

SAMPLE MEGA MONITORING ASSIGNMENT – SJS Clinical Department

I. Overview – Brief Description of the Program Being Monitored

SJS¹ is a nonpublic special education school that serves 115 students with moderate to severe disabilities from several counties. Students attend SJS with funding from their local school system if a general education environment is deemed inappropriate. The students require a multitude of supports and services to access their education and to foster crucial life skills.

The Clinical Department at SJS provides counseling services on both a direct and consultative basis, and collaborates with other members of interdisciplinary teams in order to facilitate the success of each student across all school settings. The SJS clinical department is comprised of a clinical director, 15 licensed clinical social workers and social work interns from SSA. Program documents state that “each clinician works with students on his or her caseload and their families to identify strategies for success in both school and the community, to develop pro-social behavior and coping skills, to intervene in mental health crises, and to determine appropriate post-secondary goals as students near graduation.”

The school has been using two types of data in its monitoring efforts prior to this assessment: 1) a specific database called the PBIS (Positive Behavioral Interventions and Supports) data, which housed data on seclusions and restraints and major incidents; and 2) an IEP (Individualized Education Program) database, which tracks official student goals and progress on these goals. It is less clear to this recorder what data from these databases is used for what purposes.

This assignment is geared toward the clinical department of SJS. It is sufficiently different from the main education enterprise to have separate needs for monitoring for quality service. While the school might target educational progress as its major foci, the clinical department will require additional information to be able to assess the quality of their services in an ongoing way.

II. SWOT Analysis—The SJS Clinical Department

Strengths: The major strengths of the clinical department is that it possesses clinicians with extensive interpersonal skills and professional experience with some of the specific populations that are significantly represented at SJS. These populations include:

- students on the autism spectrum,
- students with behavioral emotional disabilities, and
- students who are preparing to graduate school and enter the community as independently as possible.

¹ SJS is not a real school.

These professionals are highly committed to these specialized populations and stay up-to-date on the literature and advances related to these populations. These clinicians also know the local school districts, the local communities served by these districts and know how to get things done within the SJS system. It is a savvy bunch.

Weaknesses: Although the clinicians at SJS bring diverse clinical perspectives to the team, the demographic makeup of the clinical department exposes some weaknesses. The clinical department is comprised of seasoned later career professionals. Turnover has been rare in the department. This has meant that the department has been less amenable to significant procedural changes, and has needed additional training in technical skills required to carry out proposed data/record-keeping/ quality initiatives.

It also means that the department has not had the opportunity to hire Latino or Spanish speaking social workers even as the local demographics have changed substantially in the past decade. The Latino students have brought a host of new issues into SJS's clinical work, including undocumented students and families, issues with English language preparation and communication with families (sometimes with interpreters), and new cultural issues to deal with, including a perceived reluctance to engage in "clinical" services, fearing the stigma of mental health involvement.

The Clinical Director has come to the conclusion that too many of the students' IEPs contain "cut and paste" language that is being applied to too many students in too generic a manner. In essence, she thinks they are losing the "individuality" that is their point. Plus, she worries that the team is losing its creativity in finding ways to meet students' needs, that the team keeps trying the same things over and over and without knowledge that they work.

Opportunities: The potential to hire new employees due to retirement provides an opportunity to bring new diversity and skills into the team. SJS has just joined a newly formed association of nonpublic special education facilities (ASEF). SJS is a field placement for three different local social work programs. These community ties could be useful resources; by consulting with other special education professionals and professionals in the social services, SJS could more effectively delineate potential areas in need of improvement, develop appropriate strategies to address these issues, and gain information from similar clinical teams about what has and has not been successful in the past.

Threats: With only modest increases in the state budget for nonpublic special education schools over the last few years, salaries for clinicians at SJS have largely stagnated. As such, there is a growing impetus for social workers to look for employment in different sectors. Additionally, a dearth of funding threatens the prospective student enrollment count each year, meaning the team could shrink in size along with the student body. With these changes are calls for increasing accountability for demonstrating the value of SJS' educational and clinical offerings with hints that school districts may contract with fewer nonpublic schools in the

future. Since many of these clinicians are approaching retirement, it is possible that the team will experience significant turnover in the coming years. This could mean the loss of substantial substantive expertise in the clinical department.

