EXECUTIVE SUMMARY

CASELOAD ANALYSIS SERVICES

The Futures HealthCore, LLC is delighted to have the opportunity to provide this information regarding our capacity to conduct Caseload and Staffing Analysis services to your group. We trust that the following information will provide greater clarification regarding our company, and about the Caseload and Staffing Analysis process we offer.

Background

The Futures HealthCore is a healthcare staffing and management company that provides school-based programs with a continuum of resources from professional staffing and clinical assessments through the operation of delivery systems. Futures HealthCore is a clinician owned and managed company and because all members of the operational management staff are practicing clinicians, we are able to maintain a comprehensive understanding of the clinical as well as the administrative issues inherent in special education services.

Futures currently provides speech and language therapy, physical therapy, occupational therapy, psychology, special education, nutrition and nursing services to nearly 10,000 individuals in Massachusetts, Michigan, Rhode Island, Connecticut, Virginia, Maryland, Arizona, and the District of Columbia; we also provide management consultation services in three other states and the District of Columbia. For more information about Futures, please visit our website at www.futureshealth.com.

Purpose of the Caseload Analysis

To help meet the program needs of special education administrators, specifically their concerns regarding resource allocation of clinical services, Futures offers a Caseload and Staffing Analysis program. Futures has completed a number of Analyses thus far in programs that range in size from 1,500 to 20,000 students. This program, which is a comprehensive review and analysis of clinical programs in school-based delivery systems, is composed of both quantitative and qualitative methods that focus on:

- A review of the current caseloads in individual sites to determine that students have been evaluated appropriately, that the treatment plans follow logically from the evaluation, that students are receiving services in accordance with their identified need and have been supported in the IEP process by entry and exit criteria. This review involves a sampling of clinical services in speech and language pathology, occupational and physical therapy services.
- A review of current documentation systems to ensure that both quantity and quality would support the services in any potential litigation or review process. In addition, the nature and quality of goals, objectives, and outcome data will be reviewed.
- A review of the current staffing patterns, schedules, and overall delivery systems to make general determinations regarding the ongoing need for

therapy, overall student progress, therapists' efficiencies, the relationship between direct and indirect therapy time, and the appropriate level and intensity of treatment.

- A summary of means and methods to improve the service delivery system, including staffing reviews, strategies for both expansion and retraction of appropriate clinical services, recommendations to improve services, and strategies to enhance efficiencies.
- An analysis of the financial costs to provide clinical supports that would include a review of the total costs for clinical supports in a selected subsection of an operational region and a review of potential costs involved in the redesign of the utilization of clinical resources.

Intent

This review is designed to provide school systems with an analysis of the strengths and weaknesses of clinical programs, to identify specific program efficiencies and/or inefficiencies, and to evaluate overall program effectiveness. This information will provide the management tools necessary to make informed clinical and programmatic decisions, and to ensure the appropriate allocation of clinical staff.

Outcomes

Depending on the specific needs of your system, the outcomes of this analysis may include:

- The provision of detailed information regarding clinical program operations including outcomes, efficiencies, and the current allocation of clinical resources.
- Recommendations to modify or enhance clinical program models, and suggestions for strategies to provide high quality clinical services in the most cost-effective manner.
- The provision of a program template for non-clinical administrators to enhance their ability to manage clinical programs effectively.
- Strategies to design internal review procedures for components that are crucial to the success of clinical programs in school settings: documentation systems; pre-referral programs; entry and discharge criteria; integration into specific program philosophies, such as inclusion; outcomes; direct vs. indirect time; programmatic benchmarks for the achievement of successful clinical delivery

In addition to the above, as you deem necessary and appropriate, Futures will communicate with the senior managers and/or clinical staff prior to beginning the study to introduce and explain the process. We will also be available to meet with you and/or your designees on request upon completion and review of the analysis.

A SUMMARY OF TRENDS

As has been noted, the Caseload Analysis is comprised of information gleaned from interviews, from a review of a representative sampling of IEPs, and from a review of clinical schedules. Recommendations are then developed based on the strengths and weaknesses of the program, recognizing the needs and goals of the school district.

From the dozens of Analyses we have completed thus far, a number of trends have emerged that appear to apply to systems regardless of size or demographics.

