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Implementation of Response to Intervention Programs in Maine

Amy F. Johnson
Maine Education Policy Research Institute, University of Southern Maine

Benjamin Hutchins
Maine Education Policy Research Institute, University of Southern Maine

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A Center of the
School of Education and
Human Development

140 School Street, Gorham, ME 04038
(207) 780-5044; TTY (207) 780-5646
www.cepare.usm.maine.edu
A member of the University of Maine System

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Amy Johnson
amyj@maine.edu

Benjamin Hutchins
Benjamin.hutchins@maine.edu

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Amy Johnson
amyj@maine.edu

Benjamin Hutchins
Benjamin.hutchins@maine.edu

Policymaker Summary

Why was this study conducted?

As a response to 2004 IDEA federal statute, Maine enacted a rule requiring all schools to provide additional support to students who are not on track for meeting state learning standards beginning in 2012. One intent of the requirement was to improve student achievement, and another was to reduce the number of children who are identified as having special educational needs and thus require an Individualized Education Plan. Recent policy discussions, including the 2018 report of the Task Force to Identify Special Education Cost Drivers and Innovative Approaches to Services, have raised the question of how well schools implementing Response to Intervention (RTI) programs.

What do you need to know first?

RTI is a tiered system of supports that provides increasingly intensive interventions to students who are struggling either academically or behaviorally. It is intended to be a general education program that takes place before a student is referred for evaluation for a disability. The program has four essential components: a multi-level intervention system, universal screening, progress monitoring, and data-based team decision making. Research has established the value of each component in ensuring a successful RTI program. However, there is limited research on the overall efficacy of RTI as a framework because each school chooses its own program features; there is not one specific and replicable "RTI model" for either academic or behavioral support. In addition, many schools that are pursuing RTI do not yet have all components fully in place and implemented with fidelity.

What did we learn?

Fidelity of implementation: Academics

- About one in seven respondents indicated that RTI programs for academics were the responsibility of special education staff.
- Most schools (83%) are using a universal screening assessment to identify students who need academic support. Elementary and middle schools are more likely to administer universal screening (92% and 85% respectively) than high schools (59%).
- The proportions of schools using universal screening did not significantly vary by poverty rate or school size.
- 62% of respondents believed their systems for tracking student progress in academic interventions were adequate.
- 58% of respondents believed their schools had adequate expertise to administer RTI for academics.
- 67% of respondents' schools are using a team approach to making student intervention decisions, and 41% of schools were monitoring the fidelity of services provided in RTI programs (academics or behavior).

Fidelity of Implementation: Behavioral

- About one in three respondents indicated that RTI programs for behavior were the responsibility of special education staff.
- About one in five schools (18%) does not have an process for identifying students in need of RTI behavior support; almost all of these indicated they are not aware of an RTI program for behavior in their school.
- Only about 10% of schools were conducting some type of universal screening. Some schools administer an assessment (such as an observation tool or survey) to all students, and others systematically collect information on challenging behaviors of all students and periodically review it to identify students with frequent issues.
- About half (49%) of respondents rely on teachers to nominate students for additional supports based on their perceptions of which students were presenting the most

challenging behaviors. This reliance on teacher judgment is susceptible to inequities due to differing teacher perceptions of typical behavior and potential teacher biases.

- A number of practitioners in schools without RTI programs or universal screening processes reported that classroom teachers were uncomfortable with providing behavior supports and escalated problems to special education staff before first trying general classroom strategies. This suggests that many classroom teachers would benefit from additional training and practice with evidence-based behavior strategies, and that this may also lessen the workload for special education teachers.
- 36% of respondents believed their systems for tracking student progress in behavioral interventions were adequate.
- 36% of respondents believed their schools had adequate expertise to administer RTI for behavior.

Adequacy of Resources & Barriers

- Only 37% of respondents felt that they had adequate time to provide RTI programs for their students, and only 31% believed they had enough staff.
- The biggest barriers reported were similar for academic and behavioral interventions, though there were more resources for academics. Top shared barriers in ranked order:
    - Training for teachers to provide specific academic intervention services
    - Funds designated for RTI programming
    - General professional development opportunities for staff
    - Clear guidelines for implementing interventions
- Lack of curricular materials and progress monitoring tools were also challenges for behavior interventions but not particularly for academics.
- A need for additional space (quiet rooms, pull outs, small group teaching) was a moderate challenge.
- Schools widely reported access to staff trained in interventions as "some, but not adequate."
- Lack of administrator support was a minor challenge.

Positive Impacts

Respondents reported these benefits, listed in descending frequency:

- Improved student outcomes (academic, behavioral, relationships with teachers and peers)
- Improved referrals to special education (reduced number and more accuracy)
- None
- Improved classroom teacher instructional practices
- Improved collaboration between and among classroom teachers and specialists
- Students received help sooner
- Improved communication and consistency of practices

Challenges

Respondents reported these challenges to implementing RTI programs:

- Lack of classroom teacher buy-in and participation (likely related to lack of training)
- Inadequate time
- Inadequate resources
- Increasing frequency and severity of student behavioral support needs
- Inadequate options for behavior interventions
- Unclear or inconsistent information
- Lack of suitable data collection or tracking systems
- Lack of administrator support
- Inconsistencies in resources and practices across grade levels
- Lack of parent support

How robust are the findings (what don't we know)?

The response rate (22%), number of responses (571), types and demographics of staff, and types of schools represented by the respondent pool are deemed adequate for valid analysis. As a survey, there are numerous findings that would benefit from further investigation and elucidation in a follow-up study, particularly related to the practices and capacities to implement RTI behavior programs.

What are the policy implications?

Three findings are of particular concern in the current policy context. First, it is clear from survey results that schools are struggling to implement RTI programs for behavior that incorporate all of the features of a evidence-based model. Many schools struggle with inadequate expertise, staff, resources, and/or buy-in from teachers to carry out effective Tier I supports in the general classroom. At the same time, many practitioners report increasing levels of challenging student behaviors that interfere with the classroom environment and may also affect academic achievement. Additionally, the lack of general education interventions means that students are prematurely referred for special education evaluation. This often exacerbates the workloads for special education teachers, who are often already understaffed due to teacher shortages. Thus, the top recommendation for policy consideration is to provide additional support to schools for RTI behavior programs. Support could take the form of professional development, classroom resources, and/or additional funding. Regional efforts may enable efficient provision of training and guidance to multiple districts at a time and allow practitioners to learn from each other.

Secondly, there is an often-cited misperception that federal funds for special education (IDEA, Part B) cannot be used to fund RTI programs. In fact, up to 15% of these funds can be earmarked for eligible Coordinated Early Intervening Services (CEIS) for students who are not identified as having special education needs. This creates confusion and logistical questions because federal law also dictates that students cannot be placed in special education programs unless they have been identified with a disability and the program is included in their IEP. Some research-based intervention programs could be suitable for both an RTI Tier II or III intervention and a student's IEP supports. In this case, districts are reluctant to include students in RTI and students with an IEP in the same program, particularly if the program is delivered by special education staff. Additional guidance from the MDOE would help to clarify permissible program configurations and funding mechanisms that can expand services for students while observing federal constraints. Alternatively, RTI Tier II and III supports could be delivered by trained general education staff (i.e. not federally funded) without running afoul of the rules.

Lastly, there is a need for empirical data to evaluate the impact of RTI programs in Maine districts. Experimental research is not feasible given the lack of comparison settings in the state, but a robust program evaluation in a purposefully selected district could serve as a model. The findings would only inform the efficacy in the study location, but the methods of measuring program fidelity and data collection instruments could be adapted for use in other settings. In addition, thick descriptions of the practices and strategies used in a district with full RTI implementation could provide helpful tips to others that are still in development mode. For example, it might yield examples of successful strategies for finding time for RTI interventions in an elementary school schedule, an often-cited barrier. Such a study could be a task in a future MEPRI work plan.