SWOT ANALYSIS – CLINICAL DEPARTMENT OF SJS ALTERNATIVE SCHOOL

<p>STRENGTHS</p> <ul style="list-style-type: none"> • Clinicians with excellent interpersonal skills • Clinicians who possess knowledge related to specific, important clinical populations • Excellent relations with schools in multiple districts • Knowledge of SJS systems • Seasoned clinicians 	<p>WEAKNESSES</p> <ul style="list-style-type: none"> • Not demographically aligned with student body • So Spanish speakers; not expert in Latina/o cultural issues • Not technologically savvy • Set in ways – too many cut and paste interventions • Uneven cooperation with transition teams.
<p>OPPORTUNITIES</p> <p>Hiring opportunities New inputs from new collaborations</p>	<p>THREATS</p> <p>Losing clinicians due to salary freeze Loss of expertise to turnover Potential reduction of student body/ revenue from school districts</p>

III. Destination Statement

The SJS Clinical Department strives to develop social service professionals:

- 1) Who consistently engage and involve student's families;
- 2) who provide individualized, creative, state-of-the art clinical interventions that improve students' lives and the lives of their families; and
- 3) Who prepare youth for life in the community following termination of special education services.

IV. Strategic Themes

As part of a strategic planning process specific to the Clinical Department, but in conjunction with a larger planning effort of the school, three strategic themes were identified, *Engaged Families*, *Impactful IEPs* and *Outside World Preparation*.

ENGAGED FAMILIES.

The clinical department needs to routinely and enthusiastically invite and encourage parents to become involved in the SJS programming. The department's clinicians will strive to engage parents on multiple levels and motivate them to increase their involvements at SJS. They want parents to be and feel heard, respected and encouraged.

IMPACTFUL IEPs.

IEPs are in many ways the lifeblood of special education services. They guide the nature, dose and direction of educational and clinical services. The clinical department strives to contribute to IEPs that:

- cohesively map to important individual needs for each student,
- will contribute to student success,
- reflect both state-of-the art knowledge of interventions and creative solutions to touch problems;
- avoid bureaucratic, educational and clinical jargon; and that
- clearly delineate responsibilities for action and success.

OUTSIDE-WORLD PREPARATION

The Clinical Department strives to work with student's Transition Teams to develop and execute plans to monitor preparedness for community life, inspire youth and their families, facilitate, when needed, applications for services through various federal, state, and local programs.

V. Vital Perspectives

Consumer perspective: Refers to SJS students and their families.

Financial Stewardship perspective: Refers to overall financial health of the school, which is tied to the local school districts' perceptions of SJS (they provides funding for each student's educational programming).

School Perspective: The perspective of school administrators and teachers.

Learning and Growth Perspective: Refers to growth and culture for the clinical department and associated teams at SJS.

VI. Strategy Map and Directional Goal Statements, Measures, and Objectives

Strategic Theme →	Engaged Families	Impactful IEPs	Outside-World Preparation
Perspective ↓			
Consumer Perspective	Parents who are and feel heard, respected and encouraged by the clinical staff. Parents who actively shape and execute IEPs, engage in clinical meetings, execute plans at home, and work to improve their lives.	Parents and youth who believe that they had vital input into IEPs. Parents and youth actively participating in IEP execution. Parents and youth who view their child's IEP as meeting the student's needs.	Parents and youth who are confident in the student's preparedness for integration into community life.
Financial Stewardship Perspective	↑ Clinicians who provide more billable hours to medicaid as a result of increased involvement. Fewer complaints to school districts may contribute to the districts' continued support of SJS.	↑ Local school districts pleased with IEPs.	↑ Local school districts pleased with transition plans and activities.
School Perspective	↑ Administrators and teachers who notice, welcome and encourage increased family involvement.	↑ IEPs that pass internal quality standards upon review. Teachers who are pleased with IEPs.	↑ Teachers and administrators who are pleased with transition plans and activities.
Learning and Growth Perspective	↑ Clinicians who understand Latino families. Clinicians who speak basic and advanced Spanish. Clinicians eager to engage and motivate family members.	↑ Clinicians who feel empowered to be creative with IEPs. Clinicians who are confident in their abilities to create strong plans.	↑ Clinicians eager and prepared to cooperate with transition teams.

