

***OFFICE OF THE
INDEPENDENT MONITOR***

**Report on the Progress and
Effectiveness of the
Los Angeles Unified School District's
Implementation of the
Modified Consent Decree**

2017-2018

Fall 2017

October 25, 2017

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Modified Consent Decree
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333 S. Beaudry Avenue, 24th Floor
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Honorable Board of Education
Los Angeles Unified School District
333 S. Beaudry Avenue, 24th Floor
Los Angeles, CA 90017

**Re: Report on the Progress and Effectiveness of the Los Angeles Unified School District's
Implementation of the Modified Consent Decree during the 2017-2018 School Year—Fall 2017**

Dear Ms. King and Board of Education:

Section 13 of the Modified Consent Decree (MCD) requires the Independent Monitor (IM) to present an annual, written report to the Superintendent and the Board of Education (BOE) concerning the progress and effectiveness of the implementation of the MCD's terms and conditions. This is the Annual Report for the 2016-2017 school year; it provides an update of outstanding MCD outcomes and requirements as well as data for Outcome 13: Delivery of Services.

The MCD establishes three primary sets of requirements the Los Angeles Unified School District (District) must meet. The first set is 18 performance-based outcomes pertaining to students with disabilities (SWDs) receiving special education services. Prior to this update, the District had met the requirements of 17 outcomes. The second set of requirements pertains to making District schools, programs, and activities accessible to individuals with disabilities. The third concerns the development and implementation of the My Integrated Student Information System (MiSiS).

This report addresses the status of the District's performance on two MCD outcomes (Outcome 13: Delivery of Services and Outcome 16: Increase in Qualified Providers); making schools, services, programs, and activities accessible; and MiSiS. It also includes discussions regarding schools of choice, updates on Outcome 10: Timely Completion of Evaluations, information on the spring annual hearing, an update on the complaint management system, progress on the District's capacity for ensuring substantial compliance, an update on the corrective actions of the Individualized Education Program (IEP) complaint investigation, and the criteria for disengagement.

The MCD outcomes are statistically based. The remaining outcome (Outcome 13: Delivery of Services) has three data targets that the District must meet. It is the IM's responsibility to determine whether a target has been achieved. All targets in an outcome must be achieved before the IM can determine that the outcome has been met. The Plaintiffs' Counsel, the District, and the Office of the Independent Monitor (OIM) (the Parties) agreed to the protocol used to measure performance for each target. Data used in the analyses are validated and derived from District data sources.

This report addresses the following outcomes:

- Outcome 13: Delivery of Services

- Outcome 16: Increase in Qualified Providers
- Outcome 10: Timely Completion of Evaluations (update)

It also includes information on:

- Making District schools, programs, and activities accessible
 - Rapid Access Program (RAP)
 - New schools and repair and renovation
 - Section 17—Substantial Program Accessibility Compliance
 - ADA Compliance Manager
 - Preschool for All Learners Programs (PALs)
- Schools of choice—charter and magnet schools
- Data systems—MiSiS
- Annual hearing
- Complaint management system
- IEP complaint investigation corrective actions
- Substantial compliance
- Disengagement

OUTCOME 13: DELIVERY OF SERVICES

- ◆ **Outcome:** By June 30, 2006, 93% of the services identified on the IEPs of SWDs in all disability categories except specific learning disabilities (SLDs) will show evidence of service provision. By June 30, 2006, 93% of the services identified on the IEPs of students with an SLD will show evidence of service provision.

Delivery of Services

Delivery of Services School Year	Percentages of Services Provided: Overall Population Estimate Weighted to the Population without SLD		Percentages of Services Provided: Overall Population Estimate for SLD Only	
	IEP—Log Analysis	IEP—Site Visit*	IEP—Log Analysis	IEP—Site Visit*
2016-17	96.7%	N/A	96.8%	N/A
2015-16	97.7%	N/A	97.2%	N/A
2014-15	98.1%	N/A	97.6%	N/A
2013-14	96.4%	N/A	96.2%	N/A
2012-13	98.1%	N/A	97.7%	N/A
2011-12	94.1%	N/A	94.5%	N/A
2010-11	94.5%	N/A	90.8%	N/A
2009-10	94.8%	N/A	93.0%	N/A
2008-09	93.7%	N/A	91.2%	N/A
2007-08	92.0%	N/A	93.0%	N/A
2006-07	86.6%	N/A	74.0%	N/A
2005-06	84.8%	86.4%	79.4%	85.0%
2004-05	93.2%	77.2%	72.8%	79.0%
2003-04	63.7%	85.6%	33.8%	92.6%

* Site visits were eliminated as part of the Services Study during the 2006-2007 school year.

- ◆ **Data Source:** Services Study
 - Office of Data and Accountability (ODA) and American Institutes for Research (AIR)
- ◆ **Outcome:** By June 30, 2006, the District will provide evidence that at least 85% of the services identified on SWD IEPs have a frequency and duration that meet IEP compliance. For the purposes of assessing frequency and duration, provider absences will constitute evidence of service provision if such absences are the result of short-term illness (a maximum of two consecutive weeks), family emergency, or jury duty. Student absences and no-shows will also constitute evidence of service provision.

Frequency and Duration of Services

School Year	IEP—Log Frequency Agreement	IEP—Log Duration Agreement
	% of Services with Frequency at Least Equal to the IEP	% of Services with Duration at Least Equal to the IEP
2016-17	86.9%	71.8%
2015-16	85.3%	70.5%
2014-15	87.4%	72.4%
2013-14	84.4%	67.7%
2012-13	86.0%	71.4%
2011-12	83.5%	70.2%
2010-11	81.8%	68.9%
2009-10	74.5%	66.6%
2008-09	72.3%	66.9%
2007-08	76.0%	72.0%
2006-07	73.0%	70.0%
2005-06	63.0%	65.0%
2004-05	57.2%	59.9%
2003-04	57.2%	61.5%

- ◆ **Data Source:** Services Study
 - ODA and AIR

- ◆ **Discussion:** The purpose of this outcome is to ensure that SWDs receive services as specified in their IEPs. This includes instructional services like the resource specialist programs (RSPs) and related services such as speech and language therapy, occupational therapy (OT), and physical therapy (PT). The outcome's performance is determined by a study that examines evidence of eight weeks of service for meeting both the frequency and duration requirements specified in a student's IEP. This outcome requires the District to maintain accurate service delivery records of thousands of special education teachers and service providers in the Welligent system. Outcome 13 has three performance measures: assessing whether students are receiving their services, and whether the frequency and duration requirements specified in IEPs are being met.

During the 2016-2017 school year, ODA and AIR, in collaboration with the OIM, conducted a study to measure service delivery to SWDs (Appendix A). Overall, the District's performance was consistent with last year's for two of the three targets, meeting two (evidence of service and frequency), but continues to fall well below the duration target. The first part of the outcome measures evidence of service for students who received at least one session of the services specified in their IEPs for the eight-week period. The District's performance on this part met or exceeded the target level (93%) for demonstrating evidence of service for students with SLD (96.8%) and for students who have a disability in all other categories (96.7%).

To assess frequency and duration, the study compared the number of sessions and duration minutes specified in the IEPs and the information in the Welligent provider logs for the same time period. Students must receive 98% of all minutes prescribed to meet the outcome's duration requirement. The District met the frequency target (86.9%) but

fell below the 85% target for duration (71.8%). These performances are slight increases from the previous school year and remain consistent with those noted over the past several years.

All services met the 85% frequency target except OT (76%) and speech and language (80%). Approximately 51% of the cases that did not meet the frequency requirement (n=454) were missing one session (n=284). Seventy-six percent of nonpublic agency (NPA), 78% of RSP, and 53% of school mental health services missed the frequency requirement by more than one session. As noted above, 86.9% of the students in the sample received all the sessions at the frequency specified in their IEPs. This number would increase to 93% if those missing only one session were included.

The performance for duration (71.8%) continues to fall well below the target. The only services to meet the duration target were PT (90%) and least restrictive environment (LRE) (90%). The following services had the lowest duration rates: behavioral intervention services provided by NPAs (47%), RSP (77%), school mental health (71%), speech and language (69%), and visual impairment (77%). Cases that did not meet the duration requirement (n=1,797) were further examined. Sixty percent of these cases were missing service time equivalent to one session. If those missing one session were included and considered as having met the duration, the performance would increase to 82%. The services with the largest percentage of cases missing more than one session were RSP (83%), NPA (74%), and speech and language (51%).

The District provided an update on efforts to improve service delivery, particularly in the data systems used to maintain IEPs and produce monitoring reports. One new noteworthy feature is a link between the Welligent IEP FAPE (Free and Appropriate Education) Part 2 section, which automatically creates a service record for the student on the service tracking logs. Automatically generated service records will reduce the time to initiate services by ensuring that providers are aware of each student on their caseload and/or at their school. In interviews and focus groups (discussed in more detail later), service providers cited that generation of service records was a common problem that led to delays in service provision. This feature is currently being piloted at 10 schools, which will expand to another 100 schools in mid-November 2017. All elementary schools will implement this feature in January 2018, with all remaining schools rolling out by May 2018.

Service delivery information will also be made available through dashboards, which will display service delivery performance for RSP and Behavior Intervention Implementation (BII) services. This dashboard is scheduled to be available by October 2017. Furthermore, the District continues to develop and improve existing capacity for monitoring service delivery data through its series of 300 SER reports and the new MiSiS special education screen, which will enable schools to readily access a student's essential IEP components.

The District also reported that it is working on updating procedures for uncovered schools (that is, when service providers are on extended leaves or the school has a vacancy). It reported a monitoring tool has been developed, while procedures for verbal and written notification to parents are being updated. These efforts should help address the inconsistencies between schools and local districts for fulfilling service delivery obligations as well as communication with parents, both of which were noted as issues in focus groups and interviews with service providers.

To support coverages, a substitute pool of individuals providing speech and language services has been created and consists of 13 retired speech and language pathologists (SLPs). To support speech and language providers' caseloads, the District has hired 87 speech and language pathologist assistants (SLPAs), with about one-third assigned at PALs programs full time.

The District has also committed to updating policies and procedures for improving schools' capacity to identify noncompliance, and has created professional development trainings to provide strategies to achieve and maintain compliance. Bimonthly updates on the status of Outcome 13 will be provided to the Superintendent.

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. 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.

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. This included conducting an online survey of service providers, and 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 online survey was distributed to specific service providers in November 2016. Questions focused on the reasonableness of the caseload/workload and the factors negatively impacting service delivery. 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.

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 among 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.

To summarize, the focus groups/interviews and survey explored several systemic weaknesses that impact service delivery. Organizational fragmentation in the reporting line and communication was found, particularly in the assignment of the assistant principal, elementary instructional services (APEISs) and the majority of related service providers. Site administrators lacked clear and direct accountability for ensuring services were delivered to students as well as certification that monitoring reports were reviewed and instances of noncompliance addressed.

Accountability is currently directed at those with no or little authority to allocate resources, such as local district special education service center administrators (SESCAs) and providers. In addition, holding providers accountable only works if they have reasonable caseloads and workloads and required training and support. Accountability for management to effectively manage resources and remediate noncompliance is void in the current 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 lacking. Establishing 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 Division of Special Education (DSE) leadership and management. The responsibility for ensuring manageable caseloads and coverage at schools must be given to those who control the allocation of resources—not local district SESCAs or providers.

Outcome 13's current structure 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—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 OIM presented an alternative aimed to improve service provision while focusing on the systemic weaknesses that impact service delivery and accountability. The alternative was designed to focus on solutions within management's control. It also focused on building the capacity to identify and remediate noncompliance as well as promoting parent involvement. It deemphasized the current focus on documentation practices and monitoring that often results in providers confirming that students received the majority of their services. The alternative outcome was designed to address:

- Students who are getting a few or no services
- Schools uncovered by providers, and processes for notifying parents of the provision of interim and compensatory services
- Increasing the capacity for identification and remediation of noncompliance and mitigation of past harm, consistent with the Substantial Compliance Framework
- Site-level accountability for RSP and BII services
- Parent involvement and transparency

Since April 2017, the Parties have been engaged in exploring potential alternative measures and reviewing data. The District also worked collaboratively with the OIM to examine potential methodologies and measures. On August 7, the District presented its proposal for an alternative measure. On September 29, the Plaintiffs' Counsel provided a counterproposal. On October 9, the Parties further discussed the Plaintiffs' counterproposal, with the District agreeing to provide additional data prior to scheduling the next meeting.

Although the Parties are currently engaged in productive discussions for renegotiating Outcome 13, the length of the process impacts the timeliness of a potential new measure. There is cause for optimism for a new outcome measure; however, a longer delay in establishing a new outcome will limit the District's ability to meet any performance measures during this school year and/or to implement preparatory activities prior to next school year. It is critical that the Parties continue moving this process forward and aim for establishing an alternative measure(s) by the end of December 2017.

To reiterate, service provision is a fundamental part of a system that is substantially compliant. Disengagement will occur only when assurances of addressing these problems turn into credible action and students receive services as per their IEPs.

OUTCOME 16: INCREASE IN QUALIFIED PROVIDERS

- ◆ **Outcome:** The District shall increase the percentage of credentialed special education teachers to 88%. Under MCD paragraph 88, the IM shall not certify that the District has achieved each of the outcomes unless, on the date of such certification, the percentage of credentialed special education teachers is at least 88%.

Qualified Providers

School Year	# of Special Education Teachers	# of Intern Teachers	# of Provisional Teachers	Qualified Special Education Teachers	% Qualified Special Education Teachers
2017-18 9-15-17	4,404	399	197	3,808	86.47%
2016-17	4,448	304	289	3,855	86.67%
2014-15	4,030	217	93	3,720	92.31%
2013-14	3,909	138	1	3,770	96.44%
2012-13	3,884	145	0	3,739	96.27%
2011-12	3,940	156	0	3,784	96.04%
2010-11	4,051	225	2	3,824	94.40%
2009-10	4,242	304	37	3,901	91.96%
2008-09	4,321	358	123	3,840	88.87%
2007-08	4,183	308	198	3,677	87.90%
2006-07	4,193	390	316	3,487	83.16%
2005-06	4,003	405	317	3,281	81.96%
2004-05	Data unavailable	Data unavailable	Data unavailable	3,063	72.3%
2003-04	Data unavailable	Data unavailable	Data unavailable	3,480	70.6%

- ◆ **Data Source:** Human Resources/Personnel Research. Classroom teachers make up the dataset.
 - Numerator is the number of qualified special education teachers.
 - Denominator is the number of special education teachers.
- ◆ **Discussion:** This outcome requires the District to increase the percentage of fully credentialed special education teachers to 88% and maintain that level. The District will be disengaged from this outcome after all other outcomes are met and the District has achieved and maintained at least the 88% level.

As of September 15, 2017, 86.47% of the District's special education teachers were fully credentialed. This performance is below the 88% target; therefore, this outcome continues to be unmet.

Although the District has been engaged in a yearly recruiting campaign to address state and national shortages of special education teachers and related service providers, the need for qualified providers continues to outpace those employed. Despite performance that has fallen below the target, the District reports having hired an additional 354 special education teachers since July 1, 2017. This includes:

- Credentialed – 79
- District Intern – 102
- University Intern – 69
- Provisional – 104

The District is to be commended for these recruitment efforts; however, the reality of teacher and specific related service provider services makes meeting this outcome a challenge going forward, particularly for a District of this size and scope. It is critical that the District also examine retention data of teachers and related service providers to ensure maximum benefit from these recruitment efforts.

The District reported that leadership from the Language and Speech Department (LAS), in collaboration with human resources, recruit SLPs at local and nationwide conferences. This year, the LAS anticipates hiring “10-plus” SLPs at the National Speech Conference to be held in Los Angeles in November 2017. Recruitment also occurs at local universities, and recruiters attempt to secure early contracts prior to students’ graduation.

Information was not provided for this annual report on the number of related service providers hired during the past year or this school year. However, as part of Outcome 13 and substantial compliance, the OIM will monitor uncovered schools and the impact of related service provider shortages for ensuring service delivery to SWDs.

- ◆ **Determination:** Outcome 16 is no longer met. The District will be disengaged from this outcome after all other outcomes are met, provided it has achieved and maintains at least 88% fully credentialed special education teachers.

OUTCOME 10: TIMELY COMPLETION OF EVALUATIONS

- ◆ **Outcome:** By the end of the 2005-2006 school year:
 - a. 90% of all initial evaluations shall be completed within 60 days.
 - b. 95% of all initial evaluations shall be completed within 75 days.
 - c. 98% of all initial evaluations shall be completed within 90 days.

An initial evaluation is any evaluation other than a District-initiated three-year reevaluation. Completion means that the evaluation has been concluded and an IEP meeting convened. If the evaluation or IEP meeting is delayed because of a parent request or because the student is unavailable for testing, the completion period shall be extended by the period of such parental request or unavailability.

Evaluations

School Year	# of IEPs	Within 60 Days (50 Days Prior to 10/8/05)		Within 75 Days (65 Days Prior to 10/8/05)		Within 90 Days (80 Days Prior to 10/8/05)		More than 90 Days (80 Days Prior to 10/8/05)	
		#	%	#	%	#	%	#	%
		2016-17	15,866	14,147	89.2%	15,064	95.0%	15,384	97.0%
2015-16	16,317	14,823	90.8%	15,615	95.7%	15,933	97.6%	384	2.4%
2014-15	15,376	13,720	89.2%	14,553	94.6%	14,881	96.8%	495	3.2%
2013-14	16,489	14,012	84.9%	15,237	92.4%	15,759	95.6%	730	4.4%
2012-13	14,056	12,231	87.0%	13,105	93.2%	13,434	95.6%	622	4.4%
2011-12	14,079	12,603	89.5%	13,372	94.9%	13,628	96.8%	451	3.2%
2010-11	14,282	12,991	90.9%	13,714	96.0%	13,960	97.7%	322	2.3%
2009-10	14,762	13,423	90.9%	14,222	96.3%	14,496	98.2%	266	1.8%
2008-09	15,671	14,199	90.6%	14,956	95.4%	15,251	97.3%	420	2.7%
2007-08	15,874	14,345	90.4%	15,229	95.9%	15,523	97.8%	351	2.2%
2006-07	14,438	13,142	91.0%	13,728	95.1%	14,010	97.0%	428	3.0%
2005-06	13,465	11,565	85.9%	12,495	92.8%	12,933	96.1%	532	3.9%
2004-05	11,213	7,025	62.7%	8,870	79.1%	9,974	89.9%	1,239	10.9%
2003-04	12,300	8,142	66.2%	10,038	81.6%	11,056	89.9%	1,244	10.1%

- ◆ **Data Source:** Welligent
 - Numerator is the number of initial evaluations completed (with IEP convened) within the appropriate number of days (60, 75, or 90).
 - Denominator is the number of requested initial evaluations according to the number of days overdue on June 15, 2015.

- ◆ **Discussion:** This outcome requires the District to complete an initial evaluation within the timelines required by law.¹ The District is to complete 90% of all initial evaluations and hold an IEP meeting within 60 days. During the

¹ At the beginning of the MCD, California law required that evaluations be completed within 50 days, but as of October 2005, California law changed to correspond with the federal timeline of 60 days, at which time the Parties agreed to amend this outcome to reflect the change in law.

2007-2008 school year, the District completed 90% of the initial evaluations within the 60-day timeframe, 96% within the 75-day timeframe, and 98% within the 90-day timeframe, based on data from the District's Welligent system. Timely completion of IEPs is a primary indicator of substantial compliance.

As of June 30, 2017, the District had met one (within 75 days) of the three targets, and was close to meeting the other two (within 60 and 90 days). During the 2016-17 school year, the District implemented new reports and notifications of overdue IEPs to various stakeholders, including local district superintendents and directors, school administrators, and central office staff. This includes school summary reports that show historical data of overdue IEPs by school, as well as IEP timeline reports that now show all types of IEPs (in process, pending, active) and due dates (annual, triennial, and 60-day) for all students, including those attending private schools and those receiving District services.

Beginning in September 2017, the Certify platform included information on overdue IEPs. Certify provides biweekly notifications of noncompliance with IEP timelines to school administrators via email. Certify summary reports are provided to school sites, local districts, and central office administrators who monitor compliance. These reports identify cases by severity level to alert schools of degrees of noncompliance such as critical, urgent, compliance warning, caution, and informational.

Although the performance for meeting IEP timelines decreased slightly, resulting in two of the three targets being unmet, the District continues to demonstrate a commitment to improving its capacity to monitor and ensure compliance with IEP timelines. It is to be commended for its ongoing efforts to establish systems that will result in the early identification of potential noncompliance and allow schools and local districts to remediate instances of noncompliance in a timely manner.

- ◆ **Determination:** Outcome 10 met on July 30, 2008.

SCHOOLS OF CHOICE

Charter Schools

SWD enrollment at independent charters continues an upward trend. As of September 15, 2017, enrollment at charter schools remained relatively constant, while enrollment of SWDs at charter schools rose 5.8% (n=822). This continued increase in SWD enrollment is evidence that the changes to the policies and practices for servicing SWDs has had a positive systemic effect. The percentage of SWDs enrolled at charters continues to increase closer to the percentage of SWDs attending District noncharter schools. The District is commended for increasing enrollments of SWDs at charter schools. A brief discussion on the challenges and efforts for addressing this issue is included in the Disengagement section below.

Number and Percentage of SWDs Enrolled at District-Operated and Charter Schools by School Year

School Year	Total # of Students Enrolled	% of SWDs Enrolled in District-Operated Schools	# of SWDs Enrolled in Charter	% of SWDs Enrolled in Charter
2017-18 9/15/17	112,473*	12.67%	12,808	11.39%
2016-17 10/15/16	111,683	12.60%	11,986	10.73%
2015-16	102,849	11.96%	11,352	11.04%
2014-15	100,768	12.63%	10,324	10.25%
2013-14	95,207	12.46%	9,331	9.80%
2012-13	88,613	12.30%	8,244	9.30%
2011-12	82,888	12.04%	7,143	8.62%
2010-11	69,444	12.10%	5,699	8.21%

* 2017-18 enrollment data based on preliminary K-12 Norm Day data. Subject to change.

Magnet Schools

A marked decrease of SWDs who applied for magnet schools was noted between the 2014-15 and 2015-16 school years. During the 2015-16 school, the IM required the District to review the application process to determine factors that might account for such decrease. The District found that no changes had been made to the process that could account for this reduction. The decrease in those selected was described as a result of fewer SWDs with elevated points, as selection is based on a point system and does not factor in subgroup status such as special education eligibility. The District noted it would engage in concerted efforts to recruit SWDs by targeting schools with larger populations of SWDs and continue to encourage parents to apply.

During the 2016-17 school year, there was a large increase of SWDs who applied to magnet schools (20.3%, n=497), while the percentage of those selected increased from 51.23% to 53.73%. Although no information was provided regarding the types of recruitment efforts that took place, the District should review and continue recruitment efforts that appeared to have yielded higher awareness of magnet programs and applications by families of SWDs.

The total enrollment of SWDs at magnet schools increased by 339 students, or 7.9%, slightly increasing the overall percentage of enrollment to 6.51%. The number of SWDs attending magnet schools is considerably lower than those attending charter schools. This is of concern as magnet schools are District-operated schools of choice; the District has direct-line authority to establish programs and allocate resources. Although magnets maintain a system

in which students must accumulate points for selection and enrollment, the District should examine factors that contribute to the lower number and percentage of students attending magnets to determine if a lack of programs or supports results in students not enrolling in or transferring back to a nonmagnet school.

The overall enrollment of SWDs has considerably increased since 2010-2011. The District is commended for increasing enrollments of SWDs at magnet schools. A brief discussion on the challenges and efforts for addressing this issue is included in the Disengagement section below.

Number and Percentage of SWDs Who Applied and Were Selected for Magnet Schools by School Year

School Year	Total # of Students Applied	# of Students Selected	% Selected of SWDs Who Applied
2016-17	2,939	1,579	53.73%
2015-16	2,442	1,251	51.23%
2014-15	3,387	2,037	60.14%
2013-14	3,065	1,861	60.72%
2012-13	2,608	1,199	45.97%
2011-12	2,401	857	35.69%
2010-11	2,126	664	31.23%
2009-10	2,238	850	37.98%
2008-09	2,061	575	27.90%

Magnet School Enrollment over Time

School Year	# of Schools	CBEDS/ NORM*	SWD Enrollment	% SWD Enrollment
2017-18 9-15-17	221	79,950	5,204	6.51%
2016-17 10-15-16	213	75,427	4,865	6.45%
2015-16	198	69,859	4,106	5.88%
2014-15	188	66,881	3,792	5.67%
2013-14	178	62,363	3,075	4.93%
2012-13	174	59,482	2,549	4.29%
2011-12	175	58,838	2,451	4.17%
2010-11	169	56,556	2,236	3.95%

* 2017-18 enrollment data based on preliminary K-12 Norm Day data. Subject to change.

DATA SYSTEMS

My Integrated Student Information System (MiSiS)

MCD Section 11 requires the District to develop and implement an integrated student information system. This requires all schools, including charter schools, to utilize one data system that is connected to all sites and enables access to students' records throughout the District.

Similar to last year, the MiSiS system remained stable as the MiSiS team continued to introduce incremental improvements while pursuing a large volume of needed enhancements and related initiatives. System stability during the 2016-17 school year was evident by the small number of outages with an overall system availability of 99.8% for scheduled work hours. In addition, the Help Desk call volume was down by approximately 9% from the 2015-16 school year. The nature of issues that emerged this year more often pertained to instruction on system use than to software deficiencies. The severity and impact of software bugs were much less than in past years. This is indicative of more stable software, better-informed users, and a return to "routine" business employing MiSiS.

As of March 2017, the transition from Microsoft Consulting to InfoSys was completed. InfoSys is now the managed services vendor primarily responsible for software development, quality assurance, project management, and other technical assistance. It also will provide support of future deployments and ongoing system maintenance. InfoSys managed the release process since December 2016 and supported development work in all functional areas since February 2017.

During the 2016-17 school year, the MiSiS team continued a rapid pace of software development, while also delivering more than 800 enhancements and addressing 1,650 software bugs. The frequency of software releases (to the live system) was reduced from approximately 35 in 2015-16 to 20 in 2016-17. Many of the enhancements deployed (covering 18 different functional areas) addressed functional gaps or deferred requirements left out of the previous years' rapid development phases. Some of the enhancements began to address workflow improvements as well. One enhancement added data items to the Special Education Summary screen in MiSiS (populated by data from the Welligent IEP system), and is now viewable by teachers and site office staff and includes a direct link to Welligent, facilitating access to the IEP system.

During the 2016-17 year, the MiSiS team used SortSite, a product that tests software for Section 508 compliance, to identify and remediate accessibility issues. In addition, the Information Technology Division (ITD) is also pursuing an agreement for an independent third-party review of MiSiS and other data systems for Section 508 compliance, to be completed in the 2017-18 year.

The following updates summarize the continued work on several key related initiatives

- **Schoology Gradebook**—The expanded pilot rollout and the Elementary California Report Card pilot were completed and deemed successful. Beginning in the 2017-18 school year, the District also mandated use of the Schoology Gradebook for all secondary teachers, with support materials, training, and activities prepared for summer and early fall deployment. Elementary school teachers began using the Gradebook at the start of the 2017-2018 school year.
- **Parent Portal (Passport)**—The Parent Portal achieved several content expansions, including access to student IEPs in PDF format, bus route and bus delay information, special education extended school year (ESY) forms, state assessments, performance reports, and suspension forms. The Schoology Gradebook was integrated into Passport, making this data directly available to parents.
- **Data Integration Strategy and Enterprise Ad Hoc Reporting**—The Enterprise Ad Hoc Reporting environment is expanding, and already powerful. The prebuilt subject area Dashboards are especially beneficial, as they deliver information that is easy to digest and act on. ITD implemented several Dashboards, and expanded data that are available for ad hoc reporting in the 2016-2017 school year. This allows users to produce custom reports with near real-time data.
- **Systems Integration**—The District has not yet had the time to completely integrate application systems and exchange data in real time. There are some real-time data exchanges in place, and some strategies for

expanding these exchanges, but many periodic batch interfaces are still being employed, and will continue to be employed. To impose more order on these data exchanges, the District has acquired a job-scheduling system from BMC Software, called Control-M. This system will establish a catalog of all data exchange processes and manage the business rules for executing them, deliver automatic notifications of failures, and prevent downstream job execution until prerequisites have been successfully completed.