In summary, RTI academic and behavioral support programs are well on their way to being embedded in Maine schools, and practitioners cited numerous positive initial impacts on students and teachers. However, additional support is needed for all Maine districts to improve their programs and thus be able to offer supportive opportunities to their students.

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Amy Johnson
amyj@maine.edu

Benjamin Hutchins
Benjamin.hutchins@maine.edu

Introduction

Since 2012, Maine's regulations have required that all school districts provide additional support to students who are not on track for meeting state learning standards. One intent of the requirement is to improve student achievement, and another is to reduce the number of children who are identified as having special educational needs and thus require an Individualized Education Plan to guide their schooling. The Response to Intervention (RTI) framework of supports has been encouraged by the state and has been widely adopted as a response to this policy requirement.

Amid increasing per-pupil spending for special education, both nationally and in Maine, recent state policy conversations have raised the question of whether school districts have successfully implemented programs in keeping with the state regulation. In particular, the Task Force to Identify Special Education Cost Drivers and Innovative Approaches to Services included recommendations related to RTI (Task Force, 2018). This current study was commissioned to assess the extent to which schools are implementing RTI in keeping with the 2012 state requirements.

Background

Response to Intervention (RTI): A Multi-Tiered System of Supports

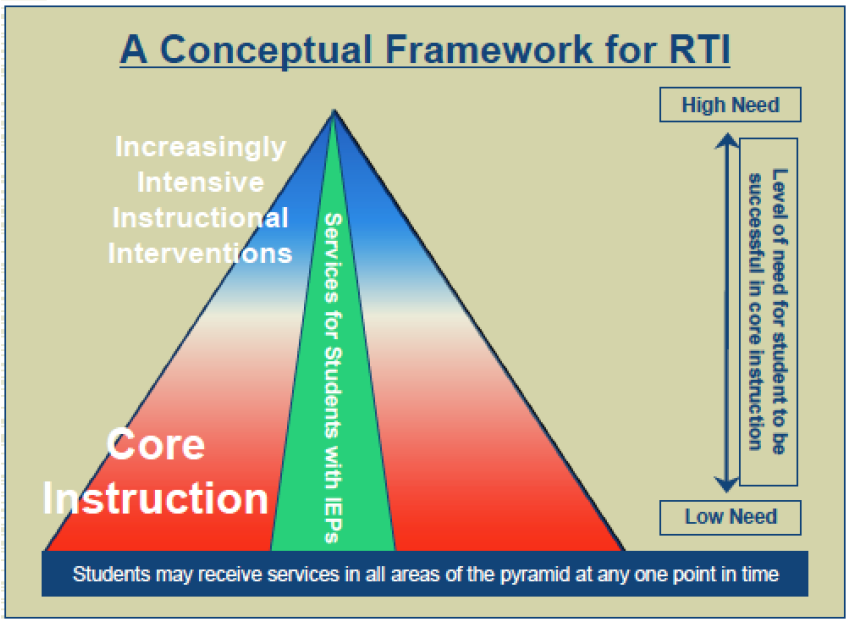
Federal laws hold schools accountable for the academic achievement of all students in meeting grade-level standards. They have directed schools to focus on providing high quality, research-based instruction, and emphasize the importance of early identification and intervention for students who are at risk of failure. The Individuals with Disabilities Education Act (IDEA) of 2004 requires that states adopt criteria for identifying students with specific learning disabilities that "must permit the use of a process based on the child's response to scientific, research-based intervention" (IDEA, Sec. 300.307). The Every Student Succeeds Act (ESSA) of 2015 encourages schools to implement "a comprehensive continuum of evidence-based, systemic practices to support a rapid response to students'

needs, with regular observation to facilitate data-based instructional decision making " (ESSA, Title IX, section 8002). Multi-Tier Systems of Support (MTSS) and Response to Intervention (RTI) are related models that meet the IDEA and ESSA expectations. While the perceived distinctions between RTI and MTSS vary between different stakeholders, it is generally understood that MTSS is a broad conceptual framework for meeting student needs and RTI is a specific model of a MTSS. For many practitioners, RTI has become synonymous with MTSS and is the more recognizable term.

Response to Intervention (RTI) is a framework designed to help students who are facing academic or behavioral challenges in school. The goals of a successful RTI program are to improve academic achievement and lower the number of school-aged children that are identified for special education services (namely specific learning disabilities, other health impairments, or emotional disabilities) by providing preventative intervention. According to the American Institutes for Research (2013), there are four essential components that all schools should implement: a multi-level prevention system, universal screening, progress monitoring, and data-based decision making. Each component plays a vital role in ensuring a successful RTI program.

RTI comprises three distinct tiers of services, which are often depicted in a triangle. The bottom and largest section (Tier I) is made up of core instruction delivered by a classroom teacher. It is expected that Tier I supports will meet the needs of most students. The middle section, Tier II, serves as a secondary level of prevention that is provided to the students that continue to have learning or behavioral challenges after participating in Tier I. Tier II services are typically conducted with small groups of students, are delivered in addition to the core classroom instruction, and consist of research-based invention strategies. The third and smallest section (Tier III) is made of intense, individualized research-based interventions with students who do not make progress within the secondary level of prevention. The expected ratio is to have 80% of students in Tier I, 15% in Tier II, and 5% or less in Tier III.

Figure 1. RTI Pyramid



Source: https://www2.ed.gov/programs/titleiparta/rtifiles/rti.pdf

Universal Screening

Universal screenings are used to identify students who may be at risk for learning or behavioral issues. All students take part in the universal screening, not just those with suspected challenges, in order to minimize the chance that a student in need of additional support is overlooked. They are conducted in the classroom and ideally occur three times a year in fall, winter, and spring. Universal screenings allow for schools to catch students who may be in the early stages of falling behind, thus enabling a quick response. Academic screenings are brief assessments taken on paper or on a computer to determine students' current reading, writing and math skills. Behavioral screenings are typically conducted by a classroom teacher and assess student behaviors during class.

Progress Monitoring and Data-based Decision Making

Students that are identified as lower-performing based on universal screening are first given additional support from the classroom teacher (Tier I). There are multiple strategies that teachers can employ to help a student who is struggling in a particular area, and can include whole-class review, small group instruction, or individual attention. If a student does not respond to Tier I strategies and continues to score below expectations on a subsequent screening assessment, he or she is then placed in a Tier 2 intervention.

Tier II supports are provided in addition to classroom instruction, typically in small groups of students with similar challenges and needs. These students will undergo progress monitoring about once a week as part of Tier II (and Tier III) intervention sessions using short assessments of the targeted skills. The results from the weekly assessments indicate whether the student is making the improvements needed to reach their goal. Data will typically be collected for 6 to 8 weeks before any modification will be made to a student's intervention plan. This time allows for adequate time for the intervention to work and also provides ample data to analyze to inform what changes could be beneficial when formulating a new plan.

If multiple Tier II interventions are not successful in helping the student reach their goals, they progress to a Tier III intervention. Tier III services are more intense than Tier II and typically involve longer or more frequent sessions than Tier II with smaller (or one-on-one) groups. The same weekly progress monitoring process will take place while the student receives Tier III level interventions. If this level of intervention is unsuccessful, the student will most likely be referred for evaluation for disability. If a student is determined to have a disability, he or she will be referred for special education services and receive an Individualized Education Plan.

Efficacy of RTI

The RTI framework has been widely adopted at local and state levels since 2004 when IDEA required states to develop criteria for identifying students with a specific learning disability (SLD). This has led to a growing body of research investigating its impacts. However, RTI is a framework with many components that vary widely from district to district. It is not a uniform or specific model that looks the same in each setting; schools use different instruments and metrics for identifying and monitoring students receiving supports and use different interventions in each tier, and vary in both the models and adequacy of staffing to implement the program. Even settings that may appear to have similar programs on paper will have differences in how they are implemented in reality. This heterogeneity makes it exceedingly difficult to identify general impacts of "RTI" as a cohesive whole that would apply to all settings. Instead, researchers draw upon studies of specific components of the model. Practitioners are encouraged to develop their overall

systems of support based on sound evidence of each element, the specific needs of their students, and compatibility with existing resources and programs.

