



**Coordinator**  
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## Program Description

### ***Purpose or Mandate***

The purpose of the Purchase of Service (POS) program is to provide intensive therapy, services, and academic instruction in a safe environment that is more therapeutic than is available in a public school setting.

### ***Summary Description of Program***

I.E.P. teams determine the level of service a student requires to receive a free and appropriate public education. Special School District has contracts with six agencies approved by the Department of Elementary and Secondary Education (DESE) to provide services in cases where the I.E.P. team determines a student requires an intensive therapeutic program due to emotional needs, or a specialized program not offered in partner districts or in Special School District schools.

### ***Which specific CSIP goals and PCF processes does this Program support?***

- CSIP 1.1 Ensure achievement for all students
- PCF 5.2 Plan and manage student and stakeholder relationships and engagement strategies
- PCF 13.8 Design and implement alternative education and interventions

### ***Who are the Customers/Stakeholders?***

- Students
- Parents
- Staff
- Administrators
- Board of Education
- Taxpayers
- Other: Purchase of Service agencies

### ***What are the Customer/Stakeholder requirements?***

Students are entitled to receive a Free and Appropriate Public Education (FAPE). Stakeholders expect that some students, in order to be successful, may require an educational environment that provides therapeutic services and instruction in social-emotional-behavioral skills. Stakeholders also expect that POS staff will collaborate closely with agencies to promote conditions and practices that lead to positive student outcomes. The Board requires that the POS program reports progress on key objectives twice annually (POS II is the second of the two annual reports).

### ***What is this program expected to accomplish?***

The program is expected to provide therapeutic interventions and instruction in social-emotional-behavioral skills so that students can develop competencies and ultimately experience success in a less restrictive environment.

### ***Briefly describe how this Program works***

The program begins when an IEP team has determined that the school is unable to meet the needs of the student in a less restrictive environment utilizing all services, supports and accommodations available to the team. If the student fails to show progress when provided the highest level of services, supports, and accommodations available in the school, then an IEP decision on change of placement is made. SSD staff in partner districts may refer students to separate public separate schools or separate private schools. Public

separate schools may refer students to private separate schools if all intervention options have been exhausted. Parents may also request an IEP meeting to consider a more restrictive level of service.

Upon referral to a POS agency, the student completes an intake and orientation process involving assessment of functioning, interviews, and goal setting. Therapeutic services and coping skill-building involve achieving “buy-in” from students and families. Academic instruction is provided to students. SSD staff and agencies collaborate to monitor student progress. If sufficient progress is made in changing behavior and overcoming barriers that led to placement in the POS agencies, then SSD staff coordinate with agency staff and the family to develop a plan for the student to return to a less restrictive environment.

***What resources (type and quantity) are required to execute this plan?***

At each step of the referral process, therapeutic support, family support and additional supervision (in the case of aggressive students), can help the student remain in a less restrictive environment. Upon referral to the POS agencies, funding is required to purchase services. Family engagement is often a prerequisite for student behavioral improvements. Additionally, an SSD administrator and SSD teacher monitor and collaborate with agency administrators and teaching staff to support student success in the agency. This may result in the SSD administrator collaborating with the agency to provide training, and/or coordinating consultation between the agency and SSD effective practice specialists. SSD staff dedicated to the POS program include one full-time administrator, one full-time teacher, and a .5 secretary.

## **Action Plan Summary**

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***Previous Cycle Goals and Measurable Objectives***

<b><i>2013-2014 Overall Goals</i></b>	<b><i>2013-2014 Measurable Objectives</i></b>
Goal 1: Students will demonstrate progress on therapeutic measures.	1.1 CGAS <sup>1</sup> scores will improve for most students.
Goal 2: Programs will show improvement on program quality indicators.	2.1 Agencies will meet DESE standard “Approaching” of 80% of students having 90% attendance. 2.2 Agencies will show improvement on self-assessment of program quality indicators rubric.
Goal 3: SSD will place students with appropriate consideration of student need and growing SSD capacity.	3.1 Descriptive. Number of students returning to a less restrictive environment (LRE). 3.2 Descriptive. Number of students enrolled in POS agencies over time.

***Current Cycle Goals and Measurable Objectives***

<b><i>2014-2015 Overall Goals</i></b>	<b><i>2014-2015 Measurable Objectives</i></b>
Goal 1: Students will demonstrate progress on therapeutic measures.	1.1 CGAS <sup>1</sup> scores will improve for students over time.
Goal 2: Programs will show improvement on program quality indicators.	2.1 Agencies will meet DESE standard “Approaching” of 80% of students having 90% attendance. 2.2 Agencies will show improvement on self-assessment of program quality indicators rubric over time.
Goal 3: SSD will place students with appropriate consideration of student need and growing SSD capacity.	3.1 The number/proportion of students returning to a less restrictive environment (LRE) will increase over prior years. 3.2 The number/proportion of students enrolled in

	POS agencies over time will remain consistent or decrease.
Goal 4: POS placement decisions and trends will be equitable in nature.	4.1 Exploratory. Analyze and report trends in POS placements with respect to home partner district and type of placement immediately preceding POS referral (i.e., public special education placement vs. partner district placement).

*Current Cycle (2014-2015) Action Plans*

**Short-term (within the next school year)**

Attendance monitoring and improvement. Continue to monitor individual student attendance to develop supports for student attendance. Continue to make attendance a priority in conversations with agencies.

**Medium-term (1-2 years)**

Explore sources of funding or collaboration for additional therapeutic staff in the public separate schools.

**Long-term (3 years and more)**

None

# Evaluation Plan Summary

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## *Program Evaluation Authority*

The Purchase of Service program evaluation is required by the Board of Education of SSD. At present, two separate reports on the status and progress of POS are provided to the Board annually.

### *Qualitative Measures - Evaluation questions to be used*

- What are the major accomplishments or benefits of this program?
- How well did this program fulfill its purpose or mandate?
- What do customers and other stakeholders consider to be the strengths and opportunities for improvement /weaknesses of the program?
- How well-aligned are the program's processes with the goals of the program?
- What is the level of deployment of this program's services?
- How should resources be changed to improve this program?
- How should goals be changed, added, or removed?
- Additional (if any)

### *Quantitative Measures - Evaluation questions to be used*

- What is the status of the program's progress toward achieving its goals?
- What are the actual costs of this program, and how do they compare to planned costs?
- What is the estimated actual benefit-cost or cost-effectiveness of this program?

### *Quantitative Measures – Criteria for Evaluation*

Measure to be used	2014-2015 Target
1.1 Percent of students whose CGAS score maintained or increased from the year start (or point of POS entry) rating to the early spring rating. <sup>2</sup>	90% of students will maintain or improve pre/post (86.8% maintained or improved in 2014-15)
2.1 Percent of students achieving 90% attendance fall semester. <sup>2</sup>	80% (rate was 57% in prior evaluation)
2.2 Cross-year change in POS agency quality indicator rubric self-assessment scores. <sup>2</sup>	All POS agencies will improve (4 of 5 agencies assessed improved in 2015)
3.1 Number and proportion of students who return to a less restrictive environment over the spring 2015 and fall 2015 semesters combined. <sup>2</sup>	10 or greater; also report proportion returned vs. total students served (10 students returned to LRE during the 2014-15 school year through March)
3.2 Number of students who attended a POS site at any point over the fall semester of the 2015-16 school year. <sup>2</sup>	88 or fewer (88 represents the POS enrollment count on 4/29/15)
4.1 POS placement trends by partner district and prior placement/level of service.	n/a (exploratory analysis)

<sup>1</sup> The **Children's Global Assessment Scale (CGAS)** is a numeric scale (1 through 100) used by mental health clinicians to rate the general functioning of children under the age of 18.

<sup>2</sup> Data reported for this objective will come all or in part from the 2015-16 school year.



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## ***Evaluation Summary***

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### ***Purpose or Mandate***

The purpose of the Purchase of Service (POS) program is to provide intensive therapy, services, and academic instruction in a safe environment that is more therapeutic than is available in a public school setting. POS supports CSIP 1.1 (Ensure achievement for all students), PCF 5.2 (Plan and manage student and stakeholder relationships and engagement strategies), and PCF 13.8 (Design and implement alternative education and interventions).