VI. Potential Directional Goal Statements

CONSUMER PERSPECTIVE

Increased parental participation in planning and clinical meetings.

Increased parental satisfaction with clinical services.

Increased percentage of parents who view their child's IEP as addressing important needs.

FINANCIAL STEWARDSHIP PERSPECTIVE

Increased Medicaid billable hours by clinicians.

Decreased parent complaints about SJS to local school districts.

Decreased requests from local school districts to revise IEPs.

Decreased requests from local school districts to revise transition plans.

SCHOOL PERSPECTIVE

Increased number of IEPs that meet internal audit standards.

LEARNING AND GROWTH PERSPECTIVE

Increased number of clinicians who can speak basic Spanish.

Increased number of clinicians who can speak advanced Spanish.

Increased number of clinicians who report confidence in their IEP planning abilities.

Measurement Description and Justification

Measure #1

Medicaid income, past 12 months

Related departmental goal: Increased Medicaid billable hours by clinicians.

Perspective: Financial

Source: School CFO monthly report

Description: The School CFO on a monthly basis reports to the school headmaster all expenses, income and a financial statement. One income category is Medicaid income received from Illinois Medicaid for services billed and reimbursed by Medicaid. It is a summary number, measured numerically on a ratio basis (a real zero). It is seasonally affected as few hours are billed over the summer recess. This is not a measure of what is billed; it is a measure of what is received.

A past twelve month measure is easily calculated from the monthly reports. By reporting the past 12 months, this number is updatable monthly, without being affected by seasonal fluctuations.

The CFO will be responsible for providing the monthly and annual numbers to the SJS Quality Specialist, by request of the Headmaster.

Justification: The school strives to increase its funding base beyond the local school districts. One way to do this is by ensuring that billable services are billed to Medicaid. In addition, Medicaid income should increase if families are more engaged, since it is possible to bill Medicaid for family therapy services for children who are Medicaid eligible.

Measure #2:

Percentage of active IEPs meeting 90% of internal standards.

Related Departmental Goal: Increased number of IEPs that meet internal audit standards.

Perspective: School

Source: Team-based reviews of IEPs using printed out reports from the IEP database and printed IEP review forms.

Description: The Clinical Department Director is responsible for creating and finalizing the IEP review form in conjunction with the IEP specialist and with input from the clinical staff and the SJS parental advisory board.

The final form will be limited to ten audit items. A description of each item will be formulated and a training and decision manual will be created.

Teams will review the IEP conference summary reports and agree on the item ratings. Teams will include one special education teacher and three SJS clinicians, none of whom have been involved in the student's educational planning, and the Quality Specialist. A SJS clinician will chair the team review. Each clinician will serve as a reviewer at least once per year. Each reviewer will rate the 10 audit items for the IEP on the paper review form. Then, item by item, the reviewers will reveal their score, discuss the best score, and attempt to reach consensus on the score.

Reviews will be conducted 3 times per year, in November, February and May. Fifty student IEPs will be reviewed at each review. A team will review 25 cases. Thus, two teams will be mounted for each review cycle. The cases for review will be chosen at random from all students who have not yet been reviewed that academic year. (Roughly, this is 50/300 at first review; 50/250 at second review and 50/200 at third review). The website, random.org, will be used to provide the random numbers used to choose the IEPs for review. The Quality Specialist will conduct the random sampling.

Each IEP audit item will be rated on a 1-5 scale. An IEP is in compliance with an item if it receives a score of 4 or higher. An IEP is rated as 90% compliant if 9 of the 10 audit items are rated as 4 or higher.

A Microsoft Access database will be used to data enter and store the IEP audit information.

A preliminary form is included on the next page.

Justification: IEP quality has been identified as an important indicator of quality by the school. Substandard IEPs risk being rejected for funding from the referring school district. Cookie cutter IEPs have been reported as a problem by clinicians, teachers and the Director of the Clinical Department.