It is beyond the scope of this report to summarize all of the existing research related to any RTI component. Other summaries exist to perform that service for practitioners that are building or refining their student support programs. For example, the National Association of State Directors of Special Education (NASDSE) has developed a 224-page comprehensive bibliography to guide practitioners in choosing evidence-based practices that will work for their schools, and the RTI Network has a similar resource.[1, 2] Instead, we selectively describe three studies that collectively depict the research in this domain.

First, the Institute of Education Sciences conducted a widely-publicized evaluation of 146 RTI programs for elementary reading (Balu et. al., 2015) across 13 states. The study found that first grade students who were close to proficiency in their performance on universal screening assessments and subsequently were assigned to receive RTI reading interventions "did not improve reading outcomes; it produced negative impacts." (IES, 2015, p. i). However, closer read of the study revealed several challenges that illustrate the difficulty in conducting research in this area. Because federal and state requirements have result in widespread adoption of RTI, it was not feasible to conduct a gold-standard "randomized controlled trial" experiment to compare outcomes for all students who received RTI supports compared to those who did not. As a result the study focused on a quasi-experimental regression-discontinuity design that only investigated outcomes for a narrow slice of students, not all students. In addition, only 86% of the schools that were selected as high-implementation sites has all of the features on paper of a full RTI system, and 56% of the reference schools also had full RTI systems; this hampers the power of the analysis to unearth differences between control and treatment groups that can be attributed to RTI. Furthermore, the study was unable to verify through direct measures that the schools were actually implementing their programs as described. Clues from their data raise suspicions that many of the "RTI" sites did not implement programs with fidelity, such as the finding that nearly half of schools included students who were **not** identified as

[1] http://www.nasdse.org/Portals/0/Documents/RtI_Bibliography2.pdf
[2] http://rtinetwork.org/learn/research
[2] http://rtinetwork.org/learn/research

needing additional supports in their Tier I interventions, and two-thirds of schools adopted interventions as a replacement for classroom instruction rather than as a supplement. Thus, this study raises more questions than answers about how best to evaluate whether state policy requirements for MTSS are producing positive results. Because programs were implemented at full scale before undergoing more structured scrutiny in a controlled setting, research into policy impacts is difficult, if not impossible.

However, two studies illustrate the type of program evaluation that can be useful to inform practitioners, even if not generalizable to a national audience. The first study, conducted by Telfer (n.d.) for the RTI Network using data from Florida, has demonstrated effectiveness in decreasing the number of specific learning disability (SLD) students. RTI Network is associated with the National Center for Learning Disabilities. Florida's Department of Education began requiring the use of RTI within its general education intervention process in December of 2008, calling for RTI to be utilized before any consideration of special education eligibility could be made. From 2006-2007 to 2012-2013, there was a more than 20% decrease in Florida students identified as having a Specific Learning Disability (SLD) (176,939 to 133,323).

Another study conducted by VanDerHeyden, Witt, and Gilbertson (2007) examined the implementation of an RTI system for elementary schools within an Arizona district. The results demonstrated increased accuracy in students being referred that warranted evaluation, a narrowing of the gap between males and females being referred for evaluation, a reduction in the number of evaluations being conducted, fewer students placed into special education, and a district-wide reduction in students being identified as SLD.

- In combined results from two participating elementary schools, evaluations conducted over a school year decreased from 51 to 16, which resulted in a 50% reduction in evaluation costs. The percentage of students referred for evaluation that were subsequently deemed qualified for services went from 41% to 71% for School 1 and from 70% to 100% for School 2. These findings suggest that educators were better able to discern the students with genuine special education needs from the broader pool of all students experiencing challenges. This is better for students

and for special education staff, and the savings in staff time was able to be factored in as an offset to the added cost of implementing their RTI system.

- Those same schools saw a decrease in students placed in special education: 26 to 14 students.
- District-wide the proportion of male students evaluated for each female lowered from 1.52 to 1.35.
- After the implementation there was a district-wide 2.5% reduction (6% to 3.5%) in the percentage of elementary students that were identified as Specific Learning Disability (SLD).

As non-experimental study designs, neither of these studies can conclusively attribute all of the improvements solely to the implementation of RTI. However, the improvements in both studies are substantial and at least some of the positive impacts can be reasonably seen as a result of the targeted RTI efforts that were in place. Moreover, the conduct of the studies yields additional insights for the research subjects (i.e. districts in Florida and Arizona) about how their programs were implemented. While not necessarily useful to others outside those settings, program evaluation can nonetheless inform improvements in the specific settings where conducted.

Funding Sources for RTI

As described above, RTI is considered to be under the general education umbrella, not a special education program. This means that state and local funds can be used in any way to support RTI efforts in schools. Maine does not currently provided a dedicated funding allocation specifically for RTI support systems in the Essential Programs and Services (EPS) funding formula. Rather, districts are expected to make use of the resources provided more broadly in per-pupil components such as professional development, instructional leadership support, student assessment, or technology resource, or from weighted pupil counts for early elementary or economically disadvantaged students, to carve out financial support for RTI programs. Alternatively, districts can budget additional local funding above the EPS allocation to supplement funding for RTI services.

Unlike state and local funds, restrictions on federal funding sources may limit their use for supporting RTI programs. According to the RTI Action Network, “Three formula or

entitlement grants offer opportunities for RTI funding: IDEA 2004 Part B (Special Education); Title I, Part A; and Title III. Because features of an RTI model need to be responsive to each school community, there is no hard and fast way to indicate which parts of RTI can be funded by federal dollars. There are many customized approaches that individual schools and districts use to institute and implement the essential mechanisms of RTI. Customized programs need customized funding" [3] (RTI Action Network, 2019).

Because federal funding expenditures are carefully monitored and any misuse – even unintentional – can lead to loss of funding, uncertainty about permissible uses often leads school districts to rely solely on general funding sources for RTI related activities. Table 1 provides a summary of available resources for understanding the eligible and ineligible uses of the most common federal funding opportunities for RTI.

[3] http://www.rtinetwork.org/getstarted/develop/federal-funding-to-support-rti

Table 1. Resources for Understanding Federal Funding Opportunities for RTI

Source	Description & Online Resources
Ineligible for federal funds	Federal funds generally focus on a specific student population, and may only be used for programs and services that benefit the target group. They are intended to supplement basic school programs, and not replace (supplant) the school's obligation to provide instruction to all students. Federal funds generally may not be used for RTI Tier I instruction (high-quality core instruction in the general classroom) or universal screening as those basic components serve all students and are expected to be provided by the LEA. Exceptions to this rule may apply for schools with consolidated federal funding.
Individuals with Disabilities Education Act of 2004, Part B (Special Education)	IDEA funding is dedicated for special education services. However, up to 15% of IDEA funds can be used for "Early Intervening Services" (EIS) for children in need or academic or behavioral supports who do not have an IEP. Funds can support certain Tier II and Tier III programs, progress monitoring, and related professional development. See **https://sites.ed.gov/idea/files/07-0021.RTI_.pdf**
ESEA Title I, Part A (Education of Disadvantaged Youth) and ESEA Title III (Language Instruction for Limited English Proficient students)	• Schools operating "schoolwide" Title I programs and have opted to consolidate federal funds have the most flexibility for using Title I and III funds to support RTI programs at all tiers. • Those with Title I schoolwide programs but do not consolidate their federal funds have latitude for their Title I funds, but face restrictions on the activities and students that can be supported with Title III funds. • Title I targeted assistance schools may use Title I and Title III funds only to support interventions for students in the target populations (underperforming or LEP) that are not provided to all other students. • Non-Title I schools that receive Title III funds have similar restrictions on their use as in targeted assistance schools. See **https://www2.ed.gov/programs/titleiparta/RTI.html**
Discretionary Grants	While the above sources are the largest and most reliable source of funds to support RTI programs, districts may also apply for discretionary grant programs. Applicants can propose any use of funds that is appropriate for the grant opportunity, and successful recipients can use the funds for the activities outlined in their proposal. Federal opportunities include Title II (teacher quality); ESEA Title IV, Part A (21st Century Schools); and Title VI programs for small, rural schools. The USDE Institute of Education Sciences and National Science Foundation also have grants for research of innovative intervention programs.