Semi-annual evaluations of POS are conducted per Board request. The most recent evaluation report (POS I) was approved by the Board on 12/8/15.

### ***Program Description***

IEP teams determine the level of service a student requires to receive a free and appropriate public education. Special School District currently has contracts with six agencies approved by the Department of Elementary and Secondary Education (DESE) to provide services in cases where the IEP team determines a student requires an intensive therapeutic program due to emotional needs, or a specialized program not offered in partner districts or in Special School District schools.

### ***What were the major accomplishments or benefits of this program?***

Students attending POS agencies receive intensive therapeutic supports. Students have been afforded increased academic instruction time as a result of reduced periods of suspension. Agencies have been offered the opportunity to participate in training provided through SSD on topics such as transition and standards-based IEPs. SSD and agencies have continued to develop strong partnerships.

### ***How well did this program fulfill its purpose or mandate?***

Inadequate       Approaching Satisfactory       Satisfactory       Excellent

### ***What factors made essential contributions (+/-) to this rating?***

Agencies are making a concerted effort to monitor attendance, which represents an obstacle for many students due to mental health challenges. Attendance is an ongoing agenda topic during POS/Agency meetings, and we continue to problem solve around solutions for increasing attendance. SSD and agencies continue to collaborate to increase the quality of academic instruction provided to students. Broader participation in STAR testing among students provides an indicator of academic growth along with data to inform instructional programming and planning decisions.

### ***What is the general level of customer or stakeholder satisfaction with this program?***

Not at all Satisfied       Somewhat Satisfied       Very Satisfied       Completely Satisfied

### ***What factors made essential contributions (+/-) to this rating?***

Parents report favorable relationships with agencies, and frequently during meetings cite that their children are making progress as evidenced by fewer removals from school and disciplinary phone calls home. Agency directors report appreciating the opportunity to participate in trainings offered by SSD. Agency directors also

report open and timely communication with SSD. Regular meetings between agencies and SSD staff have served to enhance collaboration and clarify expectations.

## Evaluation Results

### What is the status of the program's progress toward achieving its goals?

**Goal 1:** Students will demonstrate progress on therapeutic measures.

Measurable Objective 1:	CGAS scores will improve for students over time.
<p>Results: The Children's Global Assessment Scale (CGAS) is a social-emotional assessment used by clinicians to provide a global measure functioning in children and adolescents. More detailed information regarding the CGAS can be found in Appendix A. CGAS ratings are conducted early in the fall first semester (or at the time of enrollment for students who enroll mid-year), and early second semester, typically in February.</p> <p>CGAS results can be seen in Tables 1 and 2, and in Figure 1. The target set for this objective was 90% of students improving or maintaining pre-test to post-test (86.8% maintained or improved in 2014-15). Overall, 90.9% of students received post CGAS ratings that remained the same or improved (n=66); 77.3% were rated at least one point higher on the scale.</p> <p>Another method of assessing change over time is to examine how commonly students' CGAS rating increased (or decreased) one or more 10-point "levels" of the scale. Movement from one level/qualitative category to another presumably equates to a (subjectively) detectable improvement (see Appendix A). These results are shown in Table 2. 31.8% of students improved one or more levels pre to post. Pre-post improvement was somewhat less common for students attending Great Circle. Great Circle's social-emotional-behavioral (SEB) program began implementation of Trauma-Focused Cognitive Behavioral Therapy in 2015-16, which according to the agency's staff, can result in temporary <i>increases</i> in challenging behaviors prior to an ultimate decrease. In addition, this year Great Circle has enrolled a larger than usual number of POS students who have previously been unsuccessful at other agencies. Each of these factors may contribute to lower average CGAS improvement among students attending this agency.</p> <p>Figure 1 displays the individual CGAS pre-post rating trajectories for each student and provides an alternate method of analyzing CGAS results across agencies. Many students attending Logos tend to receive higher initial ratings, while there appears to be less variability in the ratings of the (albeit small number of) students attending Every Child's Hope. Interestingly, a number of students received CGAS ratings that fell in the range described as "normal functioning," which could prompt questions regarding those students' need for such an intensive level of service. One possible explanation for this may be a frame of reference for "normal functioning" among raters (agency staff) that is colored by daily work with an exclusively challenging student population. That is, some students may experience relatively few difficulties in comparison to other students attending the same agency, and thus receive relatively high ratings on the CGAS; however, in comparison to students in a general education setting, those students' SEB functioning would appear less typical. It might also be the case that students are able to function relatively well given the therapeutic supports available through the agency placement, but would function less well in absence of such supports. Furthermore, an agency such as Logos serves students who present with primarily internalizing disorders, which may be perceived to affect functioning in only "one area" when evaluated against the CGAS rating criteria (see Appendix A).</p>	

Though the fact that agencies are formally assessing within-year change in SEB functioning should be viewed as a positive, the CGAS has potential limitations as a program evaluation tool. These include use of a single "item" as the basis of assessing improvement, a somewhat subjective (and/or setting-influenced) rating system, unclear inter-rater reliability, possible lack of sensitivity to change over relatively short periods of time, and omission of the client (student) perspective. These limitations may preclude strong conclusions and comparisons regarding the efficacy of services the POS agencies provide. A more objective, in-depth treatment assessment/battery, potentially one that includes some student-rated measure of well-being, could provide greater insight into the changes experienced by students as a result of the services they receive through the POS placement.

**Table 1**  
CGAS pre-post change

	ECH		Great Circle		Logos		Marygrove		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
Increased	8	88.9%	21	61.8%	19	100.0%	3	75.0%	51	77.3%
Stayed the Same	1	11.1%	7	20.6%	0	0.0%	1	25.0%	9	13.6%
Decreased	0	0.0%	6	17.6%	0	0.0%	0	0.0%	6	9.1%
<b>Total</b>	<b>9</b>	<b>--</b>	<b>34</b>	<b>--</b>	<b>19</b>	<b>--</b>	<b>4</b>	<b>--</b>	<b>66</b>	<b>--</b>
<b>Mean Change</b>	<b>2.78</b>		<b>1.5</b>		<b>7.68</b>		<b>11.75</b>		<b>4.08</b>	

**Table 2**  
CGAS pre-post "Level" change

	ECH		Great Circle		Logos		Marygrove		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
<b>3 Level Increase</b>	0	0	0	0	0	0	1	25.0%	1	1.5%
<b>2 Level Increase</b>	0	0	1	2.9%	2	10.5%	0	0	3	4.5%
<b>1 Level Increase</b>	3	33.3%	6	17.6%	7	36.8%	1	25.0%	17	25.8%
<b>Same Level</b>	6	66.7%	22	64.7%	10	52.6%	2	50.0%	40	60.6%
<b>1 Level Decrease</b>	0	0	3	8.8%	0	0	0	0	3	4.5%
<b>2 Level Decrease</b>	0	0	2	5.9%	0	0	0	0	2	3.0%
<b>Total</b>	<b>9</b>		<b>34</b>		<b>19</b>		<b>4</b>		<b>66</b>	

