when creating APEIS and school psychologist assignments—without

input or influence in the assignment of any other related service providers. When asked if decentralization of other related service providers would help improve service delivery and compliance, SESCAs believed it would.

The most notable organizational shortcoming was the lack of, or poor, communication between local districts and related service provider personnel regarding the assignment of special education professionals. This includes all other related service providers (except school psychologists) and BIIs/BIDs. SESCAs reported being accountable for special education compliance at their schools, but without control over personnel or the ability to reallocate resources. Furthermore, all reported finding out about uncovered schools from school personnel, parents, or other local district personnel, and not central office management.

Recommendation

The ability to allocate resources is critical for ensuring equitable programs across local districts and schools. Local districts lack the authority to reallocate or deploy resources to effectively remediate noncompliance. The current organizational structure lacks this capacity, yet holds local districts accountable for compliance with service delivery. Organizational fragmentation exists at various levels, such as differences of line authority between elementary and secondary school site administrators responsible for special education as well as the centralization of the majority of related service providers with limited or no collaboration with local districts for the allocation of these resources. The decentralization of school psychologist and support personnel, such as LRE specialists, provides a more effective structure for ensuring compliance and accountability.

An alternative target that includes performance benchmarks addressing these organizational weaknesses is not feasible. However, it is incumbent on the District to consider how resources are allocated and how best to ensure accountability. Effective communication mechanisms are critical given the size and scope of the District's legal special education obligations. Without improving these organizational weaknesses, it is unlikely the District can effectively identify and remediate noncompliance.

Factors that limit the ability to provide services

The online survey asked about factors that limit providers from providing services. The majority of respondents believed that it is "Completely Reasonable" and "Somewhat Reasonable" to meet all their monthly service delivery obligations. Historically lower-performing services, including LAS, SMH, and OT, were more likely to rate their ability to meet all their obligations as "Somewhat Reasonable."

Focus group participants also expressed reasonableness for meeting their service delivery obligations but discussed factors that impact their ability to provide services.

Caseloads, workloads, and reasonableness to provide all services

The majority of focus group participants believed that their caseloads were manageable but noted that many variables impact their ability to meet all their service obligations. Consistent with the survey findings, conflicts with student schedules, attendance at IEP meetings, and school events are the primary factors that can result in missed sessions. Most noted that assignments at multiple schools further hamper their ability to make up sessions and attend IEPs. Speech and language providers reported that hiring more speech and language pathologist assistants (SLPAs) improved their ability to provide services. Approximately 80 SLPAs have been hired and are

deployed to assist with caseloads. Providers report that SLPAs see a total of 20 students per day and are assigned to multiple sites.

In addition to serving students with IEPs, many participants provide services and supports to students without IEPs. Many had positive remarks about the intervention programs aimed at remediating students' needs prior to a special education referral. Some programs, such as Preschool for All Learners (PALs), require a minimum time that varies between LAS (90 min. per class) and OT (60 min. per class). The speech and language program provides support to students who plateau or require services in the classroom setting in the Collaborative Support Model (CSM), which works with groups of students by supporting the teacher—not through a direct pull-out model. Although these services are described in students' IEPs, they do not count on caseloads. These students are seen weekly and included on monthly workload reports, but are not in the service tracking system.

Participants noted that workload considerations are mentioned in meetings, but the majority believed that assignments are driven primarily by caseload numbers.

Related service coordinators report that, despite high staffing levels, national shortages in areas such as LAS, OT, and VI make covering all schools a challenge. All noted beginning the school year fully covered, but having uncovered schools owing to employee leaves or resignations. Efforts to provide coverage include creating a substitute pool and bringing back retired providers for services such as LAS. It was noted that the shortages also impact NPA providers' availability.

Providers described challenges in meeting service delivery minutes due to a number of variables, such as absences or attending IEP meetings, and the limitations to make up missed sessions due to their caseloads and number of school assignments:

> "If the teacher is absent, they get a substitute, students still get their lessons for the day. If we are absent, we are expected to make up the whole day's work. If it is just one day – of four already packed in days which is just impossible to be very honest. So that is why our number, or sitting in IEPs all day which happens especially in February, March, April. You are absent from providing, and so having these caseloads doesn't give you enough time to – the flexibility to – for where you are absent or in IEPs, things like that, in my opinion."

