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Response to Intervention and Multi-Tiered Systems of Support in Maine Schools: Portraits of Promising Practices

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Policymaker Summary

Why was this study conducted?

A 2018 Legislative Task Force to Identify Special Education Cost Drivers and Innovative Approaches to Services raised more specific questions about how well Maine schools were implementing MTSS / RtI. In response, in 2019 the Maine Legislature commissioned a MEPRI study to survey Maine educators about the fidelity of implementation of intervention programs for academics and behavior in their schools, the adequacy of resources, positive impacts, and challenges. Three main policy implications emerged:

- Schools are struggling to implement RtI / MTSS for behavior using evidence-based practices;
- There are misconceptions about the use of federal IDEA funding for RtI / MTSS and barriers related to special education resource allocation; and
- There is a need for more robust, empirical data.

Thus, the Maine Legislature commissioned this follow-up study to more deeply examine promising practices of RtI / MTSS behavior programs in Maine Schools.

What do you need to know first before reading the report?

Maine state policy has required that schools implement Multi-Tiered Systems of Support (MTSS) for students since 2012. In many settings, MTSS programs are called Response to Intervention (RtI). Avalilable research has shown that these programs demonstrate promise for improving outcomes for students, both by decreasing the number of students who are identified for special education services as well as improved academic outcomes. These positive benefits of early intervention are associated with lowered costs of providing special education services.

What did we learn?

Part I of the report details the specific practices and strategies that were in evidence in the schools we visited. These include a range of solutions for initial screening; Tier I, II, and III interventions; and RtI team processes and monitoring systems. In addition, some schools had complementary programs such as extended learning and alternative education supports that enhanced their MTSS behavior programs. The specific descriptions in this section will be useful to districts seeking ideas for how to develop their programs.

Part II of the report presents our overarching findings about the commonalities and differences among the schools we studied. The districts that self-selected to participate in this study are in various stages of implementation. All shared promising practices and ways in which they are overcoming barriers to implementation. It is clear that the schools studied have taken this policy to heart, believe in the importance of this model to provide equitable educational services, and are working diligently to develop structures and practices to meet the needs of each individual learner. And, based upon the level of interest from the larger field of Maine educators, this is true in most—if not all—of Maine schools. With that stated, researchers were not able to identify any preK to 12 school in Maine that has *fully* implemented MTSS or RtI for behavioral health. Moreover, there does not appear to be one singular "model" that can be packaged and replicated in full. Each school has selected and developed program elements that work for their particular needs within available resources.

Other cross-case findings were summarized in the following categories: behavioral intervention staffing models, mental health services, initial screening and progress monitoring systems, team-based decision making structures, and parent involvement.

Behavioral Health Staffing

Researchers noted three basic patterns in use to support behavioral interventions for their students.

- In the **leveled services** model, students are assigned to whichever teacher is working at their level, area of need, and/or interest. Group size and additional educational technician or special education support was determined by the intensity of student needs; the more intensive the needs, the lower the student-to-teacher ratio. This model was seen in districts with the lowest overall per-pupil spending, which also generally had higher percentages of special education, economically disadvantaged, and chronically absent students at the K-8 level.

- The **targeted services model** essentially recreates a general education intervention structure that is modeled after more traditional special education programming. Literacy, numeracy, and behavior specialists, paired with a team of educational technicians, provide push-in or pull-out direct instruction, modifications, and support. Per pupil spending, special education and economically disadvantaged percentages, and chronic absenteeism rates varied around average in the schools using this model.

- Staffing in the **non-categorical services model** blurred the lines between general and special education by providing students with personal learning plans or IEPs the ability to work with any staff member who can best meet their needs. In these districts, the special education staff are locally-funded, lessening the barriers of federal IDEA grant funding restrictions. These districts generally had a lower percentage of students identified for special education or as economically disadvantaged, and also lower rates of chronic absenteeism.

The study design was not structured to gather any evidence about the relative costs or impacts of these three staffing models. However, that would be an avenue that merits further exploration.

Mental Health Services

The mental health services available to students in this study also varied greatly.

- Most of the schools utilizing the non-categorical and targeted services staffing models also provided licensed clinical social work services to general education students. These schools have a 0.5 to 1.0 FTE social worker, in addition to the school guidance counselor, designated to behavioral health care for general education students.
- All schools noted an increase in the need for school-based mental health services to address issues including: substance use disorder, mental health concerns, childhood trauma, rates of adolescent suicide, and chronic absenteeism.
- Schools with higher economically disadvantaged populations often had additional social work services provided by an outside agency working on-site. These mental health professionals provided private counseling to students who might not be able to get to an appointment after school or in the community. These providers fill an important role that is different from school-based counseling services.
- The schools in the study with higher per pupil spending, lower special education identification, and lower absenteeism were **more** likely to provide behavioral specialists, educational technicians, and Board Certified Behavior Analysts to support student needs.

Initial Screening and Progress Monitoring

Initial screening and progress monitoring were fairly consistent in this study. Schools that are the furthest along in MTSS or RtI for behavior are using the School-Wide Information System (SWIS) or Social Skills Rating System (SSRS) data collection tools. Progress monitoring appears to be managed through either a spreadsheet or shared Google document.

Team-based Processes and Decision-making Structures

Team-based processes and decision-making structures were very consistent in this study. While the amount of time between RtI / MTSS Team meetings varied from weekly to quarterly, the composition, role, and process of RtI teams were consistent across schools and grade spans. Additional detail about these processes and structures is provided in the full report. This section of the report may be of interest to disticts seeking to bolster their models, as prior statewide survey results indicated that this was an area where many schools are struggling to build sustainable and robust mananagement systems.

Parent Involvement

Parent involvement was also consistent in this study, across demographics and grade spans. In all cases studied, parents are notified when their child was referred to RtI / MTSS and are communicated with along the way by an appointed team member. Often there was a school-wide letter or pamphlet sent to all parents, each school year, outlining intervention practices.

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

These findings were based on visits to a variety of sites to capture promising practices in their programs. Most of the participating schools volunteered to host learning walks for the Southern Maine Partnership, and most were located in the southern half of the state. By design, these sites were meant to depict a variety of useful strategies for others to emulate; they are not necessarily representative of the practices happening in all Maine schools. In fact, prior statewide survey responses suggest that most schools in Maine are further behind in their development than the schools we visited. The intent is that the commonalities and differences we found across the participating schools can help others to identify next steps for building up their own programs.

What are the policy implications?

Funding

All of the schools in this study are expending subsantial resources to provide RtI and MTSS services to students. This ranges from an increased learning block each day for classroom teachers and stipends for RtI behavioral team members to a more resource-intensive model that parallels special education services. Districts are technically able to access 15% of their federal IDEA funds to support early intervention programs. However, most have needs that already exceed their IDEA funding levels and do not have the flexibility to set aside any of those funds for RtI / MTSS programs.