# Pre and Post CGAS Scores 2015-16

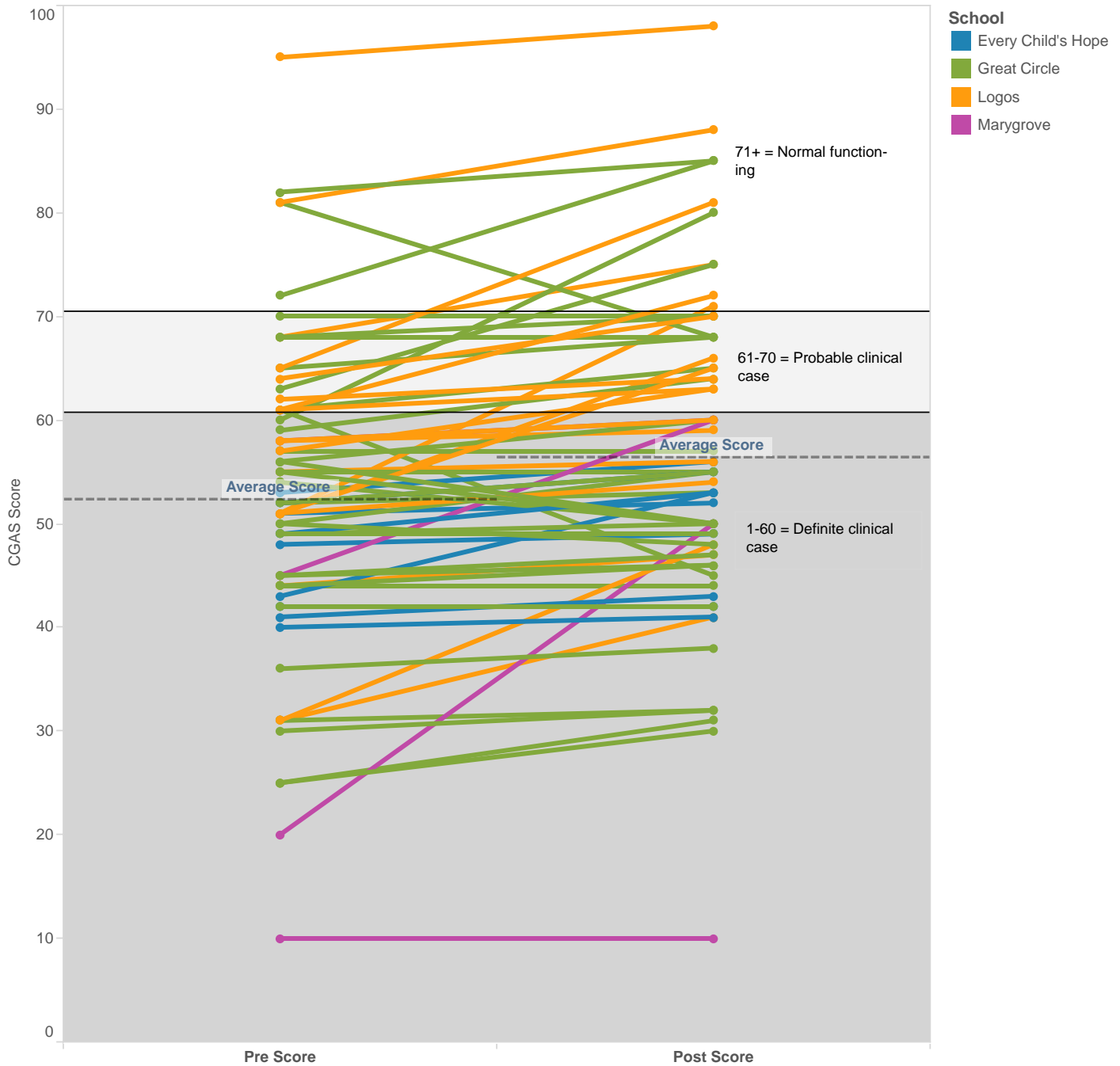


Figure 1. Slope graph displaying the pre and post CGAS ratings for students attending POS SEB-focused programs in 2015-16 (n=66). Two other POS agencies, the Center for Autism Education and Great Steps, do not use the CGAS. Only students with two scores were included. Further information regarding the CGAS can be found in Appendix A.

**Goal 2:** Programs will show improvement on program quality indicators.

Measurable Objective 1:	Agencies will meet DESE standard "Approaching" of 80% of students having 90% attendance.
Results: See Table 3. Fall 2015 data is reported. 64.2% (61/95) of students enrolled in POS agencies had an attendance rate of 90% or better over fall of 2015. Though only mid-year data,	



this is an improvement over the POS attendance rate in 2014-15 (50.5%; reported in the POS I report) and that reported in the previous POS II evaluation report last spring (57%).

The “proportional” 90% or greater rate of attendance (based on the DESE formula used for the Annual Performance Report) was 54.1% for fall 2015. The proportional rates reported in the two previous POS evaluations were 46.5% (POS I, 12/8/15) and 64.8% (POS II, 5/12/15), respectively.

Among agencies with student placements exceeding 5, Logos had a substantially higher percentage of students with 90% attendance in Fall of 2015 than did Great Circle or ECH. The rate was higher in fall 2015 than 2014-15 for all agencies, with Logos experiencing the largest attendance rate increase.

Figure 2 plots the attendance rate for all students attending POS agencies over fall of 2015.

**Table 3**

*90% attendance percentage, sorted ≥90% highest to lowest. Total counts are higher than the actual number of students who attended POS agencies due to the fact that some students attended multiple POS agencies during the school year.*

<b>Agency</b>	<b>Students Fall 2015</b>	<b>Count &lt; 90%</b>	<b>Percent &lt; 90%</b>	<b>Count ≥ 90%</b>	<b>Percent ≥ 90%</b>	<b><u>2014-15 ≥ 90%</u></b>	<b><u>2014-15 Students</u></b>
Center for Autism	3	0	0.0%	3	100.0%	50.0%	2
Marygrove	5	0	0.0%	5	100.0%	88.9%	9
Logos	22	4	18.2%	18	81.8%	58.3%	24
Giant Steps	3	1	33.3%	2	66.7%	50.0%	6
Great Circle	46	21	45.7%	25	54.4%	53.5%	43
Every Child’s Hope	16	8	50.0%	8	50.0%	38.9%	18
<i>Epworth</i>	n/a	n/a	n/a	n/a	n/a	29.4%	17
<b>Totals</b>	<b>95</b>	<b>34</b>	<b>35.8%</b>	<b>61</b>	<b>64.2%</b>	<b>50.5%</b>	<b>119</b>

Note: The Epworth program was discontinued in 2014-15.