RTI Implementation in Maine

Maine has required all school districts to implement an MTSS framework since 2012. Maine Department of Education Rule Chapter 101: Maine Unified Special Education Regulation, Birth to Age Twenty states that "all school administrative units shall develop and implement general education interventions kindergarten to grade 12 that provide each child who is not progressing toward meeting the content standards of the parameters for essential instruction and graduation requirements with different learning experiences or assistance to achieve the standard. The interventions must be specific, timely and based upon ongoing formative assessments that continuously monitor student progress" (MUSER Part III, 2012). It further defines "General Education Interventions" as "general education procedures involving regular benchmark assessment of all children, using Curriculum Based Measurements (CBM), to monitor child progress and identify those children who are at risk of failing. Children who are at risk receive responsive interventions in the general education program that attempt to resolve the presenting problems of concern. General educators are encouraged to confer with specialists and teaching professionals, but general education personnel are responsible for the implementation of the intervention" (MUSER Part II, 2012). Data about the number of students receiving RTI supports at each tier is not available at the state level.

Because RTI was originally conceived as an early-intervention mechanism to reduce the number of students identified as needing special education, Table 2 below provides contextual information on the number of Maine students identified with various categories of disabilities. The specific category that is thought to be most impacted by early academic interventions is Specific Learning Disability, and behavior interventions may reduce the number of students identified with Emotional Disturbance or Other Health Impairments (which includes ADHD). These categories are listed first. Other special education categories are grouped for simplification. It is important to note that the Maine Department of Education and professional organizations have provided clarifications and guidance over this time period which may have affected how students with special needs are identified and reported; thus changes may be partially due to changes in practice and not solely attributed to changes in prevalence.

Table 2. Special Education Identification in Maine, 2009-2018

	Total Number of Special Education Students (Oct. 1 Resident Enrollment Counts, pK-12)			
	2009-10	**2015-16**	**2018-19**	**Change (2009-18)**
Total Maine Public School Enrollment	190,395	183,309	182,496	(-4.1%)
Specific Learning Disability	9,508	9,356	9,914	4.3%
Emotional Disability	2,614	2,246	2,276	(-12.9%)
Other Health Impairment	5,660	6,444	6,753	19.3%
Autism or Developmentally delayed	2,320	3,054	3,270	40.9%
Deafness, Deaf-blindness, Hearing impairment, or Visual impairment	295	178	197	(-33.2%)
Intellectual Disability	735	761	835	13.6%
Orthopedic Impairment	53	46	54	1.9%
Speech and Language Impairment	5,949	5,179	5,063	(-14.9%)
Traumatic Brain Injury	74	42	47	(-36.5%)
Multiple Disabilities	2,822	3,050	3,451	22.3%
Overall	30,030	30,356	31,860	6.1%

** Category name changed to "Deaf-Blindness" in 2018*
*** Category name changed to "Visual Impairment" in 2018*

Study Questions & Methods

In order to examine the state of RTI in schools in Maine, this study draws on survey data from special education teachers, administrators, and specialists. Broadly, this study asks three questions:

1. To what extent are schools in Maine implementing RTI with fidelity?
2. Are there barriers to effective implementation of RTI programs, and, if so, what are they? What additional supports would help to facilitate the implementation of effective RTI programs?
3. What successes and challenges are schools seeing after implementing or strengthening their RTI programs?

To address these questions, MEPRI researchers conducted an online survey in December 2018 to elicit input from Maine practitioners. Email addresses were obtained from the Maine Department of Education's online staff directory for all individuals employed with the titles of special education teacher, special education director, Title I

teacher, literacy specialist, instructional coach, school psychologist, psychometrician, or Board Certified Behavior Analyst. A copy of the survey instrument is included as Appendix A. In total, there were 667 survey participants who began the survey (a response rate of 22.3%), and 578 who provided answers through Question 8 of the survey. Of those who completed the survey through Question 8, 571 (98.9%) indicated that they worked at a public school and were used for this analysis. Tables 3 through 6 describe respondent pool broken down by grade level, job role, and student enrollment.

Table 3. Respondents by Grade Level

Grade Level	Number of Respondents	Percent of total respondents
Elementary school	221	38.7%
Middle school	110	19.3%
High school	104	18.2%
Multiple grade levels	37	6.5%
District-level role	99	17.3%

Table 4. Respondents by Role

Position Type	Number of respondents	Percent of total respondents
Special Education Teacher	300	52.5%
Special Educational Directors	49	8.6%
Literacy/Math/Other Academics Interventionist	42	7.4%
School Psychologist	33	5.8%
Instructional Coach/Teacher Mentor, Behavior Interventionist	27	4.7%
Multiple positions, Other, or No role selected	183	19.3%

Table 5. Total Student Enrollment at Participating Schools

Number of Students	Proportion of Respondents
99 or fewer	7.4%
100-249	20.7%
250-499	35.3%
500 or more	36.7%

Table 6. Socioeconomic status of students at participating schools

Grade Level	Proportion of Respondents
Low-Poverty Schools (<25% eligible for FRPL)	18.5%
Moderate Poverty (26-50% FRPL)	34.9%
High Poverty (>50% eligible for FRPL)	46.4%

The proportions represented in the above tables are approximately representative of the Maine's staffing, school, and student demographics, with the exception that special education directors had a higher response rate of 33% and are thus slightly overrepresented in the respondents. Respondents had a range of 1 to 47 years of experience working in Maine public schools, with a median of 17 years, and reported working in their current position for a median of 5 years.

Findings

Research Question 1: To what extent are schools in Maine implementing RTI with fidelity?

Responsibility for RTI

As described in the background information above, RTI is a general education program. It is intended to support all students, and not to replace services provided to students with special education needs. However, when asked "In your school or district, are RTI support systems for **academics** considered to be the responsibility of the general education program or of special education staff?" a surprising 14% of respondents chose special education. This suggests that one of every seven schools is implementing management of RTI in a way that is not in keeping with the intent of the policy. The proportion for RTI behavior supports was substantially higher, with 30% of respondents indicating that special education staff were responsible for the program. This raises question of whether school administrators and general education classroom teachers in those settings have an adequate level of comfort, expertise, ownership, and engagement in RTI programs. In addition, if special education staff are overseeing RTI programs without

additional resources, the additional workload may detract from their ability to adequately provide special education services to students with IEPs.

Universal Screening for Academics

Participants were asked whether their school or district conducts universal screening assessments one or more times per year to identify students in need of academic support; 83.3% indicated that they did, and 16.7% stated they did not. Universal screening is a key foundation to the RTI model; it is unlikely that schools without a uniform assessment process are able to systematically identify all students that are not on track with expectations. Thus, about 1 in 6 schools do not have a key building block for a robust RTI system.

Further analysis showed that the schools without a universal screening system were more likely to be high schools. Table 7 shows the proportions of schools using universal screening when disaggregated by the grade level of the respondent.

Table 7. Universal Screening Practices by Grade Level

Grade Level of Respondent	Percent Conducting Universal Screenings
Elementary	92%
Middle	85%
High	59%
Districtwide	82%
Multiple levels	87%

Because the RTI system was initially intended to provide early identification and intervention when students are struggling, it is encouraging to note the high implementation rate in Maine elementary schools. The rate of screening in high schools is markedly lower, with only 3 out of 5 schools reporting the practice. Multiple reasons could explain this difference in practices, including lack of a perceived need for regularly screening older students or lack of resources. Additional follow-up would be needed to discern whether the lack of annual screening in some schools is resulting in worse outcomes for students.