Districts that have been able to invest in staffing to support RtI / MTSS have reportedly seen a reduction in special education identification rates. With the high cost of special education services growing, policymakers may wish to consider adding resources to the funding formula targeted toward early intervention. This would be a proactive step to help ensure that consistent opportunities are available for student interventions *before* a referral is made to special education, resulting in longer-term cost savings.

The Essential Programs and Services model does not currently contain an allocation specifically intended to support RtI / MTSS academic or behavior supports, even though schools are required to have such systems in place. The student-to-staff ratios for educators and specialists were not decreased when the requirement to implement MTSS was enacted in 2012. Schools can use funds that are allocated from certain other EPS components to support MTSS programs (for example, the economically disadvantaged student weight and other targeted per-pupil amounts). Otherwise, districts must find savings in another funding area to redirect resources toward these programs, or raise the funds locally. The special education funding model is currently undergoing review, and may move to a multiple-weight model in order to better meet the needs of each district. If and when a better model is developed, it may be appropriate to consider adding a student weight to support pre-special education interventions through MTSS.

Increased Staff for Behavioral and Mental Health Interventions

Since 2012, schools have been working diligently to provide behavioral health RtI and, in some cases, MTSS extension pathways. Over the same span of time, teen suicide rates have reached an all time high, increasing annually by 14% in boys and 8% in girls,

from 2014-2017.[1] The number of deaths by opioid overdose reached an all time high of 418 in 2017[2] and this epidemic touches the lives of many Maine students, either directly or indirectly. Nationally, nearly a third of children aged 12-17 have experienced two or more types of childhood trauma that are likely to impact their adult physical and mental health.[3]

The identification of root causes and clinical mental health services for some students at risk for school-based behavioral needs would provide schools with additional clarity and support. While the provision of such services for students in general education is being provided in many affluent communities, social work is not currently an "essential service" through a dedicated staffing ratio in the state funding formula. As with general funding for RtI / MTSS programs, school districts may choose to use allocations from other areas of the formula, such as the economically disadvantaged component. The addition of a staff ratio for social workers or clinical mental health counselors in the EPS formula may provide more opportunity for all disticts to be able to afford these positions to meet their current levels of student mental health needs.

Tools and Resources

The available tools and resources for initial screening, intervention, and progress monitoring range from free, open source tools to expensive programs and training. With the focus of the Maine Department of Education on social / emotional learning, grants professional development, and a compilation of data tools would be helpful. Additionally, some states (including Florida, Colorado, and Texas) have created an RtI Readiness Rubric for districts to self-assess their existing programs and consider next steps. [4]

Areas for Further Study

As of yet, Maine schools have only anecdotal data to suggest that their investments in strong early intervention programs have long-term payoffs for better student outcomes and/or lower special education costs. Additional study is warranted to assess whether Maine schools are indeed seeing these improved outcomes as a result of their programs.

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[1] https://www.usnews.com/news/health-news/articles/2019-06-18/us-youth-suicide-rate-reaches-20-year-high
[2] https://www.opportunityalliance.org/uploads/TOA_NL_final.pdf
[3] https://acestoohigh.com/2013/05/13/nearly-35-million-u-s-children-have-experienced-one-or-more-types-of-childhood-trauma/
[4] http://www.floridarti.usf.edu/resources/presentations/2016/nasp/eval/SAM%20Packet_October%202015.pdf

Two challenges for conducting such an evaluation are 1) as noted in the report, there are few, if any, schools that have fully-implemented and adequtely staffed RtI / MTSS programs for behavioral supports, and 2) even in cases where strong programs exist, it is tenuous to attribute any outcomes – good or bad – exclusively to the RtI / MTSS program. Schools are complex organizations with many changing and variable circumstances, and there are numerous other factors besides the RtI program that can impact costs and/or student success. However, the pernicious challenges of escalating special education costs accompanied by low (and stagnant) student academic and attainment outcomes have reached a critical point. Even correlational data to indicate whether there is tenous link between RtI / MTSS programs and improved outcomes would be helpful for informing investments in such systems. It may be particularly valuable to explore the perceived benefits and costs of the three different categories of RtI behavior program staffing models identified in our profiles (leveled services, targeted services, and non-categorical services). If one of the models emerges as more (or less) cost-effective than the others, that could inform criteria for infusing additional funding into the EPS formula.

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Introduction

In response to requirements of the federal Individuals with Disabilities Education Act (IDEA), Maine enacted a rule requiring all schools to have a multi-tiered system of supports (MTSS) in place by 2012 for a general education, pre-referral system of student support. The purpose of this system, generally termed Response to Intervention (RtI) by many practitioners, was to increase student achievement and decrease the growing number of students referred for special education services. It was anticipated that the system would also reduce overall costs for student support by providing early interventions.

A 2018 Legislative Task Force to Identify Special Education Cost Drivers and Innovative Approaches to Services raised more specific questions about how well Maine schools were implementing MTSS / RtI. In response, in 2019 the Maine Legislature commissioned a MEPRI study to survey Maine educators about the fidelity of implementation of intervention programs for academics and behavior in their schools, the adequacy of resources, positive impacts, and challenges. Three main policy implications emerged:

- Schools are struggling to implement RtI / MTSS for behavior using evidence-based practices;
- There are misconceptions about the use of federal IDEA funding for RtI / MTSS and barriers related to special education resource allocation; and
- There is a need for more robust, empirical data.

> *"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 selected district could serve as a model. The findings...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 the development mode." (MEPRI, 2019)*

In 2020, the Maine Legislature commissioned this follow-up study to more deeply examine promising practices of RtI / MTSS behavior programs in Maine Schools. Discussions with Southern Maine Curriculum Leaders and Cumberland, Western Maine, and York Superintendent Associations confirmed the 2019 finding that RtI for academics and behavior are well underway in Maine schools. However, they cited variability in implementation and a desire to learn more about promising practices and strategies that others have employed to overcome barriers. In fact, the Southern Maine Curriculum Leaders added this as a main focus of their collective work this school year. In response to the finding that this study was in strong demand from both policy-makers and practitioners, MEPRI engaged USM faculty to expand the data collection to include eleven schools, across five districts, spanning PK-12. Additionally, with permission from district leaders, we invited teachers and administrators from other schools to join our research visits to five of the schools including two high schools, one middle school, and two elementary schools. A range of 14-25 school practitioners joined us for each of those five visits. In this way, we were able to leverage the *process* of data collection to help meet one of the key study goals: direct educator-to-educator sharing of promising strategies for addressing shared implementation challenges.

Background

State and federal laws hold schools accountable for providing opportunities for all students to progress in attaining their state-determined set of learning standards (for Maine, the Maine Learning Results). Special education has been a part of such systems since IDEA was authorized in 1975. Since then, the accountability system requirements have evolved to increasingly specify that schools have systems and supports in place for all students who are not meeting proficiency on the learning results prior to, or during, a referral to special education.