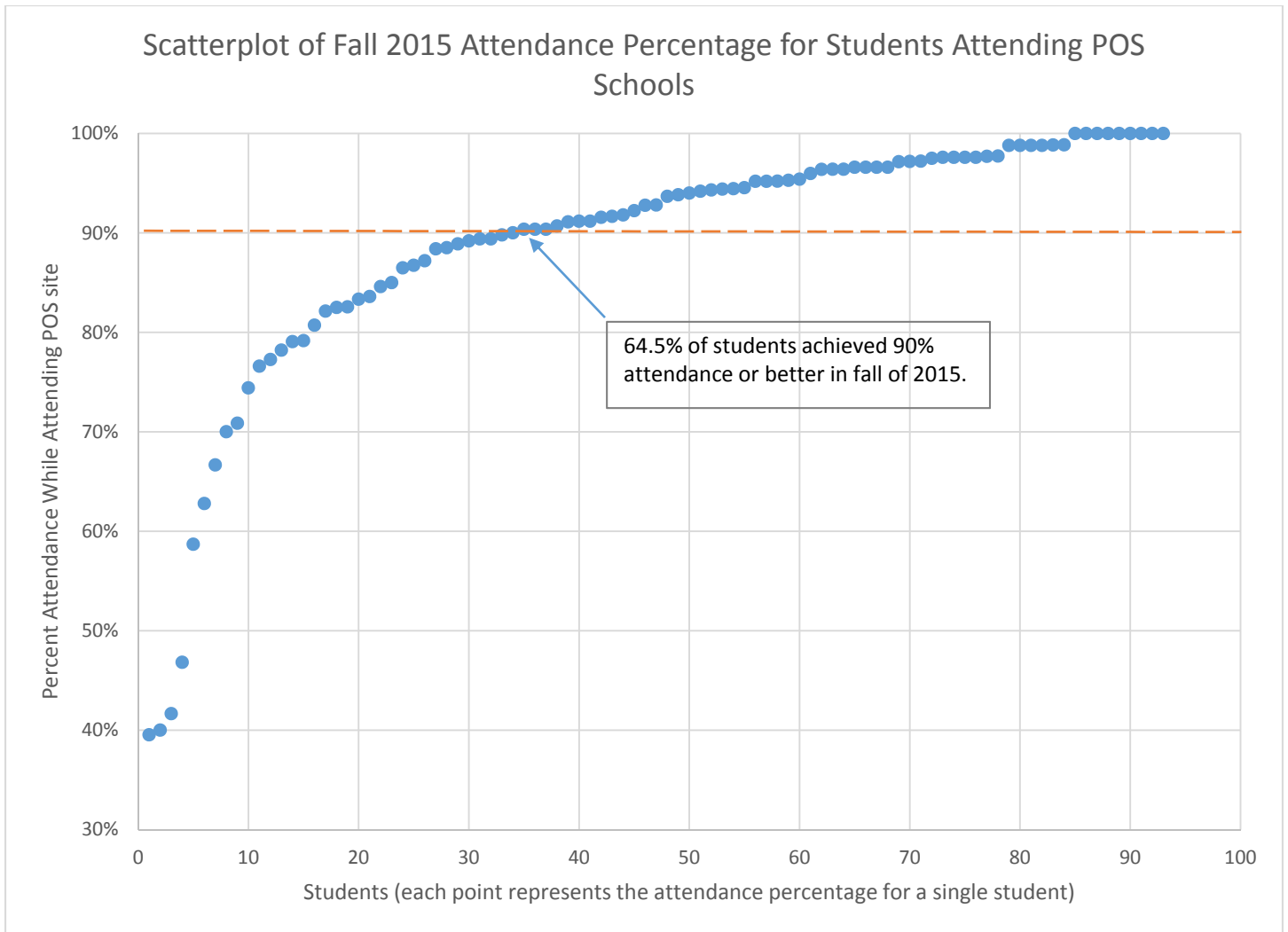


Figure 2. Attendance percentage of students attending POS sites in 2014-15, ordered from lowest to highest attendance rate. Note that several students attended multiple POS sites. The data reflects attendance only during the students' time attending a POS site.

Measurable Objective 2:	Agencies will show improvement on self-assessment of program quality indicators rubric over time.
<p>Results: Once per year, agencies self-rate components of implementation and service quality using rubrics adapted by SSD. There are two separate rubrics, one used by agencies with a social-emotional-behavioral (SEB) focus and the other used by agencies with an autism focus. Agencies and POS staff complete the Quality Indicator ratings in January and February.</p> <p>The target for this objective was that all POS agencies improve over the prior years' rating (4 of 5 agencies rated were noted to have improved in the previous POS II evaluation). Percentage of Quality Indicator points received over three years by each agency currently contracting with SSD are shown in Figure 3. Ratings increased in 2015-16 among all agencies with a Social-Emotional-Behavior (SEB) focus. However, 2015-16 ratings decreased for the three agencies with an autism focus. This may be due to inflated <i>initial</i> self-ratings more so than any actual decrease in program quality; it is not uncommon for self-raters of implementation to become more critical in their second self-assessment as they become more cognizant of opportunities for improvement in implementation and services that exist. Significant staff turnover in the autism program at Great Circle may have influenced the cross-year difference in their rating.</p>	

Change over three years in the individual Quality Indicator categories is displayed in Figures 4 (SEB indicators) and 5 (Autism indicators). SEB program ratings generally were higher across categories in 2015-16, with the exception of the category of Behavior Management. Autism program ratings stayed the same or were lower in all categories other than Family Involvement and Support.

Efforts at improvement that have occurred in conjunction with the self-evaluation process are summarized in Table 4.

**Percent of Quality Indicators Met Overall  
Current POS Agencies, 2014-2016**

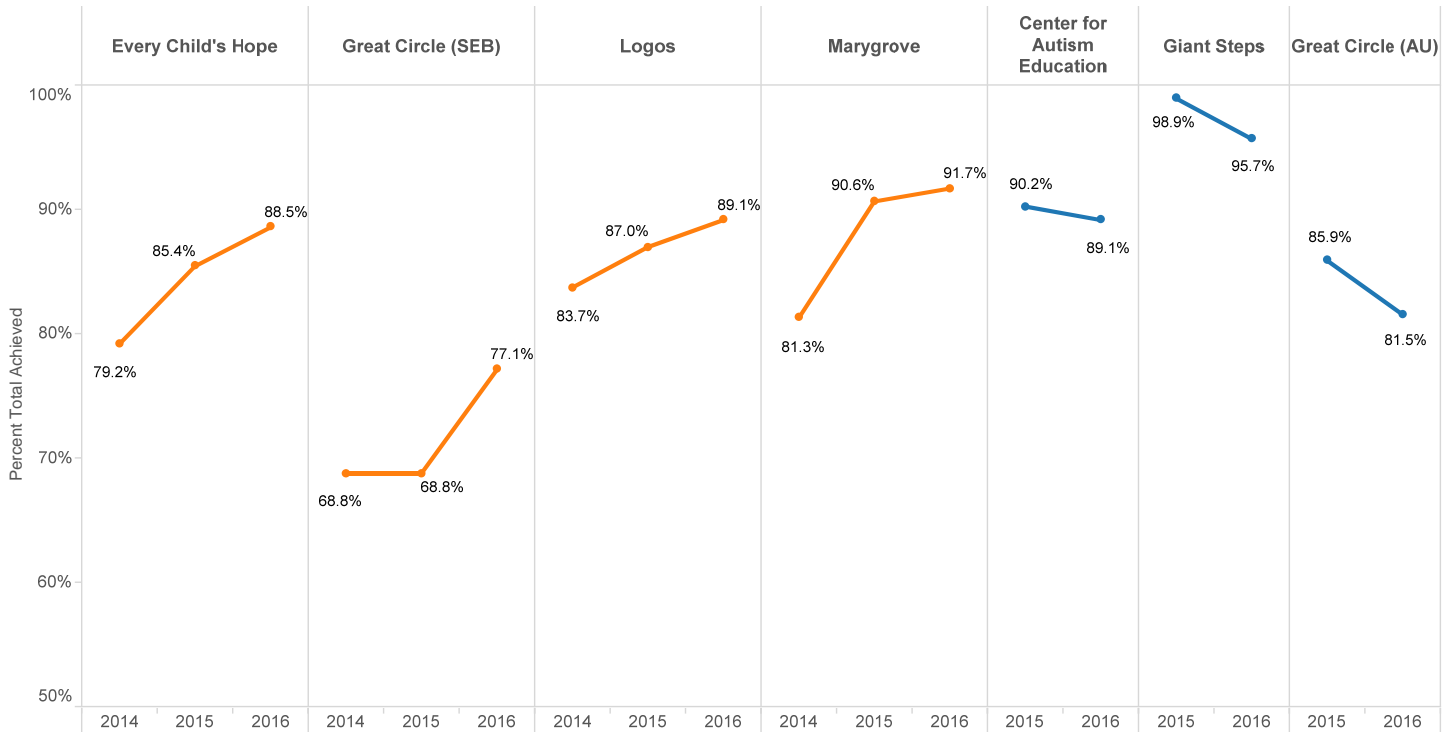


Figure 3. Percent of program Quality Indicators achieved over three years. Great Circle has both SEB and an autism focused programs.