> "That is the hardest part, the flexibility to make those up for whatever reason if there is a student that is gone or with someone else, or on field trip or whatever it is – I think that's where the IEPs and the assessments can impact too because a lot of times I will schedule where I have one day that I work on assessments and IEPs – you know – I have a flexible day in the week, and then if someone is absent I am like 'I can go back Thursday and check again.' But if your schedule is so tight that you don't have that Thursday, it is hard to get back up again to make up."

Service Prescriptions

Many variables can impact a provider's ability to deliver services. Schools are dynamic organizations with many educational and social opportunities that can disrupt instructional time and special education services. State-mandated testing, field trips, and holiday programs are some of the more predictable activities that impact service delivery, particularly for itinerant service providers assigned to multiple sites.

The current models for prescribing services impact compliance and have led to variations of service prescriptions that can obscure service delivery. Over the past several years, in an attempt to meet compliance partly driven by the Services Study, providers have started writing prescriptions by using a range of times a student would be seen in a certain period (frequency), including a fixed time for duration (i.e., 1 to 5 times per week for a total of 60 minutes). An increase in monthly prescriptions was also seen as providers sought more flexibility in fulfilling service delivery obligations. This model became problematic when management required providers to deliver all monthly services, even during months that included school holidays or other extended school closures. This means that, in the month of December, a provider is still responsible for delivering all of those minutes, despite schools being closed for two or three weeks.

Currently, both the weekly and monthly models contain weaknesses that impact compliance. The weekly model provides little flexibility for making up missed services, particularly for itinerant providers with multiple sites to serve. Providers believed that weekly prescriptions do not accommodate for activities such as opening a service record, handling the first week of school, or students field trips. They believe that this model is difficult to fulfill and that missed sessions are hard to make up. The monthly model provides more flexibility but is hampered by management's decision not to prorate shorter months. In the past year, management made another policy decision that requires providers to make up services when they are absent due to illness or any other reason. Providers expressed feeling that this policy was punitive and lamented getting sick given their high caseload and workloads. However, providers noted that their priority is always delivering services and that students are entitled to all of their services.

Although the use of ranges gives providers flexibility, it does not provide parents an accurate representation of service delivery. One of the challenges with monitoring Outcome 13 has been the use of ranges for frequency, which is considered met when the student is provided the lowest value. For example, if the prescription requires one to five sessions per week for a total of 60 minutes, one session meets the requirement, according to the study's rule. This results in lowering the standard of the frequency target. This practice makes monitoring service delivery and holding noncompliant providers accountable difficult.

During the focus groups, providers were presented with a hypothetical model for prescribing services based on an offer that included built-in flexibility to account for school events like statewide testing, holiday programs, or attending student IEPs. The model is based on a yearly offer of services, which establishes a number of sessions to be offered during the school year. For example, if the school year consists of 30 weeks, a service prescription might offer 27 sessions over the course of the year. This would allow providers the needed flexibility while providing a high level of services over the course of the school year.

One participant expressed support for this approach, highlighting some variables that can impact service delivery:

> "I actually was going to suggest something very similar. The first week of school you are making your schedule, the teacher doesn't want them pulled because they are learning, they are on one field trip, you are absent maybe one of their days, you are in IEPs on other days and then the last week of school. Christmas is another thing; they are all performing – so I think that is the best idea ever for two or three less sessions a year."

Recommendation

Providers agreed that a new model for prescribing services would afford the needed flexibility to meet all their obligations but had questions about how it would be conveyed to parents and monitored. Although this model has not been defined and is not being proposed as an alternative, the District should strongly consider reviewing current practices and developing guidelines for prescribing services. Currently, the weekly and monthly models are not structured to accommodate the various events that can alter a provider's schedule or management's expectations and policies. Furthermore, management continues to expect providers to carry high caseloads while adding responsibilities such as serving students in intervention programs and increasing documentation, monitoring, and assessment reports. Although providing intervention services is critical, management must reduce providers' workloads and/or caseloads to improve compliance.