According to Frontline Educational Research, in 2014 13% of students in U.S. public school received special education. Maine was identified as having the third highest special education identification rate at 17.5%, behind New York (17.8%) and Massachusetts

(17.7%) (Hanrahan, 2017).[5] In the governor's supplemental FY2021 budget, special education funding in Maine is increased by 21% over FY2020.

Federal Regulations

The Every Student Succeeds Act (ESSA) of 2015 calls for schools to implement a "comprehensive continuum of evidence-based, systematic practices to support a rapid response to students' needs with regular observation to facilitate data-based instructional decision-making" (ESSA, Title IX, section 8002). The Individuals with Disabilities Education Act (IDEA), reauthorized in 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).

State Statutes

According to Maine statue, "By the school year that begins in the fall of 2012 all school administrative units shall develop and implement a system of interventions for kindergarten to grade 12 that provide each student 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." (Title 20-A, section 4710). The Maine Unified Special Education Regulations (MUSER), education rule chapter 101, more specifically outline "General Education Intervention" including specific procedures and procedural guidelines for schools.[6] Efforts are currently underway pursuant to legislative action taken in May 2019 to clarify that the expectations regarding MTSS are not within the realm of special education, and should thus be removed from rule chapter 101 and instead delineated in school basic approval standards.

[5] https://www.frontlineinstitute.com/blog/special-ed-report-classification-rates-by-state/

[6] https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/State%20Regulation%20Chapter%20101MUSER.pdf

RtI and MTSS

Turning to a growing body of national research, Maine schools have been diligently working to understand and implement systems of supports in our schools. These systems have been most commonly known as RtI, which is specifically a three-tiered system of support. RtI Tier I provides interventions for all students within the general education classroom curriculum, and aims to meet the needs of 80% of all students. Tier II includes specialized interventions for the 10-15% of students with more targeted needs, and Tier III interventions are provided by specialists, often overlapping with special education services. Some schools choose to define Tier III as only students identified for special education; others view this as the most intensive level of intervention prior to special education. This model is commonly pictured as a triangle.

More recently, however, schools are turning to a Multi-Tiered Systems of Support (MTSS) model. This model is similarly geared toward all students, not only those who may need special education. According to the University of Kansas School of Education,[7] MTSS supports four core beliefs:

- Every child learns and achieves to high standards;
- Learning includes both academic and social competencies;
- Every member of the education community continues to grow, learn and reflect; and
- All leaders at all levels are responsible for every student.

This model is commonly pictured as a diamond, also providing enrichment for those students who are ready to learn more.

Description of Study

Purpose

The Maine Education Policy Research Institute (MEPRI) was asked by the Maine Legislature to conduct a study of the implementation of Response to Intervention (RtI) or Multi-Tiered Systems of Support (MTSS) behavioral programs in Maine schools. The goal of the study is to improve our understanding of the current practices, challenges, and supports needed through descriptive portraits of Maine schools' MTSS programs. This can

[7] https://educationonline.ku.edu/community/what-is-response-to-intervention

help to inform future policy changes that would help schools to implement robust programs, and also help Maine districts to learn from what others are doing.

As described above in the introduction, in early conversations to recruit schools for this study it became clear that curriculum leaders and superintendents in southern Maine also expressed an independent desire for more information about the ways in which districts are designing, implementing, and evaluating RtI or MTSS in their schools. Given the overlap with the purpose of the legislative study, the scope of the work was expanded to include more schools to allow a broader depiction. This was accomplished with an infusion of additional faculty and staff support from USM's Southern Maine Partnership.

Research Study Questions

- To what extent are schools implementing RtI / MTSS behavioral programs?
- What successes are schools seeing after implementing or strengthening their programs?
- What are the available resources and barriers for implementing programs?
- What are the issues (pros and cons) with overlap between special education and RtI / MTSS behavior programs?

Methodology

School and district visits were conducted by two formats. In the first, MEPRI researchers participated in school "learning walks" accompanied by up to 25 educators from other districts. Researchers took notes on discussions of relevance to the research questions. In the second format, one or two MEPRI researchers visited schools specifically for the purpose of the study and led focus groups to address the study questions. The same guiding questions were asked in each scenario (see Appendix A), but the focus group interviews lasted 45-60 minutes while the larger school visits ranged from 90 minutes to 3.5 hours. In both cases, demographic and representative data were gathered from the Maine Department of Education public website. Those data were paired with qualitative interview data, work samples, school and district forms, and parent communications to develop each portrait. Common themes and policy implications emerged.

Sample

The 2019 MEPRI report recommended a "robust program evaluation model in a select district." Once identified as a topic for further study, the scope was refined in the annual workplan to study "examples of strong RTI behavioral programs." MEPRI researchers sought out curriculum coordinators, directors of special education, and superintendents from Cumberland, York, and Western Maine Superintendent Regions to find one district to profile. We found that every district views this as a work in progress and all are at varying stages of implementation and refinement. However, many were happy to volunteer to share their systems as a model and to contribute to a larger sharing of practices and strategies with other schools. Short interviews were conducted with those interested either by phone, in-person, or by Zoom to gain more insight about their RtI and MTSS understanding and model. Based upon that information, and the desire for variation in grade span, school size, and socio-economic status, twelve schools, from five districts were selected. A total of 77 educators were interviewed. Confidentiality of schools and educators was preserved in this study.

Findings Part I: Portraits of MTSS Programs

High Schools

Table 1. High School Demographics

	High School A	High School B
Total Students	1,150	850
Total Teachers	90	70
Per Pupil Spending	$13,200	$15,050
Economically Disadvantaged	45%	30%
Special Education	18%	15%
English Language Learners	≤1%	≤1%
Chronic Absenteeism	20-25%	20-25%
Proficiency on State Assessment (SAT)		
English Lang. Arts	55%	45%
Mathematics	35%	20%
Science	55%	35%

Note: Figures may be rounded to maintain confidentiality

High School A

High School A reports having an RtI Behavior Model in place for the past four years. Using initial grant funding, they have trained teachers, administrators, and counselors in the Building Assets, Reducing Risks (BARR) Program. The high school is arranged into vertical learning teams, each serving 75-100 students. The daily schedule is divided into 8 class sessions, or "blocks". Teachers teach core content during 4 of these blocks (50%.) One to two times per month, each content area teacher teaches a structured lesson in social / emotional learning to their BARR students. Students stay with their BARR teacher throughout high school. Other blocks are designated to provide academic RtI, to meet with content-alike teachers for common planning time, and to participate in the team meetings outlined below.

Initial Screening

Each of the 6 guidance counselors interviews students individually early in their freshman year and all students complete an Asset Survey, rating themselves on 40 different assets. These assets are regularly referred to when planning for, and with students. Additionally, each teaching team is responsible for 75-100 students. They conduct "relationship mapping" to ensure each student has a connection to at least one adult in the school. A teacher is assigned to any student who does not have a connection with at least one adult. That teacher is to connect with the student for 10 minutes per day, every school day, for two weeks and report back to the teaching team on progress forming the relationship.