- **Data Quality**—The Certify data validation tool rolled out in August 2016, designed to improve and validate data accuracy by sending email notifications to principals and data designees regarding progress in addressing data exceptions, including summary and detail information of data errors and those fixed. Approximately 100 LAUSD-customized Certify rules have been turned on in the MiSiS system, which greatly improves data validation and puts the responsibility for corrections on those who need to make the corrections, instead of the central office. Although corrections may still lag in some cases, the Certify alerts ensure that none of the data issues fall through the cracks. The alerts continue (and are escalated) until corrections are made. Reports and ad hoc data access support visibility of outstanding data corrections.
- **Charter Schools Application Program Interface (API) Development**—In November 2015, the District presented a White Paper regarding the integration of charter schools into MiSiS. After working with the Superintendent and the Chief Information Officer, the IM and Plaintiffs' Counsel agreed to one of the options offered in the White Paper, with some qualifications. The solution included developing an API to all non-MiSiS student information systems employed by independent charter schools, so that student data can be passed to MiSiS, rather than requiring that each school use MiSiS exclusively. To date, Phase 1 of this initiative has been partially completed, with enrollment data APIs tested and being implemented for all charter schools using either the PowerSchool or Illuminate student information systems (SISs). Solutions have yet to be designed for independent charters using other SISs.

A notable accomplishment of the MiSiS implementation is improved graduation standards. On September 29, 2017, the District provided a document summarizing the many improvements in this area (Appendix B). The significance of this accomplishment is discussed in more detail in the Disengagement section of this report. To summarize, the District committed resources to address the longstanding problems with the policies, procedures, accountability, and tools used for administering graduation standards, which impacted the accuracy and integrity of its graduation data. As a result of the MiSiS implementation, the District notes that schools have a better, more coherent and consistent understanding and application of graduation requirements, progress monitoring, graduation requirement validation, and accountability.

The MiSiS team's progress in 2016-17 continues to be encouraging. Leaders on the MiSiS initiative have done a commendable job being pragmatic, staying focused, acquiring resources, keeping the team motivated, and emphasizing its strategic importance to the District. In addition, the MiSiS training team provided timely training sessions to address areas of perceived greatest need.

MiSiS Project Management has indicated that monthly planning sessions with business owners will commence as early as October 2017. These sessions will confirm the scope and priority of software work to be done for the remainder of 2017-2018, and allow business owners to either compete for existing funding, or provide alternative funding for additional work on MiSiS.

Some concerns exist with regard to the capacity and approach for some key areas in the 2017-18 school year. The following discussion is intended to raise awareness of issues that might arise and potential solutions or considerations.

- The District has assumed responsibilities similar to what a commercial software company would have. As such, the District must commit to funding the MiSiS operation at an adequate level to absorb this demand, plus some contingency funds for unexpected demands. Disputes over resource allocation will arise, as business owners compete for their own priorities. Implementation of a single process for governance would be wise in order to manage those disputes and impose standards for project management. There are currently at least two project management organizations over MiSiS.
- Outstanding substantive demands will require focus and inevitably increase. Although the core MiSiS system functions are in place and schools are able to conduct their business with only modest compromises, there are

a number of MCD requirements remaining. While some will be addressed as part of larger enhancements and others as individual items of work, there is still a backlog of required or requested changes. Some of the original software development was done in a technically inefficient manner, or inconsistent with software development standards (e.g., different navigation and behavior on screens), creating “technical debt” (an unanticipated backlog of technical requirements to cure inefficiencies and application behavior) that must be addressed. Finally, policy decisions, changes required for compliance with government mandates, and emerging needs from business owners will provide a steady stream of demand.

- Organizational roles and responsibilities must be made clear to allow for effective change management. The mandated Gradebook module is ready for implementation with secondary teachers. Training of the trainers was completed by ITD resources, but it is unclear who is accountable for following up and ensuring that all secondary teachers are trained and using the module appropriately. It might be the Division of Instruction, local district administrators, principals, or the MiSiS team. Teachers are expected to do timely, accurate, and complete record keeping in the Gradebook. The results will be visible in the Passport system, and if teachers do not adopt the Gradebook module with fidelity, they will potentially be exposed to criticism by parents and students.
- For the ad hoc components to be effective, users must have a solid understanding of the data structures, and be trained to think creatively about analyzing data. Each of these skills requires an investment of time and resources. It would be prudent for each business owner, each local district, and perhaps each school, to identify one or more persons to participate in advanced “super user” training. Training design should teach not only the mechanics of using the tool but also the concepts of data analysis to identify patterns, trends, and/or correlations. This environment can either become a valuable management tool or an underutilized technology that misses opportunities for benefits.
- The Passport team has very limited resources. The focus should be on getting parents to use the system. Additional beneficial content has been developed and deployed; however, utilization of the tool is still very low. The District must allocate significantly more resources to support both parents and school personnel. Funding must be aligned with strict accountability to ensure that the intended support and benefits of this tool can be realized.
- Progress on charter schools’ integration with MiSiS is limited. There appears to be some reluctance to push aggressively ahead on API solutions for charter schools not using PowerSchool or Illuminate. Although technical development was completed and tested for the majority of charter schools (those using PowerSchool or Illuminate), the approach to rolling out and supporting these is influenced by policy, politics, vendor relationships, and charter schools themselves.
- Systems integration efforts are not as originally envisioned for the “integrated student information system,” as sacrifices were made to the pressures of developing core MiSiS functions and leveraging investments already made in other systems. To the extent possible—as these “subsystems” are considered for replacement—they should be done as a module in MiSiS. In the meantime, data interfaces or APIs can be developed to avoid duplication of data entry, storage of redundant data, and data reconciliation issues that could otherwise emerge. It is somewhat disappointing to discover some business owners have moved ahead to address immediate needs in their own systems outside of MiSiS. Those system functions could have been under the MiSiS umbrella had they been able to wait.
- MiSiS is a complicated software platform. Future sustainability will require careful, responsible budgeting and staffing plans, with clear paths to scale up efforts if unforeseen demand occurs.

COMPLAINT MANAGEMENT SYSTEM/COMPLAINT RESPONSE UNIT

The MCD established the Complaint Response Unit (CRU) and processes for reviewing and responding to parents’ complaints. The CRU’s primary function is to assist and facilitate families with inquiries and complaints regarding compliance with special education laws. The CRU is charged with providing parents a lawful response that demonstrates the District’s legal obligation to address their inquiries and complaints.

The MCD requires the District to address and improve its systemic, substantial compliance with special education law. The IM—through annual reports, the Substantial Compliance Framework, and correspondence with the

District—has consistently stated that a viable complaint management system is necessary for substantial compliance.

The MCD includes two requirements to address and resolve parent complaints in a timely manner and the establishment of a complaint management system. Outcome 11, Complaint Response Time, requires the District to provide a lawful response, within specific timelines, to parents who file a complaint. This outcome is the performance measure that aims to facilitate parents in resolving complaints. Section 9, CRU (paragraphs 71-75), outlines the District's requirements for the CRU's establishment and the development of its operational procedures. Some of the requirements include (section 9, paragraph 74):

- The District must establish the CRU that gives the District an opportunity to resolve parent complaints without the need for parents to resort to external complaint and due process mechanisms.
- The CRU must accurately record all parent inquiries and complaints and the District's response thereto and provide complete and accurate information to parents who contact it.
- The District must ensure that information materials inform parents of the availability of the CRU.
- The District must establish procedures and protocols for the processing of complaints, which must be approved by the IM.
- The District must establish procedures and protocols for the retention of data concerning complaint filings and dispositions, which must be approved by the IM.
- The District shall prepare a staffing plan for the CRU with adequate capacity to timely respond to complaints in the seven primary languages of the District. The staffing plan shall be approved by the IM.

On October 5, 2016, the OIM submitted its report on the *Study of the District's Complaint Management System: School and Family Support Services (SFSS), and Complaint Response Unit (CRU)*. This was the second OIM report that examined the complaint management system and CRU's performance and adherence to the requirements of the MCD. Both reports have provided findings and recommendations intended to guide the continued improvement of the District's complaint management system and CRU.

In June 2016, the District provided the first of two responses to the 2016 study. On July 14, 2017, the District provided Part II of its response. The District has stated it would provide multiple responses; it is unclear if another is forthcoming.

On September 7, 2017, the IM responded to some of the issues raised in both Part I and Part II, noting that "Overall, the District has not satisfactorily addressed the issues raised in the OIM study or presented a viable staffing plan pursuant to the Modified Consent Decree (MCD)." (p.1)

This report highlighted five primary issues raised by the OIM, and rebuttal to the District's responses. The first issue was the two-tier process for identifying call types and cases that result in the recategorization of complaints. The issue stems from the District's characterization of a complaint, which deviates from the definition in the MCD and in its *Policies and Procedures Manual*, which states that a:

Complaint means the allegation of a perceived violation of (1) the Individuals with Disabilities Education Act and implementing regulations; (2) the California State Education Code related to special education and implementing regulations; or (3) the District's Special Education Compliance Guide.

The District continued to defend the practice of the two-tier process for identifying calls, with calls receiving an initial call type category (inquiry, concern, complaint), and a closing category based on the "validity" of the complaint or ease of resolution. The District contended that calls that were easily resolved should be closed as "concern" or an "inquiry," while only those that were found to have an actual violation of special education laws or regulations, or the District's special education policies and procedures, are to be considered and closed as "complaints."

The IM's September 7 letter pointed out that "despite the inclusion of the correct language and definition of a complaint as written in the MCD in its response, the application of this two-tier process is a fundamental

misunderstanding and misapplication of the 'complaint' definition that clearly delineates an 'alleged' violation and not one found to be 'valid.'" (p. 3)

This practice results in cases not being resolved pursuant to the MCD, which requires that lawful response letters be provided to parents when an alleged violation is made, investigated, and closed out. The practice of recategorizing an alleged complaint to an inquiry or concern might result in circumventing investigation and lawful response processes. The MCD defines four lawful response types for resolving "alleged" complaints. One option allows the District to resolve the case by notifying the parents that the investigation found the "alleged" complaint to be unfounded, or invalid. Therefore, there is no reason to recategorize complaints, as the lawful response mechanism enables the District to state that an allegation of a violation of special education law or regulations, or the District's special education policies and procedures, was unfounded. This practice is inconsistent with and contrary to the District's *Policies and Procedures Manual* for processing calls and the intent of the process established by the MCD.

The second issue was impact that the recategorization of calls had on the accuracy of data for reporting performance on Outcome 11. In the 2016 report, the IM noted that the data reported by the District for this outcome were invalid due to the underreporting of calls received by parents as complaints. In its response, the District pointed out that all calls regardless of categorization (inquiry, concern, complaint) were closed within the Outcome 11 timelines; therefore, the data were valid.

The IM responded to this contention noting that one of the primary tenets of the MCD is for the accurate recording of parent calls and complaints, and the accurate retention of District data. Further, the IM questioned why the District was arguing against reporting on accurate data, regardless of the timelines required to resolve cases. The accurate reporting of any data and, in this instance, the resolution of cases that allege a violation of federal and state special education laws, and/or District policies, should be the paramount priority.

The third issue was the District's decision to eliminate the CRU 800 hotline telephone number dedicated to processing parent calls and complaints. This decision was in response to the OIM's 2016 study's required next steps, which noted that the full integration of the CRU must occur in the new complaint management system, and that the District must remedy the inconsistencies in the varied inclusion of the references of the CRU in the SFSS call center materials.

This decision appeared to be a result of a misunderstanding of this required next step. The IM provided additional clarification noting that the recommendation was in response to the varied inclusion of the CRU 800 hotline number in its materials to families and schools describing the complaint management system and SFSS/CRU. This comment was intended to ensure the inclusion of the CRU 800 hotline number, and not to eliminate its use. On October 9, 2017, the OIM again clarified that the MCD requires the CRU to be the unit that processes and responds to parent complaints, and unless this requirement is changed through a stipulation of the Parties, information referencing the CRU must be included in all relevant materials.

The next issue was the District's proposal to change the current CRU requirements for filing complaints, to those mandated by the Individuals with Disabilities Act (IDEA) requirement (34 CFR 300.153) for state complaint systems. The District argued that that alignment with the IDEA's written complaint procedure will help "eliminate inconsistencies the OIM noted in the identification and documentation practices." The IM responded by noting that the procedures outlined in IDEA for filing state due process complaints do not meet the intent of the MCD and are not as comprehensive as those already established. The requirements and processes for filing a complaint have been well-established in previous *Policies and Procedures Manuals* and meet the intent of Outcome 11 of the MCD, which requires that a lawful response be provided within specific timeframes. However, a change in the requirements will not alone improve consistency, as evidenced by the inconsistencies found in both the 2013 and 2016 OIM studies. Furthermore, inconsistencies can be simply addressed by implementing a uniform intake that guides data collection, and the cessation of recategorization at the resolution phase.

The last issue was District's proposal of a new CRU staffing plan that relies on an external staffing agency to fill the CRU positions. The District contends that the use of a staffing agency on a limited and annual basis will assist with maintaining a staff with "fresh perspectives," as well as address past issues of staff perceiving their roles as

"advocates." These "advocacy" perceptions resulted in limitations of the intent of the MCD, which is to resolve complaints without the need for parents to use external complaint and due process mechanisms. The District noted that this limited-term assignment aligns with the method of choosing parents to be members of the District's Validation Review (DVR) teams.

In the September 7 response, the IM rejected the staffing proposal, noting it lacked credibility and contradicted the District's rationale for having a limited-term and external staff. Both of the previous OIM studies pointed out the importance and challenge of having well-trained staff to ensure consistency in processing and resolving calls and complaints. CRU staff need to be knowledgeable in federal and state special education laws and regulations as well as District policies, resources, and offices. External agency staffing to achieve "fresh perspectives" will result in constant training and retraining and more oversight by District staff to ensure consistency and quality control. The IM stated that the staffing proposal is a complete departure from the intent of the MCD's requirements and the IM's Substantial Compliance Framework, which requires the District to have a process for receiving and resolving complaints. The proposal also expressed the District's intent to eliminate the CRU upon completion of the MCD. Although the District might be able to discontinue the CRU upon disengagement, the IM noted that "a viable complaint management system must be in operation, and remain in place in order to ensure systemic substantial compliance." (p. 5)

The IM noted that the District's responses in Parts I and II were inadequate and/or did not address the problems and recommendations stated in the OIM's 2016 study. Because almost one year had passed since the release of the OIM's 2016 study, and discussions with the Parties regarding the problems with the CRU had not occurred due to ongoing District personnel issues, the IM ordered the District to:

- Respond to the findings, recommendations, and next steps of the 2016 study within 30 days.
- Continue to use the established definition of a complaint and procedures for processing and resolving complaints.
- Provide a staffing plan that aligns with the intent of the MCD and ensures capacity for receiving and resolving complaints pursuant to the IM's Substantial Compliance Framework.

The IM suggested the District focus on aiming for an effective complaint management system and CRU as the basis for the next response and staffing plan. These efforts and changes should be viewed as an opportunity to focus on reducing costly due process filings and ensuring a viable system for receiving and resolving complaints. The OIM's 2016 study highlighted many positives with the procedures and SFSS and CRU staff performance. The District was encouraged to continue building on these existing processes and systems to promote and foster better relationships with families and reduce due process costs.

On October 13, 2017, the District provided the Parties a revised staffing plan. The OIM has not discussed the revised staffing proposal with the District or Plaintiffs' Counsel. The IM will respond subsequent to these discussions.

The IM also reiterated that the CRU is a creature of the MCD and that the definition of a "complaint" and process for ensuring a lawful response were created by the Parties. The District was encouraged to exercise its option to work directly with the Plaintiffs' Counsel to make changes to any MCD requirements.

IEP COMPLAINT INVESTIGATION

On August 5, 2015, the IM issued a report on the findings of the IEP Complaint Investigation and corrective actions to be taken by the District to cease and remedy noncompliant behavior by June 30, 2016. On September 19, 2015, the District provided a response that included timelines for completion of each corrective action, with one receiving approval from the IM to be completed by August 31, 2016. On September 29, 2017, the District provided its most recent update on the implementation of the corrective actions.

The District had until June 30, 2016, to implement all but this one corrective action. Below are the 12 corrective actions with the District's response and subsequent OIM feedback.

1. *Establish an objective, neutral complaint investigation mechanism that has the authority to cease noncompliant behavior and ensure remedies.*
 - a. The OIM reviewed the effectiveness of the complaint management system and provided findings and recommendations in October 2016. The District's most recent responses inadequately address the problems highlighted and recommendations.
 - b. Although considerable progress was noted, issues such as those related to the two-tiered approach for identifying calls and the application of lawful responses must be addressed to ensure a credible system.
 - c. This corrective action continues to be unmet.

2. *Review policies and procedures to ensure alignment with state and federal regulations as well as consistency among bulletins and reference guides. Clarify and emphasize the IEP teams' authority in all policies related to the decision-making processes during IEP meetings.*
 - a. This corrective action is met.

3. *Develop an IEP process that ensures placement based on IEP team consensus. This includes establishing a standard for how meetings are conducted that aligns with the Welligent IEP system and promoting a decision-making process that establishes goals, objectives, supports, and services prior to program placement.*
 - a. This corrective action is met.

4. *Issue a bulletin/directive on the use of draft IEPs. The Welligent system must be revised to prevent input of program placement information prior to the IEP meeting.*
 - a. This corrective action is met.

5. *Prepare a statement to be read and made available at every IEP meeting. Before an IEP meeting can proceed, the statement must be in the Welligent system with a checkbox indicating it was read. This statement must inform the participants that:*
 - *an IEP meeting is a collaborative process, and all participants have the opportunity to ask questions and provide recommendations and suggestions;*
 - *the IEP team has the authority and responsibility to design a program from which the child can derive meaningful benefit;*
 - *the draft IEP, behavior intervention plan, or assessment plan might change as a result of the IEP team's deliberations;*
 - *the IEP will continue until it is complete, unless all members agree to an extension;*
 - *the decision on related services and placement will occur during the IEP meeting, unless the team agrees that there is not sufficient information to make a placement determination;*
 - *the District considers the family equal partners in the educational decision-making process; and*
 - *any team member may add an objective or goal to the IEP, even if it is not included in the Welligent goal bank.*
 - a. The District added the introductory statement to the *Parents' Guide to Special Education Services* in September 2016. The revised publication was distributed to schools the week of November 14, 2016.
 - b. This corrective action is met.

6. *Develop a comprehensive list and descriptions of all related services and program options available. This must become part of the Welligent system and be made available at IEP meetings.*
 - a. The District added the introductory statement to the *Parents' Guide to Special Education Services* in September 2016. The revised publication was distributed to schools the week of November 14, 2016. Stand-alone handouts of programs, supports, and services on the District's website and through Welligent downloads were also available as of November 14, 2016.
 - b. This corrective action is met.

7. *Address the caseload procedures to reflect workload throughout the school year. The District must stop allocating resources based solely on caseload and initiate allocating workload to all providers including resource specialist programs and related service providers, such as per diem personnel.*
 - a. The District was to complete a staffing formula for each related service and RSP, taking into consideration extenuating factors that might impact the provision of services to individuals (i.e., age of student, school configurations, etc.) by February 19, 2016.
 - b. On February 19, 2016, the District provided an email containing two documents with staffing formulas for psychological service and related service providers. The email contained an explanation of the staffing information for determining RSP caseloads.
 - c. The OIM response noted the following:
 - The documents contain information on the activities required to meet the needs of schools and students, apply a unit of work to each activity, and define the length of time required to complete (weeks per year and cumulative hours per year).
 - The documents begin to present a picture of the District's needs, such as identifying the number of full-time equivalent (FTE) positions needed and what appears to be an average number of students on a provider's caseload; however, they lack necessary information on the District's current staffing levels.
 - This corrective action, as well as directives in past annual reports, aimed to have the District conduct a comprehensive analysis of its caseload and workload demands and current staffing levels and practices. The documents provided appear to contain some workload factors for the overall District, but they do not sufficiently examine the problem. For example, for speech and language providers, the document identifies 522.842 FTEs needed to meet the total hours to complete all service-related tasks, but it does not contain information on the total number of FTEs employed and those on leave, or the number of District personnel compared to per diems.
 - An effective analysis should contain median and mode information, particularly by local district and for District and per diem providers. It should similarly examine the number of schools assigned to providers.
 - d. The District has still not responded to this feedback and, based on the information provided, this corrective action is still unmet.

8. *Eliminate barriers and obstacles for the IEP team's placement determination. When considering NPS placement, the District must first conduct any necessary evaluations prior to the IEP meeting. The evaluations must determine that the identified needs cannot be met by any District service. If NPS placement is supported by such evaluation, then the placement must be implemented, and no further evaluation shall be required.*
 - a. This corrective action is met.

9. *Clarify procedures for recessing IEP meetings. A recess may not be used to deter or delay a placement determination or the provision of related services.*
 - a. This corrective action is met.

10. *Ensure that whenever the District initiates or refuses an evaluation, change in placement, or provision of FAPE, it provides notice to the parent. Whenever the operations unit receives notice to look for a change in placement, parents must be notified.*
 - a. The District was to revise applicable bulletins by November 20, 2015.
 - b. The District has not provided any evidence of these revised bulletins. Bulletin 5901.4 does not address this corrective action.
 - c. The District added a new checkbox to the Notification to Participate in an IEP Meeting form. In the Purpose of Meeting section of the form, a checkbox for "Change in Placement" was added on April 10, 2016.
 - d. This corrective action is still unmet. The District must provide evidence of the relevant bulletins that address the issues of this corrective action.

11. *Conduct an analysis to examine how the social-emotional needs of students with intellectual disability (ID) are being supported. This must include a review of data, policies, procedures, and practices for the provision of behavior supports, counseling, and other related supports.*
 - a. This corrective action is met.

12. *Establish professional development to address these corrective actions and improve the IEP team's collaborative process.*
 - a. This corrective action is met.

Little progress was made with the implementation of two of the corrective actions (7 and 10). However, these items can easily be remedied with clarification between the OIM and District. For example, regarding corrective action 10, the District did provide a series of reference guides and bulletins that have been revised in response to these corrective actions. However, a policy has not been provided that communicates the procedures in place when the District initiates or refuses an evaluation, change in placement, or change in the provision of a special education or related service. These actions were one of the primary complaints that initiated the IEP Complaint Investigation and must be addressed. It is possible that a policy does not exist and will need to be established. Regarding corrective action 7, the additional analysis required for the assignment of related service providers has yet to be provided. Given the findings of the focus groups and OIM survey exploring alternatives for Outcome 13, this information is relevant for both improving service delivery performance with Outcome 13 and ensuring systemic processes are in place that prevent substantial compliance.

No progress has been made with respect to having an effective complaint management system. As discussed in the section above, the District's continual misapplication and defense of the two-tier process for processing and resolving complaints present a considerable impediment in meeting the intent of the complaint process as established in the MCD and the District's own *Policies and Procedures Manual*.

The previous Annual Report noted that the ultimate test will be the change in culture of IEP teams to ensure that families are equal members of the IEP team and are authorized to make decisions on the appropriate services for SWDs. This should result in less reliance on external complaint and due process procedures, and change the culture so parents are not encouraged by IEP teams to go to informal dispute resolution or due process, but rather to resolve disputes at the local level. The OIM was unable to examine the implementation of these corrective actions in spring 2017, as intended. It is the hope that the District is interested in learning about the effects these corrective actions have had for families and IEP teams. The District is welcome to work collaboratively with the OIM to establish a methodology for monitoring such implementation and effectiveness during the 2017-2018 school year. Ultimately, the goal should be to have functioning IEP teams that promote equitable parent participation in the decision-making processes related to their student's IEP programs and services.

SUBSTANTIAL COMPLIANCE

The MCD is a federal class-action settlement agreement that requires the District to address and improve its systemic compliance with special education law. The agreement charges the federally appointed court monitor with the determination to disengage the District from court oversight when MCD compliance is achieved.

The MCD states that this agreement is "binding on all public schools in the District, including, but not limited to, charter schools, alternative schools, charter complexes, magnet schools and to any schools formed or approved in the future by the District" (p. 26). It also clearly delineates the requirements the District must meet to be disengaged from court oversight. Sections 16 and 17 summarize these requirements by stating (pp. 24-25):

Upon the Independent Monitor's certification that the District has achieved each of the outcomes in accordance with paragraph 87 above and in the Independent Monitor's judgment that the District's special education program has no systemic problems that prevent substantial compliance with applicable federal special education laws and regulations then sections 5, 6, 7, 8, 9, 12, 13 and 18 of this Modified Consent Decree shall

automatically terminate and have no further force or effect. The parties shall file a joint report informing the court of the termination of these sections.

MCD Section 17 requires that the IM also determine that there are no systemic problems in the District's schools that prevent substantial compliance with special education laws' and regulations' program accessibility requirements.

On June 9, 2017, the District submitted a binder titled "Substantial Compliance Framework Elements I and II." Initially, the IM expressed concerns over the incompleteness of its contents for addressing the Independent Monitor's Substantial Compliance Framework requirements. In response, the District provided additional clarification in letter dated September 22, 2017. On September 25, the IM provided feedback after a more thorough review of the contents of the binder and noted that a considerably larger amount of information had been provided than previously thought, which established a good foundation for meeting the requirements of Elements I and II during the 2017-2018 school year.

The DSE is commended for its effort dedicated to compiling this information, as well as the work to update many policies and procedures related to compliance. The District is also commended for its ongoing efforts to improve its data systems to better identify and communicate instances of noncompliance to local districts and schools. The future incorporation of performance data on the Substantial Compliance Indicator Dashboards is promising for ensuring the timely assessment and mitigation of noncompliance.

To summarize, the contents of the binder describe the processes for the monitoring and remediation of noncompliance for most of the key performance indicators, with a few still requiring additional clarification. It also provided validation procedures for four of the MCD outcomes, as well as some DVR procedures that validate several key compliance indicators such as the timely completion of evaluations.

DVR reports of local district levels for the past three consecutive school years were provided and demonstrated capacity for monitoring and reporting on issues that might be considered systemic noncompliance. These examples of existing efforts and processes in place are clear evidence that viable procedures exist. However, it is unknown if these reports and their findings triggered corrective actions to remediate such violations at the student, school, local and/or central district level.

The OIM's feedback provided next steps to facilitate completion of these requirements. This includes providing the following:

- A list of specific actions for these steps for all indicators
- Specific examples of corrective actions carried out at schools or local districts for all indicators
- Changes that address concerns with the "three point checks and balances" procedures for complaint management and resolution that result in the change of call or complaint cases being recategorized (inquiry, concern, complaint)
- Validation procedures for outstanding outcomes and state indicators
- Evidence of corrective actions and mitigation of noncompliance at the student, school, and local district levels
- Evidence of DVR findings (or other compliance reviews) that led to a review and/or change to existing policies to address systemic noncompliance

Progress was noted during the past year toward completing the requirements of the first two elements of the Substantial Compliance Framework. Validation reports were provided for Outcomes 3 and 4 (Completion and Graduation Data) and Outcome 18 (Disproportionality). These reports demonstrate the District's capacity for monitoring and validating these MCD outcomes.