**Individual Quality Indicator Change  
Average Among Agencies With an SEB Focus**

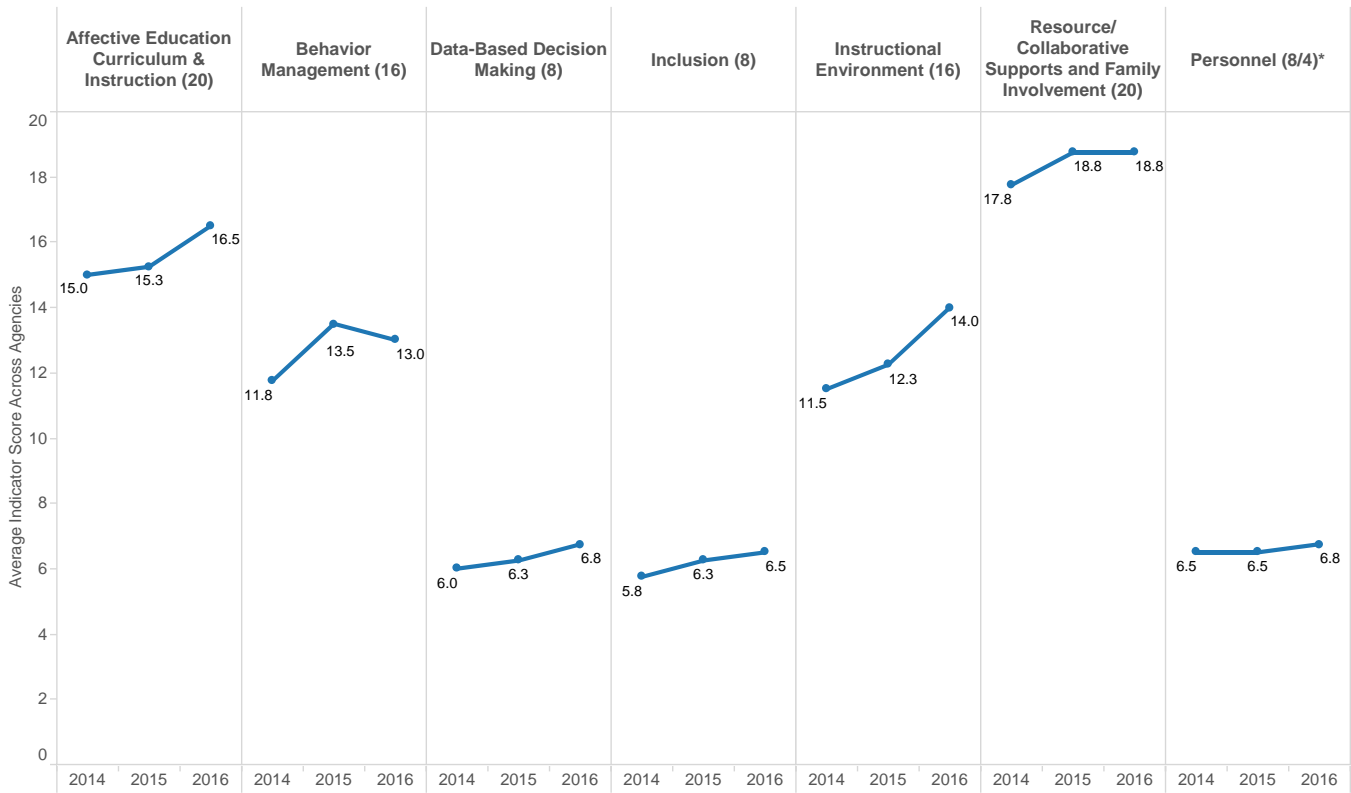


Figure 4. Change over three years in individual Quality Indicator categories. Includes all agencies with an SEB focus. Total points possible are shown in parentheses for each header.

**Individual Quality Indicator Change  
Average Among Agencies With an Autism Focus**

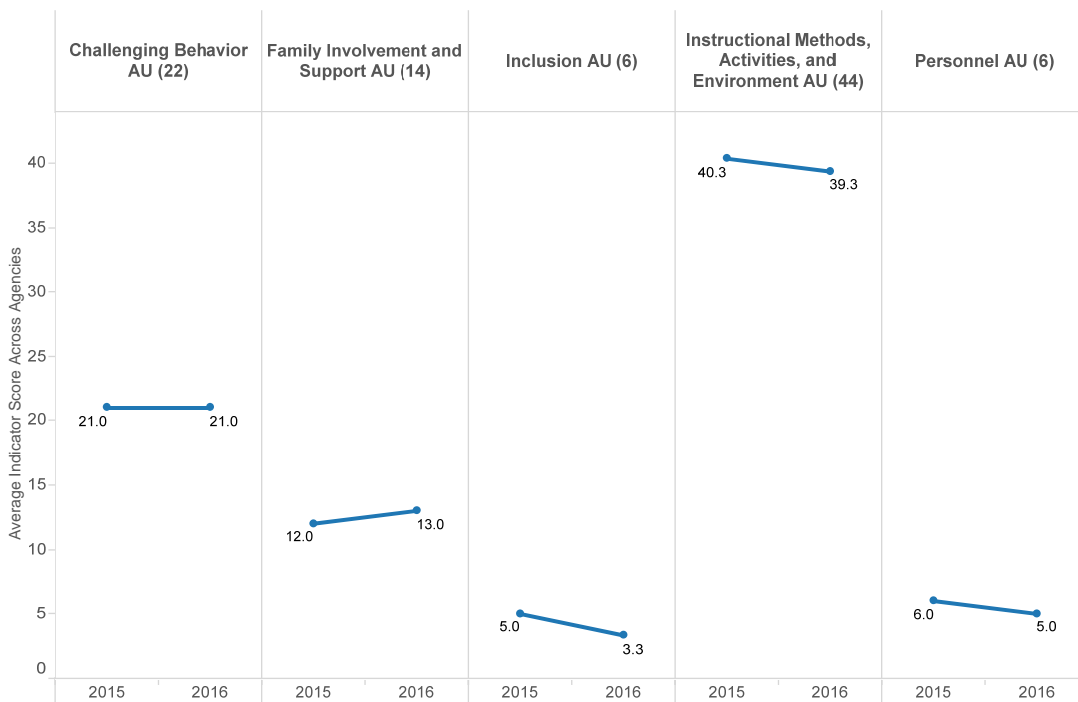


Figure 5. Change over three years in individual Quality Indicator categories. Includes all agencies with an autism focus. Total points possible are shown in parentheses for each header.

**Table 4***Improvements initiated by POS Agencies in conjunction with quality self-evaluation.*

Agency	Improvements
Logos	Logos continues to build upon previous work. The transitional services position is now full time and is working with the SSD transition department to develop long term transitional planning for all students at Logos. Additionally, the agency reviewed and updated both Science and English curriculums. Science will have a STEM focus and English will have a hands-on focus. Therapists are implementing DBT therapy.
Marygrove	Marygrove continues to implement and enhance behavior planning, implementation of the Strong Kids social-emotional learning curriculum, and recreational activities with non-disabled students. Additionally, the agency is actively researching ways to adapt curriculum that better meets the needs of their high school students. Trauma-based therapy/techniques are being incorporated into classroom instruction.
ECH	ECH is focused on developing and strengthening teacher skills through professional development, utilizing SSD trainings when appropriate. Therapists are being trained in Eye Movement Desensitization and Reprocessing (EMDR) therapy. This is a trauma informed treatment that has been empirically proven to relieve symptoms in trauma clients.
Great Circle	<p>Great Circle continues to put an emphasis on curriculum. With support from SSD, they have trained staff in the Corrective Reading intervention program, and investigated and selected Number Worlds to support the math curriculum. A standards-based report card has been developed and will be implemented in the fall of 2016. Additionally, the report card will connect school to work requirements for students 16 years of age and older. In the fall, all teachers will take part in Kagan Skills training (high-yield instructional strategies).</p> <p>To support procedures and processes, the following have been implemented: Attendance procedures which include incentives, four-year plans for 9<sup>th</sup>-12<sup>th</sup> grade students, building leadership teams, building improvement teams, a PBIS team, data binders, and increased technology (laptop carts).</p>
Giant Steps	Giant Steps expanded their vocation program to serve more students and get more students working out in the community. They developed a Giant Steps Transition Checklist to match students' level of performance and improve transition services. New trainings for all staff on mandatory reporting and epilepsy/seizures has been provided.
Center for Autism	No additional qualitative information was submitted with the Quality Indicator self-reports provided by the Center for Autism.

**Goal 3:** SSD will place students with appropriate consideration of student need and growing SSD capacity.

Measurable Objective 1:	The number/proportion of students returning to a less restrictive environment (LRE) will increase over prior years.
<p>Results: Trends in placement immediately following exit from a POS agency are shown in Figure 6 for 2014-15 and 2015-16. A target of 10 students moving to a less restrictive setting was established at the beginning of the school year.</p> <p>13 students had changes of placement to a less restrictive setting thus far in 2015-16, which is comparable to the 2014-15 total of 12. For the purpose of this analysis, less restrictive settings</p>	

included SSD special education schools, St. Louis County partner district schools, and public schools outside of St. Louis County. More students have moved from a POS placement to an SSD school this year (8) than occurred last year (5). The discontinuation of the Epworth program in 2014-15 likely resulted in a higher rate of change of placements from POS agencies that is typically the case.