According to one teacher, *"I feel like I know my group of students so well and they know each other. Kids do leave with more assets than they begin with."*

Level I

One block per week, each team of teachers meets to discuss students. Each teacher reports out on 20-25 students, sharing and documenting regular education interventions and rating each student on a spreadsheet, using a 0-3 rating system (0 = doing well, 3 = in crisis.) Students who are identified through this process, are provided additional general education interventions and are referred to a next level team that includes guidance counselors and administrators.

Level II

Teams meet weekly for students in grades 8 & 9 and every other week for students in grades 10-12. These meetings focus more on establishing relationships, understanding root causes, and considering ways to capitalize on the student's assets. Parent contact is made regarding this review and to gain more information. The team continues documenting regular education interventions and rating each student on a spreadsheet, using a 0-3 rating system (0 = doing well, 3 = in crisis.) A point person is assigned to more closely monitor interventions and progress.

Level III

A third level "Risk Review" team includes social workers, district administrators, community providers, and possibly parents. The team continues documenting regular education interventions and rating each student on a spreadsheet, using a 0-3 rating system (0 = doing well, 3 = in crisis.) Designed roles and next steps are determined for each team member.

Multiple Pathways Program

The school's Multiple Pathways Program is for sophomores and above who have failed three or more classes and are at-risk for dropping out. The program currently has 50 students and 6 staff, including a social worker. Program staff are trained in mindfulness, trauma-sensitive practices, and the use of restorative circles. Of the 50 students in this program, 11 are identified for special education (22%) and two are identified as gifted and talented (4%.) Freshman Advisory is offered as an optional elective. It is often a precursor to the Multiple Pathways program and is taught by the same staff. Students can apply to Multiple Pathways in grade 10 by way of an application, interview, and summer class. Options include full time in the program with the exception of one class in the mainstream, some program classes and some general classes, or one credit recovery block.

High School B

High school B is in year two of an RtI behavior model. This focus stemmed from collective concerns around SAT scores, course failure rates, in ability to recover credits, drop out rates, and homelessness. The school changed to a daily, 6-block schedule that includes 5 content classes daily and either RtI time or an advisory seminar. Each week

there are four blocks per week of RtI time and one block of seminar time. The school no longer provides traditional study halls. Instead, a teacher can assign a student to them during the RtI time for academic support, credit recovery, or extension / enrichment projects. Students are invited to join the weekly seminar block based upon their areas of interest and personal learning plan.

Initial Screening

Each of the 4 school guidance counselors meets individually with students twice per year. The high school utilizes Naviance for all students to inform their goals and post-secondary goals. According to the website, "Naviance is a comprehensive college, career and life readiness solution that helps districts and schools align student strengths and interests to postsecondary goals, improving student outcomes and connecting learning to life." [8]

Level I

Every student, in grades 6-12 has a personal learning plan, developed and reviewed during these meetings and in the seminar block. Beginning in grade 6, these learning plans include interests and post-secondary goals. A student success team meets regularly to discuss student concerns and needs. That team might refer a student to level II.

Level II

The school has a program to support academic and behavioral support that is offered during the RtI and seminar blocks. The program is staffed by .5 general education teacher, 1.5 special education teacher, and an educational technician. Additionally, there is a student success center for credit recovery for those students who are at-risk for not graduating. Credits are a component of all personal learning plans and monitored in seminar and individual meetings with school counselors. Both programs offer academic and behavioral / social support.

Level III

The school houses a day treatment program for students who are identified for special education with social / emotional and behavior needs.

[8] https://www.naviance.com/

Extended Learning Opportunities Program

Approximately 28% of the student population participates in the Extended Learning Opportunities Program. This program offers credit-bearing opportunities both during and outside of the school day. Examples include: Independent Studies, Dual Enrollment/ Concurrent Enrolled Courses, Vocational Placement, Job Shadow Opportunities, Internship Opportunities, Job Placements, and other Individualized Learning Plans.

Middle Schools

Table 2. Middle School Demographics

	Middle School A	Middle School B	Middle School C
Grade Span	5-8	6-8	5-8
Total Students	550	650	200
Total Teachers	40	45	20
Per Pupil Spending	$14,500	$13,250	$18,300
Economically Disadv.	10%	30%	30%
Special Education	11%	18%	16%
English Lang. Learners	≤1%	No data	≤1%
Chronic Absenteeism	5-10%	10-15%	10-15%
Proficiency on State Assessment			
English/ELA	80%	65%	60%
Mathematics	60%	30%	30%
Science	80%	70%	70%

Note: Figures may be rounded to maintain confidentiality

Middle School A

Middle School A has been providing RtI for academics for more than a decade. During the 2018-19 school year, they implemented a similar framework for social / emotional behavioral RtI. The stated purpose is to identify at-risk students within the building to ensure that social emotional / behavioral needs are recognized and addressed. The district provides non-categorical services; academic, behavioral, and social / emotional intervention to all students, using all staff, based upon individual needs. Special education staff work with students who have IEPs as well as those who have RtI plans. Similarly, students who have an IEP might work with a general education staff member under the oversight of a special education case manager.

Initial Screening

Homeroom teachers complete the Student Risk Screening Score - Internalizing and Externalizing Scale on all students twice each year (November and March.) According to

the website, "The SRSS-IE assessment is a universal screening tool that helps identify students who are at risk for behavioral problems. Teachers assess various risk factors for each student in their classroom to determine who is at-risk."[9] Scores that are elevated (above 7 or a combined score of 8) are then validated by teams of grade level teachers, lead teacher, instructional coach, and school guidance counselor. These teams review the student's history, current performance, and existing supports. This team determines whether or not the student's needs are being met. The team meets 40 minutes each month to discuss student RtI needs.

Level II

If the student's needs are not being met, the team determines intervention, supports, and next steps. Progress monitoring data are gathered on a spreadsheet. These data might include grades, attendance, behavioral data, teacher reports, work samples, school counselor input, etc. Data is reviewed by the RtI Team every other month for all students who are identified. The school uses any appropriate resources to support the student, including those designated as special education services, if needed.

Level III

A school team meets weekly including school administration, the director of special services, consulting psychologist, school counselor, social worker, nurse, and instructional coach to discuss students who are particularly at-risk socially, emotionally, and behaviorally. A referral for a special education evaluation will be made if a disability is suspected. Regardless, the team will access any support, regardless of special education identification, to meet the student's needs.

Middle School B

Middle School B began RtI 5 years ago. They now hold RtI team meetings during the school day. The team includes the teacher who is raising concerns, a school administrator, school psychologist, social worker, and general education behavior specialist.

[9] https://miblsi.org/evaluation/student-assessments/student-risk-screening-scale

Initial Screening

A teacher completes a Google document that includes both objective and anecdotal concerns. This is shared with the RtI team and the teacher is invited to meet with the RtI team to discuss possible interventions.