Given the District's limited resources and high demand for services, policy solutions are critical for ensuring students and families are provided the services needed to access and benefit from the curriculum, while fostering a work environment that promotes staff retention. Service prescriptions must clearly describe session frequency and duration so parents understand the services their child will receive. Offers should be calculated to provide the required level of services, while accounting for known school events. The practice of using ranges used for prescribing services should cease and be replaced with a simple method that can easily be explained to parents, monitored, and yield accountability.

Uncovered schools

Some students who show up on the missing services report or who are identified as Tier 6 are not receiving services due to the lack of a service provider. These schools are uncovered due to a vacancy or employee leave. Related service managers and directors acknowledged 25-30 schools without an LAS provider, and 15 without an OT.

Some local district SESCAs reported uncovered schools mainly for LAS services, with one confirming the number of schools without a provider. All participants who reported uncovered schools noted learning about vacancies or leaves from the school or parents—not central office management or the LAS specialist assigned to each local district. Many were uncertain of the length of time schools had been uncovered and the status for filling these positions. One local district noted that several LAS positions had been unfilled since October 2016.

There appears to be variability in the processes for notifying parents when schools are uncovered due to vacancy or leaves. Variations were also noted between related service providers and central and local district management, with some describing this as the site administrators' responsibility, while others believed it was the providers'. Site administrators' responses varied as well, with some noting they were responsible for informing parents, and others believing the providers were responsible for sending notice to parents prior to their leave. Participants also noted that often parents are informed that their child is not receiving services due to a vacancy or leave at their child's next IEP meeting, which can occur weeks or months into the provider's leave.

Students at uncovered schools are offered compensatory services at their next IEP, which are to begin when the provider returns from leave. Some providers noted delivering extra services prior to going on leave to minimize noncompliance.

During these vacancies and leaves, various participants noted that management's efforts to provide coverage to these schools mainly consist of covering IEP meetings and fulfilling

outstanding assessments. Overall, there seems to be no uniform practice or process for notifying parents when a school is uncovered and their child is not receiving services. There also appears to be poor communication between central office/local district management and the site administrators.

In early March 2017, the Division of Special Education (DSE) provided information on the policies and procedures for notifying parents of uncovered schools. The Speech and Language Program has a reference guide (REF-4311.2) and a Frequently Asked Questions (FAQ) document that outline these procedures (Appendix C). The reference guide includes procedures for handling and disseminating information about uncovered schools. The department specialist is to contact the site administrator to "review strategies for temporary support and procedures for developing LAS goals, IEPs and assessments. At that time, the Specialist will share with the administrator the 'Speech and Language Program Frequently Asked Questions.'"

The FAQ guides schools to notify parents that their child will receive compensatory services once a provider is assigned to the school and requires schools to add a similar statement in the child's IEP, but does not state when the IEP is to be held, if different from the annual IEP date. Schools are also instructed to discuss ways the LAS goals can be supported in the classroom until a provider is assigned. An alternative service delivery model or telepractice is available for students, and schools are instructed to call the Speech and Language Program for assistance.

Although the reference guide and FAQs contain information about what to tell parents and add to the IEP regarding compensatory services, it does not provide timelines or any other method for notifying parents of affected students.

Additional information provided by the DSE indicates that specialists notify site administrators when their school will be uncovered and schedule a meeting to discuss the outstanding assessment plans and strategize on meeting the school's immediate needs. The Speech and Language Program does not have a formal letter to send to parents, but some schools have their own letters for notifying parents.

APE reports not having uncovered schools for prolonged periods for the past four years. In instances of employee leaves, the department contacts schools to inform them of the provider's absence. In these cases, parents are notified when they attend their child's next IEP. There are no form letters or reference guides for schools on procedures for notifying parents or providing interim or compensatory services.

The OT and PT departments have established procedures for notifying schools and parents for uncovered schools. The department has created an FAQ and form letter (Appendix D) to guide schools; however, a reference guide is not available. When a school becomes uncovered, a department administrator contacts the school and provides the FAQ and form letter as well as coverage for outstanding assessments. Principals are required to send parents the form letter. For instances of pending employee leaves such as maternity, providers are expected to notify site administrators and parents prior to their leave.