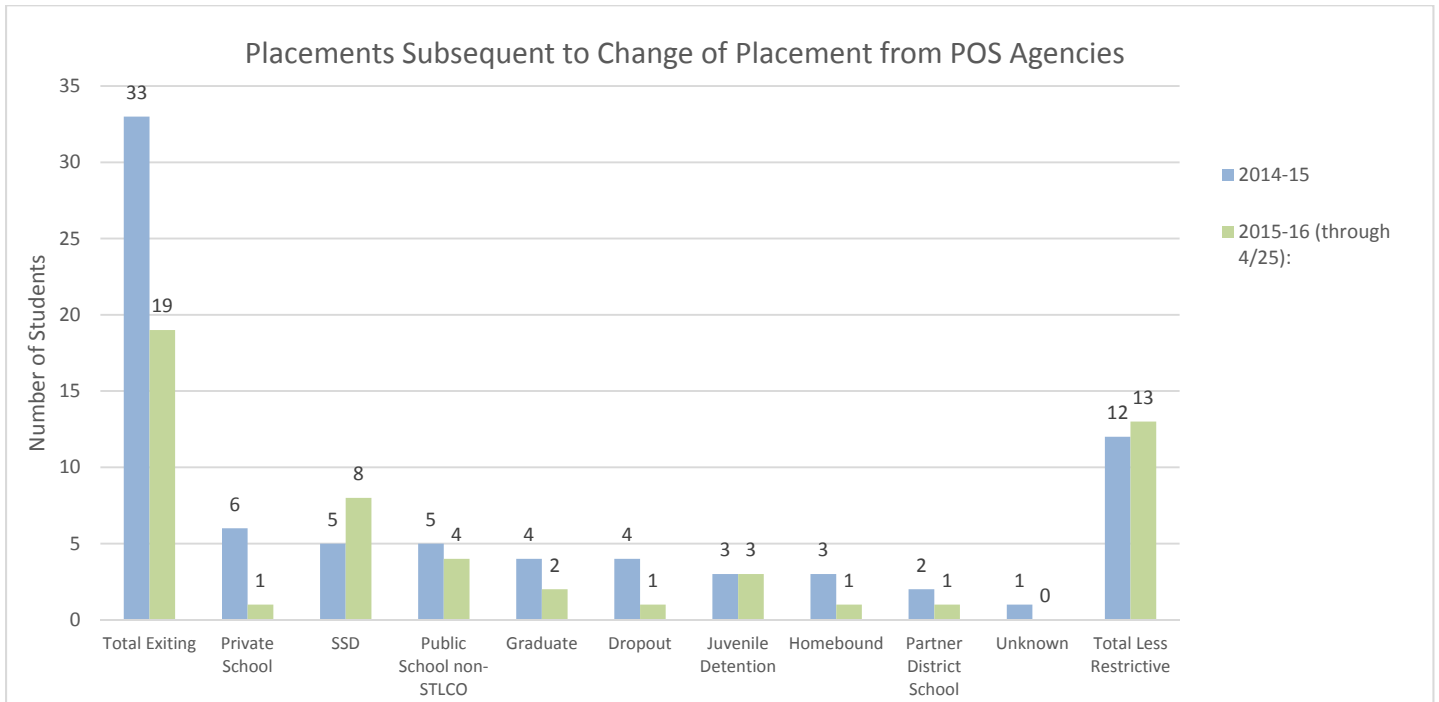


Figure 6. Placement subsequent to exit from a POS agency. Excludes transfers from one POS agency to another. Students who enrolled in a different school over the summer of 2015 are reflected in the 2015-16 data. 115 total students have attended POS thus far in 2015-16 (through April 25, 2016), while 111 total attended POS over the course of 2014-15. SSD refers to SSD’s public separate schools (including the Bridges program). SSD, Public School non-St. Louis County, and Partner District School were considered “Less Restrictive Placements.”

Measurable Objective 2:	The number/proportion of students enrolled in POS agencies over time will remain consistent or decrease.
<p>Results: As of the last week of April 2016, there were 92 SSD students in POS agency placements. 88 SSD students were attending POS agencies on 4/29/15 per the previous year’s POS II evaluation report. 115 SSD students in total have attended POS agencies over the 2015-16 school year through April 2016. 111 students attended POS agencies at any point during the 2014-15 school year. POS placement rates have stabilized over the previous four years after steadily decreasing since 2007.</p>	

**Goal 4:** POS placement decisions and trends will be equitable in nature.

Measurable Objective 1:	<p><u>Exploratory.</u> Analyze and report trends in POS placements with respect to home partner district and type of placement immediately preceding POS referral (i.e., public special education placement vs. partner district placement).</p>
<p>Five year (2011-2016) data on placements immediately preceding a new POS placement are shown in Figure 7. Overall, 41.6% of enrollments were immediately preceded by enrollment at an SSD</p>	

school or program. 55.7% of new enrollments came directly to POS from a partner district (46.5%) or non-St. Louis County (9.2%) public school. POS staff have an established process to determine the most appropriate placements for students; factors that contribute to this decision-making process are displayed in Appendix B. It may be in SSD's interest to continue to study the viability and cost-effectiveness of procedural or programmatic changes that would allow for greater proportions of students with significant SEB needs to receive appropriate and well-matched services through SSD schools and programs in lieu of a POS agency. Anecdotally some families, often in cases of students whose change of placement needs relate to an internalizing disorder, advocate for placement directly with a POS agency given perceptions that SSD schools and programs are less desirable due to narrower treatment capacities and/or a too dissimilar student population.

Figures 8 and 9 allow for analysis of the relationship between POS enrollments and home district in two separate ways (in Figure 8, the reference point is the home district; in Figure 9, the reference point is the POS agency). Far more students whose home district was Hazelwood newly enrolled in POS agencies over 4 years than was the case for any other partner district. The POS agencies in which students commonly are served differ across student home partner district. For instance, Marygrove has been the most common POS agency of enrollment for Hazelwood students, while students from Webster Groves most often enroll at Great Circle, students from Parkway and Rockwood at Logos, and students from Normandy and Riverview Gardens at Every Child's Hope. Some of these enrollment patterns can be explained by geographic proximity between the home district and POS agency, and others by match between program features and student therapeutic need, presenting behaviors, age, etc., though it is unclear whether such factors can wholly account for the differences in agency enrollment patterns across partner districts.