Level I

The school has a designated block for 45 minutes, four days per week, for academic and behavioral interventions. During this time, 15 regular education teachers provide intervention to students based upon their RtI plans. The school has found success using a Check-in, Check-out system for behavioral intervention and support during this time. Students move in and out of interventions based upon data gathered and maintained on a spreadsheet. The spreadsheet includes data, interventions, and persons responsible. This is reviewed by the RtI Team

Level II

If level I interventions are not successful, a referral is made to special education.

Level III

The school has a range of special education services including day treatment for students with IEPs.

Middle School C

Middle School C has a building RtI team that meets every 6 weeks to review student data and interventions. The school uses Infinite Campus and a School-wide Intervention System (SWIS) data collection tool. According to the website, "Through SWIS, school staff enter office discipline referrals online. The data are summarized to provide information about individual students, groups of students, or the entire student body over any time period." [10]

Initial Screening

Grade level teams meet weekly with an educational technician. They review teacher concerns, attendance data, grades, and behavior / office referrals. The team determines appropriate classroom strategies and tracks these on a Google document.

[10] https://www.pbisapps.org/Applications/Pages/SWIS-Suite.aspx

Level I

Students receiving Level I support from their classroom teacher are monitored through the Google document and discussed weekly. The educational technician may push into the classroom if needed.

Level II

The educational technician has two blocks per day designated to general education RtI services. During these blocks, he provides either academic or social / emotional / behavioral intervention. Data is collected and monitored by the school guidance counselor.

Level III

If students are not making appropriate progress in Level II, a referral to special education may be completed.

Elementary Schools

Table 3. Elementary School Demographics

	School A	School B	School C	School D	School E	School F
Grade Span	PK-6	K-4	K-3	PK-5	K-3	K-5
Total Students	375	225	725	550	625	575
Total Teachers	25	20	55	35	50	55
Per Pupil Spending	$11,950	$16,250	$13,900	$13,000	$16,350	$13,400
Economically Disadv.	40%	35%	30%	45%	<10%	40%
Special Education	12%	16%	13%	18%	11%	23%
English Learners	<1%	No Data	<1%	<1%	<1%	<1%
Chronic Absenteeism	10-15%	5-10%	5-10%	5-10%	<5%	5-10%
Proficiency on State Assessment						
English Lang. Arts	50%	60%	55%	50%	65%	55%
Mathematics	45%	45%	40%	40%	60%	30%
Science	55%	No Data	No Data	60%	No Data	65%

Elementary School A

Elementary School A utilizes a mixed grouping model for academic RtI in literacy. Students are identified through universal assessments, given three times per year, and with more frequent grade-level assessments. Based upon this, they are placed in a targeted group for literacy with one of the grade-level classroom teachers and push-in support from special education teachers, Title I teachers, and ed techs. Movement patterns are embedded in the instructional block. According to the principal, *"The staff is absolutely dedicated to looking at student data and differentiating to meet the needs of each student."*

Elementary School A also uses the School-wide Intervention System (SWIS) data collection tool. According to the website, "Through SWIS, school staff enter office discipline referrals online. The data are summarized to provide information about individual students, groups of students, or the entire student body over any time period." They have used the data to identify patterns of behavior and to reduce class size or shift resources as needed. [11]

Additionally, the school has started a Student Ambassadors Program where a team of 3-6 graders discuss school-wide behavior issues and offer suggestions for proactive support and a student-led Care Team focused on how to take care of the school community and space.

Initial Screening

Teachers in Elementary School A complete the Student Risk Screening Scale-Internalizing and Externalizing assessment on all students three times per year. According to the website, "The SRSS-IE assessment is a universal screening tool that helps identify students who are at risk for behavioral problems. Teachers assess various risk factors for each student in their classroom to determine who is at-risk."[12]

Level I

Based upon SWIS data, they have about 85 students identified as needing behavior RtI. The Positive Behavioral Supports Universal Team meets monthly to review the school data dashboard and develop supports for individual students. The principal has implemented a Check-in, Check-out system to connect with students at-risk on a daily basis but notes this is challenging for one person to manage.

Level II

An Advanced Tier Team meets monthly to discuss students who require more specific interventions, beyond Level I. According to the principal, this team "...used to be a gateway to special education but now people are realizing behavior is a symptom of something. We have a lot of kids coming to us with trauma."

[11] https://www.pbisapps.org/Applications/Pages/SWIS-Suite.aspx
[12] https://miblsi.org/evaluation/student-assessments/student-risk-screening-scale

Elementary School B

Elementary School B has a part-time guidance counselor, a shared special education/ regular education social worker, and instructional coach. RtI Team meetings happen once per month.

Initial Screening

During the monthly meeting, the RtI Team reviews student attendance records, and office discipline referral data collected using the School-wide Intervention System (SWIS) data collection tool. According to the website, "Through SWIS, school staff enter office discipline referrals online. The data are summarized to provide information about individual students, groups of students, or the entire student body over any time period." They have used the data to identify patterns of behavior and to reduce class size or shift resources as needed. [13]

Level I

Elementary School B has school-wide behavior rubrics and reinforcements, each classroom teaches executive functioning skills. The school guidance counselor provides full class lessons to support common expectations, language, and strategies. Each classroom has a mindfulness minute every morning. Regular assemblies recognize individual students and classes for positive behavior. The school has two RtI classrooms and motor break areas throughout the building to support student needs.

Level II

Students who are identified for RtI behavior, might participate in small social skills, social thinking, or relationship groups with the school guidance counselor. Others may have additional adult check-ins in the classroom or for teaching recess skills, attendance plans, hallway activity breaks, calming breaks, or other de-escalation strategies. These plans are monitored by the RtI Team monthly.

Level III

Students with needs that reach level III have daily behavior data collection are monitored more frequently, have additional adult support throughout the day, and access

[13] https://www.pbisapps.org/Applications/Pages/SWIS-Suite.aspx

regular education social work services. A referral to special education may be made if a disability is suspected.

Elementary School C

Elementary School C reports a solid team structure that includes special and regular education teachers meeting regularly to discuss students. The school has a general education behavioral support room and quiet area. In addition to special education services, the school has a behavior specialist, behavior educational technician, .5 general education social worker, an assistant principal, and 3 community-based social workers who bill individually.