We could have decided to measure IEP school district rejection, but since they reject only about 5% of IEPs created at SJS, this measure is not sensitive enough to assess improvement. Plus, IEP rejection does not capture some of the quality issues identified internally as important.

SJS student # _____ IEP date _____ IEP clinician present _____

Rater _____ Review date _____

PRELIMINARY IEP QUALITY CHECKLIST:

Based on your review, answer this:

To what extent are the following characteristics reflected in the documentation?

1-to no extent/not present

2-to a low extent/minimally present

3-to some extent

4-to a large extent

5-to a very large extent

		No extent	Low extent	Some extent	Large extent	Very high extent
1	Student functional performance problems are detailed.	1	2	3	4	5
2	Student problems are viewed in a larger context.	1	2	3	4	5
3	Student functional strengths are described.	1	2	3	4	5
4	Target behaviors are clearly described.	1	2	3	4	5
5	Replacement behaviors are achievable.	1	2	3	4	5
6	Replacement behaviors are individualized for this student.	1	2	3	4	5
7	Motivators are individually chosen for this student.	1	2	3	4	5
8	Rationales for the intervention strategies are specified.	1	2	3	4	5
9	The crisis plan uses supports important to the student.	1	2	3	4	5
10	The overall plan demonstrates coherence among problems, strengths, context, motivations, disabilities, interventions and outcomes.	1	2	3	4	5

Measure #3

Parental participation in IEP conferences.

Related goal: Increased parental participation in planning and clinical meetings.

Perspective: Consumer

Source: IEP database of IEP conference summary reports

Description: The IEP database in use includes attendance indicators of parents and a number of other stakeholders.

The indicator used here is a parent signature on the IEP report for the last IEP meeting in the database. The measure is the percentage of the last IEP conferences where a parent signature indicates attendance. This is measured numerically, from 0 to 100.

The query of the IEP database will be run Nov. 1, Feb 1, and May 1 by the Quality Specialist.

Justification: Parental participation in IEP conference is a standard measure in special education. It also serves as one, but only one, indicator of parental participation in SJS planning and clinical meetings.

Parental participation has been identified as a strategic goal at both the department and school levels. Parental participation has been challenged lately by the increase in SJS students where Spanish is the language spoken at home.

It was decided to use the database query over the audit process because the database will contain 100% of SJS students, while the audit process will only cover 50 students per review.

Measure #4

Percentage of department clinicians who rate their skills at creating IEPs that improve students' lives as very strong or higher.

Related goal: Increased number of clinicians who report confidence in their IEP planning abilities.

Perspective: Learning and Growth

Description: On the annual survey of clinicians in the department, clinicians will be asked, among many other items, this question:

How would you rate your skills at creating IEPs that improve students' lives.

Response options are:

5-outstanding

4-very strong

5-competent

2-underdeveloped

1-not developed

Clinicians will be asked to complete the annual survey at a luncheon the first week in February at each year. The survey will be administered by the Quality Specialist. It will be a paper self-administered questionnaire that is entered into an Access database by the Quality Specialist. Using the percentage who rate the item as a four (very strong) or higher (a binary measure at the individual level) yields a departmental numeric indicator for monitoring.

Justification: Creating impactful IEPs is an important part of the Clinical Department's function. The Clinical Department needs to assure that its clinicians know how to conduct this vital function.

Measure # 5

Number of SJS clinical department clinicians passing the Level B2 of the Diploma de Español (or native speaker).

Perspective: Learning and Growth

Related goals:

Increased number of clinicians who can speak basic Spanish.

Increased number of clinicians who can speak advanced Spanish.

Description: The Diploma de Español (**Nivel B2**) qualification, administered by the Instituto Cervantes, validates sufficient linguistic ability to get by in average day-to-day situations in normal communication circumstances, which do not require specialized use of the language.

Clinicians who speak or are studying Spanish are asked to provide proof of passing this exam (or a higher level of exam). The clinicians who can provide such proof will receive a one-time bonus of \$1500.

The certificate of proof of passing will be kept in the employees' HR file. The Director of the Clinical Department is responsible for providing this number to the Quality Specialist based on the contents of the HR files on September 1 of each year. This yields a numeric number, with a real zero, and a maximum equal to the number of clinicians employed on September 1.