### Placements Immediately Preceding POS Placement New Enrollments, 2011-2016

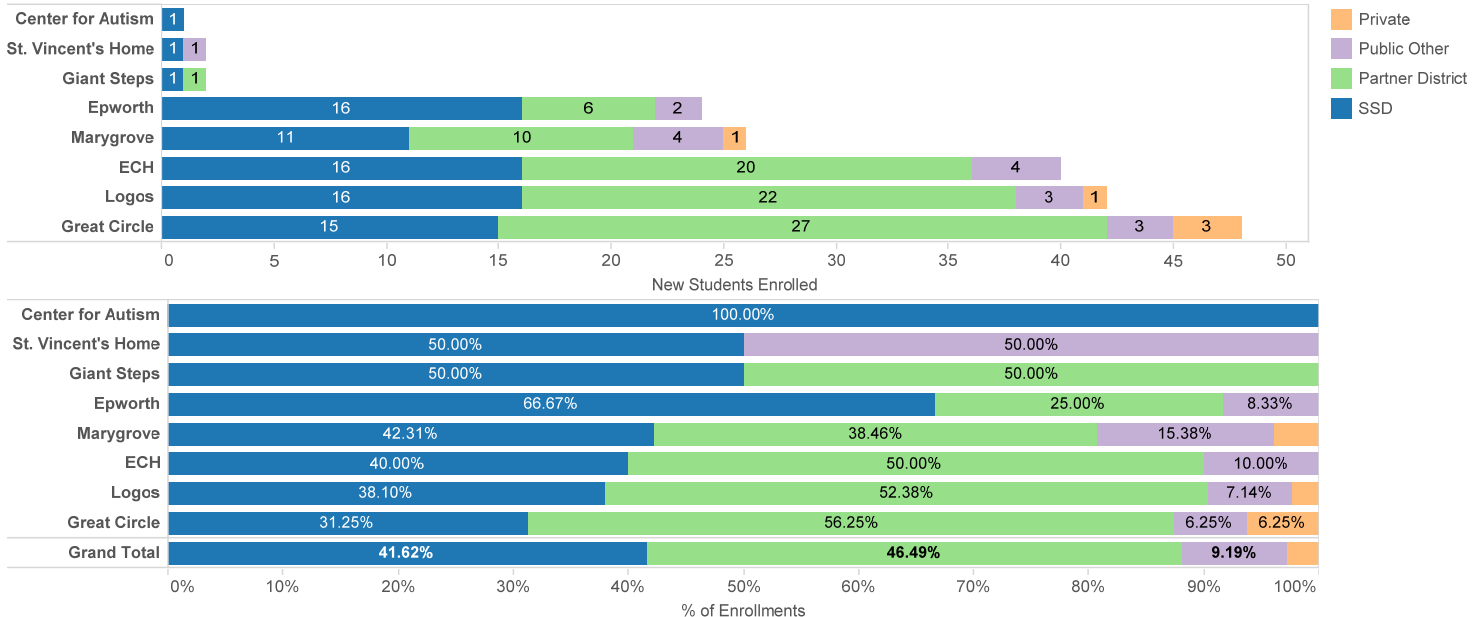


Figure 7. The figure displays student placement types (counts above and percent below) that have immediately preceded enrollment at a POS agency over five years (through April 2016). Transfers from one POS agency to another were excluded. "SSD" includes special education schools, homebound, juvenile detention, and Hawthorne). The Epworth program was discontinued at the end of the 2014-15 school year. St. Vincent's discontinued their school component after 2011-12.

**POS New Enrollments by Home District  
2011-2016**

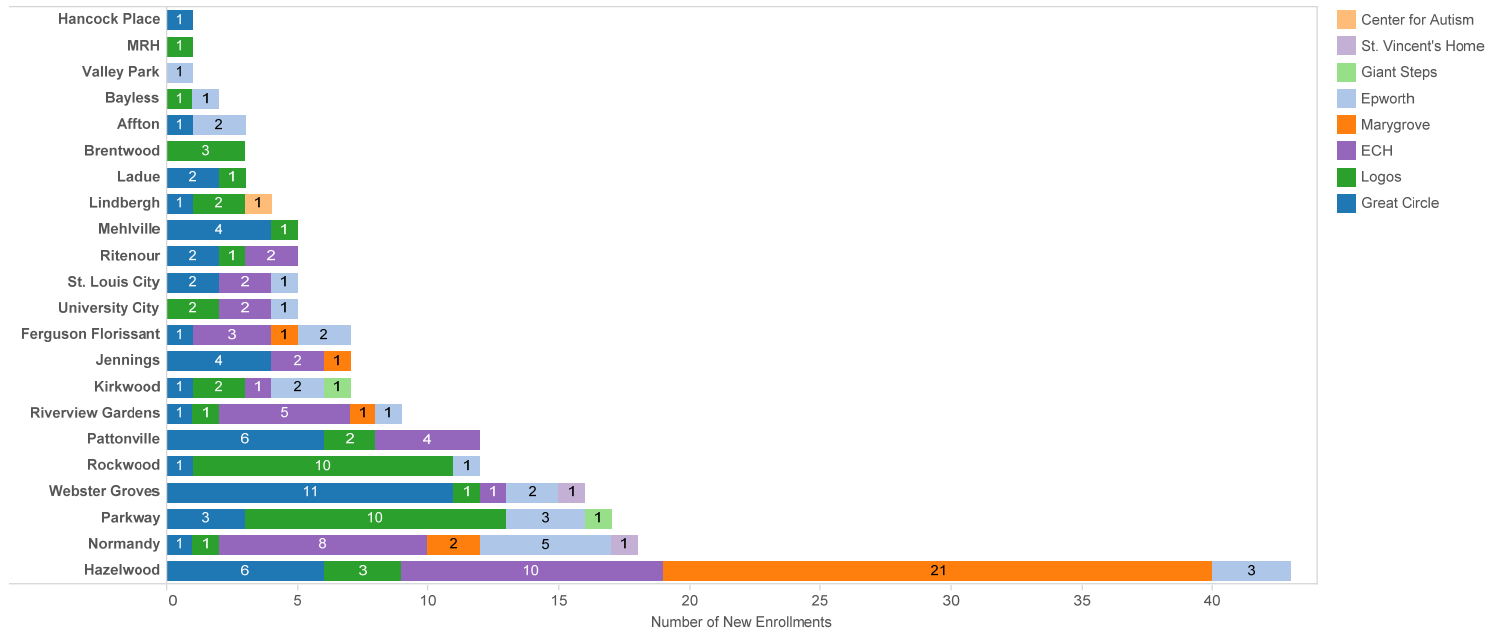
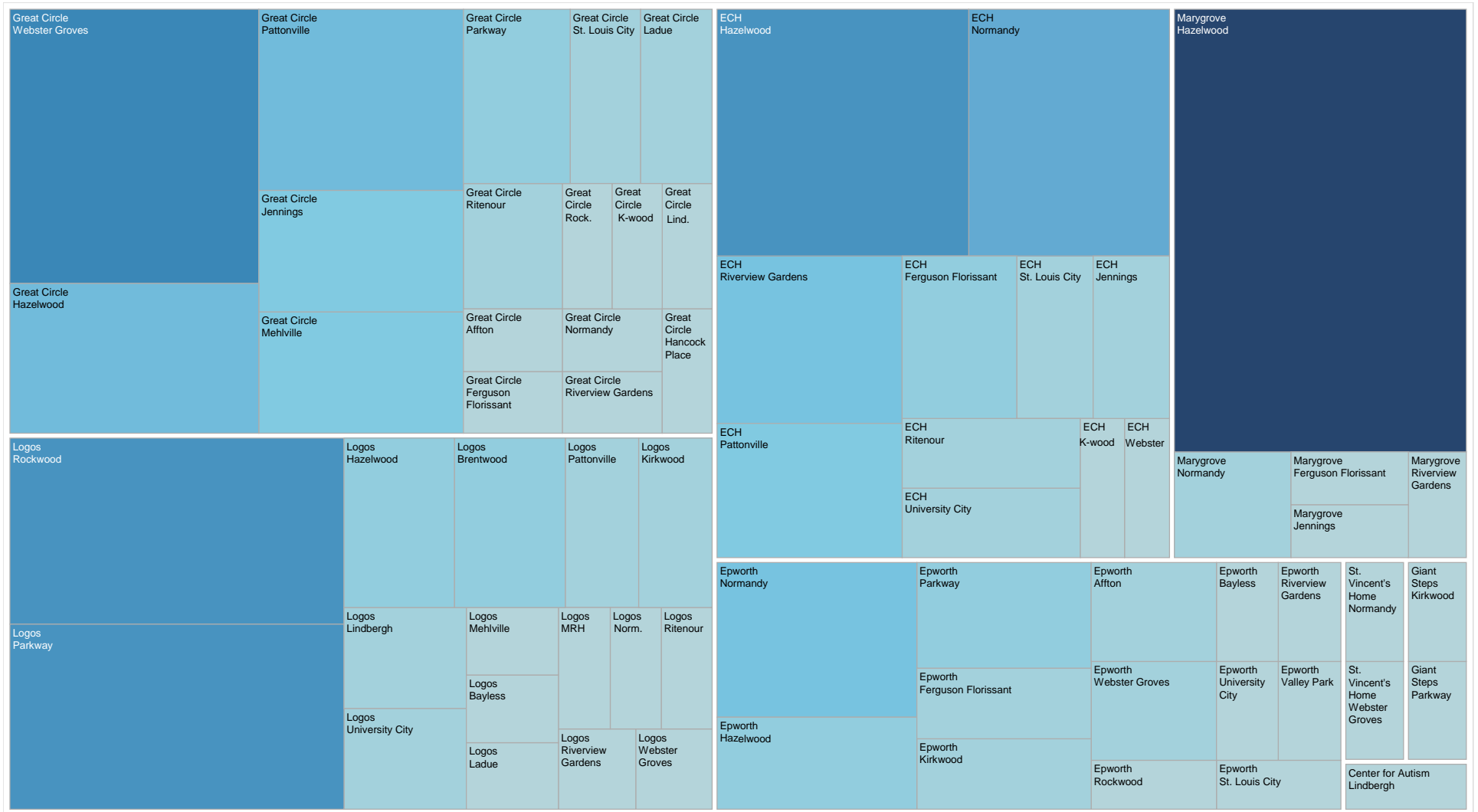


Figure 8. A breakdown of POS new enrollments by student home district. Excludes students who enrolled at a POS agency prior to 2011 and transfers from one POS agency to another.