Initial Screening

The RtI team meets weekly to review office discipline reports. For students who have 2 or more by Oct. 15th to consider whether or not the student's needs are being met. These data are collected using the School-wide Intervention System (SWIS) data collection tool. According to the website, "Through SWIS, school staff enter office discipline referrals online. The data are summarized to provide information about individual students, groups of students, or the entire student body over any time period." They have used the data to identify patterns of behavior and to reduce class size or shift resources as needed. [14]

Level I

The full faculty has learned about Social Thinking and is implementing these lessons into a daily 20-minute block in classroom schedules. According to Wikipedia, "'Social thinking' or thinking socially refers to a process we all go through in our mind as we try to make sense of our own and others' thoughts, feelings, and intentions in context, whether we are co-existing, actively interacting, or figuring out what is happening from a distance (e.g., media, literature, etc.). Our ability to think socially is part of social emotional learning that begins at birth and evolves across our lifetime." [15] One of the key concepts in social thinking is helping students to identify their "zone of regulation" (i.e. how emotionally and physically they are feeling) and whether or not their zone matches the current situation. The school guidance counselor provides full class lessons on social, emotional, behavioral

[14] https://www.pbisapps.org/Applications/Pages/SWIS-Suite.aspx
[15] https://en.wikipedia.org/wiki/Social_Thinking

skills. Behavior rubrics and consequences are posted and consistent school-wide. If needed, teachers team to offer a student a "buddy classroom." In this case, a student can leave the classroom and go to the buddy classroom for a change in environment as needed.

Level II

Like Elementary School B, Students who are identified for RtI behavior, might participate in small social skills, social thinking, or relationship groups with the school guidance counselor. Others may have additional adult check-ins in the classroom or for teaching recess skills, attendance plans, hallway activity breaks, calming breaks, or other de-escalation strategies. With a full-time nurse in the building, a student might also have a pass that allows a periodic visit to the nurse. These plans are monitored by the RtI Team weekly.

Level III

Students with needs that reach level III have daily behavior data collection are monitored more frequently, have additional adult support throughout the day, and access regular education social work services. A referral to special education may be made if a disability is suspected.

Elementary School D

Elementary School D has an assistant principal, social worker, school counselor Additionally, ten literacy and math specialists,12 general education technicians, three RtI consultants, and two gifted and talented teachers support RtI for academics and behavior across K-5 schools. They have been working to address chronic absenteeism and have seen a 50% decrease in the past two years. Additionally, they have seen an overall increase in school attendance of 33%. They have secured multiple grants to support professional development in social / emotional learning.

Initial Screening

The school uses office discipline referrals, teachers, reports, and attendance records as initial screening for RtI social / emotional and behavioral needs.

Level I

The school uses the assistant principal, school guidance counselor, and school social worker to consult with teachers on level I student supports. Students who are not meeting

academic or behavioral expectations receive targeted support delivered primarily by the classroom teacher. Students can move in and out of levels at any time but a full review is conducted by an RtI Team 4 times per school year.

Level II

Once identified for level II services, students receive targeted, monitored, and specific support carried out by specialists, school guidance counselors, and intervention teachers. Families are notified at this stage and the student may access the general education behavior support teacher, and educational technician, either in the classroom or in a specialized, general education setting.

Level III

Students who have not demonstrated sufficient progress with level II supports are referred to special education for evaluation of a potential disability. The school houses the district-wide elementary day treatment behavior program.

Elementary School E

Elementary School E is in year four of a new RtI service model. This model provides "non-categorical" services to students. The district provides academic, behavioral, and social / emotional intervention to all students, using all staff, based upon individual needs. Special education staff work with students who have IEPs as well as those who have RtI plans. Similarly, students who have an IEP might work with a general education staff member under the oversight of a special education case manager. The school completed minor summer renovations and classroom moves to place literacy, numeracy, and behavior specialists, Title I, RtI, special education teachers, and two speech therapists in adjoining classrooms.The behavior teacher and general and special education behavior education technicians share a space. This allows for a sharing of resources, flexible grouping depending upon student need, and readily access to specialized expertise. The staff frame this model as "Collective, proactive, and supportive." The school has designated one day per week as a meeting day. Fewer interventions are provided an RtI, IEP, 504, etc. meetings are held. In addition to an assistant principal, the school has an instructional coach, literacy specialist, numeracy specialist, 2 social workers, 2 behavior teachers, special education teachers, educational technicians, therapists, and 1.5 school guidance counselors.

Initial Screening

Classroom teachers complete the Student Risk Screening Score - Internalizing and Externalizing Scale on all students twice each year. According to the website, "The SRSS-IE assessment is a universal screening tool that helps identify students who are at risk for behavioral problems. Teachers assess various risk factors for each student in their classroom to determine who is at-risk."[16] Students who have elevated scores are referred to the school RtI Team. Classroom teachers can share concerns about a student at any time by completing a data collection form.

Level I

Teachers and specialists then work together to review both the screening and classroom data to determine whether or not a student is "at-risk", discuss possible needs, generate clarifying questions, and begin to brainstorm possible research-based interventions. Teachers communicate with parents and a designated faculty member conducts an observation of the student in the learning environment. An RtI plan is developed and monitored either weekly or bi-weekly.

Level II

If appropriate progress is not made, the student is referred to the RtI Team and additional, targeted, small group instruction is provided. This is in addition to continued level I interventions. An intervention plan is started with clear strengths / interests, areas of concern, baseline data, accommodations, goals, timelines, and documentation if parent contact.

Level III

If progress remains unsatisfactory, the frequency, duration, and intensity of interventions are reviewed and implemented in a small group setting. The RtI Team may make a referral to special education should a disability be suspected. The district Board Certified Behavior Analyst (BCBA) is brought into consultation as needed.

Extension

There are two gifted and talented teachers district-wide. These teachers serve students who are identified for gifted and talented and those who are not identified but

[16] https://miblsi.org/evaluation/student-assessments/student-risk-screening-scale

need enrichment. The literacy and numeracy specialists also offer enrichment seminars as the schedule permits. Literacy and numeracy specialists provide full class coaching and consultation.

Elementary School F

Elementary School F is nearly five years into utilizing a mixed grouping for academic RtI in literacy and math. Students are identified through universal assessments, given three times per year, and with more frequent grade-level assessments. Based upon this, they are placed in a targeted group for literacy and a potentially different targeted group for math with one of the grade-level classroom teachers and push-in support from special education teachers, Title I teachers, and ed techs. Movement patterns are embedded in the instructional block, Teachers and administrators feel this academic structure supports positive behavior and learning. One teacher said, "There's no stigma. Every kid sees every teacher in my room. And they aren't being pulled out of their learning community."

All classrooms, Pre K-5 embed daily lessons on character traits, using a common language across the school. They have begun to rethink how they use "Morning Meeting" time to shift from focusing on calendar and weather each year to embedding these character trait lessons and are exploring a daily advisory block of 25-30 minutes when planning a schedule for next year. The school has a consistent behavior rubric and has moved away from offering prizes for appropriate behavior to a more restorative practice process where they help students learn from and find ways to repair the impact of a particular behavior as appropriate.

The school has a general education social worker and a school counselor, a special education social worker, and a private agency social worker on-site as well as three lead teachers, a principal and an assistant principal. The occupational therapist provides whole class lessons to all kindergarten classrooms on understanding and regulating their social / emotional / behavioral responses. The speech / language therapist works with general education student groups embedding social thinking strategies to help develop positive social skills. Professional learning for all faculty is currently focused on restorative practices and trauma-informed teaching.