The SMH program notifies schools when the provider leaves or vacancies exceed two weeks. Parents have not been formally notified when gaps in coverage have occurred, but the department is looking to establish a plan for notifying parents and offering a weekly phone check-in to address concerns. No reference guide or letter is currently available.

Preschool itinerant services (PKIT), RSP, and the low incidence program (DHH, VI, OI, and O&M) do not have uncovered schools and provide coverage with substitutes or itinerant staff in

cases of employee leaves. These programs do not have a form letter or reference guide available for schools to assist them when vacancies arise.

Recommendation

The issue of students not receiving services due to a vacancy or a provider's leave is directly attributed to and can only be resolved by management. The lack of uniformity for notifying parents and addressing noncompliance in a timely manner presents an opportunity for an alternative outcome. An outcome could focus on increased accountability of related services management, which requires the District to identify noncompliance and remediate and mitigate noncompliance within a short timeframe.

The process for offering compensatory services does not consider the length of the leave or vacancy. Compensatory services delivered at the end of a leave further burden the workload of providers and do not yield the intent of the service, which is to benefit from access to the curriculum. It places the burden on the provider, families, and students to make up services, rather than ensuring schools are covered. This process also is void of accountability for management to find interim services and solutions to noncompliance.

RSP Service Delivery

The Services Study has consistently identified RSP services as a low-performing area impeding compliance with the duration target. During the 2015-2016 school year, 67% of students receiving RSP services received 100% of their services. Of those that did not meet the duration target, 80% had missed time equivalent to more than one session.

RSP programs have a broad variability, from dynamic models of co-teaching to pull-out services. Secondary schools are more complex, with varying schedules and case management practices in which students on their rosters are serviced and documented by other RSP teachers. This variability makes measuring and tracking service delivery complex.

For a large number of students, RSP services are instructional supports similar to other instructional classes such as math or English language arts. In these instances, missing an RSP class for schoolwide events or activities might be similar to missing a math class. RSP teacher absences are often covered by substitute teachers or special education paraprofessionals who are part of the service delivery model. Accountability of service delivery and documentation lies solely with the school principal. There appears to be minimal or no accountability for site administrators to monitor service delivery and documentation and to hold providers accountable for noncompliance. Local district SESCAs report leading the monitoring and remediation efforts for schools and RSP teachers that are not serving students or documenting accordingly. Although providing schools support is one of the local districts' functions, they have no authority to hold site personnel (administrators, RSP teachers, or paraprofessionals) accountable. Local district directors must ensure accountability of site administrators and site staff for noncompliance. Implementing these actions is described as dependent on a Director's priorities.

Recommendation

There appears to be no uniform process for the periodic review and certification of service delivery or documentation by site administrators. Performance "Stull" evaluations of site administrators do not include special education key indicators, including service delivery.

An alternative outcome could focus on strengthening accountability at the site level, where the authority to allocate resources and hold others accountable lies. The District requires principals

to certify compliance with other requirements; this could be replicated for RSP service delivery and documentation.

Requiring site administrators to review and certify service delivery and documentation reestablishes the intended supplementary role of the local district SESCAs. The abdication of this responsibility on site administrators results in the local district support units supplanting this role.

BII/BID services

The Services Study has consistently identified BII/BID services as a low-performing area impeding compliance with the duration target. During the 2015-2016 school year, 45% of students receiving BII/BID services received 100% of their services. Of those who did not meet the duration target, 78% had missed time equivalent to more than one session.

The provision and procurement of these services were explored to identify potential alternatives and possible solutions for improving service delivery.

BII/BID are often daily services, and lost service time is difficult to make up. Service delivery is impacted by providers' absences, which are noted to be more of a problem with District providers than NPA providers. However, many participants note that often alternative coverage is provided when the designated provider is absent, yet these services might not be documented in Welligent. Coverage is also provided when a student is initially offered BII/BID services, and schools will reallocate existing resources to ensure a student is provided adult assistance and behavioral support.