Tree Map of POS New Enrollments by Agency and Home District  
2011-2016



Number of Records  
1 21

Figure 9. Tree map that provides an overview of the home districts that were most common among students newly enrolled at different POS sites from fall 2011 to present. POS agencies are separated spatially by thick white lines.

***What do customers and other stakeholders consider to be the strengths and opportunities for improvement/weaknesses of the program?***

**Strengths**

- Increasing collaboration between SSD and the POS agencies.
- The quality and implementation of services being provided by SEB-focused programs is increasing based on self-ratings.
- Evidence of improvements agencies have undertaken with respect to the quality of academic instruction for SSD students.
- Students are making social-emotional-behavioral gains, as indicated by the CGAS assessment.
- The number of students who had a change of placement from a POS agency to a less restrictive placement.

**Opportunities/Weaknesses**

- Promoting change to less restrictive environments should continue to be priority, along with attendance and high quality academic instruction.
- Certain districts have enrolled a disproportionately high number of students in POS agencies over the last 5 years.
- Drawbacks of the CGAS as a primary social-emotional-behavioral measurement tool (see pp. 2-3).
- Post-secondary outcomes of POS students have not been formally examined as part of the annual program evaluations.
- Though not discussed elsewhere in this report, POS and agency staff report that soliciting partner district participation in the IEP process remains a challenge.

***How well aligned are the program's processes with the goals of the program?***

The program's processes are well aligned with its goals. Measures have been taken in recent years to improve collaboration and alignment.

***Deployment Level of Program Services***

- Little or no deployment of program services.
- The program services are in the early stages of deployment in most areas or schools.
- Services are deployed, although some areas or schools are in early stages of deployment.
- Services are well deployed, although deployment may vary in some areas or schools.
- Services are well deployed, with no significant gaps.
- Services are fully deployed without significant weaknesses or gaps in any areas or schools.

***Should resources be changed to improve this program?***

**Yes**       **No**

***If Yes, describe changes.***

***Should goals be changed, added or removed?***

**Yes**       **No**

***If Yes, describe changes.***

## Evaluation Implications

**What are the actual costs of this program, and how do they compare to budget?**

<b>Total Annual Expenditures</b> *:	\$ <u>1,775,263.19</u>	<b>Total Annual Budget:</b>	\$ <u>unspecified</u>
Staff	\$ <u>159,167.44</u>	Staff	\$ <u>159,167.44</u>
Technology	\$ _____	Technology	\$ _____
Agency Reimbursement	\$ <u>1,616,095.75</u>		\$ _____

Table 5  
Reimbursement across Individual Agencies

Agency	2014-15 Reimbursement	2015-16 Reimbursement*
Center for Autism Education	125,337.65	155,987.77
Great Circle(Eggedwood)	760,115.78	736,764.63
Epworth	171,277.94	--
Evangelical Children's Home	224,521.58	201,229.69
Giant Steps	187,760.39	74,124.14
Logos School	428,834.17	381,996.31
Marygrove	139,425.00	65,993.21
Total	2,037,272.51	1,616,095.75

\*2015-16 school year expenditures as of 4/28/16.

**What are the major sources and amounts of funds?**

General revenue (property taxes)

**How many customers (students) are served by this program?** 82.7 FTE<sup>4</sup> (through 4/29)

**What is this program's annual cost per customer (FTE student)?** \$ 21,466.30

### Estimated Cost Effectiveness

- Mandated program; costs cannot be significantly reduced.
- Mandated program; costs could be reduced (include in Action Plan, below).
- Benefits greatly outweigh costs.
- Benefits outweigh cost, but improvement appears possible (include in Action Plan, below).
- Costs outweigh benefits (include in Action Plan, below).

### Explanation

POS agencies allow for the full continuum of placement options for SSD students. Enrollment of SSD students in POS agencies has leveled following steady reductions between the years 2007 and 2012. Though costly to SSD, data suggest that students generally benefit from the placements, and informally, customer satisfaction with the program is high.

### General Recommendation Resulting from this Evaluation

- Continue the program as is. It is meeting or exceeding all expected outcomes.
- Continue the program as is with specific action plans for improvement.
- Expand the program, replicating effective components.
- Streamline, refine, or consolidate elements of the program.
- Redesign the program.
- Reevaluate the purpose and/or goals of the program.

- Discontinue ineffective or nonessential program components.
- Discontinue the program.

## **Action Plans**

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### **Review of Action Plan progress since last report.**

#### **Action Plan 1 (short-term plan)**

<b>Opportunity for Improvement:</b>	Attendance
<b>Action Plan:</b>	Attendance monitoring and improvement. Continue to monitor individual student attendance to develop supports for student attendance. Continue to make attendance a priority in conversations with agencies.
<b>Progress on Action Plan:</b>	Agency directors have shared strategies to improve attendance during agency meetings. Agency directors review attendance on a regular basis. The POS coordinator reviews attendance monthly.

#### **Action Plan 2 (medium-term plan)**

<b>Opportunity for Improvement:</b>	Therapeutic services
<b>Action Plan:</b>	Explore sources of funding or collaboration for additional therapeutic staff in the public separate schools.
<b>Progress on Action Plan:</b>	SSD administrators have been planning a collaborative program with one of the agencies. It is anticipated that implementation of the program will begin during the 2016-17 school year.

### **What specific actions are needed in the next evaluation cycle?**

#### **Short-term (within the next school year)**

- Attendance monitoring and improvement. Continue to monitor individual student attendance and develop supports for student attendance. Continue to make attendance a priority in conversations with agencies. (repeated from fall 2015 POS I report)
- Explore additional avenues for collaboration and partnering with agencies to achieve goals such as maintaining students in the least restrictive environment and expanding short-term, intensive treatment options for students. (repeated from fall 2015 POS I report)
- Continue to pursue collaborative and programming efforts aimed at enhancing instruction and improving academic achievement among students.

#### **Medium-term (1-2 years)**

- Investigate alternative SEB outcome measures to the CGAS.
- Study and report on post-secondary outcomes for students who received services through POS.
- Share the components of standard based IEPs with agencies. Consider the appropriateness and use of standards-based IEP goals for program evaluation purposes.

#### **Long-term (3 years and more)**

- None

## Appendix A

### Children’s Global Assessment Scale (CGAS)

The Children’s Global Assessment Scale (CGAS) was first published in 1983. It is a measure developed by Schaffer and colleagues to provide a global measure of level of functioning in children and adolescents. The measure provides a single global rating only, on a scale of 0-100. In making their rating, clinicians make use of a glossary to determine the meaning of the points on the scale.

Score Range	Qualitative Descriptors	Alternate Qualitative Descriptors
100-91	Superior functioning	Doing very well
90-81	Good functioning	Doing well
80-71	No more than a slight impairment in functioning	Doing all right – minor impairment
70-61	Some difficulty in a single area, but generally functioning pretty well	Some problems – in one area only
60-51	Variable functioning with sporadic difficulties	Some noticeable problems – in more than one area
50-41	Moderate degree of interference in functioning	Obvious problems – moderate impairment in most areas or severe in one area
40-31	Major impairment to functioning in several areas	Serious problems – major impairment in several areas and unable to function in one area
30-21	Unable to function in almost all areas	Severe problems – unable to function in almost all situations
20-11	Needs considerable supervision	Very severely impaired – so impaired that considerable supervision is required for safety
10-1	Needs constant supervision	Extremely impaired – so impaired that constant supervision is required for safety

Note:

- 71-100 indicates normal functioning
- 61-70 indicates a probably clinical case
- 1-60 indicates a definite clinical case

## Appendix B

### POS Agency Selection Guide for Students