Initial Screening

The school uses observational notes, office referrals, and the school-wide behavior rubric to identify students for behavior RtI.

Level I

Grade level teams meet weekly and two meetings per month are designated for level I academic or behavioral RtI. They report that it has been helpful that potentially two or three grade level teachers work with each student (literacy, math, and home room.) When the teachers come together, they can share strategies and resources that are specific to the needs of a particular student.

Level II

The school holds RtI team meetings for 45 minutes, three days per week, and provides coverage for teachers to attend and share data gathered and strategies in place. School administrators, social workers, and school counselors attend these meetings. The school principal shared, *"When a teacher makes a referral, it's time. The teacher comes with a big folder of what has been done or tried."* Goals are created to address targeted areas and a date is set to check back in as a team. In the case of behavior RtI, a consultation may be ordered from the district Board Certified Behavior Analyst (BCBA.) Parents are notified. If the school suspects the student is at risk of harming self or others, a formal Threat of Harm Protocol is completed.

The school provides a range of special education services, from behavioral consultation to day treatment programming, for students who are identified. According to the curriculum coordinator, *"The amount of special education referrals have dramatically decreased and the kids who are referred really need services."*

Findings Part 2: Models of Promising Practices

Eight years after the 2012 requirement that all Maine schools have Multi-Tiered Systems of Support (MTSS) in place, this study was commissioned to be a deep dive into a school that is fully implementing RtI for behavioral health—an opportunity to share promising practices with the field and to inform policy-makers of implications. The districts that self-selected to participate in this study are in various stages of implementation. All shared promising practices and ways in which they are overcoming barriers to implementation. It is clear that the schools studied have taken this policy to heart, believe in the importance of this model to provide equitable educational services, and are working diligently to develop structures and practices to meet the needs of each individual learner. And, based upon interest from the larger field of Maine educators, this is true in most—if not all—of Maine schools. With that stated, researchers were not able to identify any school that has *fully* implemented MTSS or RtI for behavioral health in Maine Pre-k-12 schools. Moreover, there does not appear to be one singular "model" that can be packaged and replicated in full. Each school has selected and developed program elements that work for their particular needs within available resources.

Behavioral Health Staffing

Behavioral health staffing models for MTSS / RtI observed in this study can be grouped into three types: leveled service, targeted service, and non-categorical service models.

- Some districts have created a staffing model that uses existing classroom teachers to provide intervention and extension during a designated block each day. We refer to this as a **leveled services model**, in which students are assigned to whichever teacher is working at their level, area of need, and/or interest. Group size and additional educational technician or special education support was determined by the intensity of student needs; the more intensive the needs, the lower the student-to-teacher ratio. These districts generally had higher percentages of special education, economically disadvantaged, and chronically absent students at the K-8 level. They also spent the least overall per pupil.
- Other districts essentially recreated a general education intervention structure that is modeled after more traditional special education programming. In what we are referring to as a **targeted services model**, literacy, numeracy, and behavior specialists, paired with a team of educational technicians, provide push-in or pull-out direct instruction, modifications, and support. Per pupil spending, special

education and economically disadvantaged percentages, and chronic absenteeism rates all ranged around average in schools using this model.

- The third basic structure, that we have named a **non-categorical services model**, essentially blurs the lines between general and special education. This provides students with personal learning plans or IEPs the ability to work with any staff member who can best meet their needs. In these districts, the special education staff are locally-funded, lessening the barriers of federal IDEA grant funding restrictions. Per-pupil spending was higher than most of the districts using the leveled-service model. It should be noted that, in these districts, the percentage of students identified for special education or as economically disadvantaged is substantially lower, as are the rates of chronic absenteeism.

Mental Health Services

The mental health services available to students in this study also varied greatly.

- Most of the schools utilizing the non-categorical and targeted services staffing models also provided licensed clinical social work services to general education students. These schools have a 0.5 to 1.0 FTE social worker, in addition to the school guidance counselor, designated to behavioral health care for general education students.
- All schools noted an increase in the need for school-based mental health services to address issues including: substance use disorder, mental health concerns, childhood trauma, rates of adolescent suicide, and chronic absenteeism.
- Schools with higher economically disadvantaged populations often had additional social work services provided by an outside agency working on-site. These mental health professionals provided private counseling to students who might not be able to get to an appointment after school or in the community. These providers fill an important role that is different from school-based counseling services.
- The schools in the study with higher per pupil spending, lower special education identification, and lower absenteeism were **more** likely to provide behavioral specialists, educational technicians, and Board Certified Behavior Analysts to support student needs.

Initial Screening and Progress Monitoring

Initial screening and progress monitoring were fairly consistent in this study. Schools that are the furthest along in MTSS or RtI for behavior are using the School-Wide Information System (SWIS) or Social Skills Rating System (SSRS) data collection tools. Progress monitoring appears to be managed through either a spreadsheet or shared Google document. One school is implementing the BARR program with apparent success at the 6-12 level. This program uses specific data and assessment tools for screening and progress monitoring, as discussed in the High School A description above.

Team-based Processes and Decision-making Structures

Team-based processes and decision-making structures were very consistent in this study. While the amount of time between RtI / MTSS Team meetings varied from weekly to quarterly, the composition, role, and process of RtI teams were consistent across schools and grade spans. This is noteworthy, because results from a prior statewide survey indicated that this was an area where many schools are struggling to build sustainable and robust mananagement systems.

In all schools, initial RtI / MTSS planning meetings occur at the content or grade level teacher team meetings. These meeting are either designated as an RtI screening meeting (e.g. the first weekly team meeting of the month) or a designated part of each team meeting agenda. During the meeting, the teacher(s) raises initial concerns and seeks ideas and strategies from the other teachers in the grade-level or content area. Usually, either a school guidance counselor or special education teacher joins the meetings. Notes are taken and strategies are documented by the teacher.

Level I RtI / MTSS meetings happen at the school level and often involve a designed RtI team of teachers, special educators, the school guidance counselor, and a school administrator. These meetings are more formal than the planning meetings and typically have specific pre-meeting forms completed and brought forward by the teacher, documentation of previous initial meeting notes, intervention strategies attempted, and data to document the result of those strategies. The team will likely assign one of the RtI team members to take the lead on parent communication and working with the teacher on implementing any new ideas and data collection. That person may also review the child's file or informally observe the child to offer suggestions. Eventually, this team may determine the need for push-in or pull-out supports and more specific goals.

Level II RtI / MTSS meetings generally involve the same team as RtI I but also include whomever is supporting the student toward the specific goals. That may be a literacy, numeracy, behavior specialist, a social worker, a nurse, or another classroom teacher in a leveled services model. More specific processes for data analysis and progress monitoring are in place.

Level III RtI / MTSS meetings may be a referral to special education or an IEP Team meeting. In some districts, this level is an additional level of support before a special

education referral. In either case, these meetings are more structured and formal. They often involve a district-level administrator, social worker, school psychologist, board certified behavior analyst, nurse and/or other consultant.