As previously stated, the real test will be whether the District's implementation of the monitoring procedures and corrective actions results in the mitigation and nonrecurrence of violations at schools. The contents of the binders contain evidence that some sound and viable procedures exist and should be used to model the establishment of

procedures for monitoring and validating outstanding key compliance indicators and MCD outcomes. This gives cause for optimism that, working collaboratively with the OIM, the District can resolve the requirements of Elements I and II in the near future.

MAKING SCHOOLS, PROGRAMS, AND ACTIVITIES ACCESSIBLE

MCD Section 10 requires that:

- All new construction and renovation or repairs by the District shall comply with Section 504 and the Americans with Disabilities Act (ADA).
- The District shall enter into binding commitments to expend at least \$67.5 million on accessibility renovations or repairs to existing school sites consistent with Section 504 and the ADA.
- The District shall establish a unit to address "on-demand" requests related to accessibility. The District shall expend up to \$20 million for task orders related to requests for program accessibility.

MCD Section 17 requires that the IM determine that District schools have no systemic problems preventing substantial program accessibility compliance.

Meeting the requirements of Sections 10 and 17 has presented considerable challenges during the course of the MCD. This section summarizes the District's progress toward meeting the requirements of Sections 10 and 17 since the previous report issued December 2016.

\$67.5 Million Repair and Renovation Projects

On August 10, 2011, the District met this requirement of the MCD.

\$20 Million On-Demand RAPs

The MCD established an on-demand program to respond to site-level requests to improve program accessibility for SWDs. This program was to provide flexibility to make minor renovations in an expedited manner so students could participate in programs and activities.

In the last annual report, projects were reported for those completed through November 3, 2016. To avoid double reporting, only projects completed after November 3 were included in this analysis. The District provided a total of 93 applications; some were duplicates or outside the timeframe of the analysis. A spreadsheet listing all the projects was also included. This spreadsheet contained the only completion information and was not validated.

The Rapid Access Program spreadsheet contained 50 projects that contained information on both the request and time of completion (that fell between November 4, 2016, and September 22, 2017). The District reported completion times, or days from the time of the request to the renovation's completion, as follows:

2016-17 – 50 Projects

- 0-20 days – 3 project
- 21-40 days – 12 projects
- 41-60 days – 11 projects
- 61-80 days – 9 projects
- 81-100 days – 4 projects
- 101-120 days – 3 projects
- 121-150 days – 3 projects
- 150+ days – 5 project

This performance is slightly improved from last year, when 72% of the projects took 81 days or longer to complete. The performance for the completion of projects within this timeframe is as follows:

- 0-40 days – 15 projects (30%)
- 41-80 days – 20 projects (40%)
- 81-120 days – 7 projects (14%)
- 121-220 days – 8 projects (16%)

Of the 50 projects, four did not contain the application for the request. Nine projects were for PALs programs, while 23 were related to toileting needs, including changing tables and privacy screens (this includes requests for preschool students).

The applications provided 22 additional projects (approximately 30%) that were not included on the spreadsheet. Of these, 18 were projects at PALs programs, while 15 of these were for improving or modifying changing areas or restrooms. Seven were projects requested in anticipation of students' needs for the upcoming school year, which schools applied for proactively.

An additional seven projects were listed as having been requested; however, no completion information was included. Of these, six projects were initiated at the beginning of the 2017-18 school year.

Projects missing from the spreadsheet, or with incomplete information, continue to be an area of concern regarding the oversight of the RAP program. Because approximately 50% of the projects requested and processed are related to addressing students' toileting needs, poor oversight and delays in completing work create impediments in a students' instructional program as well as affect their health and safety.

On September 29, 2017, the District provided additional information on some of the enhancements to the RAP process that are underway. This includes the following (p. 9):

- The FSD is engaged in a process of purchasing long-lead times to have more items on-hand and readily available to assist in expediting the process in responding to RAP requests.
- Maximize the effective use of District Maintenance and Operations (M&O) work force and utilize quick contracting methods when necessary to meet the 21-day response timeline.
- Streamlined contracting process.
- Improved oversight of RAP process to ensure RAP timelines are met.
- Developed a more detailed tracking sheet and metrics that enable projects to be completed by the goal.

The District's most recent draft ADA Districtwide Transition Plan places a large onus on the RAP's effectiveness to provide program access. While it is encouraging to see schools initiating requests proactively, the high number of requests related to changing areas or for toileting needs shows the continued need for making schools accessible and proper planning for students who transition from different grade levels or schools. Given the District's assurances that the RAP program will be improved as part of the Districtwide Transition Plan, the OIM will review the effectiveness of the new procedures during the 2017-2018 school year.

New Construction, Repairs, and Renovations

MCD Section 10 requires that any new construction, repairs, and renovations comply with federal and state requirements. This requirement has no timeframe or minimum cost expenditure. The OIM will continue to evaluate the District's processes related to this requirement until disengagement. The processes to ensure compliance are discussed in the next section.

Section 17

Section 17 requires the IM to determine that District schools have no systemic problems preventing substantial program accessibility compliance. The expectation for meeting these obligations include:

- compliance with ADA requirements for transition and self-evaluation plans that identify barriers and a schedule for their removal at all District schools and buildings,
- designation of an ADA Compliance Manager, and
- the capacity to conduct consistent and comprehensive surveys.

The RAP is a large part of ensuring a system that can prevent substantial noncompliance; however, because this requirement was addressed earlier, this discussion focuses on the other requirements of Section 17.

Progress on the Development of a Districtwide Transition Plan Update

On May 17, 2017, the District submitted to the Parties a sixth version of its *Draft ADA Transition Plan (Plan)* to comply with the ADA and Section 504. These laws prohibit the discrimination of individuals with disabilities because the entity's facilities are inaccessible and unusable, denying program access. Public entities are required to ensure that programs, benefits, services, and activities offered, when viewed in their entirety, are accessible for individuals with disabilities. These laws also require new construction and altered facilities to meet more stringent "readily accessible" standards.

To comply, the District is required to create an ADA transition plan that addresses the needed structural changes to achieve compliance with the ADA's program accessibility requirements. These physical changes were to be completed by January 26, 1995. As noted above, the District must also comply with Section 10 and Section 17 of the MCD.

To determine whether the Plan complies with the ADA and Section 504 requirements and to ensure the District has no systemic program accessibility problems that prevent substantial compliance with the program accessibility requirements of federal special education laws and regulations, the OIM conducted a review and analysis of the Plan and its appendices. On August 31, 2017, the OIM submitted the findings of this review and feedback on the Plan². The following section summarizes some of the findings, concerns, and next steps included in the report.

The District is commended for the extraordinary amount of work in collecting high-level survey data at all sites and for its greatly improved approach to addressing its longstanding noncompliance with the ADA and Section 504. Despite concerns with aspects of the approach and adherence to the priorities and intent of the Plan, this effort has resulted in a viable pathway to attain acceptable levels of program access and, most important, increased transparency for the Parties and the public about the magnitude of noncompliance across the District.

The District held a series of public input hearings between February and March 2017. The public input period was extended through July 2017, wherein the public could provide comments via telephone, by email, and on the District website.

The Plan outlines three primary components to achieve compliance:

1. the implementation of facility improvements,
2. operational solutions, and
3. policies and training.

The Plan places a large emphasis on improving program accessibility across the District, with priorities for addressing sites that contain populations of students with mobility, vision, and hearing impairment disabilities, and ensuring equitable access to unique programs across the District.

The Plan is designed to achieve program accessibility over three phases. The first phase spans an eight- to 10-year timeframe. By the end of Phase 1 (2025), the District intends to establish program accessibility with the development of approximately three feeder patterns of Category One and Category Two schools, with each pattern consisting of approximately one high school, one to two middle schools, and three to four elementary

² The review can be viewed at: <http://oimla.com/pdf/20171004/responseadafinal083117.pdf>

schools, at each local district. Phase 2 will begin no later than 2025 and address approximately one-third of the schools, with the remaining sites to be addressed in Phase 3.

The Plan defines three levels of access for schools. Category 1 schools will be fully accessible and meet new construction or renovation standards (readily accessible), Category 2 sites will have accessible core spaces and features while offering program accessibility for activities, and Category 3 will offer a basic level of access to the building. Although no date has been provided for the completion of the three phases, the District intends to have all schools meet one of the three levels of access.

The OIM's review raised concerns regarding the Plan's capacity to guide and yield improved program accessibility that ensures equitable access across the District, in both the short (two years) and long term (10 years), as well as the Plan's consistency and adherence to the components of the proposed approach. For instance, one foundation of the Plan is the creation of feeder patterns of schools that provide program accessibility. To achieve this, these feeder patterns would contain similar programs for SWDs to matriculate to the next level. Based on the limited information provided, it is difficult to conclude whether the Plan achieves this goal.

Over the next two years, approximately half of the sites scheduled for betterments belong to a cluster feeder pattern. Selection of these schools aligns with the goals of the Plan; however, more than half of the clusters will not have betterments completed until 2022 and beyond. As the Plan proposes that high school complex clusters serve as the foundation for providing program access, it is unclear why so many of these sites are scheduled for betterments five or more years from now.

The report also raised several areas of concerns with the selection of sites scheduled for Phases 1 and 2 betterments. In particular, a high number of general education sites with programs for students with mobility or vision impairment disabilities, as well as special education centers, are scheduled for Phase 2. In addition, the high-level surveys show that a large number of sites with vertical access problems at multistoried buildings, nonaccessible restrooms, and nonexistent or noncompliant passenger loading zones (PLZs) will be addressed in Phase 2. Although it is understandable that the District's size and scope create challenges for addressing all of its needs within Phase 1, the extended timelines for these sites only increase the effort and reliance on operational solutions and the RAP to provide program accessibility.

An examination of the Plan's effectiveness in providing equal opportunities to select schools of choice programs, as well as a review of the scheduling of stand-alone magnet schools, magnet centers, and District-operated and -affiliated charter schools, found inequities in the general availability of these programs across the District for all students, including SWDs. The lack of access is compounded by the lack of priority given to making these schools and programs accessible, particularly for geographic areas with betterments scheduled in Phase 2.

The review also found the following (p. 37):

- One in five schools lacks an accessible main entrance, with approximately two-thirds of these sites scheduled for betterments during Phase 2.
- One in four sites has vertical access problems, with more than half scheduled for betterments during Phase 2.
- Almost nine out of 10 schools have pervasive problems or noncompliant PLZ conditions.
- Fewer than one-third of schools have accessible restrooms on campus.

The findings of the high-level surveys brought to light areas of Districtwide systemic noncompliance. These findings are indicative of systemic program accessibility problems that prevent substantial compliance with the program accessibility requirements of federal special education laws and regulations. In addition, many of the District's high-level survey entries lacked information and/or used varying descriptions to report noncompliant conditions, raising concerns regarding the accurate representation and magnitude of problems.

Inconsistencies with the assumptions and approach to improve sites to the highest level of access, or Category 1, also undermine the Plan's viability. The Plan assumes that 128 (Category 1a) of the 163 Category 1 sites, already meet the "readily accessible" standard for new construction and renovations. The Plan's approach to ensuring that Category 1a schools are "readily accessible" must be clarified given that the District's high-level surveys identified the following compliance problems:

- almost all Category 1a schools do not have compliant PLZs,
- more than half do not have compliant restrooms, and
- a large number of accessibility features had no information reported in the summary of high-level surveys.

The magnitude of effort to improve Districtwide compliance with the ADA requires the implementation of operational solutions, such as the relocation of programs and minor betterments through RAP, as a critical component of the Plan and of meeting the IM's Substantial Compliance Framework. However, the Plan does not provide details or examples of these operational solutions, or the policy or training materials to guide this undertaking. Although an overview of the changes to improve the RAP program was provided, the status of these changes are unknown.

The OIM review also included an analysis of sample surveys at three sites designated for Categories 2 and 3 levels of access to determine if the areas assessed adhered to the corresponding criteria outlined. Overall, the surveys indicated that the areas to be assessed were included. However, the real test for determining the capacity to adhere with the categorization criteria is whether betterments result in sites that ensure program accessibility as defined.

The Plan does not include sufficient information to determine if the steps to ensure compliance at independent charter schools will meet the general intent of the Plan, which is to ensure equitable access to SWDs across the District, particularly for students and families with mobility, vision, and hearing impairment disabilities. There is no information regarding the expectations for the level of access (Categories 1-3) that each site must meet, timelines for improvements, and/or survey requirements to ensure consistent assessments of as-is conditions.

The District has made several assurances that it will improve program accessibility that leads to disengagement by the end of 2019. Therefore, efforts that guide disengagement must reflect the Plan's approach over the next two years and represent a viable pathway to an improved capacity that ensures the District has no systemic program accessibility problems that prevent substantial compliance with the program accessibility requirements of federal special education laws and regulations.

Disparities in schools selected for betterments over the next two years—both geographically and for schools of choice—are not indicative of a viable plan to ensure equitable access, and an approach that looks at programs across the District in its entirety. Considering the District's desire to disengage from the MCD over the next two years, the effectiveness of the procedures for responding to and completing minor renovations (RAP), as well as the short- and long-term financial commitments, will be critical factors in achieving disengagement.

The MCD does not give the IM purview to approve the Plan or its specific approach. However, the MCD does charge the IM with the authority to make determinations that the District has no systemic program accessibility problems that prevent substantial compliance with the program accessibility requirements of federal special education laws and regulations, and that new construction and alterations meet applicable accessibility codes.

Given the concerns over some aspects of the approach, the current scope of noncompliance Districtwide, and the proposed 10-year timeline for program accessibility improvements at one-third of the District's schools, the District must address and reprioritize the remediation of certain barriers to ensure the District has no systemic program accessibility problems that prevent substantial compliance with the program accessibility requirements of federal special education laws and regulations. It must also include information regarding accountability measures to enforce the Plan's implementation.

The report includes a series of next steps that must occur prior to disengagement. These next steps are designed to address and improve systemic program accessibility problems that prevent substantial compliance with the program accessibility requirements of federal special education laws and regulations both in the short and long term, in order for the IM to recommend disengagement. Some of the steps require periodic reporting of actions that can be reasonably assumed will occur as a result of this effort. These monitoring and reporting of these actions will allow the Parties and public to see the District's good-faith efforts to ensure program access, as many schools will not attain facility improvements for several years or after Phase 1. This includes:

- As previously agreed to, complete barrier removal at 75 sites.
- Complete 150 comprehensive surveys.
- Develop a plan to address and remediate all barriers at sites with nonaccessible main entrances.
- Develop a short- and long-term plan to address and remediate passenger loading zone problems.
- Provide periodic (at least twice a year to coincide with school semesters) reports to the Parties with updates of plans for implementing operational solutions for all schools pending accessibility improvements. The updates should include operational solutions for dealing with issues such as vertical access problems and identify student populations at each site. The reports must emphasize operational solutions at sites with programs for students with mobility, hearing, or vision impairment disabilities, and schools scheduled in Phases 2 and 3. Reports of operational solutions will be provided for each school until betterments are completed at the site.
- Provide quarterly reports of RAP requests and completion.
- Provide a revised schedule for ensuring equitable access at schools of choice.
- Include documentation, including schedules for Categories 2-3 clusters, identifying when each will be available per local district, and programs at each site.
- Provide a schedule and sample surveys for Category 1 schools.
- Provide detailed information, including dates, for the completion and distribution of policies and training for the implementation of operational solutions.
 - Provide policies and training materials.
- Provide detailed information on the changes to improve RAP, as well as short- and long-term funding commitments.
- Provide detailed information on the expectations for ensuring independent charter schools develop transition plans and comply with the ADA, individuals responsible for supporting and overseeing this effort and compliance, and access to District supports that will ensure operational solutions and RAP, when needed.
- Provide biannual reports to the Parties of current expenditures and projected costs yearly, and by phases.

District's Preliminary Response to OIM's Feedback on the ADA Districtwide Transition Plan

On September 8, 2017, the District's Office of the General Counsel (OGC) submitted a response to the OIM's review of the draft Districtwide Transition Plan (Appendix C). The letter contained several allegations of the OIM's misunderstanding and/or inaccurate assumptions of the Plan's approach and relevant laws, as well as an overreach of its authority pursuant to the MCD.

The following discussions address the most salient allegations. The IM has advised the Parties and the District that the OIM has no interest in continuing a back and forth with some of these issues, given the progress and good-faith effort in this new approach. However, given the tone of the letter, and arguments that appear to be unnecessarily contentious, it is the OIM's hope that a simple response will enable the District to focus on the task of implementing the Plan and improving program accessibility throughout the District.

The letter states (p. 2):

Practically ignoring components 2 and 3, the Feedback focuses on the first component, but seriously misrepresents the approach of the Plan. It mistakenly asserts that the Plan is "based on the premise of creating feeder patterns of schools that provide program accessibility," which is only one component of the approach (page iii, iv). Then it repeatedly understates (by including only one tenth of the number of accessible clusters

planned) the number of accessible clusters planned. It states that LAUSD will develop “approximately three feeder patterns of Category One and Category Two schools, with each pattern consisting of approximately one high school, one to two middle schools, and three to four elementary schools.” Pages iii, 2, 4, and 35. Omitted each time are the introductory words: “each local district will have” [approximately three feeder patterns of Category One and Category Two schools]. With approximately three feeder patterns per geographic District, there will be more than 30 patterns.

The assertion that the report “repeatedly understates” the number of accessible clusters planned is incorrect. It is accurate that the words “each local district will have” were omitted from the report’s executive summary and final summary (pp. iii and 35)—an oversight most likely related to editing these sections for brevity. The IM recognizes that many readers do not carefully read the reports in their entirety, but rely on summary sections to be informed, and will update these pages of the document posted on its website, as that particular phrase is consequential in representing the District’s effort.

However, pages 2 and 4, do contain these words. Furthermore, an entire section of the report is dedicated to the analysis of Appendix F, which lists the names of the clusters and corresponding schools (pp. 4-6). Page 4 states that “A total of 190 schools are part of the clusters across six local districts (Northwest, Northeast, West, Central East, and South) and across 29 high school complexes.” A footnote notes that two high school complexes contain six identical schools, therefore explaining the OIM’s reporting of 29 complexes.

The analysis further breaks down the number of high school complexes by local district, with the number of corresponding schools, number of schools that do not meet the criteria for being in a cluster, and the number of clusters or high school complexes that do not meet the criteria. A timeline showing when clusters will be ready by local district and school year is also included. This information is conveyed in two tables and included in this report to ensure readers see the level of effort and scope of this plan.

Table 1. Cluster/Feeder Patterns to Achieve Program Accessibility for Phase 1

Local District	# of High School Complex Clusters	# of Schools	# of Schools Not Meeting Criteria	# of Clusters Not Meeting Criteria
Northwest	7	43	2 – Not in Phase 1 or 2 6 – Repeated in Two Clusters	None
Northeast	6	34	1 – Phase 2 1 – Not in Phase 1 or 2	1
Central	2	19	1 – Category 3	None
West	2	17	None	None
East	6	40	7 – Category 3 1 – Phase 2	3
South	6	40	None	None
TOTAL	29	193	13	4

Table 2. Timeline for the Readiness of Clusters by Local District and Year

Local District	2017	2018	2019	2020	2021	2022	2023	2024	TOTAL
Northwest	0	0	0	2	0	3	0	2	7
Northeast	1	0	0	0	0	3	2	0	6
Central	1	0	0	0	0	1	0	0	2
West	0	0	0	0	1	1	0	0	2
East	0	0	1	0	0	3	0	2	6
South	0	0	1	0	1	2	2	0	6
TOTAL	2	0	2	2	2	13	4	4	29

Another issue the OGC raised in the letter is that the OIM's review focused mainly on the first of three critical components—facility improvements—largely overlooking the Plan's operational solutions and policies/training aspects. The OGC's letter states (p. 3):

Furthermore, the clusters are not the "premise" that forms the basis of the Plan's approach to provide access to programs. The other two components of the Plan, as set out above, are to ensure operational means of reassigning programs to accessible locations or modifying facilities, and to support these efforts through policies and trainings. The Report gives these short shrift (pages 1 and 2) and instead focuses almost exclusively on the facility improvements. ...

Perhaps because of its inability or refusal to accept that the ADA requires (1) access to programs and (2) compliance with the accessibility standards that apply to new construction and alterations, which are two different requirements, the Feedback provided appears to have overlooked the Summary Assessment of School Locations and Programs document provided to you, which includes a chart that sets out programs at each school, summarizes the barriers, and states that nearby schools offer the same programs. The Feedback also almost completely ignored the policies that will be developed, as set out in the plan, to ensure operational changes and other responses to program access needs.

To put it simply, the OIM review did not ignore critical components 2 (operational solutions) and 3 (policies and training). In addition to pages 2 and 3, as well as references to the importance of operational solutions and RAP throughout the document, the report includes a section "Operational Solutions and RAP" that discusses both components in the context of the review (pp. 29-32).

The Plan makes references to and assurances about these components, but does not contain documents that outline the operational solutions to be implemented or school policies/reference guides to relay these expectations. The OGC's response in the statement above recognizes that policies were not included, and conveys an assurance that these policies will be developed. Due to the absence of supporting information, the OIM cannot perform a proper review or analysis of these components. Therefore, the OIM feedback's Next Steps section included the following two actions for the District (p. 41):

- Provide periodic (at least twice a year to coincide with school semesters) reports to the Parties with updates of plans for implementing operational solutions for all schools pending accessibility improvements. The updates should include operational solutions for dealing with issues such as vertical access problems and should identify student populations at each site. The reports must emphasize operational solutions at sites with programs for students with mobility, hearing, or vision impairment disabilities, and schools scheduled in Phases 2 and 3. Reports of operational solutions will be provided for each school until betterments are completed at the site.
- Provide detailed information, including dates, for the completion and distribution of policies and training for the implementation of operational solutions.
 - Provide policies and training materials.

The OGC contends that the OIM feedback "overlooked" the *Summary of Assessments of School Locations and Programs*, yet also criticized the report by stating it "misplaced extensive analysis of high level surveys." To clarify and confirm, the review did include an extensive analysis of the findings from high-level surveys, which was reported in the *Summary of Assessments of School Locations and Programs*. The OIM clearly did not overlook this document, and actually collected data from the columns in the chart, stating that nearby schools offer the same programs. Of the more than 700 schools surveyed, only 101 (less than 15%) contained information regarding nearby accessible programs. Of these, 67 were identified by Assessor Group 1, 33 by Assessor Group 4, one by Assessor Group 3, and none by Assessor Group 2. Due to the document's limited and inconsistent data regarding available accessible programs at nearby schools, the review did not report on these findings. The OIM feedback pointed out the inconsistencies of the language and data included in this document, which the OGC called "inconsequential."

The next issue pertains the OIM's review and large emphasis on the data contained in the *Summary of Assessment of Schools and Locations*, which contains a massive amount of information obtained from the high-level surveys. The OGC states (p. 4):

Instead, you have inexplicably examined high-level surveys (devoting half the pages of the Report to them) in a way that concludes that they were not appropriately conducted and that their "findings" reveal "widespread noncompliance." The District has made clear that these surveys – conducted quickly, that is, over a period of four weeks at more than 700 campuses – were not intended to establish "findings" of compliance or noncompliance but to assign schools to tentative designations of the category of accessibility that they would eventually achieve. The anecdotal evidence of inconsistencies of language among the reports is inconsequential, and the focus on alleged noncompliance could serve as a disincentive to thoroughly evaluate and reveal current issues. These buildings will be brought up to accessibility criteria after comprehensive surveys are completed.

The OIM indeed placed a heavy emphasis on the data contained in the *Summary of Assessments of School Locations and Programs* from the high-level surveys. This due diligence was done for the following reasons:

- The District has repeatedly failed to produce a viable ADA districtwide transition plan. This is the sixth attempt, which the IM has stated finally presents a viable approach.
- The District has secured over a half a billion dollars (\$600 million) to get it into compliance with the ADA after decades of noncompliance.
- The Plan will remedy one-third of the District schools over the next eight to 10 years, leaving two-thirds to be addressed well beyond 2025.
 - The review aimed to understand the decision-making processes for selecting schools and programs scheduled for betterments, and those that would not be addressed in Phase 1.
- The high-level surveys were a large commitment of resources and the basis for determining categorization of schools. This significant effort would ideally establish findings accurate enough to make the determinations; otherwise, a random designation would have been faster and more cost effective.

The OIM feedback pointed out the inconsistencies in how the high-level survey data was collected and reported in the *Summary of Assessment of Schools and Locations*. The report includes differences in language and inconsistencies in areas of noncompliance among the four Assessor Groups, as highlighted by the example above. The OGC claims the review focused on "alleged noncompliance." The review simply reported on the data contained in the report, which were collected by the District, and which should not be considered anecdotal information as this minimizes the District's effort. The conclusions of "widespread noncompliance" were drawn from this data and intended to point out systemic issues that would prevent substantial compliance with the program accessibility requirements of federal special education laws and regulations. The report pointed out four areas where the high-level surveys (not the OIM) found noncompliant conditions at a high number of schools. This includes (p. 37):

- One in five schools lacks an accessible main entrance, with approximately two-thirds of these sites scheduled for betterments during Phase 2.
- One in four sites has vertical access problems, with more than half scheduled for betterments during Phase 2.
- Almost nine out of 10 schools have pervasive problems or noncompliant PLZ conditions.
- Fewer than one-third of schools have accessible restrooms on campus.

Although criticism of the OIM's feedback or findings is par for the course, the most troubling assertion made by the OGC was that "the focus on alleged noncompliance could serve as a disincentive to thoroughly evaluate and reveal current issues."

School districts are public entities accountable to the public. The notion that conclusions based on District data on systemic noncompliance would deter the District from being transparent is alarming. It is unclear whether this is solely the OGC's belief, or whether senior officials such as the Superintendent, Chief of the Facilities Services Division, Associate Superintendent of Special Education, or the ADA Compliance Manager also share this position. On no

occasion have these school officials acted or insinuated that full transparency would de-incentivize or make them reticent to produce data that reveals current issues. The OIG's feedback actually commended the District for such transparency, as this is an act of good faith that enables the District to identify areas of non-compliance and move forward and focus on solutions. Lastly, the issue of reporting on the District's systemic non-compliance with the ADA is not new and has been well-documented throughout the MCD.

The OIG claims that there is no basis for requiring additional details on changes to the RAP because the measures in the MCD related to this requirement are met. The OIG letter states (p. 4):

The Feedback claims (pages v, 30 and 33) that the District has provided no details about changes to improve RAP, "which is an MCD requirement." But the MCD's provisions are limited to a requirement to establish a fund an On-demand Unit and a process for a task order procedures to "rapidly provide minor renovations where necessary for individual students seeking placement in currently inaccessible programs." The MCD does not address specific improvements. As of the November 10, 2015, Annual Report (the last Annual Report wherein a determination regarding this requirement was documented), it was determined that the District had met the requirement to establish a unit and had approved \$13,683,525 of the up to \$20 million requirement. No additional credit has been approved since that time though the District has expended in excess of the up to \$20 million requirement. Nonetheless, the Plan says that the RAP will be improved to certain performance measures. There is no basis for requiring further details if these measures are met.

To clarify, the IM determined that the District had established the On-demand Unit in Part 1 of the 2005-2006 Annual Report (July 2006), not in 2015. In regard to the lack of credit approved toward the \$20 million requirement, the primary reason additional credit has not been approved is the District's failure to provide this information since 2014. The 2013-2014 Annual Report was the last to approve credit for RAP projects. Below are excerpts showing the lack of information from past IM annual reports.