Procurement of a BII provider can take up to several months. Participants reported that the assignment of a designated BII can take from three weeks to several months. In the meantime, schools are to provide these supports with little guidance from the DSE. Interim services and supports can be piecemeal and are sometimes not designed to address the target or replacement behaviors. Participants were confident that interim supports are provided as these students' behaviors require supports that cannot be ignored.

The procurement process also includes a sign-off by the local district SESCAs and contradicts the intention of the OIM's IEP Complaint Investigation Corrective Actions, which ensures IEP teams have the authority to offer services they agreed to.

Local district SESCAs expressed concern about the availability and qualifications of BII providers. One participant noted that any district special education paraprofessional can be assigned as a BII, regardless of training or willingness to do the job. Incentives for becoming a District BII do not exist, and the training provided does not compare to some NPA providers.

Procedures exist for the implementation of behavioral interventions in the general education setting (REF Guide – 5052.1) (Appendix E). In addition, the reference guide includes procedures for student assessment and other preparatory activities when a student is being considered for a BII/BID. The implementation of these behavioral interventions (Tiers I, II, and III) do not seem to be uniformly applied or enforced. Similarly, procedures for activities prior to an IEP do not seem to be uniformly applied or enforced. One SESCA noted being aware of about 75% of those students who were eligible for a BII/BID prior to the IEP meeting because these schools followed the procedures and/or requested assistance from the support unit.

Recommendation

Despite policies and procedures for providing behavioral supports in the general education setting and conducting assessments prior to an IEP offering BII/BID services, implementation

and enforcement appear minimal and varied. These vulnerabilities offer an opportunity for an alternative that can improve school personnel behavior for compliance with District policies and procedures as well as provide general education behavioral supports and ensure LRE. The variability for procuring a designated provider also presents an opportunity for an alternative that shortens the timeline for securing a provider while establishing requirements for the provision of interim supports and services.

Parent Involvement and Participation

Currently, there is no uniform mechanism to inform parents of ongoing service delivery. To be informed of service delivery, parents must request logs or have mechanisms established with providers (home-to-school journal). Periodic reports currently inform parents of progress toward IEP goals but do not include information on provision of services as specified in the student's IEP prescription. As mentioned above, there is also variability in the processes for notifying parents when schools are uncovered due to vacancies or leaves.

All focus group and interview participants were asked whether an alternative outcome that included the provision of periodic or monthly service delivery reports to parents via the Parent Portal in MiSiS would improve compliance.

Mixed responses were noted, with many participants initially expressing apprehension of parents being periodically informed, believing that this could lead to more disputes. As the discussion continued and the parent perspective was introduced by participants, many became more open to the idea and believed transparency would help improve compliance. All of the local district SESCAs believed this would improve compliance and accountability while promoting relationships between families and schools.

The majority of participants who believed this approach might improve compliance also expressed concerns with the readiness of the data system and accuracy of the Welligent SER300 reports. Providers also expressed concerns with the current model for prescribing services, which they believe tends to overpromise service time and makes compliance difficult due to various factors that impede their ability to make up missed sessions.

<u>Recommendation</u>

There is no direct mechanism for informing parents of compliance with their student's service delivery. An alternative outcome that establishes such a mechanism would improve school-to-home communication, parent involvement, compliance, and site-level accountability. The rationale and logic behind an alternative includes the following:

- MiSiS gradebook and Parent Portal provides parents information on key school activities such as attendance, completion of assignments, grades, etc. Therefore, including service delivery data is a natural extension to keeping parents informed of their child's educational program and special education services.
- The availability of service delivery information will enable parents to monitor service delivery and address missed sessions with the provider and site administration.
- Periodic reporting via the MiSiS Parent Portal will provide transparency and site-level accountability for service provision and the accurate and timely documentation of services.
- Periodic reporting to parents will encourage involvement and communication between families and schools.

- This will establish a mechanism for monitoring service delivery at the school and student levels, ensuring noncompliance is swiftly addressed. This will reduce the overreliance of central office monitoring, enabling staff to focus on accountability and providing support.

