



Executive Summary BSE Compliance Monitoring Review of the Southwood Psychiatric Hospital

PART I SUMMARY OF FINDINGS

A. Review Process

Prior to the Bureau's monitoring the week of January 23, 2023, the Southwood Psychiatric Hospital was formally notified of the dates the onsite review would be conducted. The responsible local education agency (LEA) was informed of its responsibility to compile various reports, written policies, and procedures to document compliance with requirements.

While onsite, the monitoring team employed a variety of techniques to gain an in depth understanding of the LEA's program operations. This included:

- Interviews of LEA administrative and instructional staff (Interview of Personnel)
- Review of policies, notices, plans, outcome and performance data, special education forms and formats, and data reports used and compiled by the LEA (Facilitated Self-Assessment)
- Comprehensive case studies (including classroom observations, interviews of parents, students, and general and special education teachers, and student file reviews).

B. General Findings

In reaching compliance determinations, the Bureau of Special Education (BSE) monitoring teams apply criteria contained in federal and state special education regulations. Specifically, these are:

- Individuals with Disabilities Education Improvement Act of 2004
- 22 Pa. Code Chapter 14 (State Board of Education Special Education Regulations)
- 34 CFR Part 300

This report focuses on compliance with regulatory requirements and also contains descriptive information (such as interview results) intended to provide feedback to assist in program planning.

C. Overall Findings

1. FACILITATED SELF-ASSESSMENT (FSA)

The team reviewed the FSA submitted by the LEA and conducted onsite verification activities of the information submitted in the FSA. The onsite verification activities included review of policies, notices, procedures, and LEA file reviews.

FSA	In Compliance	Out of Compliance
Assistive Technology and Services; Hearing Aids	2	0
Positive Behavior Support Policy	1	0
Child Find (Annual Public Notice and General Dissemination Materials)	1	0
Confidentiality	1	0
Dispute Resolution (Due process hearing decision implementation)	0	0
Exclusions: Suspensions and Expulsions (Procedural Requirements)	1	0
Facilities Used for Special Education	1	0
Independent Education Evaluation	1	0
Least Restrictive Environment (LRE)	1	0
Provision of Extended School Year Services	1	0
Provision of Related Service Including Psychological Counseling	1	0
Caseload and Age Range Requirements	1	0
Parent Training	1	0
Surrogate Parents (Students Requiring)	1	0
Personnel Training	1	0
Summary of Academic Achievement and Functional Performance/Procedural Safeguard Requirements for Graduation	1	0
Disproportionate Representation that is the Result of Inappropriate Identification	1	0

IMPROVEMENT PLAN REQUIRED*	Yes	No
Effective use of Dispute Resolution	0	1
Graduation Rates (SPP)	0	1
Dropout Rates (SPP)	0	1
Suspensions (Rates)	0	1
Least Restrictive Environment (LRE) (SPP)	0	1
Participation in PSSA and PASA (SPP)	0	1
Participation in District-Wide Assessment	0	1
Disproportionate Representation that is the Result of Inappropriate Identification	0	1

*This determination is based on the data used for the monitoring. More recent data provided by the LEA may demonstrate that the LEA does not require an improvement plan for this topic. Please refer to the Corrective Action Verification/Compliance and Improvement Plan for final guidance.

2. FILE REVIEW (Student case studies)

The education records of randomly selected students participating in special education programs were studied to determine whether the LEA complied with essential requirements.

The status of compliance of the Southwood Psychiatric Hospital is as follows:

Sections of the FILE REVIEW	In Compliance	Out of Compliance	NA
Essential Student Documents Are Present and Were Prepared Within Timelines	68	0	60
Evaluation/Reevaluation: Process and Content	172	0	452
Individualized Education Program: Process and Content	426	0	214
Procedural Safeguards: Process and Content	87	0	1
TOTALS	753	0	727

3. TEACHER AND PARENT INTERVIEWS

Interviews were conducted with parents and teachers of students selected by the Regional Area Support Team (RAST) Adviser for the sample group. The goal is to determine if the LEA involves parents and professionals in required processes (e.g., evaluation, IEP development), whether programs and services are being provided, and whether the LEA provides training to enhance knowledge. Parent and teacher satisfaction with the special education program is also generally assessed.