Tables 8 and 9 show the proportions of schools using universal screening when disaggregated by the self-reported poverty level of their school or district, and school size.

Table 8. Universal Screening Practices by Poverty Level

Percent of Students Eligible for Free or Reduced Price Lunch	Percent Conducting Universal Screenings
0 to 25%	89%
26% to 50%	80%
More than 50%	83%

Table 8. Universal Screening Practices by Enrollment Size

Student enrollment	Percent Conducting Universal Screenings
99 or fewer	81%
100 to 249	83%
250 to 499	84%
500 or more	83%

School size and socioeconomic status did not significantly impact whether students were being administered universal screenings one or more times a year.

Universal Screening for Behavior

Because of the wide variety of practices in use, the survey provided an open-ended question "Please describe the process for identifying students who are assigned to receive intervention for behavior support" rather than a direct yes-or-no item. Of the 491 respondents who provided an answer, the vast majority described some system for identifying students, but 90 (18%) answered that there was none, or that they did not know the process. Example comments include:

- "We do not have a formal process."; "Our school does not have a universal process."
- "At this point in time, we do not have a district wide procedure in place for behavior RTI. There has been a lot of push back from some administration and teachers."
- "There is no process. Students are referred to Special Education without any behavioral RTI Support."
- "I wish I could but I can honestly not tell you if there is a specific process."; "There is no concrete process that I know of."

The 18% of respondents in this category includes 15 respondents who specifically indicated that students were referred directly to special education instead of providing an RTI (general education) Tier I or Tier II behavior support. This is perhaps unsurprising, given the figure cited above that 30% of respondents were in schools or districts where RTI for behavior was considered the responsibility of special education staff. The following comments illustrate the frustration sometimes felt by special education teachers or specialists over the lack of robust Tier I and Tier II supports:

- "If the students act up to the point that they are disrupting the classroom the majority of the time they will be referred to special education for services."
- "Special Education referral only, it is done via Referral to Sped. We evaluate, make a determination. RTI for behavior is not practiced or understood by general educators."
- "Usually if a student is struggling with behavior difficulties, general education teachers will report the difficulties to the special education teacher, and then that special education teacher is expected to develop an intervention, and implement the intervention or train general educators on how to implement the intervention. That special educator is then required to consistently follow up and monitor whether or not the plan is actually being implemented since general educators often stop implementing without consistent check ins. At other times when an intervention is needed, general educators do not always report the difficulty, and then the special educator is expected to develop an intervention after hearing from concerned parents. At other times, if the behavior is very severe, the student will receive a school suspension, and in some cases then be referred to our behavior specialist. At this time the student would need to qualify for special education services under the category of OHI, emotional disturbance, or autism to receive behavior supports from the behavior specialist."

In contrast, fifty-six respondents (11%) described a system that included all students. About half of these named a specific universal screening tool for identifying students for additional behavior supports. Tools mentioned included the Student Risk Screening Scale (SRSS), social-emotional screening instruments, or a district-developed behavior rating tool. Example comments included:

- "We use the Student Risk Screening Scale (SRSS) as a universal screener. RTI teams meet to validate the student scores of students below benchmark."
- "We use universal screener data to determine which students need support. We focus on the students who are score below the 25th percentile."
- "Universal Student Risk Screening Scale is used 3 times per year. Students rated high in either external or internal behaviors are prioritized for interventions."
- "The school uses a survey to screen each student. Advisors fill one out for each student. Teams of teachers discuss and will put together observations if a student seems to need a screening and consultation."

Others described a process that was systematic and universal, but did not administer a screening instrument. Instead, teachers and/or administrators collect ongoing behavior data and periodically discuss the number and severity of incidents per student in Student Assistance Team meetings (typically monthly). Data could include a range of behaviors noted in the classroom and collected in a School-Wide Information System (SWIS), or more limited data on only the most challenging behaviors (e.g. the number of times a student was referred to the office for discipline). Students without few or no reported incidents are deemed to be meeting expectations, and conversation focuses on those who may need additional interventions.

Most commonly, though, districts relied on teachers to identify students in need of additional support and refer them to the Student Assistance Team or RTI Behavior team for review discussion rather than using a universal process of explicitly collecting data that would include all students. Researchers included responses in this category if there was no mention of a systematic process involving evaluation of all students. It is possible (and even likely) that some of these teacher referral systems are based on teacher data on all students and therefore should be included in the above category of universal screening. The open-

ended nature of the question meant that some respondents provided very brief descriptions. Example responses from the 239 respondents using this system included:

- "This is an area that needs improvement. It is typically based upon teacher requests."
- "Students are identified by individual teachers."
- "The general education teachers present their concerns/questions to their school RTI/SAT committee. The teachers and committee members discuss and determine the appropriate interventions."
- "There needs to be multiple documented referral forms indicating behavior issues. I do not know the threshold for qualifying for an RTI meeting where behavior plans/intervention are discussed."
- "Teachers discuss students in their PLC's and then share students' needs with administration.

In summary, a slim minority of Maine schools (at least 11%) are using systematic and universal assessment processes to identify students that may benefit from behavior interventions. Identification processes are more often (up to 49%) based on teachers' professional judgment, and thus may vary widely based on each teacher's comfort level with challenging behaviors. In a number of schools the RTI Tier I process is in place but may vary in quality, and students who do not respond are referred for special education evaluation rather than Tier II or III supports in the general education setting.

Implementation of Other RTI Program Components

In addition to questions about universal screening processes, the survey probed for information about the extent to which schools are implementing other components of the RTI framework. Table 9 summarizes the extent to which educators agreed with statements relating to systems for interventions, progress monitoring, and evaluating the overall system. The items are presented in descending order of agreement, with the areas of relative strength at the top and the challenges at the bottom.

Table 9. Level of Implementation of RTI Program Components

Question 10. How much do you agree or disagree with the following statements related to RTI/MTSS services in your school or district?				
	Strongly disagree or disagree	Slightly disagree	Slightly agree	Strongly agree or agree
My school utilizes a standards-based approach to education.	31 (5.85%)	37 (6.98%)	116 (21.9%)	346 (65.3%)
My school provides high quality classroom-based instruction.	55 (10.3%)	44 (8.3%)	115 (22.6%)	319 (59.9%)
My school uses technology appropriately for student assessment and instruction.	87 (16.2%)	64 (12.0%)	152 (28.4%)	233 (43.5%)
My school makes student intervention decisions as a team.	104 (19.4%)	74 (13.8%)	124 (23.1%)	235 (43.8%)
Adequate systems are in place for tracking student progress in RTI academic interventions.	128 (23.8%)	77 (14.3%)	135 (25.1%)	199 (36.9%)
My school has adequate expertise to provide RTI academic programs.	150 (28.1%)	74 (13.9%)	125 (23.4%)	185 (34.6%)
My school monitors the fidelity (quality and accuracy in details) of the RTI/MTSS services being provided.	227 (42.4%)	89 (16.6%)	120 (22.4%)	100 (18.7%)
My school has enough time to administer RTI/MTSS services to our students.	234 (43.8%)	100 (18.7%)	109 (20.4%)	91 (17.0%)
Adequate systems are in place for tracking student progress in RTI behavior interventions.	250 (46.6%)	94 (17.5%)	118 (22.0%)	75 (14.0%)
My school has adequate expertise to provide RTI behavior programs	260 (48.7%)	84 (15.7%)	113 (21.2%)	77 (14.4%)
My school has enough staff to meet the RTI/MTSS needs of our students.	272 (50.9%)	97 (18.2%)	102 (19.1%)	63 (11.8%)

Table 9 indicates that schools are struggling to implement several of the key foundations of a robust RTI system, particularly in behavioral supports. They have positive feelings about their use of learning standards and the high quality of classroom instruction, which is not to be underestimated. The scope of RTI programs is small in comparison to these general education foundations, and a school that lacks high-quality instruction is unlikely to be successful through interventions alone.