2014-2015 Annual Report (November 2015) (pp. 21-22)

On September 15, 2015, the OIG requested additional information on the renovations approved and the verification process for completed and compliant work. The District did not provide such information. Without this information it is not possible to assess the effectiveness of the RAP because the responses' appropriateness and project scope cannot be factored in. Due to limited information, completed work could not be verified and additional credit cannot be approved. Progress with the RAP will be updated in Part II of this report, and credit issued upon review of the necessary information and verification of compliant work.

Part II of the 2014-15 Annual Report (July 2016) (p. 13)

At the time of this report, the District had not submitted any additional information regarding the revised process, the IM's concerns raised, or any project request and completion data. In addition, the OIG has yet to receive and review the training materials despite directing the District to provide these materials for approval in the 2013-2014 Annual Report, and raising this requirement once again in part 1 of this report.

The RAP has a longstanding history of poor performance. In the November 2016 Annual Report, it was noted that 72% of the RAP projects processed exceed 81 days for completion. Although some progress was noted in this report, renovations continue to take lengthy periods of time, particularly for meeting students' basic needs such as toileting and providing ramps that enable them to enter classrooms. The RAP requirement is a critical component of the Transition Plan, MCD, and Substantial Compliance Framework. This commitment is ongoing, and no determination stating otherwise has ever been made. As noted above in the section regarding RAP, in contradiction to the OIG's posture, the District did provide some general information on September 29, 2017, regarding the enhancements to the RAP program. The statement that no additional details regarding changes to the RAP are warranted because the measures are believed by the OIG to be met, again conveys a position of reticence for transparency.

The OIG letter points out that the OIG's review incorrectly states that the 10-year timeframe of the Plan will include all three phases, when in fact, this timeframe will only result in one-third of the schools slated for betterments. This indeed

was a misunderstanding of the commitment of the Plan. Although this clarification is helpful, it shows the tremendous amount of work the District will have left to do after 2025 to comply with the ADA, which was to be complied with by 1995. It is still unknown when the District will complete Phases 2 and 3 and come into full compliance with the ADA.

The next issue raised claims that parts of the OIM's review and feedback constitute an overreach of the IM's authority. The OGC letter makes the following statements (p. 5):

However, now, after the District has established the RAP, funded it and the necessary accessibility improvements, as well as developed a transition plan that comports with ADA requirements, the Feedback you provided seeks to substitute your judgment about what the Plan should provide, rather than allowing the District to address the issues in this reasoned manner. In doing so, this exceeds the authority set forth in the MCD.

Underlying this is the fundamental misconstruction of the provisions of and the relationship between federal special education laws (i.e., the Individuals with Disabilities Education Act or IDEA) and the ADA and Section 504. Under the language of the section quoted above and the context of and language of the entire MCD, the IM's authority to assess program accessibility matters is limited to matters relating to federal special education laws, which protect just a subset of those who will benefit from the steps taken pursuant to the transition plan under the ADA.

It further states (p. 5):

Giving the MCD its most generous reading (i.e., reading a nonexistent program accessibility into the IDEA), the MCD gives you the authority to determine if students protected by the IDEA are denied program accessibility, not to determine whether the District is complying with the ADA through the transition plan.

To simplify this response, the MCD states:

Section 1.

1. The parties to this Modified Consent Decree recognize that federal and state law mandate that children with disabilities have access to a free and appropriate public education. This Modified Consent Decree represents the commitment of the Board of Education of the Los Angeles Unified School District ("District") that the District's special education program will be in compliance with all applicable federal laws. Therefore, the purpose of this Modified Consent Decree is to complete the undertaking of bringing the District into compliance with the Individuals with Disabilities Education Act ("IDEA"), 20 U.S.C. § 1400 *et seq.*, and Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794.

Title II of the ADA requires school districts to develop a transition plan. The District is also required to have developed a 504 Plan, similar to the ADA, but preceding the dates of the ADA, which has not been provided. Section 10 of the MCD requires all new construction, renovations, and repairs to comply with the federal requirements of Section 504 and the ADA.

The IM has repeatedly stated, and memorialized in the 2016 Annual Report, that in addition to the requirements of Section 10 and 17, the expectation is that the District's obligations for disengagement include:

- Compliance with the ADA requirements for transition and self-evaluation plans that identify barriers and a schedule for their removal at all schools and buildings.
- Designation of an ADA Compliance Manager.
- The capacity to conduct consistent and comprehensive surveys.
- Completion of transition plans and program accessibility betterments within 10 years. There must be a firm commitment for funding of the proposed \$1.2 billion estimate. These commitments must be Board approved and irrevocable.
- Completion of a sufficient number of surveys to ensure institutional commitment of at least 150 schools with completed surveys and transition plans, with 50% of these schools having completed betterments.

- Establishment of a functioning RAP with ongoing commitment to fund requests and outreach to schools.

The Substantial compliance framework (July 2014) requires the following:

- Capacity to build and renovate schools consistent with ADA and Title 24 requirements.
- Capacity and a plan for complying with the federal requirements of developing transition plans that identify existing barriers and a schedule for the removal of such barriers.
- Capacity and procedures for responding to requests for providing program accessibility within a reasonably timely manner.

By no means does the IM expect to see the District's full compliance with the ADA. The District's Plan will only achieve program accessibility betterments at one-third of its schools over the next 10 years and has not provided timeframes for full compliance and completion of Phases 2 and 3. While full compliance with ADA is not required by the MCD, the District must meet the ADA and Title 24 compliance regulations of its new construction, renovations, or repairs—a challenging feat that has resulted in repeated failures throughout the course of the MCD. The ADA's intent for the transition plan was to have public entities achieve compliance with the ADA by 1995.

The OGC also raised issue with the OIM's review of programs for students with mobility and visual impairments in regard to these schools' prioritization of facility improvements. The OGC's letter states (pp. 5-6):

Based on this flawed understanding of what the ADA requires (and, therefore, what the transition plan addresses) as well as other misconceptions, you have undertaken an in-depth yet largely irrelevant review of "Special Programs for Students with Mobility and Visual Impairments (pages 11-13), as a means of measuring whether the plan addresses program accessibility needs. While this review may relate to the subject matter of the consent decree, it is not indicative of whether the Plan meets the requirements of the ADA.

The analysis of the schools with programs for students with mobility or visual impairments was not based on an ADA requirement, but rather on the adherence to the Plan's principle that the selection for campuses in Phases 1 and 2 were to be determined by a priority given to "school sites first in order to address student program accessibility needs," and the Plan's intent to "ensure access for students with mobility, hearing, speech, and vision disabilities." Again, the rationale for the review was not related to ADA requirements, rather the Plan's intent and principles. The review pointed out that of the 256 schools with programs dedicated to students with mobility and visual impairments, 118 (46%) would be addressed in Phase 2. This finding highlights the questionable decision-making processes regarding the adherence to the Plan's principles and intent to provide program accessibility.

The OGC letter also questioned the IM's authority to review the availability and prioritization of schools of choice (magnet and charter schools). Specifically, the OGC objected to the OIM's finding that inequitable opportunities exist in magnet schools in different geographic areas.

While this finding does extend beyond equitable opportunities for SWDs, which the OIM report acknowledged, the purpose of the review was to examine how school selection was handled for magnet and District-operated and affiliated charter schools scheduled for Phase 1 betterments. The analysis also compared the prioritization of these sites by phase, specifically over the next two years. In fact, the Plan's schedule compounds access to these programs by the differences in prioritization or scheduling of betterments by local districts. This is relevant to the purpose of an ADA transition plan, which is to review programs in their entirety.

The OGC also objected to the OIM's concerns that the Plan did not provide enough information to determine if the plan for compliance at independent charter schools would meet the general intent of the Plan. The OGC stated (p. 6):

However, the independent charter schools are just that: independent. Each of the charters is going to address transition planning in its own way; the District will not have a hand in funding, controlling, or assisting in how independent charter schools meet this obligation, apart from offering an opportunity to participate in District training.

Independent charters are schools authorized by the District and are bound by the requirements of the MCD. It is reasonable to expect that these schools also comply with the ADA transition plan requirements, and as the authorizing agent, the District is responsible for such compliance. Section 95 of the MCD states (p. 27):

This Modified Consent Decree shall be binding on all public schools in the District, including, but not limited to, charter schools, alternative schools, charter complexes, magnet schools and to any schools formed or approved in the future by the District.

The OIM report provided a series of 13 next steps that the District must take prior to disengagement. The District contends that these new activities will detract it from moving forward with the Plan. Most of these requirements are periodic reporting on the Plan's implementation, such as reports on the operational solutions at schools that are awaiting betterments and have student populations that require such solutions. Other requirements are the provision of detailed information not available in the Plan, such as the policies and training materials, which are a critical component of the Plan. While these next steps may seem new, the majority are functions that can be reasonably assumed will occur as a result of the Plan's implementation. Two of the more cumbersome next steps require the District to develop short- and long-term plans for addressing noncompliance with PLZs and nonaccessible main entrances. Plans for addressing these two issues of noncompliance are necessary for the IM to determine disengagement.

These next steps are not asking for the District to remediate all issues of noncompliance, but rather provide a good-faith plan as an assurance that these problems will be addressed. Over 90% of schools have noncompliant PLZs, and 60% (n=90) of schools with nonaccessible main entrances are scheduled for improvements in Phase 2. It's within the IM's authority to require a basic plan that will address the issues at these schools within a reasonable timeframe. This plan will provide the basis for disengagement in two years—much sooner than when many of these schools will receive such betterments. The inclusion of these two next steps was also calculated with the reasonable assumption that the senior officials, such as the Superintendent, Chief of the Facilities Services Division, and Associate Superintendent of Special Education, would be inclined to address systemic issues such as noncompliant PLZs and main entrances. The December 2016 Annual Report stated that "Although this (disengagement) framework will likely remain constant, it is amenable as issues of noncompliance might arise, similar to those identified in the IEP investigation" (p. 32). The IM is willing to meet with the District to discuss these next steps and make these requirements as least cumbersome as possible.

Review of Preschool for All Learners Programs

The IM's July 2016 Annual Report highlighted the OIM's concerns raised in April 2016 regarding the poor conditions of changing areas at PALs programs. Since then, the District has been addressing the issues outlined in its plan to improve these conditions. On September 29, 2017, the District provided an update of the progress made since the last annual report. The following outlines the District's actions; the status of the approval or implementation with recent actions is highlighted in bold.

- A. Review classroom availability on school sites for PALs classes; these should be assigned in the following order of preference:
 1. Classrooms with a self-contained restroom (i.e., transitional kindergarten/kindergarten classroom).
 2. Restrooms reconfigured to allow for a changing table (wall mounted) with weight capacity that accommodates 250 pounds or more.
 3. Placement of PALs class in proximity to nursing office or other locations allowing for a changing table, if not feasible in self-contained restroom.
 4. Placement of privacy screens in appropriate designated classroom areas, allowing for adequate space to change students when necessary, while taking into account precautions against staff being in enclosed areas without proper visibility by other adults.

During the 2016-17 school year, principals were notified via email about PAL Program location requirements, which were included the REF-6449.0: Preschool for All Learners Special Day

Program and Classroom Assignment Mandate for PAL Programs. PAL Programs have complied by relocating to a classroom with a self-contained restroom, were provided a changing table with privacy screens, or given an extenuating circumstances waiver if school sites did not have classrooms with self-contained restrooms.

- B. Annually, each PALs classroom staff will receive Universal Precaution training from LAUSD Nursing Services, including hygienic toileting.

During the 2017-18 school year, District Nursing Services will be providing Diapering and Universal Precautions training to PAL Program School Sites. Additionally, REF-6889.0 requires all special education paraprofessionals participate in mandatory online training modules including diapering and universal precautions.

- C. Annually, and upon additional request, each PALs program is provided Universal Precaution materials, including gloves, wipes, changing table covering, etc.

Universal Precautions Starter Kits were delivered to all preschool programs by Tuesday, August 29th, 2017. Included in the kits were REF-5959.2 Ordering Universal Precautions Materials and REF-6777.1 Procedures for Completing the Annual Early Childhood Special Education Health and Safety review.

- D. Annually, each school with a PALs program will be audited using a standard protocol regarding the toileting procedures, including the use of Universal Precautions and student privacy issues.

School sites were provided REF-6777.1, and the District is currently receiving the Annual Early Childhood Special Education Health and Safety Review: Toileting Procedure Skills Performance Checklist due within 8 weeks of the start of the school year. As of 09/27/17 the District had received over 120 Attachment B reviews.

The District's update shows promise that the changing conditions at PALs programs has improved. Due to the timing of the update, the OIM was unable to visit sites to observe this progress. The OIM intends to visit sites and provide a brief update on this progress to the Parties by the end of December 2017.

ADA Compliance Manager

The District filled the ADA Compliance Manager position on May 8, 2017. The District has now complied with this part of the ADA. In February 2015, the IM provided the District a letter³ outlining the expectation of this position:

An organizational structure that authorizes the ADA coordinator to obtain and deploy the necessary resources for ensuring compliance with the plan. This includes the decision-making authority that cannot be undermined by middle and senior management of individual departments, such as those from the divisions of facilities and/or special education.

The implementation of the Districtwide Transition Plan will undoubtedly require the ADA Compliance Manager to exercise the ability to obtain and deploy such resources, as well as exert decision-making authority that cannot be undermined, in order to address noncompliance.

ANNUAL HEARINGS

As per the September 17, 2012, stipulation of the Parties, the OIM is to conduct two annual hearings per school year. This report includes findings from one hearing conducted on May 24, 2017. To facilitate attendance, the hearing had two sessions—one in the morning and another in the evening. Notices inviting persons to attend were made available in English, Spanish, Armenian, Chinese, Japanese, Korean, Russian, and Vietnamese. To promote

³ The letter can be viewed at <http://oimla.com/pdf/20151110/appj.pdf>.

the annual hearing, a direct mailing was sent to homes of parents of SWDs; a Districtwide mailing was sent to all schools, including charter and nonpublic schools; and an ongoing advertisement was broadcast on the District's television station, KLCS.

The hearing was attended by 79 people, with 31 presenting oral testimony. In addition, 40 written comments were submitted. Individuals who presented specific complaints or problems were afforded the opportunity to meet with District staff to discuss the matter in greater depth to find a resolution. This resulted in a total of 44 referrals seen by District staff.

The most frequent concerns were not getting services or accommodations specified in IEPs, lack of collaboration in and/or hostile IEP meetings, norming of RSP classes at continuation high schools, integration in the general education setting and inclusion in general education activities, being equal members of IEP teams, and schools allowing parents to review the draft IEP document prior to consent.

DISENGAGEMENT

The MCD's goal is to ensure compliance through the establishment of a system capable of monitoring itself while correcting noncompliance and holding staff accountable. The MCD was designed to steer the District toward this goal within a three-year timeframe. Furthermore, it created a framework with an end in mind, after which the District would no longer require federal court oversight or intervention from Plaintiff attorneys.

Since the previous annual report, the District has made verifiable progress in some outstanding areas. To date, the District has still not met the following:

- Outcome 13: Delivery of Services
- Outcome 16: Increase in Qualified Providers
- IEP Complaint Investigation Corrective Actions
- Complaint Management System

The District made some progress with the following areas; however, concerns still exist. These include:

- Districtwide Self-Evaluation and Transition Plan
- Substantial Compliance Framework
- MiSiS

The OIM is committed to seeing the end of the MCD. This interest has been repeatedly stated and evidenced by years of identifying problems and providing recommendations for improvement. Furthermore, the Plaintiffs' Counsel has been working collaboratively and in good faith with the District on finding an alternative measure to replace Outcome 13. If this endeavor can reach a resolution in the near future, it will dramatically improve the possibility of concluding the MCD to coincide with the District-proposed two-year timeframe for completing surveys and program accessibility betterments, and completion of MiSiS. Given a good-faith and concerted effort by the District, disengagement is within reach.

Since the inception of the MCD, there have been many successes that resulted from the hard work of District staff, collaborative efforts between the OIM and District, and skillful guidance and leadership by the OIM. It is important to recognize some of these accomplishments and the systemic changes that have resulted from the Parties' efforts and the MCD's construct. These efforts are a testament to the hard work and commitment to making organizational changes by the many professionals that have been part of the MCD and District's reform.

The MCD has seen many positive changes and successes; the following are three examples of notable efforts that have resulted in improved educational outcomes for SWDs: improvements in graduation rates and data maintenance; equitable processes and procedures for all students evaluated for emotional disturbance (ED); and equitable access and opportunities for SWDs to attend schools of choice (magnets and charter schools). A summary

of the problems, challenges, and efforts that resulted in improvements is included below. These successes should serve as an incentive to District staff, particularly those with programmatic decision-making processes, to make a final push toward disengagement of the remaining MCD endeavors by embracing the organizational weaknesses that are limiting student and organizational outcomes.

Graduation Rates and Data Maintenance

In the 2005-2006 school year, 42.18% of SWDs graduated with a diploma. For the past four years, the graduation rate of SWDs receiving diplomas has been around 70%, hitting an all-time high of 76.48% for the 2015-2016 school year. This improvement is a testament to the District's commitment to providing instructional interventions such as CAHSEE bootcamps, credit, and dropout recovery programs.

One of the biggest and most persistent challenges for improving graduation rates was the tracking and maintenance of graduation data. For years, the District's tools and policies for maintaining this data lacked the proper safeguards to accurately ensure students had met graduation requirements. For almost a decade, the OIM would report on students who should have received diplomas, or ones that had been erroneously reported as having received a diploma. These problems were a result of competing graduation data fields (including leave codes) in the SIS, and the lack of safeguards that created too much subjectivity and interpretation of requirements by school personnel.

In 2015, Superintendent Cortines directed the MiSiS team, in collaboration with the OIM, to resolve the many issues that had plagued graduation data maintenance. It is with great pleasure to report that these efforts have finally resulted in MiSiS being able to maintain data consistency across the District, and provide schools the tracking and graduation validation requirement tools necessary to ensure that students' records accurately reflect their graduation status. Although this effort was initiated by the problems found with the accuracy of SWD records, these improvements will benefit all students and schools for years to come. The District is to be commended for this accomplishment.

Disproportionate Identification and Placement of African American Students with an Emotional Disturbance

In 2003-2004, 4,106 students were identified with an emotional disturbance. Of these, 35.97% were African American students, resulting in a disproportionate representation of these students, which indicated that they were 4.28 times more likely to be identified with ED compared to students from all other race/ethnicities. This same year, African Americans made up approximately 39% of the 2,121 students with ED placed in NPSs, resulting in their disproportionate representation in these most segregated instructional settings.

The MCD charged the OIM to examine this problem and develop an outcome to address this disproportionality. The OIM designed a study to examine if differences existed in the referral and evaluation processes for students identified with ED. Although no differences were found in the review, these processes demonstrated considerable weaknesses that led to inconsistent and poor practices for students referred for an ED evaluation, often resulting in an identification with poor evaluations or little justification for the eligibility, with students lacking eligibility and exclusionary statements indicating how they met the criteria. The study also found that many of these students were not offered services such as counseling or behavior support plans. The process seemed driven by placement incentives into more segregated settings, often lacking parent participation at IEP meetings where identification and placement decisions were made. The findings brought into question many of the identifications' validity and appropriateness.

These findings set the basis for an outcome, which required schools to implement behavioral and instructional interventions prior to a referral, and a comprehensive evaluation, consistent with IDEA. A checklist was created to facilitate monitoring of these processes for all students newly referred for ED. The goal was to ensure that all students were appropriately identified, and afforded the safeguards within IDEA.

The District embraced this outcome by providing professional development, mandating the certification of the comprehensive evaluation requirements on a checklist in Welligent, creating peer review teams, and conducting

ongoing monitoring. It also required schools to have parents present for IEP meetings when their students were newly identified with ED.

By the end of the 2015-2016 school year, a total of 1,715 students were eligible with ED, a 58.2% decrease from 2003-2004. Identification rates for African American students decreased by 70.8% within this same timeframe, with a similar decrease (71.5%) in their representation at NPSs. Over this timeframe, the risk ratio for African American students decreased from 4.28 to 3.55. Although this is still considered disproportionate, it is a result and reflection of the District's high Latino population, and due to decreases in identification rates of all race/ethnicities. More important, the risk or probability of African American students being identified as ED, when compared within their same group, decreased from 1.67 to 0.78. This means that at the beginning of the MCD, 1.67 out of 100 African American students would be identified as ED, whereas today, this risk or probability is 0.78. This is a remarkable achievement considering that the District continues to refer students for ED evaluations, and has consistently achieved a high level of compliance with the comprehensive evaluation checklist as well as justifications for meeting the eligibility.

This model for ensuring that all students receive an equitable and consistent evaluation and identification process has been replicated by the District for students referred with speech and language impairments.

Improving Equitable Access and Opportunities for SWDs to Attend Schools of Choice (Magnet and Charter Schools)

During the 2008-2009 school year, 4,419 SWDs were enrolled at charter schools. This represented 7.6% of all students attending charters, and was considerably lower than the percentage of SWDs enrolled in District-operated schools (11.3%).

In the same year, the OIM conducted a pilot study to examine the impact charters had on compliance with the MCD. The study examined factors that might affect compliance, such as policies and procedures, lottery selection and enrollment processes, enrollment and program data, and program accessibility. The review found problems with the application and enrollment processes as well as with the District's oversight of these processes. The pilot study also found problems with program accessibility at the four schools reviewed, resulting in an expanded review of these processes and a subsequent two-year effort by all independent charters to improve program accessibility through facility improvements.

During the 2009-2010 school year, the District addressed many of the policy and procedural concerns raised in the pilot study. This included revision of the language in the application/petition documents to strengthen and clarify charter schools' obligations for complying with special education laws and the MCD. The District also developed a comprehensive procedural manual, further cementing the expectation that all charter schools comply with special education laws and the MCD. The procedural manual was approved by the Board on Education on August 31, 2010.

During the 2010-2011 school year, the Parents' Council raised concerns that charter schools were screening students by requiring parents to provide information regarding special education eligibility and services on the lottery application. In response, the OIM conducted a review of applications and enrollment forms of 178 charter schools and found that approximately half (49.43%) of the applications required parents to provide information related to the special education services their child received. Many schools even required that a copy of a student's IEP be included with the application. Based on the findings of the review, the District was advised to conduct a comprehensive review of these forms and determine their appropriateness and compliance with applicable education codes and antidiscrimination laws.

As a result of both of the OIM reviews, the Charter Schools Division (CSD) improved and elevated its monitoring of schools' application process to ensure that information regarding a student's special education eligibility was not required, as it could lead to the potential screening of students. The OIM also conducted annual reviews of the applications, resulting in the eventual eradication of this problem and implementation of a uniform application.

The CSD and DSE also required new charters, and those seeking renewals from the District, to include in their charter petition the population of SWDs and programs it would commit to offer to improve programmatic options and

thereby increase opportunities for these SWDs to attend charters. In response to the increased demand for monitoring compliance and need for technical assistance, the DSE created a charter school unit to provide this support to independent charters.

As of September 15, 2017, 12,808 SWDs are attending charter schools, representing 11.4% of those enrolled in these schools. This improvement has resulted in comparable rates of SWDs attending District-operated schools (12.7%).

During the 2010-2011 school year, the OIM conducted a study to examine the impact that magnet schools' performance had on MCD compliance. At this time, 2,236 SWDs were enrolled in magnet schools, consisting of 3.9% of the population, considerably below the percentage of students attending District-operated (nonmagnet) schools (11.6%).

The study revealed several areas in magnet schools' policies and procedures that appeared to violate federal and state laws pertaining to the education of SWDs. Most notable was the District's screening policy for SWDs selected for enrollment in magnets; its policies that all magnet students be required to participate in the magnet program for 50% of the day; and the policy that SWDs receiving services in separate classrooms were not eligible to participate in these programs. These policies were solely directed at SWDs and result in the exclusion of students through a "no-match list," thereby denying students equitable access to these schools of choice.

Within a few months, the District provided a comprehensive response to the study, outlining areas it would address to resolve these concerns. It quickly discontinued the policy and practice of the "no-match list." In addition, students who were placed on the list were contacted, and efforts were made to accommodate them at the magnets for which they applied, or place them at similarly themed magnets. The District also committed to ensuring that appropriate special education resources are available for SWDs at magnet programs through improved enrollment procedures and collaboration between the DSE and the Magnet Office.

As of June 30, 2017, 5,204 SWDs were enrolled at magnet schools, making up 6.51% of the population at these schools of choice. Although this continues to be considerably below the district average (12.67%), the number of magnet students has more than doubled in seven years. In addition, SWD applications have increased by 38.2%, while the percentage of those selected has gone from 31.2% (2010-2011) to 53.73%.

The District is to be commended for improving access and opportunities for SWDs at schools of choice. School officials from the CSD, DSE, Magnet Office, and OGC all embraced the findings of the OIM studies, and responded swiftly and persistently to end discriminatory policies and practices that limited educational opportunities for SWDs.

These three areas had many more problems, challenges, and efforts that resulted in organizational change and improvements, than could be included in summaries above. One common variable that contributed to the success in these areas was the sound research produced by the OIM. Through the examination of these processes' policies, procedures, and practices, weaknesses were identified, making it possible to find and focus on solutions. Although this research found many problems that made the District vulnerable to criticism, and in fact subject to ongoing criticism, ultimately, school officials responded in good faith and made the necessary organizational changes that led to these improvements. School officials, particularly those with programmatic decision-making authority, embraced the organizational failures and dedicated the necessary resources, as well as the organizational and political will, to make changes. These changes would not have happened without the collaborative efforts of school officials from various departments and OIM, focused leadership, and a high level of professionalism.

In addition to the three examples above, it is important to also recognize the improvements in: the integration of students in the LRE, including the integration of students in special education centers to general education campuses; the development of data systems for maintaining student records and monitoring compliance, including the Welligent IEP system and Service Tracking module, and MiSiS; and successful completion of 16 of the 18 MCD outcomes to date.

Disengagement Framework

The following framework outlines the District's requirements for enabling the IM to determine disengagement. Although this framework will likely remain constant, it is amendable as issues of noncompliance might arise, similar to those identified in the IEP investigation. The following reiterates the expectations for disengagement and gives a corresponding status update.

1. Program Accessibility/ADA Components

- a. Complete transition plans and program accessibility betterments within 10 years. There must be a firm commitment for funding of the proposed \$1.2 billion estimate. These commitments must be Board approved and are irrevocable.
 - i. The District has committed only \$600 million of the original \$1.295 billion estimate. The 10-year plan will address only one-third of its schools in this timeframe. While the Plan will result in credible improvements for ensuring programming accessibility, this will place a heavy reliance on operational solutions and RAP for improving program access at the many schools that will not be addressed in Phase 1.
 - ii. Although the District's new approach gives cause for optimism, it has systemic noncompliance problems with accessible main entrances and passenger loading zones. It is reasonable to expect plans addressing these two systemic issues that profoundly impact program accessibility, prior to disengagement.
- b. Complete a sufficient number of surveys to ensure institutional commitment of at least 150 schools with completed surveys and transition plans, with 50% of these schools having completed betterments.
 - i. To complete its surveys at 150 schools, the District delayed its previous schedule by one month, to January 31, 2018. It also revised the schedule for completing betterments at the 75 schools to 35 schools, by September 2019. It is unknown when the District will complete 75 schools as required. Surveys and betterments must align with the proper categories (1, 1a, 2, and 3) as assigned to each site.
- c. Establish a functioning RAP with ongoing commitment to fund requests and outreach to schools.
 - i. The poor documentation and reporting of the RAP process and completion times continue to be causes for concern. Although the District provided additional information on some of the enhancements to the RAP, the true test will be whether these renovations are completed within the newly proposed 21-day timeframe. There is nothing more critical than ensuring students have timely renovations that will provide equal access to programs and activities, accessibility features that enable them to safely use the toilet or be assisted with toileting, and/or accessibility features that promote students' independence and dignity.
 - ii. This is a critical component of a system that ensures substantial compliance and must be funded, effective, and responsive before disengagement from the MCD. RAP performance has been one of the most disappointing efforts of the MCD, and it is the hope that school officials with programmatic decision-making authority embrace past failures and focus on solutions to improve access and quality of educational opportunities to students, with transparency.