Justification: The clinical department has identified the lack of Spanish speakers as a departmental weakness. The number of SJS students who come from homes where

Spanish is spoken is believed to have increased dramatically in the past decade, while the number of clinicians speaking Spanish has not.

The choice of exam required a bit of a compromise. The Department had wanted to increase the number of basic and advanced Spanish speakers. A level of proficiency between basic and advanced was chosen as the single indicator upon which to measure progress.

Measure #6 (planned for future implementation)

Percentage of parents who report that their student has improved as a result of services provided by SJS.

Perspective: Consumer

Description: This is one item on a planned parent satisfaction survey. The item is:

To what extent has your child's functioning improved as a result of services provided by SJS, other than by his classroom teachers?

Response options are:

5- A great deal

4- quite a bit

3- somewhat

2- very little

1- not at all

Note, a companion item asks, To what extent has your child's functioning improved as a result of efforts of his/her classroom teachers?

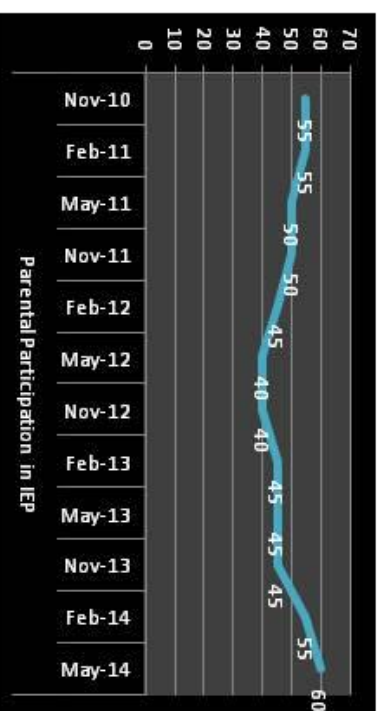
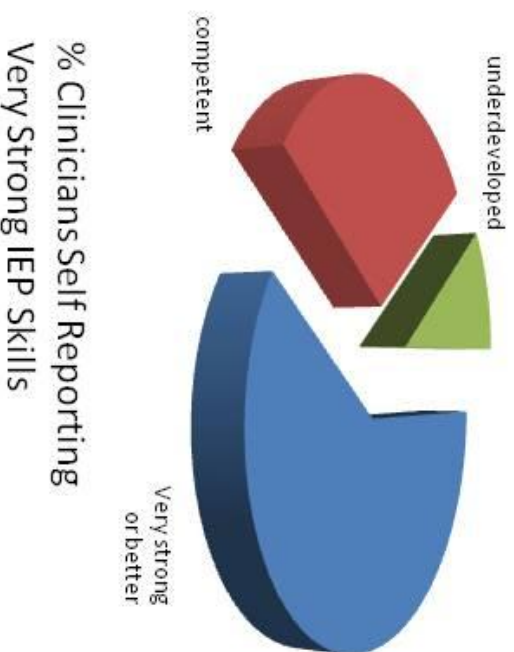
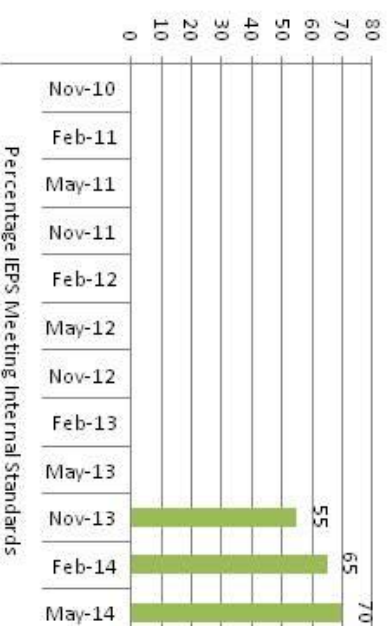
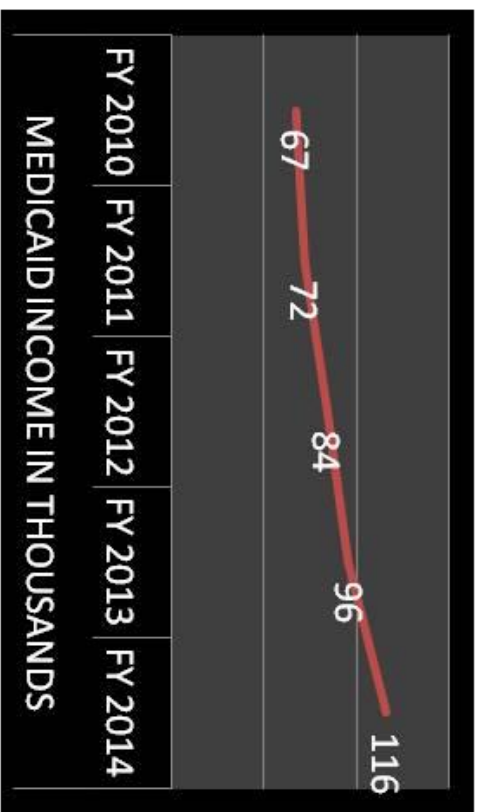
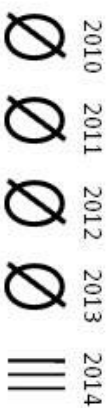
SJS is not currently conducting a parent survey, although SJS would like to in the future. It was decided that this would require additional planning and money.