However, about a third of respondents disagreed that they were using a team-based approach to student intervention decisions, thus losing an important benefit of shared expertise in the RTI model. In addition, about 40% lack confidence in their schools' level of expertise and tracking systems for academic interventions. Even more concerning is that about two thirds of the educators feel their schools lack adequate time to administer interventions, lack expertise and systems for behavioral supports, and have inadequate staff for effective programs.

Implementation Summary

After six years of implementation of Maine's policy requiring RTI programs, survey feedback indicates that they are still a work in progress. Schools have additional work to do in order to have systems that have high fidelity to the research-based intervention models. Overall, intervention systems for academics are more developed than those for behavioral supports. The next section further explores the reasons that districts struggle with RTI implementation.

Research Question 2: Are there barriers to effective implementation of RTI programs, and, if so, what are they? What additional supports would help to facilitate the implementation of effective RTI programs?

Expanding on the perceived lack of time and expertise that emerged in Table 9, respondents were asked to rate the adequacy of existing resources in their schools. Because of the differences in programs for academics and behavior, respondents were asked to rate the available resources for each. Table 10 summarizes the ratings for RTI academics, and Table 11 describes RTI behavior programs; the resources in the shortest supply (i.e. the biggest barriers to implementation) are listed at the top of each table.

Table 10: Barriers to Implementing RTI Academic Interventions

	Barrier Rank	None	Some, but not enough	Adequate
Training for teachers to provide specific academic intervention services	1	173 (30.6%)	315 (55.8%)	77 (13.6%)
Funds designated for RTI programming	2	123 (22.2%)	330 (59.7%)	100 (18.1%)
General professional development opportunities for staff	3	107 (19.0%)	333 (59.2%)	123 (21.9%)
Clear guidelines for implementing interventions	4	116 (20.4%)	314 (55.3%)	138 (24.3%)
Additional space (quiet rooms, pull outs, small group teaching)	5	82 (14.4%)	361 (63.6%)	125 (22.0%)
Curricular materials	6	73 (13.1%)	318 (57.2%)	165 (29.7%)
Trained staff (math/literacy interventionists, Ed Techs, etc.)	7	37 (6.5%)	363 (63.7%)	170 (29.8%)
Progress monitoring tools	8	63 (11.1%)	304 (53.7%)	199 (35.2%)
Administrative support	9	29 (5.2%)	248 (44.1%)	286 (50.8%)

Table 11. Barriers to Implementing RTI Behavior Programs

	Barrier Rank	None	Some, but not enough	Adequate
Training for teachers to provide specific behavior intervention services	1	220 (39.6%)	292 (52.6%)	43 (7.8%)
Funds designated for RTI programming	2	190 (35.2%)	299 (55.4%)	51 (9.4%)
General professional development opportunities for staff	3 (tie)	183 (33.0)	309 (55.7%)	63 (11.4%)
Curricular materials	3 (tie)	194 (35.1%)	284 (51.4%)	75 (13.6%)
Clear guidelines for implementing interventions	4	189 (34.0%)	290 (52.2%)	77 (13.9%)
Progress monitoring tools	5	172 (31.0%)	288 (51.9%)	95 (17.1%)
Additional space (quiet rooms, pull outs, small group teaching)	6	138 (24.8%)	334 (60.0%)	85 (15.3%)
Trained staff (Behavior intervention, BCBAs, BHPs, Ed Techs, etc.)	7	90 (16.1%)	394 (70.6%)	74 (13.3%)
Administrative support	8	54 (9.7%)	261 (46.9%)	242 (43.4%)

The response patterns for resources to implement behavior programs mirror the same general pattern as for academic programs, with similar barriers emerging at the top of each list. Training for teachers to implement interventions, dedicated funding for RTI, and general teacher professional development topped both lists. This is consistent with the feedback reported in Table 9 that schools lack expertise to provide adequate programs, particularly for behavior supports.

All areas are perceived as needing at least some additional support by a majority of teachers, with the sole exception of 51% having adequate administrator support for RTI academics. Respondents reported less overall resources for behavior programs across the board.

Respondents were also provided an open-ended opportunity to identify areas where additional training or other resources would be helpful to improve their programming. They largely identified needs in the above categories. A list of their specific suggestions is included as Appendix B.

Research Question 3: What successes and challenges are schools seeing after implementing or strengthening their programs?

Lastly, survey participants were asked about their perceptions of positive and negative impacts of implementing RTI.

Successes

Four hundred and nine educators provided comments to the question "What are the most significant successes your school has seen as a result of implementing RTI / MTSS programs?" Their responses are summarized into the following categories, with example quotes for each:

- **Improved student outcomes** (145 mentions). "Reduction of serious behavior problems." "Academic success after prolonged failures." "Increase in students at/near district benchmarks" "We have seen a positive shift in the number of students showing growth." "Improvement in attendance, grades and academic progress." "Getting them to grade level is rewarding. Test scores on standardized tests have improved overall at the school." "Some students are not falling between

the cracks." "Students are feeling more successful because we meet them where they are."

- **Improvement in Referrals** (60 mentions). "Reducing the number of special education referrals." "Significant reduction in referrals to Special Education." "Students that respond to interventions and don't need to be referred for SPED." "100% accuracy in referrals to special education - students who are referred do qualify. This is an increase from 50% accuracy with referrals before RTI was implemented." "Most referrals to special education are actual disabilities by the time they have gone through the RTI process."
- **None** (58 mentions). Some respondents did not see any benefits. "None, we have an incredibly limited RTI program."; "I'm not sure if RTI is even implemented here."; "Have not seen it in this school."; "We have seen very little success as programs are not being implemented appropriately."
- **Increase in supports and resources** (36 mentions). "Hiring trained and skilled staff in one of our buildings for behavior."; "More students are getting some additional support."; "Procuring sufficient funding for adequate staffing of RtI Tier II and Tier III intervention levels."; "My school has developed new classes due to RTI."
- **Improved Teacher Practices** (35 mentions) "Increased understanding of differentiated instruction"; "Improved Tier I supports."; "Building up best practice interventions for academic needs that meet tier 1."; "We have become more skilled with our reading instruction, due to data meetings where students are discussed." "Teachers are able to identify student needs more accurately."; "Fewer 'immediate' referrals to special education. Teachers are willing to consider intervention options and implement prior to a referral."; "Students being able to remain within the classroom for instructional and receive appropriate leveled, high quality, instruction."
- **Improved collaboration** (31 mentions). "Special education and general education collaborating to meet ALL student needs as well as every staff member is responsible for helping students be successful." "I feel that we are working more as a team. In the past, RTI was viewed as the title one and special education teachers' responsibility. When a child was identified it was as if the regular ed teacher no

longer needed to do anything with this student. Now we meet together as a team and we decide on interventions together and meet on a regular basis (every two weeks) and discuss progress." "More co-teaching that allows for more students to be successful." "Students are monitored much more closely so that everyone is aware of their needs."