2. MiSiS

- a. A solution for integrating the full participation of charters
 - i. Progress noted. However, the timeline for implementation continues to be cause for concern.
- b. The full implementation of the Gradebook and Parent Portal (Passport)
 - i. Progress noted. Concerns remain with adherence to the schedule for the implementation of the Gradebook and Parent Portal.
- c. A commitment to comprehensive training
 - i. Progress noted.
- d. Ad hoc reporting
 - i. Progress noted
 - ii. The relatively simple English-language-based reporting tools in the legacy systems have been replaced by a comprehensive enterprise reporting environment with vastly more capable tools. These

tools, however, are also much more complex to understand and use, and require long-term commitments to training and support.

- e. A commitment to system sustainability with a long-range financial and management plan
 - i. Concerns remain about the sustainability of MiSiS with a long-range financial and management plan.
3. Substantial Compliance – Elements of the Framework
- a. Data system capable of monitoring key compliance and performance indicators at the District and school levels
 - i. Progress noted.
 - b. Process for monitoring special education compliance and performance at the school level
 - i. Progress noted.
 - c. Process for receiving and resolving compliance complaints
 - i. Progress limited. The District must reconcile the two-tiered process for categorizing calls, which results in some complaints being resolved without a lawful response.
 - d. Complaint management system that demonstrates integrity and a basic posture of advocacy on behalf of students (The system must have a thorough, objective, and responsive investigation process.)
 - i. Progress limited. The District must reconcile the two-tiered process for categorizing calls, which results in some complaints being resolved without a lawful response.
 - e. Process for resolving IEP disputes
 - i. The OIM will assess upon the District's submission of relevant materials.
 - f. Management and administrative structure with authority to monitor and enforce compliance
 - i. The OIM will assess upon the District's submission of relevant materials.
4. Outcome 13: Delivery of Services
- a. Address all factors that might contribute to the inability to provide services. This must be a transparent and exhaustive good-faith effort to remediate factors that prevent providers from delivering services.
 - i. Progress noted. Most notably, the District continues to expand its capacity to monitor service delivery and report on noncompliance. Although the District appears to be working on procedures for addressing uncovered schools, including communication to parents, nothing has yet been submitted to and/or verified by the OIM.
 - ii. The Parties are actively exploring potential alternative measures for Outcome 13; however, the most recent survey and focus groups/interviews highlighted systemic weaknesses that impact service delivery, which should be addressed.
 - b. Leadership must be engaged and focused on finding solutions that support a provider's caseload and workload obligations.
 - i. The survey and focus groups/interviews noted areas of concern and one area of improvement that impact providers' ability to meet their caseload and workload obligations. The first concern regards providers who take a leave of absence for illness or maternity. These providers are typically required to complete all of their services despite their leaves, resulting in students receiving a disproportionate number of sessions either before or after the individual's leave. This also results in a higher demand of the provider's time when they are available, and it is unclear how all of their service obligations are met given the high caseloads. The second concern has to do with the District's expansion of its service delivery model for students or groups of students who do not have the related service specified on their IEPs, which in many instances, is a service provided as a form of early intervention or as part of a particular program. For instance, providers assigned to sites with PALs classrooms must dedicate two hours a week per class, which does not count toward the provider's caseload. These services are delivered to a number of students and are not documented in Welligent Service Tracking logs. While early intervention programs are commendable, the District must be careful not to increase the already high demands on providers without additional supports.
 - ii. The District has taken great efforts to establish a substitute pool for speech and language providers and has also hired a considerable number of SLPAs to reduce caseloads and workloads. These efforts are commendable and were noted to have had a positive impact on providers.
 - c. Demonstrate the ability to allocate resources to support schools and providers to ensure service provision.

- i. The survey and focus groups/interviews noted several areas of concern regarding those without the authority to allocate resources (such as creating provider's assignments, or supporting caseloads or workloads) who were being held accountable for compliance with service delivery. This issue results in systemic limitations for responding to and remediating instances of noncompliance, and was particularly prevalent for RSP and BII services, which are under control of school sites.
5. Substantial Compliance
 - a. Meet the standards set forth in the Substantial Compliance Framework.
 - i. Some progress noted. The OIM will continue to work with the District to finalize the requirements of Elements I and II.
 - b. Resolve the problem with graduation and completion data inaccuracies.
 - i. Progress noted. The District has done a commendable job resolving the problem with the graduation standards.
 - c. Establish training initiatives to improve school and parent communication and collaboration at IEP meetings.
 - i. Status unknown.

CONCLUSION

This report has documented the District's progress in meeting three outstanding components of the MCD: Outcome 13, Sections 10 and 17 (making schools, services, programs, and activities accessible), and substantial compliance. It also includes updates on Outcome 10: Timely Completion of Evaluations, Outcome 16: Increase in Qualified Providers, MiSiS, schools of choice, the complaint management system/CRU, and the spring annual hearing as well as progress on disengagement. Outcome 13: Delivery of Services and Outcome 16: Increase in Qualified Providers remain unmet.

The lack of progress on Outcome 13 continues to demonstrate that meeting the targets as currently constructed is very unlikely. Despite the significant resources dedicated to improve the service delivery monitoring mechanisms, the District has yielded minimal measurable progress toward meeting the duration measure of the outcome for the past several years. The IM is encouraged by the Parties' collaborative discussion on establishing an alternative measure, yet disappointed by the District's lack of urgency. As previously stated, a suitable alternative should aim to improve service delivery to students and require the District to identify and remedy issues of noncompliance in a timely manner. The Parties are encouraged to find an alternative measure for Outcome 13 no later than the end of December 2017.

The shortage of qualified teachers and related service providers continues to be a cause for concern that has direct impact on substantial compliance and service delivery. The District is no longer meeting Outcome 16. The IM expects to be kept informed of the District's recruitment plan and anticipated shortages during the 2017-2018 school year.

Some progress with the obligations of Sections 10 and 17, which address accessible schools and ADA compliance, has been made since the previous annual report. The District now has an ADA Compliance Manager, and has obtained public input on its most recent (6th) version of the Districtwide Transition Plan. On October 17, 2017, the Board of Education adopted the Districtwide Transition Plan, paving the way for full implementation.

Although there is cause for optimism with the District's new approach, which appears to provide a viable path for improving program accessibility and compliance with the ADA and Section 504, there are outstanding questions and concerns regarding the specifics for implementing operational solutions and RAP. In addition, there are questions regarding the policies, procedures, and trainings to support the Plan's efforts, which the District has yet to provide.

Despite some progress, the OGC once again appears to be unnecessarily contentious with the understanding of the MCD's requirements and IM's authority. Most troubling is the OGC's comment regarding the OIM's conclusions of systemic noncompliance based on District data, stating that such conclusions would deter or deinceivize the District from being transparent about current issues. It is unclear if this belief is also shared by other senior officials

such as the Superintendent, Chief of the Facilities Services Division, Associate Superintendent of Special Education, and the ADA Compliance Manager.

The District reports having implemented the actions of its plan to improve changing conditions at PALs programs. The OIM will visit schools to observe these improvements and provide an update by the end of December 2017.

The District now has a Board-approved Districtwide Transition Plan. It is time for the District to demonstrate quality implementation of the Plan, the capacity to conduct consistent and comprehensive surveys at 150 schools, completion of betterments that comply with ADA and Title 24 at 75 sites, and the development of plans to address issues of systemic noncompliance regarding main entrances and PLZs.

The District continues to demonstrate a stable MiSiS while developing enhancements and new initiatives. Although challenges still exist, MiSiS leadership has continued to demonstrate good-faith efforts and transparency with the outstanding work. Concerns regarding the implementation of the Gradebook, Parent Portal, and charter schools' integration remain; however, these are primarily due to meeting the timeframes proposed, and not a lack of organizational will of the MiSiS team and leadership.

An effective complaint management system is critical for ensuring a system capable of identifying and remediating noncompliance. The District made no progress in the addressing the issues raised in the OIM's 2016 study. Days before the release of this report, the District presented the Parties a new staffing plan, which will be discussed and commented on in the near future. It is important to remind the District that the 2016 study found many positives and improvements in the CRU and SFSS staff procedures and performance in processing calls and complaints. Many of the weaknesses can be resolved through management decisions and adherence to the *Policies and Procedures Manuals*. The challenges for ensuring an effective and credible complaint management system are by no means insurmountable.

The District has made progress on Elements I and II of the Substantial Compliance Framework. The OIM will continue to work with the District to move forward with these and the rest of the requirements.

The District did not make progress with more of the corrective actions from the IEP Complaint Investigation. However, the remaining items can be easily resolved through collaboration and transparency. Again, the corrective actions aim to change the culture of IEP teams to ensure that families are equal members of the team and that IEP teams are authorized to determine the appropriate services for SWDs.

Disengagement is within the District's reach and control. While this statement has been made in past reports, the District now has a Board-approved Districtwide Transition Plan, MiSiS is stable and providing schools with the necessary tools and functions to monitor and address noncompliance, and the Parties have been developing an alternative measure for Outcome 13. The IM is hopeful that the 2017-2018 school year will continue to build on this progress and remain productive through collaboration, transparency, and a joint commitment to completing the remaining obligations of the MCD that will lead to disengagement and, more important, to improved access and educational outcomes for SWDs.

Essential Accountability Provisions of the MCD

First, the IM is required to monitor the District's performance until all outcomes are met. Thus, it is expected that the District will maintain or improve its performance on outcomes that have already been met.

Second, the IM is required to issue periodic progress reports on the outcomes. As data becomes available, the IM will report on the District's performance on specific outcomes. These reports will contain, when appropriate, the schools not making adequate progress and the individuals responsible.

Third, the MCD authorizes the IM to increase the outcome measure in the event an outcome was not achieved by June 30, 2006, and its achievement was delayed by more than six months.

Section 8 states that the chief administrator of special education has the authority to direct District staff as necessary to correct noncompliance with special education laws and regulations or prevent any such noncompliance. Although efforts and responsibilities to comply with the MCD might be bestowed on numerous personnel, the chief administrator of special education is ultimately accountable for compliance with the MCD and applicable laws. This authority will be instrumental in the establishment of an effective system that ensures substantial compliance.

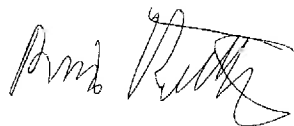
ACKNOWLEDGMENTS

The IM commends both the District and Plaintiffs for the constructive and positive manner in which they have worked together in the process of implementing the MCD. Agreement is not always possible in such a broad and significant undertaking. However, the Parties have consistently demonstrated both the desire and ability to reach appropriate resolutions.

Although all outcomes have not been met, the IM wishes to commend the many individuals in the District who worked diligently to achieve the outcomes that have been met and the progress that has been made.

Recognition must also be given to the OIM staff, research assistants, consultants, and researchers who diligently gathered and analyzed data and reviewed documents to ensure the validity of our determinations. Their professionalism and dedication are greatly appreciated.

Sincerely,



David Rostetter

C: Hon. Judge Ronald Lew, Robert Myers, Catherine Blakemore, David Holmquist,
Beth Kauffman, Deneen Evans Cox, Brigitte Ammons

Table A

#	Outcome		Status 6/30/17	Outcome Determination Status	Outcome Target	Outcome Met
1	Participation in the (Smarter Balanced and alternate assessment) Statewide Assessment Program	English/Language Arts/Math	94.0%	85.2%	75%	Yes 6/30/06
		Comparable to Non-Disabled	96.6%	95.0%	95%	
2	Performance in the (Smarter Balanced and alternate assessment) Statewide Assessment Program – Met or Exceeded Standards	English/Language Arts	7.97%			Yes 6/30/11
		Math	6.44%			
	Performance in the (Smarter Balanced and alternate assessment) Statewide Assessment Program -- Nearly Met, Met, Exceeded Standards	English/Language Arts	22.22%			
		Math	19.47%			
3	Increase Graduation Rate		76.48%	55.98%	39.79%	
4	Increase Completion Rate/Reduce Drop-Out		75.7%	72.4%	76.3%	Yes by Stipulation of the Parties 9/14/12
5	Reduce Suspensions of Student with Disabilities		1.28%	7.6%	8.6%	Yes 6/30/09
6	Increase Placement of Students with Specific Learning Disabilities (SLDs) and Speech and Language Impairment (SLI) in the Least Restrictive Environment		86.9%	73.7%	73%	Yes 6/30/06
7	Part 1: Placement of Students at Special Education Centers		868	53.38%	33%	Yes 6/30/15
	Part 2: Students at Co-Located Sites Will Participate 12% of the Instructional Day with Their Non-Disabled Peers		133	23.30%	12%	
8a	Increase Home School Placement: SLI/SLD		93.9%	92.7%	92.9%	Yes by Stipulation of the Parties 9/16/08
8b	Increase Home School Placement: All Other Disabilities	Grade K	58.7%	59.1%	65%	
		Grade 6	73.1%	65.0%	65%	
		Grade 9	71.9%	60.0%	60%	
8c	Increase Home School Placement: All Other Disabilities	Grades 1-5	62.8%	58.8%	62.0%	
		Grades 7-8	72.8%	60.3%	55.2%	
		Grades 10-PG	58.4%	41.4%	36.4%	
9	Individual Transition Plan in IEP (14 years and above)		99.99%	99.8%	98%	Yes 6/30/06
10	Timely Completion of Initial Special Education Evaluations	60 Days	89.2%	90%	90%	Yes 6/30/08
		75 Days	95.0%	96%	95%	
		90 Days	97.0%	98%	98%	

Table A

#	Outcome		Current Status 6/30/16	Outcome Determination Status	Outcome Target	Outcome Met
11	Response Time to Parent Complaints	5 Days	70.9%	54%	25%	Yes 6/30/06
		10 Days	85.5%	82%	50%	
		20 Days	98.4%	97%	75%	
		30 Days	100%	99.9%	90%	
12	Informal Dispute Resolution Prior to Formal Due Process (within 20 days)		87%	75%	60%	Yes 6/30/06
13a	Delivery of Special Education Services	SLD Only	96.8%	96.8%	93%	No
		Other Disabilities	96.7%	96.7%	93%	
13b	Delivery of Special Education Services	Frequency (# of times)	86.9%	86.9%	85%	
		Duration (length)	71.8%	71.8%	85%	
14a	Increased Parent Participation (Attendance at IEP meetings)	Attendance	83.7%	82%	75%	Yes 2/1/08
14b	Increased Parent Participation (Attempts to convince parent to attend IEP)	Sufficient Attempts	NA	96%	95%	
15	Timely Completion of IEP Translations	30 Days	99.94%	96%	85%	Yes 6/30/07
		45 Days	99.98%	99%	95%	
		60 Days	99.99%	99%	98%	
16	Increase in Qualified Special Education		86.67%	88%	88%	Yes 7/15/08 Not disengaged
17	IEP Team Consideration of Behavior Support Plans for Autistic and Emotionally Disturbed Students	Autism	55.6%	61%	40%	Yes 6/30/06
		ED	99.9%	97%	72%	
18	Comprehensive Evaluation of African American Students Identified as Emotionally Disturbed	% Meeting Criteria	95.4%	81%	90%	Yes 6/30/10



Study to Measure the Delivery of Services in Accordance with the Individualized Education Programs of Students with Disabilities: Year 14 (2016-17)

Submitted to:

Office of the Independent Monitor
333 S. Beaudry Avenue
Los Angeles, CA 90017

Submitted by:

Jenifer Harr-Robins, Ph.D.
American Institutes for Research

Table of Contents

Introduction	1
Section I: MCD Study Results.....	3
<i>Was there evidence of at least one incident of provision for each service specified in the student's IEP over an 8-week/2-month period?</i>	3
<i>Were services provided at the frequency and duration required by the IEP?</i>	6
Section II: Exploratory Analyses of Records that Missed Frequency and Duration	9
Summary	12
Appendix A: Population Estimates and Statistical Confidence Intervals	13
Appendix B: Estimates for Years 2-14	17

Introduction

AIR's report to the Office of the Independent Monitor (OIM) presents the results from the Year 14 (2016-17) study to measure whether the Los Angeles Unified School District (LAUSD) met the goals of Outcome #13 of the Modified Consent Decree (MCD). Established in 2003, the OIM is the oversight agency of LAUSD's special education program and is responsible for determining whether LAUSD meets compliance with the MCD. Outcome #13 of the MCD states that LAUSD must provide evidence that at least 93% of special education services required by students' Individualized Education Programs (IEPs) were delivered. In addition, 85% of the services must meet the frequency and duration specified in the IEPs.

The study addressed the following three questions:

- (1) Was there evidence of at least one incident of provision for each service specified in the student's IEP over an 8-week/2-month period?¹
- (2) Were student services meeting the criterion specified in Question 1 (i.e., the subset of student services for which there was evidence of at least one incident of valid service provision) provided at the frequency (i.e., the number of times) stated on the IEP?
- (3) Were student services meeting the criterion specified in Question 1 provided for the duration (i.e., the amount of time) stated on the IEP?

For the first question, the outcome examines two student groups: all disabilities combined excluding Specific Learning Disability (SLD) and SLD individually.² The second and third questions examine all disabilities combined.

Using an electronic log system, providers in LAUSD document the delivery of special education services, including the date, duration, and status of each session, to individual students. This study compares the requirements recorded on the students' IEPs to information on these provider logs to address the above questions. To answer the first question, AIR estimated the percentage of services for which at least one valid session was documented on the submitted logs during an 8-week/2-month period between January and March 2017.³ For the frequency and duration questions, AIR compared

¹ An 8-week timeline was used for services occurring on a weekly basis. A full 2-month timeline was used for monthly services to ensure enough time to capture the provision of at least two service sessions.

² Starting with Year 2, the MCD required LAUSD to disaggregate the evidence of service delivery results for the population excluding SLD and for SLD only. Because students with SLD comprise the majority of the special education population, the OIM considered it important to consider this population separately.

³ LAUSD's Office of Data and Accountability developed extensive rules for coding the log information, subject to approval by the OIM, to determine if a given service session was considered as valid, thereby constituting evidence of service provision.

the IEP requirements for services (for which there was at least one incident of valid service) to the actual frequency and duration shown on the logs over an 8-week/2-month period.⁴

As noted, this is the 14th year in which this study has been conducted. In the first year of study, AIR entered information from the sampled logs and IEPs into a database and analyzed the data in accordance with an initial set of coding rules. In Years 2-5, LAUSD's Office of Data and Accountability compared the IEP-log information by hand, using coding rules that were modified and supplemented by the Office of Data and Accountability in consultation with the OIM. Because the information needed to conduct the analyses were available in electronic form in Years 6-14, AIR created a computer program to analyze the data, which attempted to follow as closely as possible the rules used for the hand-coding process used in Year 5. Prior to Year 13, the coding rules provided credit for service sessions that did not occur for certain reasons (for example, the provider being absent due to illness within a given time period). However, because LAUSD changed the documentation for cancelled sessions that eliminated the description of the reasons for the cancellation, AIR was not able to implement some of the rules that provided credit in this and last years' analyses.

For this year's study (2016-17), the Office of Data and Accountability provided AIR with databases containing IEPs for 4,855 students in special education in the district and their corresponding provider log information, if available. The Office of Data and Accountability staff hand-coded approximately 185 service records because certain school calendars did not align with the track periods selected for the study or had additional holidays not captured by the computer program.⁵ Using these databases and the hand-coded records, the final results for the evidence of service analysis included 7,186 services for 4,267 of the students in this sample.⁶

The results of the current study are described in Section I of this report. To further understand service patterns and help identify areas for possible improvement, AIR also conducted exploratory analyses of selected service records that did not meet the frequency or duration requirements (Section II).

⁴ The specific 8-week/2-month period used in this study for each student was determined by the student's school track calendar. Services reported as weekly in the IEP were analyzed across eight weeks, while two full months were used for monthly services.

⁵ Hand coding was necessary for charter schools, because they set their own calendars and do not consistently have the same standard holidays as non-charter schools.

⁶ The sample of students included in the service estimates ($n = 4,267$) is substantially smaller than the sample that LAUSD's Office of Data and Accountability provided to AIR ($n = 4,855$). In accordance with the coding rules, 588 students were dropped due to reasons such as the student leaving the district, exiting special education, attending a non-public school, or students whose only service was yearly, or whose only service ended before or during the selected track period, started after the track period, or changed during the track period.

Section I: MCD Study Results

Was there evidence of at least one incident of provision for each service specified in the student's IEP over an 8-week/2-month period?

Based on provider logs for the first group of students included in this analysis (i.e., those with categories of disability other than SLD), we found evidence that 97% of the special education services required by IEPs district-wide during the 2016-17 school year were provided at least once during an 8-week/2-month period of analysis.⁷ This population estimate represents services for students in all disability categories (except SLD) district-wide whose IEPs required at least one special education service.⁸ For the sample of students with SLD whose IEPs required at least one special education service, we found that this population of students also had 97% of their required services provided at least once during an 8-week/2-month period. Figure 1 illustrates the percentages of services for which there was evidence of at least one instance of provision by disability category. Figure 2 shows this information by service category across all disability categories combined.

Because these figures are based on a sample of students and not the entire population, we estimated confidence intervals at the 95% level to specify the precision of the service estimates presented above. For the first group of students specified for this outcome (all special education students excluding SLD), these analyses show that with 95% confidence the true service delivery rate for this sub-population falls between 96.1% and 97.3%. For students with SLD, for which the MCD outcome goal is also specified at 93%, we can predict with 95% confidence that the true estimate of provision falls between 95.7% and 97.9%.⁹ Therefore, the confidence intervals for both groups of students are above the MCD outcome goal of 93%.

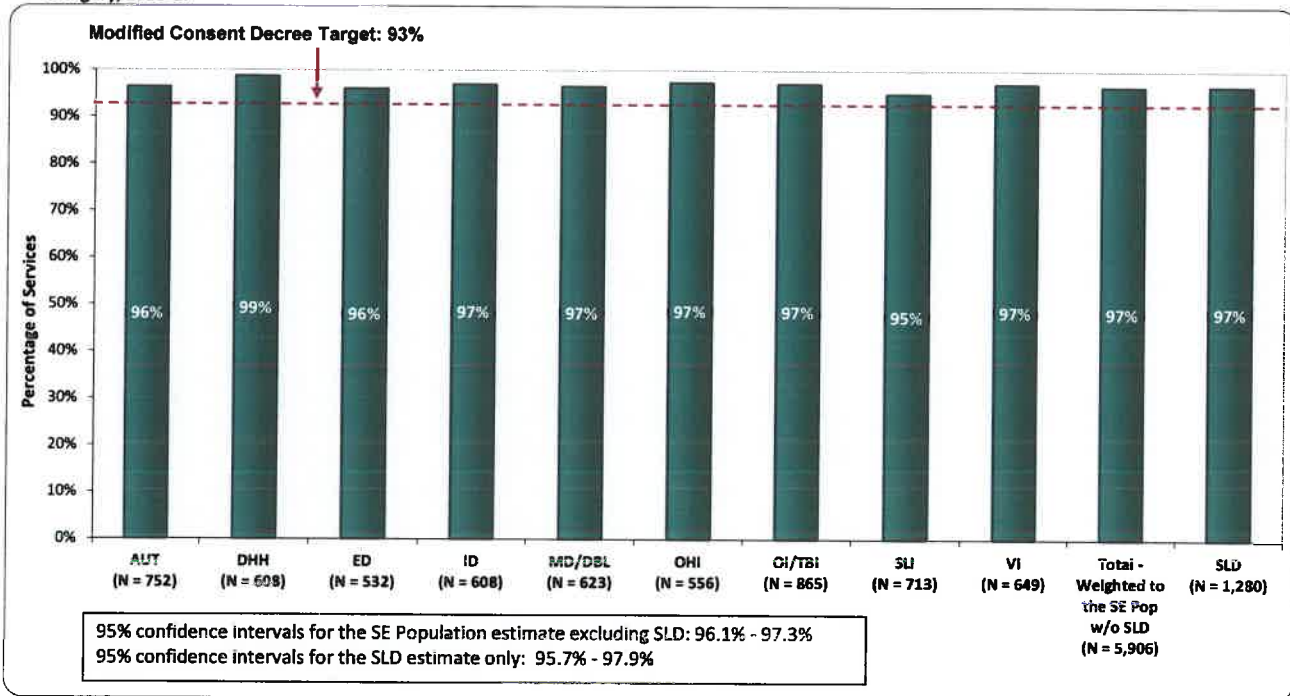
Across the individual disability categories, the estimate of service delivery ranged from 95% for students with Speech/Language Impairment (SLI) to 99% for students who are Deaf/Hard of Hearing. By service category, the percentages varied from 93% for Non-Public Agency (NPA) services to 99% for Adapted Physical Education services.

⁷ This is a population estimate based on the probability weights for each disability category, excluding SLD. Please see Appendix A for more details. The population estimate represents students whose IEPs required at least one special education service according to data provided by the Information Technology Division.

⁸ The population estimate for evidence of service delivery represents only those students (excluding SLD) who had a service code in the data.

⁹ OIM also requested separate service delivery analyses for charter schools based on the students in the sample. For charter schools, we found evidence that 97% of special education services required by IEPs were provided at least once during an 8-week/2-month period, excluding students with SLD (with confidence intervals of 95.9% and 98.5%). For students with SLD in charter schools, we found evidence that 97% of their required services were provided at least once (with confidence intervals of 94.6% and 99.0%).

Figure 1. Percentage of services for which there was evidence of at least one incident of service provision during an 8-week/2-month period, by disability category, 2016-17

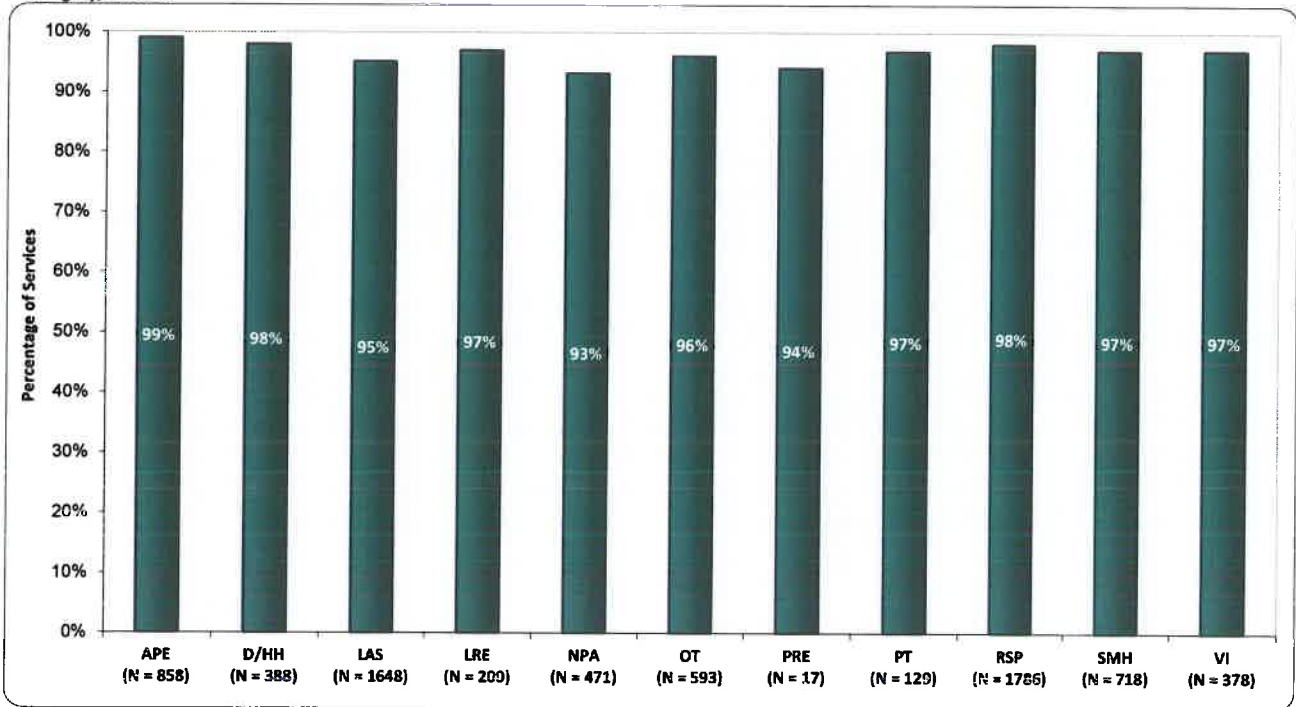


Note 1: The population estimate represents the population of students in special education district-wide (excluding students with Specific Learning Disabilities) whose IEPs required at least one special education service as reported in data provided by the Information Technology Division.