	# Yes Responses	# No Responses	# of Other Responses
Program Implementation: General Ed Teacher Interviews	8	0	0
Program Implementation: Special Ed Teacher Interviews	229	0	11
Program Implementation: Parent Interviews	83	1	40
TOTALS	320	1	51

4. STUDENT INTERVIEWS

Results of the student interviews are reflected on the School District/Intermediate Unit PRRI/PH/RTF Corrective Action Verification Compliance and Improvement Plan.

5. CLASSROOM OBSERVATIONS

Observations are conducted in classrooms of students selected by the RAST Adviser for the sample group.

	# Yes Responses	# No Responses	# of Other Responses
Classroom Observations	28	0	21

PART II CORRECTIVE ACTION PROCESS

PART I of this report presented an overall summary of findings. In the Appendix to the report, we have provided the detailed findings for each of the criteria of the compliance monitoring document, i.e. FSA, File Reviews, Interviews and Classroom Observations. The detailed report of findings includes:

- Criteria Number
- Statements of all requirements
- Whether each requirement was met, not met, not applicable or other
- Statements of corrective action required for those criteria not met. ***Criteria not met that require corrective action by the LEA are gray-shaded.***

In accordance with recent directives issued to states from the U.S. Department of Education, Office of Special Education Programs, in addition to corrective action designed to ensure systemic correction of noncompliance, LEA must document correction for each individual case (student specific) of noncompliance that was identified during the monitoring. Therefore, in addition to this report, the BSE will provide the LEA with an Individual Corrective Action Plan (ICAP) for any student(s) where noncompliance was identified, and the required corrective action. Because the ICAP contains personally identifiable information, school districts are instructed to ensure protection of confidentiality of this information in accordance with federal and state regulations. The RAST Adviser will inform the LEA further concerning requirements for the individual corrective action process.

LEAs are advised that in accordance with requirements of the Individuals with Disabilities Education Act, all noncompliance must be corrected as soon as possible but in no case later than one year from the date of the monitoring report. The BSE is required to verify timely correction of noncompliance, and must report annually to the federal government and the public on this requirement.

Upon receipt of this report, the LEA should review the corrective action and improvement planning required. The report is formatted so that findings from all components of the monitoring are consolidated by topical area. The report lists the finding, and whether corrective action is required. For certain types of findings, corrective action will be prescribed, and will not vary from LEA to LEA. For example, if the finding is that the LEA lacks a specific required policy, it is reasonable to have the BSE prescribe a standardized remedy and timeline for correcting this deficiency. However, the majority of corrective action activities will be individually designed by the LEA based on their own unique circumstances and goals. Consistent with IDEA's general supervision requirements for states, BSE must approve all proposed corrective action.

With respect to the File Review, because students were selected at random, findings are generalized to the entire population of students with disabilities. During the corrective action review, the RAST Adviser will select students at random and will review updated data, i.e. records that were developed subsequent to the monitoring. Consequently, the LEA should approach corrective action on a systemic basis. As indicated above, the LEA is also required to correct student specific noncompliance identified during monitoring under the ICAP process. If there has been a finding of noncompliance regarding the appropriateness or implementation of an individual student's program, the individual students are identified by student number to the LEA and, because of the significance of the provision of a free appropriate public education (FAPE) to these students; the LEA must take immediate, individual corrective action.

The RAST Adviser will schedule an onsite visit with the LEA within 60 days following issuance of the monitoring report. The RAST Adviser, LEA, and PaTTAN staff will develop a School District/Intermediate Unit PRRI/PH/RTF Corrective Action Verification/Compliance and Improvement Plan. PaTTAN and IU staff is available to assist the LEA.

Upon conclusion of the corrective action process, the LEA will be notified of its successful completion of the monitoring process.

While the RAST Adviser was responsible for onsite activities, report preparation, and resolution of any discrepancies in the report, responsibility for the implementation of corrective action process is assigned to the BSE Division of Compliance Monitoring and Planning. Therefore, LEAs may direct inquiries and concerns related to corrective action to either the RAST Adviser or the Division of Compliance Monitoring and Planning.