- **Received help sooner** (22 mentions). "We are able to quickly identify students in need and provide them with the interventions they need. Our staff is highly qualified to provide interventions, and student can successfully move out of the program." "Students with academic and behavioral issues receive support sooner." "For students with math and reading needs, they are picked up much faster and some never need to be referred to more restrictive programs as a result."
- **Improved communication & consistency** (21 mentions) "Staff knows the process for referring students."; More consistent tier 1 services. Better data collected with office referrals. More standard."; "The development and implementation of a school handbook for universal implementation of RtI plan." "As a result of implementing RtI programs, more attention and focus is being directed to the problems. There are more conversations happening."
- **Miscellaneous**
    - "Overall positive attitude and culture in school."
    - "Teachers feel more supported by support staff and admin"
    - "Our special education students are achieving better as they are often receiving interventions alongside their general education peers, thus reducing stigma and giving them access to higher-performing peers."
    - "Students can see their progress, can name what they need to be successful, and feel empowered by their success."; "Students are feeling more successful because we meet them where they are."
    - "We have a lot more helpful data on students should they be referred for special ed testing."
    - "Our school has seen good success with the use of time within the school week for students to do community building based on interests instead of

age/grade. This has increased student response to varied staff and the integration throughout the grade spans."

- "More parent involvement."

Challenges

Four hundred and twenty-seven educators provided an answer to the question "What are the most significant challenges your school has experienced in implementing RTI / MTSS programs?" Most of the challenges mentioned were related to inadequate resources, and mirror the information included in Tables 9 and 11: lack of expertise, lack of funding, and inadequate systems. In addition, they identified administration and staff buy-in to be a continuous roadblock to their schools' successful implementation of RTI. Some of the other challenges mentioned concerned data collection, struggles with behavior RTI programs, and clarity in the process.

- **Teacher Buy-in**. "Changing mindset that doesn't 'buy in' to intervention instead of referral." "Getting all teachers on board. We have teachers that feel it is not their responsibility to provide RTI." "General education teachers following the interventions suggested." "Buy in district wide." "Changing the school culture where special education teachers are supposed to address all of the educational/behavioral anomalies." "Despite the merits of the basic premise of the program, it has lost credibility amongst stakeholders. It's become an obstacle for teachers to navigate in order to get a student referred for special ed eval."
- **Not enough time.** "Our K-5 programs have no block of time for training or interventions."; "Getting students to stay for the after school program."; "Time for teams to meet with each other as well as with classroom teachers, Scheduling interventions is tough as our instructional days are packed."; "Sometimes students have to be pulled out of core instruction time to receive interventions, which defeats the purpose."; "Finding the extra time students need in Tier 2 and Tier 3 is especially problematic in very small schools. What do students who do NOT need extra time do during that time? How can it be done so Tier 2/3 students don't view it as punishment while others are doing "fun" things?"

- **Inadequate resources. "**Space and staff to implement and track the services effectively." "Not enough staff, resources, and time."; "There are just too many needs for the resources available. We have high turn over in teaching staff, so we are always dealing with first year's not being able to manage everything and having to start over with PD every year." ; "Ed tech turnover due to low pay."; "Academically, we have poor universal curricula in place, which increases the demand for RtI; when RtI cannot meet the demand, we end up with excessive referrals for special education."
- **Magnitude of student needs**. "So many families are in crisis."; "Our student population is one of poverty / trauma. Often students who have been receiving interventions move out or we don't see the growth we should because of the home life."; Behaviors and emotional needs of students have become overwhelming. Trying to meet students' needs becomes emotionally taxing on staff and then they begin to show signs of stress."
- **Inadequate Intervention Options for Behavior** "Struggles with maintaining a successful behavior RTI." "Continued reliance on special ed staff for behavioral interventions." "Behavioral interventions for the most challenging behaviors"; "We understand we should start with a focus on Tier I, but Tier II and III behavior needs are disrupting the environment to the point that Tier I can't be implemented."
- **Unclear or inconsistent information**. "Lack of clarity around RTI programming from the state. We would benefit from a clear directive from the DOE that assigns responsibility to a specific party (gen ed, special ed, admin, etc.) and outlines a clear process with a timeline. RTI has been an initiative with little clarity from day one." "A stronger understanding of both academic and behavior RTI and the process" "There is a lack of consistency across schools in the district of what types of interventions are available to students and also a very significant misunderstanding of what RTI should look like." ; "Putting a system in place that will not change completely with a change in administration."
- **Data collection & Tracking systems** "Systems for efficiently collecting the data needed to make informed choices for next steps." "Proper data collection and

consistency." "Lack of general education teacher's providing data." ; "Sufficient documentation, particularly for behavior."

- **Administrative Support** "Lack of administrator understanding." ; "No one person is in charge. No administration spearheads this."
- **Differences across grade levels.** "K-5 is doing it 6-12 is not." ; "HS is still relying too much on suspensions for behavior interventions."
- **Lack of parent support**. "No parent support."; "Lack of parent participation."

Discussion & Policy Implications

In any new education policy initiative, it is typical to see uneven implementation across different school settings in the early years of implementation. Schools start out with varying characteristics that may make the policy change more or less difficult; they also have different skills, expertise, leadership, financial resources, and general capacity for adopting new practices. The survey results indicate that the implementation of RTI in Maine is no exception, and the current status differs substantially between (and within) districts.

Three findings are of particular concern in the current policy context. First, it is clear from survey results that schools are struggling to implement RTI programs for behavior that incorporate all of the features of a evidence-based model. Many schools struggle with inadequate expertise, staff, resources, and/or buy-in from teachers to carry out effective Tier I supports in the general classroom. At the same time, many practitioners report increasing levels of challenging student behaviors that interfere with the classroom environment and may also affect academic achievement. Additionally, the lack of general education interventions means that students are prematurely referred for special education evaluation. This often exacerbates the workloads for special education teachers, who are often already understaffed due to teacher shortages. Thus, the top recommendation for policy consideration is to provide additional support to schools for RTI behavior programs. Support could take the form of professional development, classroom resources, and/or additional funding. Regional efforts may enable efficient

provision of training and guidance to multiple districts at a time and allow practitioners to learn from each other.

Secondly, there is an often-cited misperception that federal funds for special education (IDEA, Part B) cannot be used to fund RTI programs. In fact, up to 15% of these funds can be earmarked for eligible Coordinated Early Intervening Services (CEIS) for students who are not identified as having special education needs. This creates confusion and logistical questions because federal law also dictates that students cannot be placed in special education programs unless they have been identified with a disability and the program is included in their IEP. Some research-based intervention programs could be suitable for both an RTI Tier II or III intervention and a student's IEP supports. In this case, districts are reluctant to include students in RTI and students with an IEP in the same program, particularly if the program is delivered by special education staff. Additional guidance from the MDOE would help to clarify permissible program configurations and funding mechanisms that can expand services for students while observing federal constraints. Alternatively, RTI Tier II and III supports could be delivered by trained general education staff (i.e. not federally funded) without running afoul of the rules.

Lastly, there is a need for empirical data to evaluate the impact of RTI programs in Maine districts. Experimental research is not feasible given the lack of comparison settings in the state, but a robust program evaluation in a purposefully selected district could serve as a model. The findings would only inform the efficacy in the study location, but the methods of measuring program fidelity and data collection instruments could be adapted for use in other settings. In addition, thick descriptions of the practices and strategies used in a district with full RTI implementation could provide helpful tips to others that are still in development mode. For example, it might yield examples of successful strategies for finding time for RTI interventions in an elementary school schedule, an often-cited barrier. Such a study could be a task in a future MEPRI work plan.

In summary, RTI academic and behavioral support programs are well on their way to being embedded in Maine schools, and practitioners cited numerous positive initial impacts on students and teachers. However, additional support is needed for all Maine districts to improve their programs and thus be able to offer supportive opportunities to their students.

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Appendix A: Survey Instrument

Implementation of Response to Intervention Programs

Welcome

This brief (8 to 10 minute) survey is being conducted by a team from the Maine Education Policy Research Institute (MEPRI) on behalf of the legislature's Committee on Education and Cultural Affairs. It has been developed to gather input from educators about their schools' progress in implementing certain elements of Response to Intervention (RtI) or Multi-Tiered Student Support systems.

Your participation in the survey is voluntary. Thank you for taking the time to share your perspectives with Maine policymakers.