General Trends from Interviews:

- A key indicator relative to caseload control: Entry and Exit criteria. Generally such criteria appear to be poorly understood, and only inconsistently utilized.
- A second key indicator relative to caseload control: A reluctance to discharge prior to either annual or even triennial review. Students frequently are "carried" on caseload far beyond clinical necessity.
- A third key indicator relative to caseload control: The pre-referral process. This process is often absent altogether, or it is poorly understood and only inconsistently utilized.
- Inclusion as a model for service delivery is not utilized effectively or appropriately. An integrated model that would decrease overall caseload size and drive intervention back into the classroom or resource programs has not, in general, been embraced.
- Clinical documentation systems appear to be haphazard, are not regularly monitored, and are not uniform throughout individual districts. This is a key issue relative not only to therapist accountability, but to district liability and vulnerability in the current litigious environment.
- There appears to be a general perception that caseloads are too large, that therapists are overworked, and that there is "no time" during the course of the day to provide high quality services. Reviews of schedules and the trends relative to the utilization of direct vs. indirect time, however, usually tend not to support this perception.

General Trends from Schedule Reviews:

- Time spent in direct services (providing direct treatment or assessment) as opposed to indirect services (meetings, preparation, documentation) varies widely from building to building, and from therapist to therapist. We have noted percentages in direct time ranging from 10% to 65%.
- In the vast majority of systems reviewed, the utilization of therapists' time on premise was neither monitored nor managed. Therapists in general are not asked to account for how their time is spent in any formal or consistent way.
- Schedules tend not to be approved at the beginning of the year, nor are they periodically reviewed to ensure expected efficiencies.
- There tends to be great disparity in the amount of time therapists spend in necessary indirect activities. For example, one therapist may spend an average of three hours completing an evaluation, including the time it takes to

write the report. A second therapist may take up to eight hours to complete the same task. Only rarely is this time utilization monitored.

- Schedules generally reflect a tendency to deliver services in a 1:1 setting, even when the goals and objectives lend themselves to a large group and/or classroom setting.
- The amount of time blocked out for "preparation" frequently exceeds that expected given reported caseload numbers. "Preparation" and "documentation" time too frequently are scheduled in the middle of the day—prime blocks of time for providing direct services to students.

General Trends of IEP Reviews:

- In general, goals and objectives tend to be poorly written. They are not objective, not measurable, and do not include a specific "end point" to intervention—the point at which discharge will be recommended. This tacitly permits therapy to continue indefinitely and contributes to a reluctance to discharge.
- Goals and objectives tend not to be tied to the academic environment of the student, a requirement that has been made quite clear by recent regulations.
- The service delivery grids reflect a tendency to favor 1:1 and pullout services vs. delivery in a more integrated and efficient model.
- Regarding goals and objectives where "overlap" occurs, i.e., where more than one professional may logically be responsible for program implementation, only rarely is this professional identified, leading to confusion in documenting progress, working toward stated outcomes, and initiating discharge.
- Goals and objectives tend not to change from year to year, sometimes from triennial period to triennial period. They frequently are not modified to reflect progress, a re-tooling of the therapy program, or new targets relative to discharge.

General Trends from Recommendations:

Although every school system is different, demonstrating unique sets of strengths and weaknesses, we have identified some trends in our recommendations to improve efficiencies and overall service delivery:

- Consider the implementation of a case management system that evaluates/considers cost, outcomes, and optimal delivery for all therapy services
- Utilize established entry and exit criteria; if none exist, create them
- Utilize established pre-referral processes in every building; insist on team participation and document the outcomes; track the source of each referral
- Set up an internal clinical in-service programs to provide regular and special education staff with information regarding what constitutes and appropriate referral
- Insist that discussion regarding discharge become an integral part of the initial IEP meeting

- Consider utilizing a more integrated model of therapy service delivery; where appropriate, utilize therapists more as consultants who provide supports and collaboration to regular and special education staff
- Develop or refine a therapy management system that would include:

    - A quality assurance program that minimally would review per-session documentation; ensure that established frequencies are being met according to corresponding IEPs; ensure that goals and objectives are written according to established standards; ensure that the IEP itself is complete
    - Management approval of schedules at the beginning of the academic year, quarterly, and as significant changes are made
    - Management approval of all indirect time
    - Management control of caseloads re: size, and approval of 1:1, small group, and inclusion activities

- Increase accountability expectations for therapists. Consider the implementation of a monthly reporting format that would include, at minimum:

    - Specific students seen
    - Dates of service provided; explanation for missed sessions
    - Number of minutes per session (to match IEP requirements)
    - Indirect time utilization
    - Number of new referrals, evaluations, discharges, and frequency modifications
    - Significant changes to schedules