Note 2: The numbers (N) shown underneath the disability categories represent the total number of services analyzed for that category. For example, we found evidence of service provision for 96% of the 752 services required for the sampled students with Autism.

Abbreviations: AUT (Autism); DHH (Deaf/Hard of Hearing); ED (Emotional Disturbance); ID (Intellectual Disability); MD/DBL (Multiple Disabilities/Deaf-Blindness); OHI (Other Health Impairment); OI/TBI (Orthopedic Impairment/Traumatic Brain Injury); SE (Special Education); SLD (Specific Learning Disability); SLI (Speech/Language Impairment); VI (Visual Impairment).

Figure 2. Percentage of services for which there was evidence of at least one incident of service provision during an 8-week/2-month period, by service category, 2016-17



Note 1: These percentages include all disability categories receiving those particular services, including students with Specific Learning Disability.

Note 2: The numbers (N) shown underneath the service categories represent the total number of services analyzed for that category. For example, we found evidence of service provision for 99% of the 858 Adapted Physical Education (APE) services required for the sampled students.

Abbreviations: APE (Adapted Physical Education); D/HH (Deaf/Hard of Hearing Itinerant Service); LAS (Language & Speech); LRE (Least Restrictive Environment Itinerant Service); NPA (Non-Public Agency); OT (Occupational Therapy); PRE (Pre-School); PT (Physical Therapy); RSP (Resource Specialist); SMH (School Mental Health); VI (Visual Impairment Itinerant Service).

Were services provided at the frequency and duration required by the IEP?

A second component of this study examined whether the special education services for which there was evidence of at least one incident of provision over the 8-week/2-month period were provided at the frequency (e.g., 2 times a week) and the duration (e.g., 30 minutes per week) documented in the IEPs. As mentioned above, the MCD outcome goal specifies that 85% of services must meet the frequency and duration stated in the IEPs.

For frequency and duration, the outcome examined all disabilities combined, including SLD. Of services with evidence of service (Question 1), AIR estimates that 87% met the frequency requirement stated in the IEP, with confidence intervals of 85.8% and 87.9%.¹⁰ For duration, 72% of services met the IEP specifications, with the confidence intervals ranging from 70.4% to 73.2%, well below the outcome goal.¹¹

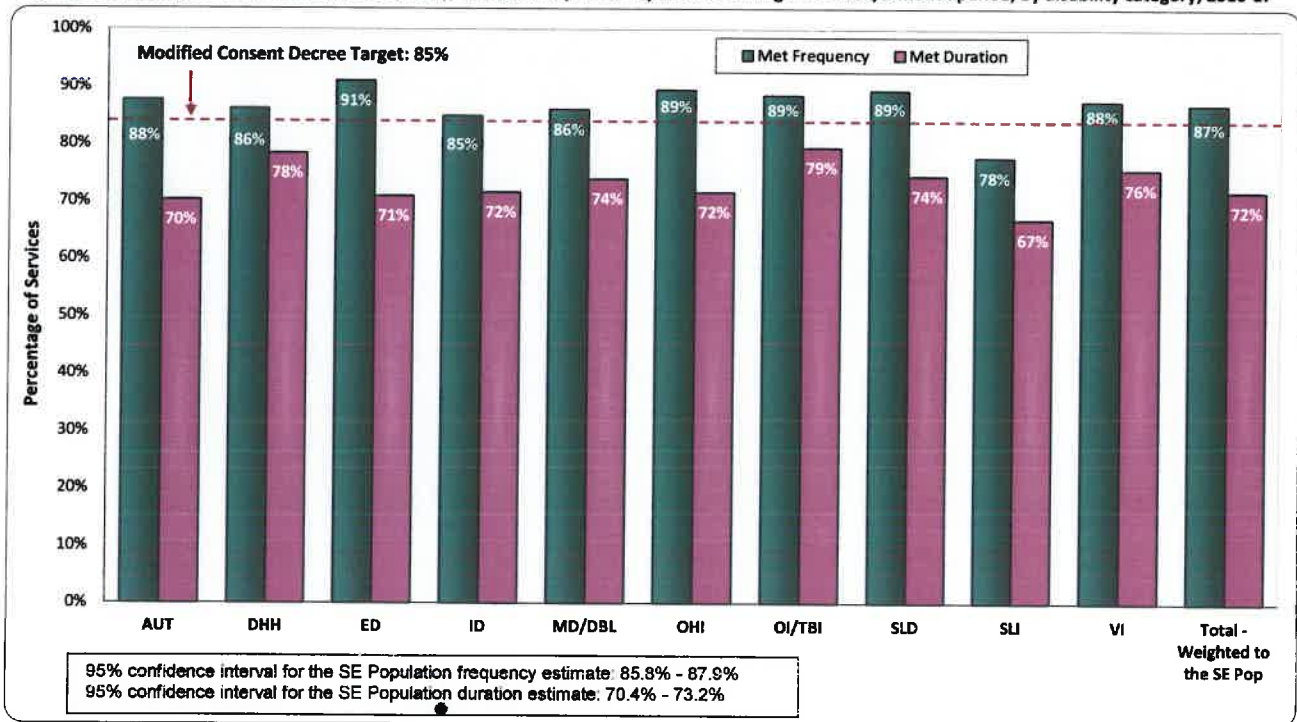
Figure 3 presents this information on frequency and duration by disability category. Figure 4 depicts these data by service type. By disability category, estimates for meeting the IEP frequency ranged from 78% for students with SLI to 91% for students with Emotional Disturbance. Duration rates ranged from 67% for students with SLI to 79% for students with Orthopedic Impairment or Traumatic Brain Injury. By service category, frequency estimates ranged from 76% for Occupational Therapy to 95% for Least Restrictive Environment (LRE) services. Duration estimates ranged from 47% for NPA to 90% for LRE and Physical Therapy services.¹²

¹⁰ Note that approximately 70% of services other than RSP in the sample had frequencies of 1-5 or 1-10 in the IEPs. In determining the required frequency for the study period, the coding rules used the lowest number in the ranges. This means that services with frequencies of 1-5 or 1-10 would need only to be provided once during the specified interval (e.g., weekly) in order to meet the frequency.

¹¹ The frequency and duration population estimates represent students whose IEPs required at least one special education service, according to the data provided by the Information Technology Division, and includes students with SLD. OIM also requested separate service delivery analyses for charter schools, based on students in the sample. For charter schools, we found that 87% of services for which we received logs met the frequency requirements (with confidence intervals of 84.7% and 89.3%), while 72% met the IEP specifications for duration (with confidence intervals of 69.4% and 75.5%).

¹² NPA services generally have larger duration amounts specified in the IEPs in relation to other services. Half of the sampled NPA services had specified duration amounts of 1,800 or more minutes per week.

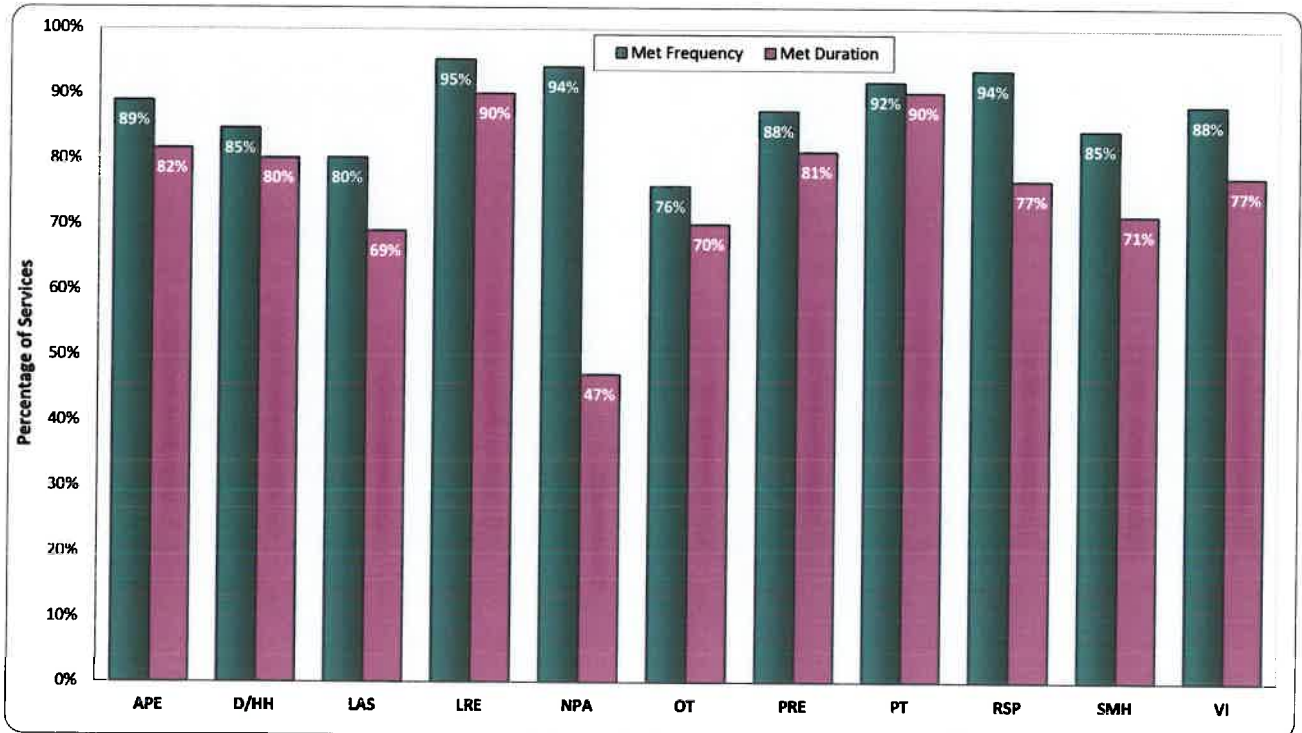
Figure 3. Percentage of services that met frequency/duration as specified by the IEPs during an 8-week/2-month period, by disability category, 2016-17



Note: The population estimate represents the population of students in special education district-wide whose IEPs required at least one special education service, according to data provided by the Information Technology Division, and includes students with Specific Learning Disability.

Please see Appendix B for the number of service observations included in the frequency and duration analyses. Abbreviations: AUT (Autism); DHH (Deaf/Hard of Hearing); ED (Emotional Disturbance); ID (Intellectual Disability); MD/DBL (Multiple Disabilities/Deaf-Blindness); OHI (Other Health Impairment); OI/TBI (Orthopedic Impairment/Traumatic Brain Injury); SE (Special Education); SLD (Specific Learning Disability); SLI (Speech/Language Impairment); VI (Visual Impairment).

Figure 4. Percentage of services that met frequency/duration as specified by the IEPs during an 8-week/2-month period, by service category, 2016-17



Note: These percentages include all disability categories receiving those particular services, including students with Specific Learning Disability. Please see Appendix B for the number of service observations included in the frequency and duration analyses. Abbreviations: APE (Adapted Physical Education); D/HH (Deaf/Hard of Hearing Itinerant Service); LAS (Language & Speech); LRE (Least Restrictive Environment Itinerant Service); NPA (Non-Public Agency); OT (Occupational Therapy); PRE (Pre-School); PT (Physical Therapy); RSP (Resource Specialist); SMH (School Mental Health); VI (Visual Impairment Itinerant Service).

Section II: Exploratory Analyses of Records that Missed Frequency and Duration

There has been a pattern of LAUSD not meeting the frequency outcome set by the MCD in previous years, and in all 13 years of the study, LAUSD has not met the duration outcome. To help inform and improve future service delivery efforts, the OIM was interested in better understanding services that missed the IEP frequency and duration requirements.

Among the 6,832 service records that had evidence of at least one incident of service and for which AIR analyzed for frequency in Year 14, 5,940 met the frequency requirements while 892 did not.¹³ Table 1 shows the percentage of services that missed the required frequency by only one session, which varied from 22% for Resource Specialist Program (RSP) services to 70% for Deaf/Hard of Hearing and Physical Therapy services. In other words, 78% of the RSP services that missed frequency missed the requirement by more than one session. Overall, nearly half of all services that missed the required frequency (438 of 892) did so by *more than one session*.

For the duration analysis, 4,992 service records met the IEP duration requirements and 1,797 did not. As shown in Table 1, the percentage of services that missed the required duration for only one session ranged from 17% for RSP to 67% for Physical Therapy services.¹⁴ Among services that did not meet duration, 60% (1,073 of 1,797) missed the required duration by *more than one session*.

To understand the impact of missing the required frequency and duration by only one session, AIR re-calculated the population estimates assuming that an additional session had been provided. If an additional session had been provided for services that missed the required frequency or duration, the population estimate would have improved from 87% to 93% for frequency and from 72% to 82% for duration.

¹³ The numbers in this section differ from the student sample size reported earlier because these numbers are the count of services, and not students. A single student could have multiple services.

¹⁴ For each service observation, AIR estimated the most common duration amount per session across the 8-week/2-month period to determine if a service missed the IEP duration requirement by a single session.

Table 1. Number and percentage of services that missed frequency and duration by one session, by service category, 2016-17

Service category	Total N that missed frequency	N that missed frequency by one session	% of services that missed frequency by one session	Total N that missed duration	N that missed duration by one session ¹	% of services that missed duration by one session
Adapted Physical Education	93	55	59%	154	75	49%
Deaf/Hard of Hearing	57	40	70%	74	48	65%
Language and Speech	303	170	56%	472	232	49%
Least Restrictive Environment	*	*	*	19	12	63%
Non-Public Agency	25	6	24%	227	58	26%
Occupational Therapy	137	69	50%	170	84	49%
Physical Therapy	10	7	70%	12	8	67%
Pre-School	*	*	*	*	*	*
Resource Specialist Program	108	24	22%	390	66	17%
School Mental Health	106	50	47%	195	93	48%
Visual Impairment	42	24	57%	81	46	57%
Total²	892	454	51%	1,797	724	40%
N and % of services that missed by more than one session		438	49%		1,073	60%

¹ To determine the duration amount of the missing sessions, the analysis used the most frequent duration amount listed across all sessions on the log for that particular service, for each student. The analysis then added that duration amount to the total provided duration amount to estimate the number of services that met the duration requirement after this addition. For example, 75 APE services newly met the duration requirement after adding the minutes of a single session to the total provided duration amount.

² The total row includes Least Restrictive Environment and Pre-school services; individual information for these services was suppressed due to the low number of observations.

* Suppressed due to low number of observations.

Table 2 provides more detail on the degree by which services missed the required frequency. For this examination, AIR focused on the most common frequencies across an 8-week/2-month study period: 8 times (n = 597 records) and 16 times (n = 93).¹⁵ Please note that the percentages in Table 2 are based on the number of services that did not meet the IEP requirements for frequency, not the entire number of services analyzed. Of those that missed frequency, half (50.4%) of once weekly services (i.e., 8 times across 8 weeks) and over a quarter (26.9%) of twice weekly services (i.e., 16 times across 8 weeks) missed the required frequency by one session. However, a sizeable percentage – 18.6% of once weekly services and 25.8% of twice weekly services – was provided at *half or less* of the required frequency.

¹⁵ A frequency of two across two months was the second most common among services that missed IEP requirements for frequency (100 of 892); all of those records missed the required amount by one session.

Table 2. Distribution of frequency provided for services that missed required frequency of 8 and 16 times across 8-week/2-month period, 2016-17

Services that required 8 sessions across 8-week/2-month period and did not meet frequency			Services that required 16 sessions across 8-week/2-month period and did not meet frequency		
N of sessions provided	N of services	% of services	N of sessions provided	N of services	% of services
1	16	2.7%	1	1	1.1%
2	13	2.2%	2		0.0%
3	33	5.5%	3		0.0%
4	49	8.2%	4		0.0%
5	59	9.9%	5	4	4.3%
6	126	21.1%	6	6	6.5%
7	301	50.4%	7	3	3.2%
			8	10	10.8%
			9	6	6.5%
			10	7	7.5%
			11	3	3.2%
			12	8	8.6%
			13	10	10.8%
			14	10	10.8%
			15	25	26.9%
Total	597	100%	Total	93	100%

Similar patterns were found with the services missing the required duration. Table 3 presents the results for the two most commonly required duration amounts across an 8-week/2-month period among the 1,797 service records that did not meet duration: 240 minutes (n = 479 records) and 480 minutes (n = 308 records). The percentages in Table 3 reflect the percentages of services that did not meet the required duration. Half (50.3%) of services that missed the required duration of 240 minutes and 28.3% of services that missed the required duration of 480 minutes were provided within 30 minutes of the requirement. However, 15.2% of services requiring 240 minutes and 32.1% of services requiring 480 minutes across eight weeks were under the required amount by two or more hours.

Table 3. Distribution of duration provided for services that missed required duration of 240 and 480 minutes across 8-week/2-month period, 2016-17

For services requiring 240 minutes across 8-week/2-month period			
Minutes provided:	Under by:	N of services	% of services
211 - 239	29 minutes or less	62	12.9%
210	30 minutes	179	37.4%
181 - 209	31 - 59 minutes	31	6.5%
180	60 minutes	64	13.4%
151 - 179	61 - 89 minutes	22	4.6%
150	90 minutes	36	7.5%
121 - 149	91 - 119 minutes	12	2.5%
120	120 minutes	27	5.6%
Less than 120	121 minutes or more	46	9.6%
Total		479	100%
For services requiring 480 minutes across 8-week/2-month period			
Minutes provided:	Under by:	N of services	% of services
451 - 479	29 minutes or less	36	11.7%
450	30 minutes	51	16.6%
421 - 449	31 - 59 minutes	20	6.5%
420	60 minutes	62	20.1%
419 - 391	61 - 89 minutes	13	4.2%
390	90 minutes	16	5.2%
361 - 389	91 - 119 minutes	11	3.6%
360	120 minutes	28	9.1%
Less than 360	121 minutes or more	71	23.1%
Total		308	100%

Summary

In Year 14, the results show that LAUSD met the incident of service outcome of 93% with the provision of 97% of the services specified in the IEPs at least once during an 8-week/2-month period (and 97% for SLD only). The District also met the frequency target of 85%. With 72% of services meeting the required duration in Year 14, the District continues to fall short of the duration target of 85%. While additional analyses show many records are missing frequency and duration by the equivalent of one service session, they also showed that more than half of the services fell short of the IEP requirements by a larger margin.

Appendix A: Population Estimates and Statistical Confidence Intervals

Calculating Population Estimates

To derive estimates representative of the population of students in special education in the Los Angeles Unified School District (LAUSD), AIR assigned a weight to the evidence of service delivery, frequency, and duration estimates for each disability category.¹⁶ Table A-1 shows the population (Column A) and analytic sample size (Column B) of each disability category excluding Specific Learning Disability (SLD) for the evidence of service delivery analysis. The analytic sample is the number of students included in the estimates for “evidence of service” ($n = 3,267$, excluding SLD) – i.e., students for whom we expected a log during the study period. Column C shows the probability that each student with a particular disability had of being sampled. To calculate this probability, we divided the analytic sample size by the population size for each disability category. In the case of students with Intellectual Disability, for instance, each student had an 8.8% probability (Column C (i.e., $344 / 3,898$)) of being included in the analytic sample.

Column D presents the *probability weight*, which we calculated by dividing one by the probability of being included in the analytic sample. This weight reflects the number of students with the same disability category in the overall population represented by each student in the analytic sample. For example, each student with Intellectual Disability in the analytic sample represented approximately 11.3 students with this disability in the population. We then applied the weights to the individual percentages by disability category to derive an overall population estimate of 95%. Because SLD was examined separately for evidence of service delivery, we did not include it in generating the weighted population estimate for that analysis. We conducted similar weighting exercises to estimate population estimates for frequency and duration, which included all disability categories.

¹⁶ The population in this study is comprised of students in special education whose IEPs required at least one special education service and excluded students who did not have a disability code and students who attended non-public schools, who graduated or left LAUSD, or who were not three years old by September 30, 2016.

TABLE A-1

Probability and weights for evidence of service delivery population estimates (excluding SLD)

Disability category	Population ¹	Analytic Sample	Probability	Weight
	A	B	C	D
Autism	10,999	353	0.0321	31.2
Deaf/Hard of Hearing	1,307	327	0.2502	4.0
Emotional Disturbance	770	337	0.4377	2.3
Intellectual Disability	3,898	344	0.0883	11.3
Multiple Disabilities/Deaf-Blindness	1,151	275	0.2389	4.2
Other Health Impairment	8,484	354	0.0417	24.0
Orthopedic Impairment/ Traumatic Brain Injury	758	349	0.4604	2.2
Speech & Language Impairment	8,880	612	0.0689	14.5
Visual Impairment	352	316	0.8977	1.1
Total	36,599	3,267		

¹ The population in this study consists of students who appeared in data provided by the Information Technology Division as having a disability category and as receiving at least one special education service. Students with SLD are excluded from the weights for the evidence of service delivery analysis since they are examined separately.

Statistical Confidence Intervals

The estimated rates of service delivery, frequency, and duration discussed in this report are point estimates of the population rates. These are the best single estimates for summarizing the information contained in the sample. It is also possible to generate intervals around these point estimates. These intervals reflect the probability of containing the true population measure (e.g., the service delivery rate for the full population of students with disabilities in LAUSD). Intervals at the 95% confidence level mean that there is a 95% probability that the true population measure falls between the lower and upper interval.

In order to generate confidence intervals, it is necessary to know the statistical distribution of the variable under analysis. In the case of this study, the unit of analysis is a dichotomous variable. This means that the variable analyzed only takes two possible values (e.g., yes or no), indicating whether a given service was provided or not. The distribution of such dichotomous variables is called a *Bernoulli distribution*. At a level of 95%, the confidence intervals for these distributions are defined as:

$$\left[p - 1.96 \frac{\sqrt{p(1-p)}}{\sqrt{n}}, p + 1.96 \frac{\sqrt{p(1-p)}}{\sqrt{n}} \right]$$

(*p* represents the proportion of cases estimated). This means, that if 100 samples are drawn from the population of students with disabilities in LAUSD, in 95 of the cases, the true population rate will be contained in these confidence intervals. Note that these intervals use the Central Limit Theorem (CLT). CLT holds that the sampling distribution of the mean will approximate a normal distribution in large samples. This allows us to construct confidence intervals without knowing the specific distribution of the variable under analysis in

LAUSD, such as the probability of receiving services. As with any inference testing, as the sample size increases, the accuracy of the estimates improve and confidence intervals get smaller. Conversely, the smaller the sample size, the larger the confidence intervals must be to maintain the 95% confidence level. Table A-2 presents the confidence intervals for individual disability categories and the overall population estimates.

TABLE A-2

Statistical confidence intervals by disability category, 95% confidence level, 2016-17

Disability category	% of Services with Evidence of Log			% of Services that Met Frequency			% of Services that Met Duration		
	Lower Limit	Upper Limit		Lower Limit	Upper Limit		Lower Limit	Upper Limit	
Autism	94.5%	98.4%	96.4%	84.2%	91.2%	87.7%	65.3%	75.1%	70.2%
Deaf/Hard of Hearing	97.4%	99.9%	98.7%	82.4%	89.9%	86.2%	73.8%	82.8%	78.3%
Emotional Disturbance	94.0%	98.1%	96.1%	87.8%	94.0%	90.9%	66.0%	75.8%	70.9%
Intellectual Disability	95.2%	98.8%	97.0%	81.0%	88.7%	84.9%	66.7%	76.4%	71.6%
Multiple Disabilities/ Deaf-Blindness	94.5%	98.8%	96.6%	81.8%	90.1%	86.0%	68.7%	79.2%	73.9%
Other Health Impairment	95.8%	99.1%	97.5%	86.2%	92.7%	89.4%	66.8%	76.4%	71.6%
Orthopedic Impairment/Traumatic Brain injury	95.5%	98.9%	97.2%	85.1%	91.9%	88.5%	75.1%	83.7%	79.4%
Specific Learning Disability	95.7%	97.9%	96.8%	87.4%	91.3%	89.3%	71.6%	77.2%	74.4%
Speech & Language Impairment	93.4%	96.8%	95.1%	74.2%	81.1%	77.6%	63.0%	70.8%	66.9%
Visual Impairment	95.4%	99.0%	97.2%	83.8%	91.2%	87.5%	70.8%	80.4%	75.6%
Population Estimates (including SLD)	--	--	--	85.8%	87.9%	86.9%	70.4%	73.2%	71.8%
Population Estimates (excluding SLD)	96.1%	97.3%	96.7%	--	--	--	--	--	--

Appendix B: Estimates for Years 2-14¹⁷

TABLE B-1

Percentages of services for which there was evidence of service provision by disability category, 2004-05 to 2016-17

	2004-05		2005-06		2006-07		2007-08		2008-09		2009-10		2010-11	
	Year 2		Year 3		Year 4		Year 5		Year 6		Year 7		Year 8	
	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services
AUT	95%	528	87%	594	89%	704	91%	727	95%	771	95%	817	96%	679
DHH	95%	546	93%	524	90%	633	97%	622	96%	621	97%	664	97%	615
ED	81%	306	85%	355	80%	437	90%	400	94%	454	89%	495	83%	425
ID	96%	385	88%	457	87%	577	92%	564	95%	597	96%	615	97%	527
MD/DB	98%	432	93%	446	95%	656	95%	690	98%	707	97%	791	95%	462
OHI	84%	416	84%	424	81%	483	95%	539	93%	511	93%	525	90%	478
OI/TBI	93%	693	91%	740	89%	841	96%	893	97%	961	95%	981	95%	732
SLI	95%	338	78%	389	86%	459	91%	432	90%	928	95%	882	94%	807
VI	98%	630	96%	659	96%	751	98%	743	97%	756	99%	663	96%	593
Overall Population Estimate (w/o SLD)	93%		85%		87%		92%		94%		95%		95%	
SLD	73%	723	79%	744	74%	1,187	93%	1,251	91%	1,222	93%	1,271	91%	1,152

	2011-12		2012-13		2013-14		2014-15		2015-16		2016-17	
	Year 9		Year 10		Year 11		Year 12		Year 13		Year 14	
	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services
AUT	95%	632	99%	653	97%	631	98%	681	98%	650	99%	752
DHH	96%	589	98%	541	98%	541	98%	547	99%	509	99%	608
ED	85%	422	97%	427	88%	443	96%	498	96%	495	96%	532
ID	95%	508	98%	483	98%	468	99%	539	98%	519	97%	608
MD/DB	95%	486	96%	542	98%	496	97%	595	97%	541	97%	623
OHI	94%	493	98%	505	94%	419	98%	466	97%	461	97%	556
OI/TBI	95%	749	98%	737	98%	709	98%	803	95%	764	97%	865
SLI	91%	772	98%	715	97%	684	99%	688	99%	673	95%	713
VI	94%	618	99%	561	98%	596	99%	618	98%	572	97%	649
Overall Population Estimate (w/o SLD)	94%		98%		96%		98%		98%		97%	
SLD	94%	1,140	98%	1,126	96%	1,085	98%	1,106	97%	1,061	97%	1,280

Note: In Years 8 - 14, yearly services were removed from the estimates. In the prior years, yearly services were kept in the analyses only if they met the log requirements.