Parent Involvement

Parent involvement was also consistent in this study, across demographics and grade spans. In all cases studied, parents are notified when their child was referred to RtI / MTSS and are communicated with along the way by an appointed team member. Often there was a school-wide letter or pamphlet sent to all parents, each school year, outlining intervention practices.

Discussion and Policy Implications

Funding

All of the schools in this study are expending subsantial resources to provide RtI and MTSS services to students. This ranges from an increased learning block each day for classroom teachers and stipends for RtI behavioral team members to a more resource-intensive model that is seemingly duplicative of special education. Districts are technically able to access 15% of their federal IDEA funds to support early intervention programs. However, most have needs that already exceed their IDEA funding levels and do not have the flexibility to set aside any of those funds for RtI / MTSS programs.

Districts that have been able to invest in staffing to support RtI / MTSS have reportedly seen a reduction in special education identification rates. With the high cost of special education services growing, policymakers may wish to consider adding resources to the funding formula targeted toward early intervention. This would be a proactive step to help ensure that consistent opportunities are available for student interventions *before* a referral is made to special education, resulting in longer-term cost savings.

The Essential Programs and Services model does not currently include an allocation that is specifically intended to support RtI / MTSS academic or behavior supports, even though schools are required to have such systems in place. The student-to-staff ratios for educators and specialists were not decreased when the requirement to implement MTSS was enacted in 2012. Schools can use funds that are allocated from certain other EPS components to support MTSS programs (for example, the economically disadvantaged

student weight and other targeted per-pupil amounts). Otherwise, districts must find savings in another funding area to redirect resources toward these programs, or raise the funds locally.

If a school district raises local funds to support a special education position, and this additional local amount causes their total special education spending to exceed the amount that is allocated in the special education funding model, then eventually the model will "catch up." The maintenance of effort provision will raise the total funding level to match actual district spending on special education. However, the initial costs must be borne locally before the funding formula will capture the added position and allow them to be subsidized by state funds. The special education funding model is currently undergoing review, and may move to a multiple-weight model in order to better meet the needs of each district. If and when a better model is developed, it would be appropriate to consider adding a student weight to support pre-special education interventions through MTSS. These weights could be based on the proportion of students who are considered at-risk through academic or behavioral assessment data.

Increased Staff for Behavioral and Mental Health Interventions

Since 2012, schools have been working diligently to provide behavioral health RtI and, in some cases, MTSS extension pathways. Over the same span of time, teen suicide rates have reached an all time high, increasing annually by 14% in boys and 8% in girls, from 2014-2017.[17] The number of deaths by opioid overdose reached an all time high of 418 in 2017[18] and this epidemic touches the lives of many Maine students, either directly or indirectly. Nationally, nearly a third of children aged 12-17 have experienced two or more types of childhood trauma that are likely to impact their adult physical and mental health.[19]

The identification of root causes and clinical mental health services for some students at risk for school-based behavioral needs would provide schools with additional clarity and support. While the provision of such services for students in general education is being provided by more affluent communities, social work is not currently an "essential

[17] https://www.usnews.com/news/health-news/articles/2019-06-18/us-youth-suicide-rate-reaches-20-year-high
[18] https://www.opportunityalliance.org/uploads/TOA_NL_final.pdf
[19] https://acestoohigh.com/2013/05/13/nearly-35-million-u-s-children-have-experienced-one-or-more-types-of-childhood-trauma/

service" through a dedicated ratio in the state funding formula. As with general funding for RtI / MTSS programs, school districts may choose to use allocations from other areas of the formula, such as the economically disadvantaged component. The addition of a staff ratio for social workers or clinical mental health counselors in the EPS formula may provide more opportunity for all disticts to be able to afford these positions to meet their current levels of student mental health needs.

Tools and Resources

The available tools and resources for initial screening, intervention, and progress monitoring range from free, open source tools to expensive programs and training. With the focus of the Maine Department of Education on social / emotional learning, grants professional development, and a compilation of data tools would be helpful. Additionally, some states (including Florida, Colorado, and Texas) have created an RtI Readiness Rubric for districts to self-assess their existing programs and consider next steps. [20]

Areas for Further Study

As of yet, Maine schools have only anecdotal data to suggest that their investments in strong early intervention programs have long-term payoffs for better student outcomes and/or lower special education costs. Additional study is warranted to assess whether Maine schools are indeed seeing these improved outcomes as a result of their programs.

Two challenges for conducting such an evaluation are 1) as noted in the report, there are few, if any, schools that have fully-implemented and adequtely staffed RtI / MTSS programs for behavioral supports, and 2) even in cases where strong programs exist, it is tenuous to attribute any outcomes – good or bad – exclusively to the RtI / MTSS program. Schools are complex organizations with many changing and variable circumstances, and there are numerous other factors besides the RtI program that can impact costs and/or student success. However, the pernicious challenges of escalating special education costs accompanied by low (and stagnant) student academic and attainment outcomes have reached a critical point. Even correlational data to indicate whether there is tenous link between RtI / MTSS programs and improved outcomes would be helpful for informing investments in such systems. It may be particularly valuable to explore the perceived

[20] http://www.floridarti.usf.edu/resources/presentations/2016/nasp/eval/SAM%20Packet_October%202015.pdf

benefits and costs of the three different categories of RtI behavior program staffing models identified in our profiles (leveled services, targeted services, and non-categorical services). If one of the models emerges as more (or less) cost-effective than the others, that could inform criteria for infusing additional funding into the EPS formula.

Appendix A: RtI Behavior Interview Guide

MTSS / RTI Study Guiding Questions

(11/20/2019) Revision

Behavior

1. To what extent is your school implementing MTSS for behavior (RTI-B)? What is being done well at your school?
   - Staff Readiness
   - Resources (time, data, knowledge)
   - Available Supports
   - What additional support do you need?

2. Please describe these aspects of your RTI-B program:

Initial screening assessment process	
Types of supports provided in the classroom	
Types of supports provided for students needing more intense help?	
Monitoring of student progress?	
How often are you making changes in student services? Is it enough time to wait for impacts?	
RTI-B team specifics: who, how often, decision making authority,	
Who measures fidelity? How often? Including quality of tiered supports, including tier 1?	
Parent involvement? Pro or con?	

3. What are the barriers for implementing an effective RTI-B program?
   a. Follow up to survey item: scale of "no barrier" to "critical barrier": time, expertise, number of staff, etc.)
   b. Staffing challenges. Quality and quantity? Adequate training? Sharing staff w SPED supports?

4. What are the perceived impacts of RTI-B systems on students and staff?
    - Usefulness of assessment results to inform next steps?
    - Impact on student learning?
    - Reduction in speed identification or need for programs?
    - Any data to back up your perceptions?
    - Opportunity costs for time invested in RTI for behavior – have you had to let something else go?

5. How does your school handle overlap or integration of supports with RTI-B and special education? Competition for space, staff, programs, funding? Policy barriers?