If you have any questions, you may e-mail the evaluation team directly at benjamin.hutchins@maine.edu. If you have any questions or concerns about your rights as a research subject, you may call the USM Human Protections Administrator at (207) 228-8434 and/or email usmorio@maine.edu.

Please click the green "Next" button below to participate in the survey.

Implementation of Response to Intervention Programs

Educator Role

1. Which grade level(s) do you primarily work with this year? Check all that apply.

- [ ] Early Elementary (grades PK-2)
- [ ] Intermediate Elementary (grades 3-5)
- [ ] Middle (grades 5-8)
- [ ] High School (grades 9-12)
- [ ] District-level role (K-12)

2. Do you work in a public or private school?

- ( ) Public
- ( ) Private

3. What is your role(s) in your current position? Check all that apply.

- [ ] Special education teacher
- [ ] Special Education Director
- [ ] Literacy, math, or other academic interventionist
- [ ] School psychologist
- [ ] Behavior interventionist
- [ ] Instructional coach / teacher mentor
- [ ] Other (please describe)

Implementation of Response to Intervention Programs

RtI / MTSS Program Structure

Multi-Tiered Systems of Supports (MTSS) are programs that help students who are struggling in school, either academically or behaviorally.

Response to Intervention (RtI) is a commonly used term for MTSS supports for academic learning. Supports for behavior are referred to by different people using a variety of terms, including RtI, RtI-B, PBIS, or MTSS behavior programs.

In this survey, we will use the terms "RtI for Academics" and "RtI for Behavior" when asking about particular programs, and RtI/MTSS when talking in general about both academic and behavior supports.

4. In your school or district, are Response to Intervention (RtI) support systems for**academics** considered to be the responsibility of the general education program or of special education staff?

- ( ) General Education
- ( ) Special Education

Comment, if needed (optional)

5. Does your school or district conduct universal screening assessments one or more times per year to identify students in need of academic support?

- ( ) Yes
- ( ) No

If yes, how many times per year are screening assessments administered to all students?

6. In your school or district, are Response to Intervention (RtI) support systems for **behavior** considered to be the responsibility of the general education program or of special education staff?

- ◯ General Education
- ◯ Special Education

Comment, if needed (optional)

7. Please describe the process for identifying students who are assigned to receive intervention for behavior support.

Implementation of Response to Intervention Programs

RtI Academics

Because school contexts vary, some of the following questions may be hard to answer for an entire district. If you serve more than one school, please choose just one to consider when answering the remainder of the survey.

8. What level of resources does your school have for implementing RtI supports for **academics**?

	None	Some, but not enough	Adequate
Trained staff (math/literacy interventionists, Ed Techs, etc.)	◯	◯	◯
Funds designated for RtI programming	◯	◯	◯
Additional space (quiet rooms, pull outs, small group teaching)	◯	◯	◯
Clear guidelines for implementing interventions	◯	◯	◯
Administrative support	◯	◯	◯
Progress monitoring tools	◯	◯	◯
Curricular materials	◯	◯	◯
General professional development opportunities for staff	◯	◯	◯
Training for teachers to provide specific academic intervention services	◯	◯	◯

Other (please specify), or comments on the above

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RtI Behavior Supports

9. What level of resources does your school have for implementing RtI supports for **behavior**?

	None	Some, but not enough	Adequate
Trained staff (Behavioral interventionists, BCBAs, BHPs, Ed Techs, etc.)	○	○	○
Funds designated for RtI programming	○	○	○
Additional space (quiet rooms, pull outs, small group teaching)	○	○	○
Clear guidelines for implementing interventions	○	○	○
Administrative support	○	○	○
Progress monitoring tools	○	○	○
Curricular materials	○	○	○
General professional development opportunities for staff	○	○	○
Training for teachers to provide specific behavior intervention services	○	○	○

Other (please specify), or comments on the above

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Insights on RtI/MTSS Implementation and Services

Reminder: In this survey, we use the terms "RtI for Academics" and "RtI for Behavior" when asking about particular programs, and RtI/MTSS when talking in general about both academic and behavior supports. If you serve more than one school, choose just one to consider in these responses.

10. Indicate how much you agree or disagree with the following statements related to RtI/MTSS services in your school or district?

	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
My school has enough time to administer RtI/MTSS services to our students.	○	○	○	○	○	○

	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
My school has adequate expertise to provide RtI **academic** programs.	○	○	○	○	○	○
My school has adequate expertise to provide RtI **behavior** programs.	○	○	○	○	○	○
Adequate systems are in place for tracking student progress in RtI **academic** interventions.	○	○	○	○	○	○
Adequate systems are in place for tracking student progress in RtI **behavior** interventions.	○	○	○	○	○	○
My school has enough staff to met the RtI/MTSS needs of our students.	○	○	○	○	○	○
My school monitors the fidelity (quality and accuracy in details) of the RtI/MTSS services being provided.	○	○	○	○	○	○
My school makes student intervention decisions as a team.	○	○	○	○	○	○
My school uses technology appropriately for student assessment and instruction.	○	○	○	○	○	○
My school provides high quality classroom-based instruction.	○	○	○	○	○	○
My school utilizes a standards-based approach to education (i.e. instruction, assessment, and academic reporting is tied closely to students' progress in mastering the Maine Learning Results).	○	○	○	○	○	○

	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
Our system of reporting students' RtI/MTSS progress data to parents/guardians is adequate.	◯	◯	◯	◯	◯	◯
Data on student performance is used to guide intervention changes.	◯	◯	◯	◯	◯	◯

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Perceptions of Implementation

11. What are the most significant successes your school has seen as a result of implementing RtI / MTSS programs?

12. What are the most significant challenges your school has experienced in implementing RtI / MTSS programs?

13. What type of professional learning, resources or support would be helpful in your work?

Topic 1

Topic 2

Topic 3

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Background

14. How many students are enrolled at your school?

- ◯ 99 or fewer
- ◯ 100 to 249
- ◯ 250 to 499
- ◯ 500 or more

15. Please identify the approximate level of eligibility for free or reduced-price lunch among your school's student population.

- ◯ Less than 10%
- ◯ 10% to 25%
- ◯ 26% to 50%
- ◯ More than 50%

16. How many years you have been working **in Maine** as a public school educator?

17. How many years you have been working **in your current role**?

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Closing

Thank you for your participation!

Appendix B. "What type of professional learning, resources or support would be helpful in your work?"

Professional development / Training

- Additional training about reg. ed. responsibility in RTI
- Alternative strategies and techniques for students who are having trouble.
- Behavior Interventions
- Behavior Management
- Behavior Management classes for University students in teaching programs.
- Curriculum for ELA/Middle School Interventions
- Detailed Webinar of the RTI process and what teachers should be doing
- Fidelity of doing interventions and data collection
- PBIS training
- Progress monitoring tools and how to use them
- Social/emotional/behavioral needs of students
- SED 615 at USM.
- Tier 1 behavioral interventions for classroom teachers
- Training for ALL staff in executive functioning skills
- Training for all staff on RTI intervention process.
- training for classroom teachers on differentiated instruction
- Training from Peg Dawson on Executive Skills
- Training like Mindplay to update our knowledge base as teacher of reading.
- Trauma training
- Understanding behavior has meaning and how to build and test a hypothesis
- Understanding that their role is to address the needs of Tier I students in a differentiated manner.
- understanding what research based programs are and how to choose and then use them
- Validation of an RTI Program

Resources & Other Supports

- Evaluation tools/data collection for RTI
- Math intervention programs
- Mainstream support and model for students who have RTI in Social Studies, Science and Diversified Arts.
- Data for decision - State/ District and School Levels (Aimsweb is but one type)
- More hands-on resources
- More resources for behavioral needs, mental health that are not special education
- Resource to allow interventions to all students in study halls (IXL, MobyMax, etc)
- RTI programming for general education students that have worked for other, similar districts and schools in Maine
- Scientific based researched interventions that are quick and efficient versus a "reading" program.
- Start up for a strong RTI system district wide