¹⁷ Due to considerable changes in the study methodology since Year 1, the results for the first year (2003-04) are not presented.

TABLE B-2

Percentages of services with frequency at least equal to the iEP by disability category, 2004-05 to 2016-17

	2004-05		2005-06		2006-07		2007-08		2008-09		2009-10		2010-11	
	Year 2		Year 3		Year 4		Year 5		Year 6		Year 7		Year 8	
	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services
AUT	56%	458	59%	462	66%	581	75%	633	70%	676	74%	753	81%	652
DHH	58%	486	66%	423	75%	528	77%	577	74%	562	73%	631	85%	592
ED	49%	206	67%	254	74%	320	69%	345	68%	373	66%	423	74%	348
ID	54%	348	61%	365	74%	462	76%	487	74%	525	74%	572	81%	506
MD/DB	60%	363	70%	374	80%	531	82%	551	74%	550	71%	630	87%	433
OHI	56%	305	58%	298	70%	351	78%	483	72%	442	75%	475	81%	428
OI/TBI	67%	543	70%	582	78%	612	80%	748	77%	785	74%	798	85%	687
SLD	52%	442	54%	459	65%	794	77%	1,105	73%	1,058	77%	1,168	83%	1,040
SLI	49%	289	50%	282	62%	360	71%	367	70%	776	72%	820	81%	751
VI	60%	571	68%	583	82%	690	85%	686	84%	693	82%	637	86%	570
Total (unweighted)	57%	4,011	63%	4,082	73%	5,229	78%	5,982	74%	6,440	74%	6,907	83%	6,007
Overall Population Estimate	-	-	-	-	-	-	76%		72%		74%		82%	

	2011-12		2012-13		2013-14		2014-15		2015-16		2016-17	
	Year 9		Year 10		Year 11		Year 12		Year 13		Year 14	
	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services
AUT	82%	602	88%	540	83%	456	89%	508	87%	482	88%	714
DHH	82%	563	83%	417	81%	400	85%	389	87%	332	86%	586
ED	73%	352	83%	369	84%	316	85%	380	91%	367	91%	507
ID	83%	482	85%	405	85%	362	84%	402	83%	363	85%	582
MD/DB	87%	460	87%	455	85%	399	89%	451	88%	370	86%	599
OHI	82%	465	86%	391	88%	321	88%	352	84%	340	89%	530
OI/TBI	85%	713	86%	615	84%	564	87%	601	84%	510	89%	827
SLD	86%	1,076	86%	874	85%	765	89%	787	87%	716	89%	1,210
SLI	84%	701	84%	571	80%	462	85%	496	81%	422	78%	661
VI	93%	583	92%	481	91%	437	85%	479	90%	383	88%	616
Total (unweighted)	84%	5,997	86%	5,118	84%	4,482	87%	4,845	86%	4,285	87%	6,832
Overall Population Estimate	83%		86%		84%		87%		85%		87%	

Note 1: 2007-08 is the first year in which a population estimate was calculated for frequency.

Note 2: In Years 8 - 14, yearly services were removed from the estimates. In the prior years, yearly services were kept in the analyses only if they met the frequency requirements.

TABLE B-3

Percentages of services with duration at least equal to the IEP by disability category, 2004-05 to 2016-17

	2004-05		2005-06		2006-07		2007-08		2008-09		2009-10		2010-11	
	Year 2		Year 3		Year 4		Year 5		Year 6		Year 7		Year 8	
	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services
AUT	58%	458	59%	463	60%	573	69%	627	63%	675	61%	757	65%	651
DHH	60%	484	68%	419	76%	513	77%	579	75%	559	72%	630	80%	592
ED	65%	200	69%	255	77%	310	67%	343	70%	380	66%	425	65%	347
ID	55%	345	64%	365	69%	463	73%	483	70%	516	65%	572	67%	506
MD/DB	60%	359	74%	373	82%	548	82%	598	74%	618	68%	701	78%	431
OHI	59%	299	61%	302	65%	338	72%	485	67%	436	69%	473	69%	428
OI/TBI	68%	542	73%	582	78%	641	80%	806	75%	828	68%	878	76%	686
SLD	56%	435	59%	467	56%	762	72%	1,094	66%	1,032	69%	1,160	71%	1,037
SLI	51%	288	53%	282	62%	354	70%	366	64%	764	64%	819	66%	750
VI	63%	567	69%	581	81%	685	81%	689	80%	691	75%	641	77%	566
Total (unweighted)	60%	3,977	65%	4,089	70%	5,187	75%	6,070	70%	6,499	68%	7,056	71%	5,994
Overall Population Estimate	--	--	--	--	--	--	72%		67%		67%		69%	

	2011-12		2012-13		2013-14		2014-15		2015-16		2016-17	
	Year 9		Year 10		Year 11		Year 12		Year 13		Year 14	
	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services
AUT	69%	601	74%	540	70%	456	72%	505	74%	481	70%	708
DHH	76%	563	79%	417	72%	400	80%	389	81%	332	78%	586
ED	65%	351	68%	365	60%	313	67%	377	64%	361	71%	505
ID	68%	481	69%	405	71%	361	77%	401	74%	361	72%	580
MD/DB	76%	458	76%	455	72%	399	77%	450	79%	369	74%	598
OHI	71%	464	68%	391	55%	321	72%	349	59%	339	72%	525
OI/TBI	73%	711	77%	615	74%	564	73%	601	77%	509	79%	825
SLD	70%	1,076	70%	873	64%	765	71%	778	70%	711	74%	1,193
SLI	70%	701	73%	571	68%	462	71%	494	72%	422	67%	655
VI	78%	583	76%	481	76%	437	72%	476	79%	376	76%	614
Total (unweighted)	72%	5,989	73%	5,113	69%	4,478	73%	4,820	73%	4,261	74%	6,789
Overall Population Estimate	70%		71%		68%		72%		71%		72%	

Note 1: 2007-08 is the first year in which a population estimate was calculated for duration.

Note 2: In Years 8 - 14, yearly services were removed from the estimates. In the prior years, yearly services were kept in the analyses only if they met the duration requirements.

TABLE B-4

Percentages of services for which there was evidence of service provision by service category, 2004-05 to 2016-17

	2004-05		2005-06		2006-07		2007-08		2008-09		2009-10		2010-11	
	Year 2		Year 3		Year 4		Year 5		Year 6		Year 7		Year 8	
	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services
APE	99%	977	96%	962	98%	1,038	99%	1,010	98%	944	97%	908	98%	736
DHH	100%	390	99%	392	96%	448	99%	453	99%	487	98%	484	100%	414
LAS	96%	1,075	86%	1,147	82%	1,420	86%	1,414	90%	1,759	97%	1,825	96%	1,655
LRE	85%	197	95%	198	96%	254	95%	276	100%	249	92%	232	97%	170
NPA	95%	55	85%	110	92%	155	87%	187	93%	295	90%	372	99%	142
OT	98%	402	93%	427	92%	537	94%	530	98%	521	97%	557	95%	461
PRE	100%	75	38%	110	95%	100	100%	102	100%	127	90%	112	100%	75
PT	100%	131	94%	148	98%	218	98%	247	99%	307	99%	339	94%	105
RSP	65%	959	77%	1,055	71%	1,592	95%	1,612	91%	1,733	91%	1,789	87%	1,764
SMH	88%	409	86%	459	87%	572	94%	641	96%	686	93%	714	88%	587
VI	99%	327	97%	324	100%	394	100%	389	100%	420	100%	372	100%	361

	2011-12		2012-13		2013-14		2014-15		2015-16		2016-17	
	Year 9		Year 10		Year 11		Year 12		Year 13		Year 14	
	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services
APE	97%	739	99%	752	100%	734	99%	785	99%	820	99%	858
DHH	98%	407	98%	383	97%	389	99%	378	99%	326	98%	388
LAS	95%	1,627	98%	1,590	98%	1,554	99%	1,593	99%	1,518	95%	1,648
LRE	93%	180	99%	162	98%	157	97%	210	99%	162	97%	200
NPA	75%	151	93%	169	90%	220	83%	285	85%	372	93%	471
OT	91%	435	99%	433	98%	412	99%	495	98%	475	96%	593
PRE	61%	98	100%	91	100%	22	94%	17	*	*	94%	17
PT	98%	110	98%	121	97%	95	100%	98	97%	102	97%	129
RSP	94%	1,719	97%	1,631	97%	1,539	98%	1,662	97%	1,556	98%	1,786
SMH	90%	574	99%	583	87%	601	99%	629	98%	572	97%	718
VI	99%	369	100%	375	99%	349	98%	389	100%	334	97%	378

Note 1: In Years 8 - 14, yearly services were removed from the estimates. In the prior years, yearly services were kept in the analyses only if they met the log requirements.

Note 2: The estimate for Pre-school services was suppressed in 2015-16 due to the low number of observations.

TABLE B-5

Percentages of services with frequency at least equal to the IEP by service category, 2004-05 to 2016-17

	2004-05		2005-06		2006-07		2007-08		2008-09		2009-10		2010-11	
	Year 2		Year 3		Year 4		Year 5		Year 6		Year 7		Year 8	
	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services
APE	68%	893	70%	865	81%	945	85%	973	81%	879	77%	866	87%	718
DHH	62%	362	69%	346	81%	397	77%	430	73%	446	73%	459	86%	408
LAS	42%	965	48%	895	60%	1,085	69%	1,140	65%	1,474	67%	1,753	79%	1,577
LRE	80%	145	87%	174	87%	212	91%	246	87%	243	86%	211	90%	162
NPA	80%	39	70%	77	71%	123	77%	150	71%	245	76%	308	91%	141
OT	55%	367	67%	365	72%	429	72%	426	66%	423	71%	457	75%	437
PRE	80%	51	81%	36	76%	87	90%	101	91%	122	89%	99	93%	74
PT	61%	72	79%	90	71%	114	80%	113	78%	125	71%	134	77%	99
RSP	60%	498	54%	593	67%	994	81%	1,461	79%	1,507	81%	1,611	85%	1,529
SMH	45%	318	65%	352	71%	459	64%	571	61%	574	60%	645	70%	509
VI	63%	301	71%	289	92%	384	87%	371	89%	402	87%	364	94%	353

	2011-12		2012-13		2013-14		2014-15		2015-16		2016-17	
	Year 9		Year 10		Year 11		Year 12		Year 13		Year 14	
	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services
APE	91%	718	91%	632	89%	562	90%	577	86%	565	89%	842
DHH	84%	397	81%	304	84%	289	88%	269	86%	215	85%	373
LAS	82%	1,549	82%	1,303	79%	1,140	84%	1,170	81%	1,014	80%	1,530
LRE	86%	167	91%	128	95%	120	88%	153	92%	103	95%	192
NPA	88%	114	94%	114	91%	144	89%	198	86%	254	94%	431
OT	72%	395	77%	376	77%	328	83%	377	83%	343	76%	569
PRE	95%	60	95%	80	95%	19	*	*	*	*	88%	16
PT	84%	108	91%	103	71%	77	88%	77	86%	69	92%	124
RSP	87%	1,615	91%	1,273	89%	1,132	91%	1,226	90%	1,073	94%	1,711
SMH	69%	510	78%	484	81%	414	83%	497	87%	427	85%	685
VI	96%	364	96%	321	92%	257	82%	293	90%	216	88%	359

Note 1: In Years 8 - 14, yearly services were removed from the estimates. In the prior years, yearly services were kept in the analyses only if they met the frequency requirements.

Note 2: The estimate for Pre-school services was suppressed in 2014-15 and 2015-16 due to the low number of observations.

TABLE B-6

Percentages of services with duration at least equal to the IEP by service category, 2004-05 to 2016-17

	2004-05		2005-06		2006-07		2007-08		2008-09		2009-10		2010-11	
	Year 2		Year 3		Year 4		Year 5		Year 6		Year 7		Year 8	
	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services
APE	67%	881	73%	869	83%	945	86%	966	79%	868	70%	860	81%	716
DHH	64%	361	72%	342	84%	383	79%	431	76%	446	76%	458	86%	408
LAS	44%	959	50%	899	60%	1,064	67%	1,141	61%	1,459	59%	1,754	66%	1,575
LRE	80%	144	87%	176	81%	211	81%	248	85%	241	75%	208	81%	162
NPA	83%	42	68%	77	55%	119	60%	148	52%	243	54%	301	51%	140
OT	56%	365	66%	369	67%	435	68%	461	62%	452	65%	514	68%	436
PRE	86%	51	83%	36	69%	86	79%	97	80%	119	79%	99	89%	74
PT	60%	72	75%	81	80%	173	88%	202	85%	221	83%	253	73%	99
RSP	61%	487	60%	601	55%	946	75%	1,437	69%	1,457	72%	1,602	68%	1,526
SMH	62%	313	67%	355	74%	445	67%	570	68%	589	63%	642	65%	507
VI	67%	302	72%	284	88%	380	83%	369	85%	404	81%	365	80%	351

	2011-12		2012-13		2013-14		2014-15		2015-16		2016-17	
	Year 9		Year 10		Year 11		Year 12		Year 13		Year 14	
	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services	%	N of Services
APE	73%	717	77%	632	74%	562	73%	575	79%	565	82%	840
DHH	84%	397	82%	304	78%	289	82%	269	85%	215	80%	373
LAS	72%	1,548	72%	1,303	68%	1,140	73%	1,165	74%	1,013	69%	1,523
LRE	75%	167	81%	128	88%	120	77%	153	83%	103	90%	192
NPA	56%	112	43%	114	48%	144	49%	198	45%	253	47%	429
OT	67%	395	72%	376	70%	328	81%	375	80%	342	70%	569
PRE	75%	60	76%	80	84%	19	*	*	*	*	81%	16
PT	82%	108	85%	103	65%	77	87%	77	87%	69	90%	124
RSP	67%	1,612	68%	1,273	65%	1,131	70%	1,217	67%	1,059	77%	1,682
SMH	67%	509	72%	479	66%	411	68%	490	71%	424	71%	683
VI	85%	364	81%	321	82%	257	78%	293	83%	212	77%	358

Note 1: In Years 8 - 14, yearly services were removed from the estimates. In the prior years, yearly services were kept in the analyses only if they met the duration requirements.

Note 2: The estimate for Pre-school services was suppressed in 2014-15 and 2015-16 due to the low number of observations.



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GRADUATION STANDARDS IMPROVEMENTS

Summary

This document highlights the progress made to date to improve LAUSD graduation standards as a result of the MiSiS implementation. In conjunction with other MiSiS improvements, significant changes have been made in the District's policies, processes, accountability, and tools to better administer graduation standards. By implementing MiSiS, LAUSD has provided school administrators with a better understanding of LAUSD graduation requirements, which in the past were up to school-site interpretation. Most importantly, progress monitoring, graduation requirement validation, accountability, and tracking processes are now more coherent and consistently applied across the District.

Graduation rates have increased since the implementation of MiSiS in August 2014.

Background

Prior to the implementation of MiSiS, the majority of processes in place to monitor and track graduation progress were manual. Counselors would conduct manual verifications in Secondary SIS, using TR01 and TR04 reports, as well as create and maintain Mini-CUM folders, Grad Sheets, etc.

One process that was somewhat automated was the TR04 report in Secondary SIS. While Secondary SIS did validate courses against graduation requirements and identified whether students met graduation requirements, it did not perform "hard validation" against courses. Also, there was no hard validation to provide graduation status and prevent schools from identifying students as graduates if they did not meet graduation requirements. The majority of the misidentification of students was a result of incorrect courses being scheduled, which did not count towards graduation. School administrators had the ability to update course information for their local site.

In addition to lacking hard validation, the ability to conduct audit tracking was limited to identifying the level of access one had in the Secondary SIS. It did not track who created and/or made changes to a student record (e.g., courses, transcripts, etc.).

The situation was further complicated given that each secondary school was independent from each other via a local standalone server. Data was shared centrally nightly. Each secondary school's data was maintained separately resulting in varying courses and course information across all the secondary schools.

MiSiS Improvements:

With the implementation of MiSiS, there is now a single system that maintains data consistency across the entire District. Courses and course attributes are maintained centrally, ensuring consistent rule application. Accountability has increased as Graduation Progress is measured via District dashboards and consistently reviewed throughout the year.

Data is now monitored automatically for counselors to highlight student progress toward graduation. District graduation requirements are automatically applied nightly and potential issues requiring follow-up are identified. Numerous reports and dashboards are available that highlight student progress and areas of deficiency. Graduation status is reported at multiple levels within the organization from the Principal to Local Districts, and ultimately to the Superintendent to ensure visibility and improved accountability.

As a result, LAUSD has:

- Improved student scheduling by providing tools to ensure students are scheduled in the correct classes to graduate. MiSiS has thus eliminated incorrect course assignments and has avoided duplicate courses so students are always working toward achieving graduation.
- Developed a clear system in which student progress can be reviewed at any time throughout the year and measured against graduation requirements.
- Introduced forecasting capabilities via the Graduation Progress Dashboard, which allows schools the capability to forecast students' progress toward graduation, as well as simulate various scenarios utilizing in-progress courses and graduation requirements to best optimize the graduation pathway for their students. The dashboard has brought a high level of visibility and consistency in regard to best practices across the district, as they pertain to graduation progress tracking. Counselors now have additional time to focus on students needing additional support to graduate. Activities have changed from being reactive to being proactive.
- Supported Special Education rules as they pertain to graduation and certificates of completion,. The Mass Leave Reason Entry Screen supports the accuracy of Leave Reason entry. As an example, MiSiS recognizes the academic program of students and prevents Alternative Curriculum students from being coded as "Diploma" graduates. Through the implementation of MiSiS, graduation standards can be customized on demand via the use of specific waivers which allow students to earn a diploma or a certificate of completion, depending which pathway the student qualifies for. For example, waivers exist for Exempt Courses for LOTE and Algebra 2 are entered via the Transcript Details page and are recognized by MiSiS for completion of given requirement.

Rising Graduation and A-G Rates

There has also been a coherent undertaking by local districts, which have become responsive and proactive in utilizing MiSiS reports and progress tracking tools. Local districts meet regularly with their directors and schools to review data and have implemented action plans utilizing MiSiS resources, like the Graduation Progress Dashboard and the reports provided in Table 1, which have led to increased graduation rates across the District. In addition to the Graduation

Progress Dashboard, local districts utilize the following reports: Individualized Graduation Plan (IGP), Graduation Progress, and Graduation Eligibility Status for 2016 and Beyond.

Along with rising graduation rates, A-G completion rates have increased as a result of MiSiS initiatives, specifically the Graduation Progress Dashboards, which allows stakeholders to monitor College Readiness for both the University of California and Cal-State University and has had the same undertaking as graduation progress monitoring.

One the most significant factors in supporting rising graduation rates is the Year End Closing Summary capabilities MiSiS provides. As a district, we are able to track at the student level the year end codes/flags which are entered for each individual student. MiSiS Graduation Data is used by the Division of Instruction to assist in ensuring that MiSiS Graduation Data matches year end flags. Selections are filtered based upon specific student information thus ensuring more accurate year end statuses. This is essential in helping schools review any identified discrepancies and update year end flags/leave codes, which are a key component in regard to CalPads reporting from which our districts official graduation rates are determined.

Improved Tools Supporting Graduation Progress Monitoring

The various reports that have been created in MiSiS to support Graduation Progress Monitoring are included in the table below:

Report Title	Report Description
In-Danger of Not Graduating Letter	Generates a letter to inform parents that their 12th grade son/daughter is in danger of not graduating due to courses failed or in danger of being failed.
Post-Secondary Plans	This report prints a count of all 12th grade students and categorizes those who have selected a Post-Secondary Plan Code for each school in the district. The Plan Code indicates what the student plans to do after completing high school. This report provides both detail and summary formats. The Summary provides a breakdown per school of the number of post-secondary plan codes with percentages, and the number of students. The Detail provides a list of students per school and per Plan code with the total students and percentages.
Senior Non-Graduation Letter	The Letter will generate for students who have been designated by one of their teachers as failing their class.

GRADUATION STANDARDS IMPROVEMENTS

Missing Grades – Secondary	Prints a list of students who have missing grades, including academic marks, work habits, and cooperation
Counseling List Report	This report produces a list of grading information based on students scheduled classes. The report prints by Teacher and Class period or by Student and Class period. The report allows for selections of academic, work habits and cooperation grade types earned, either positive or negative which administrators and counselors can use to identify students in need of interventions and students who are demonstrating excellent progress.
Distribution of Marks Report	This report displays the number and percentage of students receiving a grade or range of grade values by a course or by a teacher.
Grades Audit Report	This report generates a grades audit of changes made to student course grades within a selected term and grading period.
Grades Summary Report	The report generates a list of students' academic, work habits, and cooperation grades for a selected Term and Grading Period for a selected student group(s). It also displays the students' enrolled credits and GPA.
Graduation Eligibility Status For 2016 & Beyond	This report gives graduation eligibility status information based on 2016 and beyond business rules and District policy. It shows grads and non-grads.
Graduation Eligibility Status for Class of 2015	This report gives graduation eligibility status information based on 2015 business rules and District policy. It is intended solely for 2015 students. It shows grads and non-grads.
Graduation Progress Report Class of 2016 & Beyond	This report will be used by counselors to check Students' Graduation Progress. The report will print out all 9-11th grade courses completed, and students' eligibility status for CSU, CDE, and LAUSD requirements. It will also display a stacked column chart of students' A-G Progress.
IGP – Individualized Graduation Plan	IGP (Individual Graduation Progress) report will be used primarily by counselors to see students overall progress towards various standards.

Dashboards allow visibility and accountability throughout all levels of the District. This information provides tools to counselors to highlight student needs and areas required for

graduation that are not being met. This allows counselors to spend time on those students that need assistance and support to facilitate graduation.

Interfaces have been developed to integrate completed courses from Adult SIS and other systems to ensure students are credited for completed course work. Focused effort to support summer school work and online courses for those students missing just a couple of courses is another improvement to support students who are close to meeting graduation requirements.

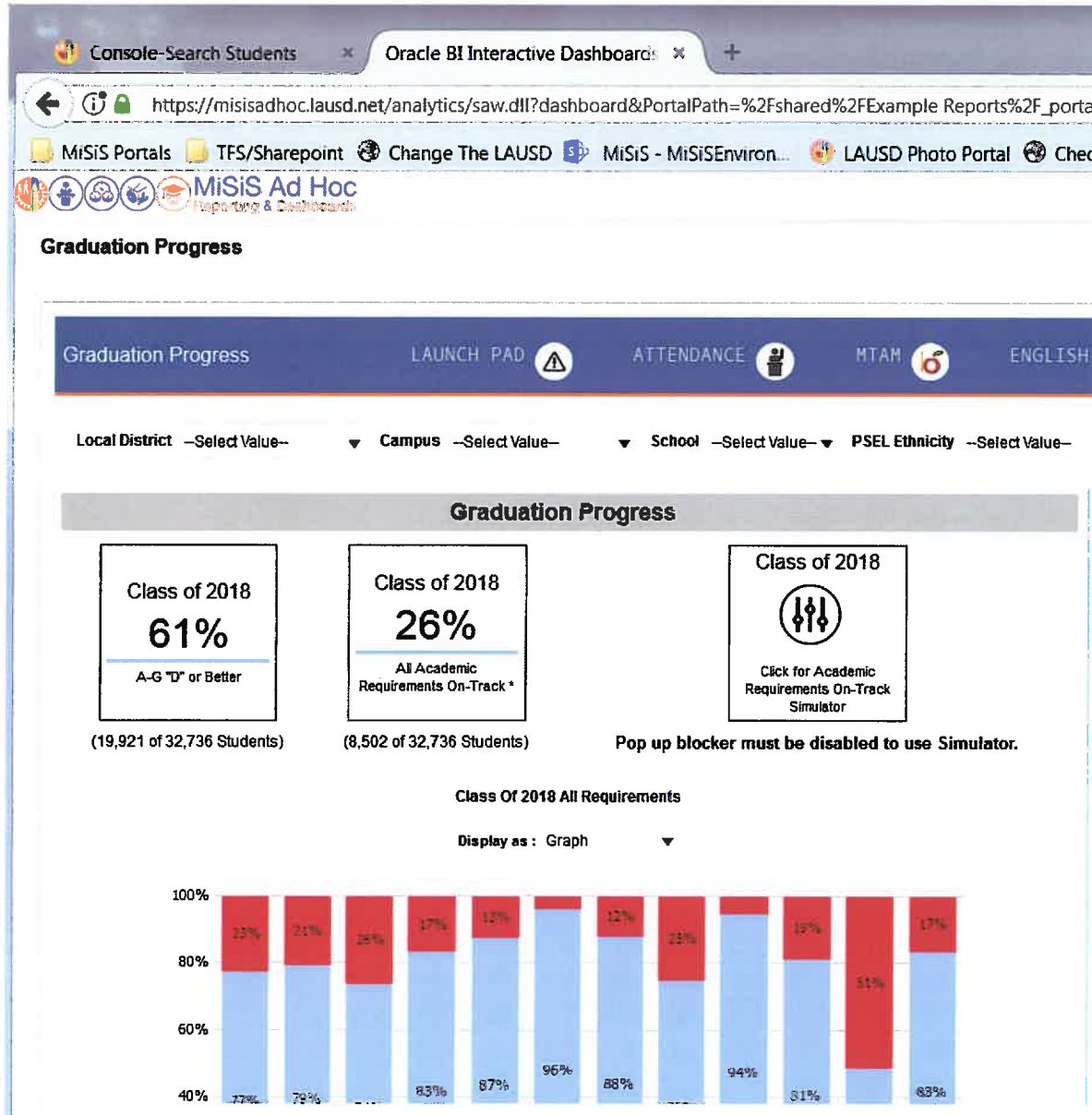
Additionally, there are now procedures in place that allow for detailed audit tracking. We are able to identify who, when, and from where a change was made to a student's transcript record, which includes courses and waivers. The most significant improvements have been the ability to provide detailed reports, which schools can customize to display more data. For example, transcripts are now more dynamic by allowing users to modify report parameters to select various data to be displayed.

Conclusion

By implementing MiSiS, we have provided school administrators with a better understanding of graduation requirements, which in the past were left to school-site interpretation. Most importantly, progress monitoring, graduation requirement validation, accountability, and tracking processes are now more coherent and consistently applied throughout the District. Graduation rates continue to increase since the implementation of MiSiS.