Justification:

The Clinical Department needs an indicator of client outcomes in its performance dashboard.

SJS CLINICAL DEPARTMENT

Spanish Speakers



Critique

The performance dashboard created for the Clinical Department has several strengths. Each of the four perspectives is represented (consumer, school, financial, learning and growth). Each measure is related to a strategic goal identified as important at the Department level. Each is related to a strategic theme identified by the Department. Overall, the dashboard will provide guidance to the department on how it is reaching some of its important goals.

The choice of measures, however, leaves something to be desired. None of the implemented measures relates to improved outcomes for the students being served. Only one measure really attempts to get at quality of a service, the audit based measure of IEP based on internal quality standards. The school will need to continue to strive to improve their ability to track the impact of their services on clients' lives.

None of the measures is based on a standardized scale that has demonstrated psychometric properties. One of the measures, however, is one that is used as a standard in the field, the use of the parent signature on an IEP. The SJS rate can be benchmarked against other schools, which is a big plus.

One of the Department's strategic themes, outside world preparation, is not represented in the choice of final measures for monitoring. This was seen as a matter of prioritizing and is a function of a desire to start SJS's official monitoring practices with a small, manageable number of indicators.

Three measures can be easily implemented: Medicaid income, parental attendance at IEPs, and clinician's who have passed the Spanish proficiency exam. Two will require new data collection efforts, the team review of IEPs and the institution of an annual employee survey. The first of these will entail the most work and the most buy-in.

Substantial efforts will be needed to effectively launch and sustain the IEP review process. It will require championing from the school's Headmaster, and from the Clinical Department's Director. The items chosen will need to be viewed as important by the clinicians and achievable with additional support and progress. Participation in the review process by clinicians and teachers will need to be made enjoyable and, for the clinicians, a learning experience. Feedback to the clinicians on the audit of their charts will need to be handled sensitively and in as motivating a way as possible.

The use of teams with rotating members to assess IEP quality introduces some measurement error into the overall IEP audit process. Some team configurations may judge items more harshly than others. The presence of the Quality Specialist in the room is intended to help develop consistency across teams. She will need to keep a record of decisions made by other teams and refer to it when needed.

The launching of the review process is one reason why it was decided not to institute a parent survey this academic year. It would require another set of

activities to be championed and promoted. It would require additional funds not in the budget for this year. It was decided to focus on the review process this year.

There appears to be little chance that the measures described here can be gamed. While the clinicians could decide to rate everyone's IEPs highly, the presence of the Quality Specialist and a teacher could guard against that.

There are few indications that the measures are balanced in the sense that full-on efforts to increase one measure might degrade another. There is the possibility that a focus on providing Medicaid billable therapy services would be counterproductive to efforts to improve IEP planning, but this is not clear.

Overall, the monitoring plan as proposed represents an honest effort to monitor important processes in the SJS Clinical Department, but likely falls short of a goal to monitor for quality.