Other – Realistic Targets

The majority of participants are committed to providing or ensuring that services are delivered to students in accordance with their IEPs. Participants noted that the current outcome is not realistic given the many competing variables for students' time at school. Although many expressed a commitment to provide 100% of student services, participants noted several concerns with management decisions such as changing the policy for acceptable reasons for not providing services and cumbersome administrative tasks that result in many professionals working beyond their contractual hours. Participants also agreed that the current model for prescribing services overpromises and does not factor in enough flexibility to make up sessions, particularly given the high caseloads and workloads.

The majority of participants, including managers and local district support staff, reported that until this year, they believed that compliance with the target for Outcome 13 was to deliver 85% of a student's services. This belief was also reinforced by the 300 Reports, which marks students with more than 85% of their services as "OK."

      <u>Recommendation</u>

Although District staff clearly articulate a desire to provide 100% of student services, ample evidence has found that the current service delivery model is not structured to achieve this. Elementary APEISs and itinerant related service providers are stretched thin, with central management often adding responsibilities without alleviating or streamlining others. This is evidenced by the expansion and involvement of LAS and OT/PT providers in PALs classes. Although the District is to be commended for providing early intervention and services to younger students, these commitments must be accompanied by additional support or a reduction in caseloads.

The current model for prescribing services does not account for inevitable and predictable situations that impact service delivery. Furthermore, the use of ranges and lack of guidance by the DSE result in ambiguity for parents and create additional challenges for monitoring service delivery. In essence, this model overpromises services, adding strain to an already strained system, while impeding accountability.

SUMMARY

Since the inception and establishment of Outcome 13, the intent of the measure was grounded in the premise that improvement toward the targets would result in substantial compliance. Despite progress in meeting two of the three targets, performance on the duration measure has been well below the 85% threshold. Given the lack of progress over the past several years, there is clear evidence that the current duration target is unlikely to be met.

The current structure of Outcome 13 identifies only students who have not received services within the study's parameters, and does not require any remediation of noncompliance or accountability for schools. This has resulted in a focus on data entered into the Welligent service tracking system and remediation of documentation, and not service delivery. Furthermore, the outcome does not address cases in which students have prolonged absences from receiving their services due to provider vacancies or absences.

The availability of data from both Welligent Service Tracking and 300 Reports provides deeper insights into potential alternatives to Outcome 13. Furthermore, the tier system provides information on various compliance levels, which can be linked to a student, provider, and school. This capacity, and the District's ongoing efforts to monitor and improve documentation, provides a foundation for an alternative approach that can build on these systems while improving those that are sustainable and enhance parental involvement.

Several systemic weaknesses that impact service delivery were explored. Organizational fragmentation in the reporting line and communication were found, particularly in the assignment of APEISs and the majority of related service providers. Site administrators lacked clear and direct accountability for ensuring services were delivered to students, and certification that monitoring reports were reviewed and instances of noncompliance addressed.

Accountability is directed at those with no or little authority to allocate resources, such as local district SESCAs and providers. In addition, holding providers accountable only works if they have reasonable caseload and workloads and required training and support. Accountability for management to effectively manage resources and remediate noncompliance is void in the Outcome 13 structure and not evidenced in the organization. Misplaced accountability was also noted for ensuring RSP and BII services are provided and documented. These are clearly site-level responsibilities, supplanted by the local district SESCAs.

Parent involvement and communication mechanisms regarding compliance with the service delivery requirements of their student's IEP are also void. The establishment of a periodic reporting structure that informs parents of the level of services delivered would improve home-to-school communication and site-level accountability. The lack of uniform procedures for handling uncovered schools due to vacancies or employee leaves is a fundamental systemic weakness that can be readily addressed by DSE leadership and management. The responsibility for ensuring coverage at schools and manageable caseloads must be directed at those who control the allocation of resources—not the local district SESCAs or providers.

APPENDICES

Appendix A: Provider Survey Report, Office of Data and Accountability

Appendix B: Interview Guides

Appendix C: Speech and Language Reference Guide (REF-4311.2) and Frequently Asked Questions (FAQ)

Appendix D: Occupational and Physical Therapy (OT/PT) Frequently Asked Questions (FAQ) and Form Letter

Appendix E: Behavior Intervention Implementation (BII) Reference Guide (REF-5052.1)