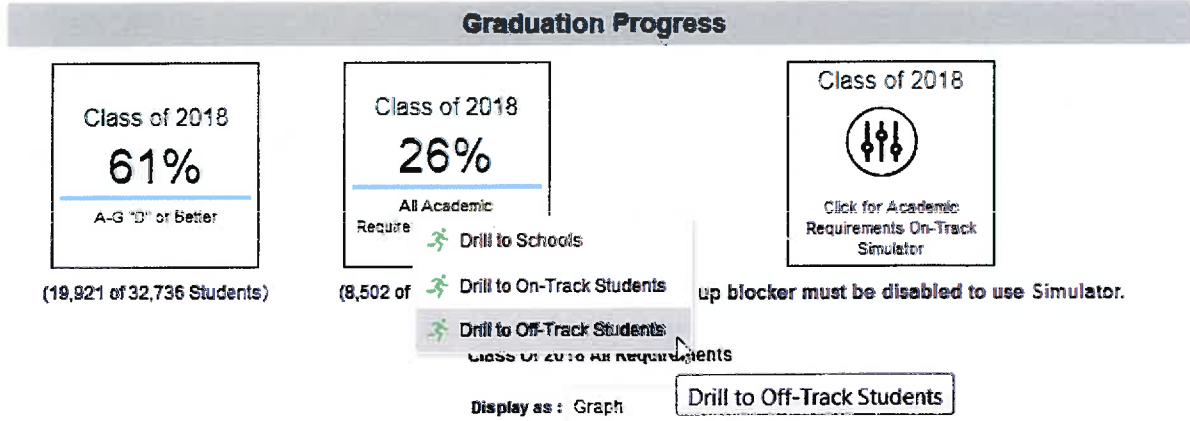
Attachment 1: Workflow

The Division of Instruction oversees the MiSiS Ad Hoc Grad Progress website that provides a high-level summary of graduation requirements for current graduating seniors. Local districts utilize the dashboard to monitor graduation progress at the local district level and their respective schools.



GRADUATION STANDARDS IMPROVEMENTS

At the the school level, the focus is on individual student performance. The Grad Progress dashboard allows for “drilling-down” to the individual student level. This feature is utilized and monitored by the school APSCS and school counselors.



Overall indicators are present for each of the graduation requirements. This high-level view gives an overall snapshot of a student’s graduation progress. For a more detailed view of student progress, school staff can click on the Student ID and navigate the MiSiS Student Profile page.

Graduation Progress Home Ca

at Academic Requirements
1:9/28/2017 1:04:46 PM

Total no. of Rows 24,234
Rows 1 - 75

Demographics														
us	Campus Code	School Name	School Cost Center Code	School Location Code	Counselor Name	Student ID	Student Name	Grade Level Code	Language Classification	Special Ed	Gift	Foster	Homeless	Grad Year
st	7137	LAUSD/USC Media Arts/Engineering Magnet	1713702	8745		212345678	CORNEJO	12	FFEP	N	N	N	N	2018
%							MiSiS Student Profile MyData Student Profile							
st	7137	LAUSD/USC Media Arts/Engineering Magnet	1713702	8745		212345678	SANCHEZ, LEEZMARY				N	N	N	2018
%							MiSiS Student Profile							

GRADUATION STANDARDS IMPROVEMENTS

Once on the student profile, greater details are revealed for each of the three graduation requirement areas: A-G, CDE, and LAUSD requirements.

The screenshot displays a student's graduation requirements profile. It is divided into several sections:

- Eligible for Graduation:** A dropdown menu set to "NO" with an "Override" option.
- A-G Requirements (D or Better):** A table showing completion status for various subject areas.

Subject Area (Years)	Compl	IP	Need
A. Social Sciences (2 years)	2	0.5	0
B. English (4 years)	3	0.5	0.5
C. Math (3 years)	3	0.5	0
D. Science (2 years)	2	0.5	0
E. LOTE (2 years)	2	0	0
F. VPA (1 year)	1	0	0
G. Coll Prep Electives (1 year)	1	1	0
- CDE Requirements (D or Better):** A table showing completion status for CDE subject areas.

Subject Area (Years)	Compl	IP	Need
A. Social Science (3 years)	2	1	0
B. English (3 years)	3	1	0
C. Math (2 years)	2	0.5	0
D. Science (2 years)	2	0.5	0
EFT. Foreign Language/VPA/VCTE (1 year)	1	0	0
PE. Physical Education (2 years)	2	0	0
- LAUSD Requirements:** A table showing completion status for LAUSD requirements.

Requirement	Yes	No	Health SH
Health	Yes		HEALTH SH
Service Learning	No		
Career Pathway	No		
ELA Enrollment	No	✓9 ✓10 ✓11 ✓12	
Credits	Yes		250.00/210
- Grade Level Benchmark for 2018 Fall (D or better):** A bar chart showing progress for A-G requirements.

Requirement	Completed	In Progress	Missing	Benchmark
A. Social Sciences	2	0.5	0	
B. English	3	0.5	0.5	
C. Math	3	0.5	0	
D. Science	2	0.5	0	
E. LOTE	2	0	0	
F. VPA	1	0	0	
G. Coll Prep Electives	1	1	0	
- CSJ A-G Progress (C or Better):** A table showing completion status for CSJ A-G requirements.

Subject Area (Years)	Compl	IP
A. Social Sciences (2 years)	2	0
B. English (4 years)	3	0.5
C. Math (3 years)	4	0
D. Science (2 years)	2	0
E. LOTE (2 years)	3	0
F. VPA (1 year)	6	0
G. Coll Prep Electives (1 year)	2	0
- Grade Point Averages and Rank:** A table showing GPA information.

GPA Name	Value	Campus Rank	School Rank	Count of As	Count of Bs	Count of Cs	Count of Ds	Count of Fs	Count of Aug/Ws	Last Modified
LAUSD Middle School GPA	3.688			34	12	1	0	0	0	9/27/2017
LAUSD Official GPA	N/A									
LAUSD (W) GPA	3.446	27/69	27/69	23	21	4	0	0	2	6/8/2017
LAUSD (UNW) GPA	3.396	24/69	24/69	23	21	4	0	0	0	9/27/2017
Athletic Eligibility GPA	3.625									6/8/2017
UC (Campus) GPA	3.467			14	14	2	0	0	2	9/27/2017
UC (W) GPA	3.467			14	14	2	0	0	2	9/27/2017
- CSU Eligible: NO UC Eligible: NO LAUSD Eligible: NO**
- Counselor:** Information about the counselor and graduation requirements year (2018).
- Req Met CSU UC LAUSD:** A table showing the status of requirements for CSU, UC, and LAUSD.

Req Met	Subject Area	Courses Completed	In Progress	(r)Recommended/(q)Required Courses																												
Yes Yes Yes	a. Social Sciences - 2 years 1 year US History/Govt 1 year World History, Geog, Cultures	Minimum Requirement <table border="1"> <thead> <tr><th>Course</th><th>Credit</th><th>Grd</th><th>Grd Lvl</th></tr> </thead> <tbody> <tr><td>WHG: MOD WLD A</td><td>5.0</td><td>B</td><td>10</td></tr> <tr><td>WHG: MOD WLD B</td><td>5.0</td><td>B</td><td>10</td></tr> <tr><td>US HIST 20TH A</td><td>5.0</td><td>A</td><td>11</td></tr> <tr><td>US HIST 20TH B</td><td>5.0</td><td>A</td><td>11</td></tr> </tbody> </table>	Course	Credit	Grd	Grd Lvl	WHG: MOD WLD A	5.0	B	10	WHG: MOD WLD B	5.0	B	10	US HIST 20TH A	5.0	A	11	US HIST 20TH B	5.0	A	11	AP GOVT & POL 5.0									
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US HIST 20TH B	5.0	A	11																													
No No No	b. English - 4 years	Minimum Requirement <table border="1"> <thead> <tr><th>Course</th><th>Credit</th><th>Grd</th><th>Grd Lvl</th></tr> </thead> <tbody> <tr><td>ENGLISH 9A</td><td>5.0</td><td>B</td><td>09</td></tr> <tr><td>ENGLISH 9B</td><td>5.0</td><td>B</td><td>09</td></tr> <tr><td>H ENGLISH 10A</td><td>5.0</td><td>B</td><td>10</td></tr> <tr><td>H ENGLISH 10B</td><td>5.0</td><td>B</td><td>10</td></tr> <tr><td>CONTEMP COMP</td><td>5.0</td><td>A</td><td>11</td></tr> <tr><td>AM LIT COMP</td><td>5.0</td><td>A</td><td>11</td></tr> </tbody> </table>	Course	Credit	Grd	Grd Lvl	ENGLISH 9A	5.0	B	09	ENGLISH 9B	5.0	B	09	H ENGLISH 10A	5.0	B	10	H ENGLISH 10B	5.0	B	10	CONTEMP COMP	5.0	A	11	AM LIT COMP	5.0	A	11	ERWC A 5.0	(q)MODERN LIT
Course	Credit	Grd	Grd Lvl																													
ENGLISH 9A	5.0	B	09																													
ENGLISH 9B	5.0	B	09																													
H ENGLISH 10A	5.0	B	10																													
H ENGLISH 10B	5.0	B	10																													
CONTEMP COMP	5.0	A	11																													
AM LIT COMP	5.0	A	11																													
Yes Yes Yes	c. Math - 3 years Algebra 1, Geometry, Algebra 2	Minimum Requirement <table border="1"> <thead> <tr><th>Course</th><th>Credit</th><th>Grd</th><th>Grd Lvl</th></tr> </thead> <tbody> <tr><td>ALGEBRA 1</td><td>10.0</td><td>B</td><td>08</td></tr> <tr><td>CC GEOMETRY A</td><td>5.0</td><td>B</td><td>09</td></tr> <tr><td>CC GEOMETRY B</td><td>5.0</td><td>A</td><td>09</td></tr> <tr><td>CC ALGEBRA 2A</td><td>5.0</td><td>B</td><td>10</td></tr> <tr><td>CC ALGEBRA 2B</td><td>5.0</td><td>B</td><td>10</td></tr> <tr><td>PRECALC B</td><td>5.0</td><td>B</td><td>11</td></tr> </tbody> </table> Additional "c" Course(s) Completed PRECALC A 5.0 B 11	Course	Credit	Grd	Grd Lvl	ALGEBRA 1	10.0	B	08	CC GEOMETRY A	5.0	B	09	CC GEOMETRY B	5.0	A	09	CC ALGEBRA 2A	5.0	B	10	CC ALGEBRA 2B	5.0	B	10	PRECALC B	5.0	B	11	TC MATH STAT A 5.0	
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PRECALC B	5.0	B	11																													

In addition, school staff can navigate to Reports->Graduation Standards and download the IGP – Individualized Graduation Report or Graduation Progress Report to view the data in a different format.

GRADUATION STANDARDS IMPROVEMENTS

Graduation Progress Report



Senior Graduation Report
LOS ANGELES UNIFIED SCHOOL DISTRICT

ARIEL U CORNEJO REYES
GR: 12
LAUSD/USC Media Arts/Engineering
Magnet
Graduation Requirements Year: 2018

District ID: 010399M081
Counselor:
CEEB: 051652

Courses Completed

9th Fall	GR	9th Spring	GR	10th Fall	GR	10th Spring	GR	11th Fall	GR	11th Spring	GR
ADV PE 1A	A	ADV PE 1B	A	ADV PE 1A	A	ADV PE 1B	A	CONTEMP COMP	A	AM LIT COMP	A
BIOLOGY A	C	BIOLOGY B	B	AP ST ART 2D A	B	AP ST ART 2D B	C	DIG IMAG SH 1A	A	DIG IMAG SH 1B	A
CC GEOMETRY A	B	CAREER AWARE	A	CC ALGEBRA 2A	B	CC ALGEBRA 2B	B	FILMMAKING 1A	A	FILMMAKING 1B	B
ENGLISH 9A	B	CC GEOMETRY B	A	CHEMISTRY A	A	CHEMISTRY B	B	FILMMAKING 1A	A	FOOD SCI TECH B	A
GAME DSGN FN A	C	ENGLISH 9B	B	H ENGLISH 10A	B	H ENGLISH 10B	B	FOOD SCI TECH A	B	INTRO ART B	B
HEALTH SH	A	GAME DSGN FN B	A	JOURNALISM 1A	C	JOURNALISM 1B	B	INTRO ART A	A	PRECALC B	B
SPANISH 1A	A	SPANISH 1B	B	SPANISH 2A	A	SPANISH 2B	A	PRECALC A	B	SPANISH 3B	A
THEATRE HIST A	B	THEATRE HIST B	B	WHG MOD WLD A	B	WHG MOD WLD B	B	SPANISH 3A	A	US HIST 20TH B	A
9th SUMR		GR		10th SUMR		GR		11th SUMR		GR	

12th Grade Schedule

Completed
Fall In Progress
AP GOVT & POL
AP MICRO ECONO
AVID SR SEM A
ERWC A
PHYSIOLOGY A
SERVICE SH
TC MATH STAT A



Senior Graduation Report
LOS ANGELES UNIFIED SCHOOL DISTRICT

ARIEL U CORNEJO REYES
GR: 12
LAUSD/USC Media Arts/Engineering
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Graduation Requirements Year: 2018

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9th SUMR		GR		10th SUMR		GR		11th SUMR		GR	

12th Grade Schedule

Completed
Fall In Progress
AP GOVT & POL
AP MICRO ECONO
AVID SR SEM A
ERWC A
PHYSIOLOGY A
SERVICE SH
TC MATH STAT A

IGP Report

GRADUATION STANDARDS IMPROVEMENTS



Los Angeles Unified School District
Today's Learners, Tomorrow's Leaders

Individualized Graduation Plan (IGP)

GR. 12 Counselor: N/A
LAUSD/USC Media Arts/Engineering Magnet CEEE 051652 Graduation requirements Year 2018

Los Angeles Unified School District

Req Met			Subject Area	Courses Completed	(r)Recommended/ (q)Required Courses	Graduation Eligibility:
CSU	UC	LAUSD	a. Social Sciences -- 2 years 1 year World History, Geog. Cultures	Minimum requirement WHG- MOD WLD A WHG- MOD WLD B US HIST 20TH A US HIST 20TH B	5.0 B 10 5.0 B 10 5.0 A 11 5.0 A 11	No Summary of categories: LAUSD A-G : No CDE : No LAUSD : No All categories must be met to be eligible for graduation.
Yes	Yes	Yes	1 year US History/Government <i>World History minimum requirement may be met with courses from subject area "a" or "g".</i> <i>Note: For UC, courses used to meet the World History requirement must be from subject area "a"</i>	Additional "e" courses:	In Progress AP GOVT & POL 5.0	



Los Angeles Unified School District

OFFICE OF THE GENERAL COUNSEL
333 S. Beaudry Avenue, 24th Floor, Los Angeles, CA 90017
TELEPHONE: (213) 241-7600; FACSIMILE (213) 241-8444

MICHELLE KING
Superintendent of Schools

DAVID HOLMQUIST
General Counsel

DEVORA NAVERA REED
Chief Education Legal Counsel

September 8, 2017

Dr. David Rostetter
Office of the Independent Monitor
Modified Consent Decree
333 South Beaudry Avenue, 18th Floor
Los Angeles, California 90017

Re: **District's Preliminary Response to Feedback on the District's Draft ADA Transition Plan dated August 31, 2017**

Dear Dr. Rostetter:

We are still reviewing your report of August 31, 2017, *Feedback on the District's Draft ADA Transition Plan (Feedback or Report)*, submitted to Beth Kauffman, Associate Superintendent, Division of Special Education. This letter transmits our preliminary thoughts.

Generally, your document combines two things: (1) feedback on the LAUSD ADA transition plan sent to you on May 17, 2017, and posted for public comment on June 1, 2017 and (2) your views on what is required for disengagement from the *Chanda Smith* Modified Consent Decree (MCD).

In July 2016 you reiterated three expectations for meeting the obligations of Sections 10 and 17 of the MCD, restated on p. 1 of Feedback:

1. Compliance with ADA requirements for transition and self-evaluation plans that identify barriers and a schedule for their removal at all District schools and buildings;
2. Designation of an ADA compliance manager; and
3. The capacity to conduct consistent and comprehensive surveys.

The Draft Self-Evaluation and Transition Plan (Plan) document submitted to you in May is the plan referenced in item 1. More than half of your Feedback addresses one element of the plan which is the way the high-level surveys (done for the purpose of developing that plan) were conducted. The other half addresses the details of the Plan. Yet without even acknowledging that an ADA Compliance Manager has been appointed and is overseeing the District's efforts (item 2), or addressing item 3, you have included eleven new requirements for disengagement.

Dr. David Rostetter

Re: District's Preliminary Response to *Feedback on the District's Draft ADA Transition Plan*
dated August 31, 2017

September 8, 2017

Page 2

You set these out purportedly based on the "findings" in your letter; but in fact the reasons for the requirements are unclear, and the requirements are unfounded.

As further explained below, you have made several incorrect assumptions and based several conclusions on an inaccurate understanding of (1) the different laws involved here and (2) the transition plan (not only its purpose and relationship to the MCD but also its approach). In doing so, this serves to over-reach the authority of the Monitor under the MCD and substitutes your judgment for that of the District.

There are three critical components to the Plan:

1. **Facility improvements:** Assigning each school to a category reflecting one of three levels of access, conducting detailed facility and program surveys, identifying betterments to be made at each facility, and making those improvements;
2. **Operational solutions:** Effectively reassigning programs and activities to accessible locations when necessary, or quickly making necessary changes to inaccessible facilities as needed for individuals; and
3. **Policies and training:** Implementing supportive policies, procedures, and training.

The following addresses the District's preliminary responses to the Feedback:

- A. **Transition Plan Feedback Issues: Incorrect assumptions, inaccurate understanding, and oversights**
 1. **Misstates the approach of the Plan; the purposes of accessible clusters; and the number of clusters to be made accessible**

Practically ignoring components 2 and 3, the Feedback focuses on the first component, but seriously misrepresents the approach of the Plan. It mistakenly asserts that the Plan is "based on the premise of creating feeder patterns of schools that provide program accessibility," which is only one component of the approach (page iii, iv). Then it repeatedly understates (by including only one tenth of the number of accessible clusters planned) the number of accessible clusters planned. It states that LAUSD will develop "approximately three feeder patterns of Category One and Category Two schools, with each pattern consisting of approximately one high school, one to two middle schools, and three to four elementary schools." Pages iii, 2, 4, and 35. Omitted each time are the introductory words: "each local district will have" [approximately three feeder patterns of Category One and Category Two schools]. With approximately three feeder patterns per geographic district, there will be more than 30 patterns. The District notes that the Feedback pointed out on pages 4 and 5 that there are some inconsistencies and

Dr. David Rostetter

Re: District's Preliminary Response to *Feedback on the District's Draft ADA Transition Plan*
dated August 31, 2017

September 8, 2017

Page 3

duplications in the schools named in some clusters. Staff will review Appendix F to ensure any inconsistencies and/or duplications are addressed and corrected.

Furthermore, the clusters are not "the premise" that forms the basis of the Plan's approach to provide access to programs. The other two components of the Plan, as set out above, are to ensure operational means of reassigning programs to accessible locations or modifying facilities, and to support these efforts through policies and training. The Report gives these short shrift (pages 1 and 2) and instead focuses almost exclusively on the facility improvements.

2. Lack of comprehension of the difference between alterations requirements and program access

As has frequently been the case, the Report shows a basic lack of comprehension about the difference between requirements in new construction and alterations on the one hand, and "program accessibility" as to existing facilities on the other. The ADA requires that new construction and alterations be accessible; this means that altered spaces must be accessible, and in some instances additional access must be provided. As to existing facilities, access to programs cannot be denied because of inaccessible facilities; the facilities can be modified, or the programs can be moved, for example. The District has repeatedly explained, with extensive analysis and citations, that these are two different requirements. Yet the report once again says (page vi) that "The emphasis on 'program accessibility' is substandard to requirements for 'full structural accessibility' for sites constructed after 1992 federally and 1983 for state standards" and "the District has failed to meet the 'program accessibility' standard despite ... renovations and modernization..." The ADA requires that new construction and alterations carried out after 1992 be accessible, not that buildings subject to them be brought up to a mythical building-specific program accessibility standard.¹

Perhaps because of this inability or refusal to accept that the ADA requires (1) access to programs and (2) compliance with accessibility standards that apply to new construction and alterations, which are two different requirements, the Feedback provided appears to have overlooked the Summary Assessment of School Locations and Programs document provided to you, which includes a chart that sets out the programs at each school, summarizes the barriers, and states what nearby schools offer the same programs. The Feedback also almost completely ignored the policies that will be developed, as set out in the plan, to ensure operational changes and other responses to program access needs.

3. Misplaced extensive analysis of high-level surveys, their purpose, and their outcome

Instead, you have inexplicably examined the high-level surveys (devoting half the pages of the Report to them) in a way that concludes that they were not appropriately conducted and

¹ See also p. 1 of Feedback, claiming that schools built or with major remodeling or renovation since 1983 should already be accessible. This 1983 date relates to state requirements, not relevant here, and renovation standards do not equate to new construction standards.

Dr. David Rostetter

Re: District's Preliminary Response to *Feedback on the District's Draft ADA Transition Plan*
dated August 31, 2017

September 8, 2017

Page 4

that their "findings" reveal "widespread noncompliance." The District has made clear that these surveys – conducted quickly, that is, over a period of four weeks at more than 700 campuses -- were not intended to establish "findings" of compliance or noncompliance but to assign schools to tentative designations of the category of accessibility that they would eventually achieve. The anecdotal evidence of inconsistencies of language among the reports is inconsequential, and the focus on alleged noncompliance could serve as a disincentive to thoroughly evaluate and reveal current issues. These buildings will be brought up to accessibility criteria after comprehensive surveys are completed.

4. Erroneous statements about the MCD requirements as to the Rapid Access Program (RAP) and the District's Plan

The Feedback claims (pages v, 30 and 33) that the District has provided no details about changes to improve RAP, "which is an MCD requirement." But the MCD's provisions are limited to a requirement to establish and fund an On-Demand Unit and a process for task order procedures to "rapidly provide minor renovations where necessary for individual students seeking placement in currently inaccessible programs." The MCD does not address specific improvements. As of the November 10, 2015, Annual Report (the last Annual Report wherein a determination regarding this requirement was documented), it was determined that the District had met the requirement to establish the Unit and had approved \$13,683,525 of the up to \$20 million requirement. No additional credit has been approved since that time though the District has expended in excess of the up to \$20 million requirement. Nonetheless, the Plan says that the RAP will be improved to certain performance measures. There is no basis for requiring further details if these measures are met.

5. Lack of comprehension of the Plan's time frames

The Feedback refers several times (see pages iii and 2) to the Plan's three phases over a 10-year timeframe, yet it also says that the Plan lacks timeframes for Phases 2 and 3. However, in reality the first Phase covers 8 to 10 years, and the current Board cannot bind future Boards that will surely be in place during the subsequent phases.

B. Over-Reaching Authority

The Feedback correctly states on page vi that "[t]he MCD does not give the IM purview to approve the Plan or its specific approach." The IM's authority is, of course, limited to determining whether the District has met the requirements of the MCD. Specifically, MCD Section 10, Facilities, requires compliance with standards under section 504 and the ADA, entering into binding commitments to expend at least \$67.5 million dollars on accessibility renovations or repairs to existing school sites consistent with those statutes, and attention to and funding for "on-demand" accessibility requests. Section 17, paragraph 89 provides that the MCD shall terminate upon the occurrence of the following events:

Dr. David Rostetter

Re: District's Preliminary Response to *Feedback on the District's Draft ADA Transition Plan*
dated August 31, 2017

September 8, 2017

Page 5

- a. The Independent Monitor has made the certification provided for in Paragraph 88 of this Modified Consent Decree.
- b. The Independent Monitor has certified that the District has entered into binding commitments to expend the \$67.5 million dollars required by Section 10 of this Modified Consent Decree and, in the Independent Monitor's judgment, the District has no systemic program accessibility problems that prevent substantial compliance with the program accessibility requirements of federal special education laws and regulations.

As set out above on page 1, as the Monitor, you have made compliance with the ADA's provisions about transition plans a condition of disengagement. In the past, you have clarified what you expect from a transition plan; and the District has taken a measured, reasonable, and detailed approach to developing this 2017 Plan, with much of that approach developed in response to your prior statements. However, now, after the District has established the RAP, funded it and the necessary accessibility improvements, as well as developed a transition plan that comports with ADA requirements, the Feedback you provided seeks to substitute your judgment about what the Plan should provide, rather than allowing the District to address the issues in this reasoned manner. In doing so, this exceeds the authority set forth under the MCD.

Underlying this is the fundamental misconstruction of the provisions of and the relationship between federal special education laws (i.e., the Individuals with Disabilities Education Act or IDEA) and the ADA and Section 504. Under the language of the section quoted above and the context of and language of the entire MCD, the IM's authority to assess program accessibility matters is limited to matters relating to federal special education laws, which protect just a subset of those who will benefit from the steps taken pursuant to the transition plan under the ADA. The ADA applies to, and the transition plan is geared to, a much broader range of individuals, not just those who have a disability and as a result need "special education" services in order to make progress in school. For example, the ADA protects and the transition plan benefits all students with disabilities, not just those who have disabilities that affect their ability to learn (for example, those who use wheelchairs or have hearing disabilities or vision disabilities but do not have other disabilities that affect learning and do not have IEPs). It also protects (but IDEA does not) parents and other family members who have disabilities but do not have a child in a special education program, students over the age of 21, and members of the public who have disabilities and participate in activities at school facilities (community meetings, voting, sheltering, sports activities, and classes). Giving the MCD its most generous reading (i.e., reading a nonexistent program accessibility requirement into the IDEA), the MCD gives you authority to determine if students protected by the IDEA are denied program accessibility, not to determine whether the District is complying with the ADA through this transition plan.

Based on this flawed understanding of what the ADA requires (and, therefore, what the transition plan addresses) as well as other misconceptions, you have undertaken an in-depth yet largely irrelevant review of "Special Programs for Students with Mobility and Visual

Dr. David Rostetter

Re: District's Preliminary Response to *Feedback on the District's Draft ADA Transition Plan*

dated August 31, 2017

September 8, 2017

Page 6

Impairments" (pages 11-13), as a means of measuring whether the plan addresses direct student program accessibility needs. While this review may relate to the subject matter of the consent decree, it is not indicative of whether the Plan meets the requirements of the ADA.

Straying farther from the authority allowed by the MCD, you have found (pages iv and 9) inequities in the general availability of programs (magnet school, charter schools) across the District for all students, including students with disabilities. That assessment is beyond the scope of the ADA, Section 504, the IDEA, this effort, and the permissible level of authority, because the goal of this effort is to ensure a range of choices for people with disabilities, similar to the choices of others. This effort is not intended to determine what programs should be created or offered in different locations for all the school's populations.

The Feedback states (at pages v and 32-33) that there is not enough information to determine if the plan for compliance at independent charter schools will meet the general intent of the Plan, and says that the plan includes nothing about the expectations for the level of access for each site, timelines, and survey requirements. However, the independent charter schools are just that: independent. Each of the charters is going to address transition planning in its own way; the District will not have a hand in funding, controlling, or assisting in how independent charter schools meet this obligation, apart from offering an opportunity to participate in District training.

C. New requirements for disengagement

Although the District has developed a transition plan consistent with the ADA's requirements, the Feedback you provided now sets out 11 new requirements for disengagement from the MCD (p. 41). Some of the new requirements are purportedly being imposed in the name of accountability, and most involve reporting on and providing further detail about items to which the District has already committed, including those that are addressed in the Plan. For example, the Feedback you provided demands a short- and long-term plan to remediate passenger loading zone problems, periodic reports about plans for implementing operational solutions for all schools, the policies and training materials that the Plan mentions will be developed, and numerous other reports. These are unnecessary reports, some are not even related to the transition plan, and complying with these requests would detract from the District's ability to move forward.

At this time, the District is continuing its review and may provide additional responses to the preliminary thoughts and observations contained in this response.

Sincerely,



Deneen Evans Cox

Associate General Counsel I

Dr. David Rostetter

Re: District's Preliminary Response to *Feedback on the District's Draft ADA Transition Plan*

dated August 31, 2017

September 8, 2017

Page 7

**c: Beth Kauffman
Mark Hovatter
Robert Myers
Catherine Blakemore
Yvonne Price
Brigitte Ammons**