

*Office of the Independent Monitor*

*March 13, 2017*

*Summary of Methods and Findings of Online Survey  
and Focus Groups/Interviews*

This document is an accompaniment to the draft discussion paper provided to the parties on March 7, 2017, with the three options for an alternative Outcome 13. This summary of the methods and findings of the online survey and focus groups/interviews serves as context for understanding the rationale behind the proposed components of option 3.

**Online Survey of Related Service Providers**

To get a clearer understanding of why the District has not met the Outcome 13 duration goal, an online survey was distributed to specific service providers. 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.

The Office of Data Accountability (ODA), in conjunction with the Office of the Independent Monitor (OIM), developed the questionnaire, and the Division of Special Education provided e-mail addresses for both LAUSD and contracted providers. A link to the online survey (*SurveyGizmo*) was sent to the following providers: Adapted Physical Education (APE), Deaf/Hard of Hearing Itinerant Service (DHH), Language and Speech (LAS), Least Restrictive Environment Itinerant Service (LRE), Occupational Therapy (OT), Physical Therapy (PT), Preschool (PRE), School Mental Health (SMH), and Visual Impairment Itinerant Service (VI). The survey did not include Resource Specialist Providers (RSPs) or Behavior Intervention Implementation/Behavior Intervention Development (BII/BID) providers because their services have considerably different delivery models and accountability structure compared to itinerant-based related services.

The survey was open November 1 through November 14, 2016. Of the 1,801 providers sent the survey by e-mail, 1,208 took the survey (67%); 1,132 of these providers reported providing direct services. Providers were asked to focus on only the 2016-2017 school year when answering the survey questions in order to focus on what is happening currently. Highlights of the findings are included for context. A detailed report with the methods and findings is forthcoming.

To gauge providers' perceptions of their ability to meet all of their monthly service delivery obligations, participants were asked, *"To what extent do you think it is reasonable for you to deliver services as stated in the IEPs each month?"*

- Half (51%) of the respondents believed it was "Somewhat Reasonable," 41% reported it was "Completely Reasonable," and 8% said it was "Not at All Reasonable"
  - When disaggregated by individual services:
    - APE (69%) and DHH (77%) providers believed it was "Completely Reasonable"
    - LAS (57%), OT (61%), and Pupil Counseling/SMH/ERICS (56%) providers were more likely to find it "Somewhat Reasonable"

When asked about the major factors that negatively impact their ability to complete student service sessions, providers reported:

- Conducting assessments and/or writing reports had the largest impact (46%), followed by attending IEP meetings (34%)

Once moderate and major factors were added together, the following factors were mentioned by 50% or more of the respondents:

- Conducting assessments and writing reports (72%), attending IEP meetings (66%), entering information into Welligent (53%), student schedules (53%), and completing non-Welligent paperwork (50%)

## **Focus Groups and Interviews of District Staff**

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 Dr. Michael Norman and the ODA, 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.

An overview of the methods is included below. Highlights of findings will be included in the discussion section below and will include corroborating findings from the online survey. Findings from the online survey guided the development of the interview guide. A detailed report of the methods and findings is forthcoming.

The questionnaire/interview guide was designed to gather information on the following:

- Determination of Caseloads
- Service Delivery Challenges
- Service Delivery Monitoring
- Alternatives to Outcome 13

Six focus groups, eight in-person interviews, and eight telephone interviews were conducted between December 5, 2016, through 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. Participants were grouped by roles and consisted of the following:

### *Focus Groups (Six Total):*

- Related Services Coordinators (6 participants)
- Related Services Specialists (6)
- Elementary 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)

### **Overall 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 APEIS, and parent involvement, and explored alternatives to Outcome 13. Issues related to RSP and BII/BID services were the focus of interviews with local district SESCAs and LRE specialists as well as RSP teachers.

#### *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 for developing 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 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, it has not yielded better results for the study. The historical 300 report data included in the discussion paper showed that service delivery performance is lower compared to the Services Study. Concerns regarding the over- or double-counting of services raises 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 the documentation practices of providers, 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.

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

### *Assignment of APEIS and Service Providers and Coordination of Resources*

The site administrators who are responsible for special education compliance differ between elementary and secondary schools. Elementary schools are provided an APEIS, whereas secondary schools have an assistant principal, assigned by the principal, 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 within 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 challenges 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 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 personnel regarding the assignment of special education professionals. This includes all other related service providers (except school psychologists) and BII/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.

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, and 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 that addresses 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 ability to provide services*

As noted above, the online survey inquired about factors that limit providers from providing services. The majority of respondents believed that it is "Completely Reasonable" and "Somewhat Reasonable" to meet all of 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 of their service obligations. Consistent with the survey findings, student schedules and their 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 the hiring of more speech and language pathologist assistants (SLPAs) has 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 expressed positive remarks about the intervention programs aimed at remediating students' needs prior to a special education referral. Some programs, such as the PALs, require a minimum time that varies between LAS (90 min. per class) and OT (60 min. per class).

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 levels of staffing, 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 the availability of NPA providers.

### **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 services delivery. Over the past several years, in an attempt to meet compliance partly driven by the Services Study, providers 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 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 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.

Providers agreed that this 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 additional 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 uncovered 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 responsibility as the site administrators', 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, 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 school 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.

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.

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.

### *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, and vice versa. 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 other special education paraprofessionals who provide supports and services to students. 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. The implementation of these actions is described as dependent on a Director's priorities.

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.

These findings highlight the shortcomings within the current accountability structure to improve RSP 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.



### *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 that 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 services 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 Division. Interim services and supports can be piecemealed and 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 NPA providers.

Procedures exist for the implementation of behavioral interventions in the general education setting (REF Guide – 5052.1). 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, III) do not seem to be uniformly applied or enforced. Similarly, procedures for preparatory activities prior to an IEP do not seem to be uniformly applied or enforced. One SESCOA 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.

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 appears 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 expressing initial apprehension to parents being periodically informed, expressing belief 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.

The rationale and logic behind this 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.