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A Multi-Tiered Service & Support Implementation Blueprint for Schools & Districts: Revisiting the Science to Improve the Practice

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INTRODUCTION AND OVERVIEW

The goal of every school across the country is to maximize the academic and social, emotional, and behavioral progress and proficiency of every student. This is accomplished through (a) effective and differentiated classroom instruction, complemented with (b) positive and successful classroom management, that (c) is delivered by highly qualified teachers who have (d) administrators, instructional support and related services staff, and other consultants available to support these classroom, grade-level or teaching units, and other school programs and processes. All of this results in students who demonstrate age-appropriate (or beyond) independent learning and behavioral self-management skills.

While an admirable goal, the reality is that not all students are successful in effective classrooms. Indeed, some students come to the school-house door at-risk for educational failure, while others are struggling learners who are disengaged, unmotivated, unresponsive, underperforming, or consistently unsuccessful. For these students, districts and schools are required to have multi-tiered services, supports, strategies, programs, interventions, and systems to address their individual academic or behavioral needs.

THE ELEMENTARY AND SECONDARY EDUCATION/EVERY STUDENT SUCCEEDS ACT AND MULTI-TIERED SERVICES

The Elementary and Secondary Education/Every Student Succeeds Act (ESEA/ESSA) was signed into law by President Obama on December 10, 2015. Most notably, the Law transfers much of the responsibility for developing, implementing, and evaluating effective school and schooling processes to state departments of education and school districts across the country. It includes numerous requirement and provisions to ensure success for all students and schools.

For example, the Law:

- Advances equity by upholding critical protections for America's disadvantaged and high-need students.

- Requires—for the first time—that all students in America be taught to high academic standards that will prepare them to succeed in college and careers.

- Ensures that vital information is provided to educators, families, students, and communities through annual statewide assessments that measure students' progress toward those high standards.

- Helps to support and grow local innovations—including evidence-based and place-based interventions developed by local leaders and educators.

- Sustains and expands investments in increasing access to high-quality preschool.

- Maintains an expectation that there will be accountability and action to effect positive change in our lowest-performing schools, where groups of students are not making progress, and where graduation rates are low over extended periods of time.

Relative to at-risk, disengaged, unmotivated, unresponsive, underperforming, or consistently unsuccessful students, ESEA/ESSA defines and requires districts and schools to establish a "multi-tiered system of supports" for specific groups of students.

Significantly, the term "response-to-intervention" (or RtI) or any of its derivatives never appears in the new ESEA/ESSA bill. [Parenthetically, this term similarly, never appears in the federal Individuals with Disabilities Education Act (IDEA).]

Even more significant is the fact that the term "multi-tiered system of supports," which appears only five times in the Law, always appears in lowercase letters and never as a capital letter acronym: MTSS.

Thus, the MTSS framework advocated by the U.S. Department of Education's Office of Special Education Programs (and its many funded National Technical Assistance Centers, as well as many State Departments of Education) is not required by federal law.

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ESEA/ESSA defines "multi-tiered system of supports" as:

"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."

Relative to the five times the term appears in the Law, two appearances are in the definition as above. The other three citations appear in sections where the Law talks about the need for all districts receiving ESEA funds to:

- "Develop programs and activities that increase the ability of teachers to effectively teach children with disabilities, including children with significant cognitive disabilities, and English learners, which may include the use of multi-tier systems of support and positive behavioral intervention and supports, so that such children with disabilities and English learners can meet the challenging State academic standards."

* "Provide for a multi-tier system of supports for literacy services."

* Offer professional development opportunities that "are designed to give teachers of children with disabilities or children with development delays, and other teachers and instructional staff, the knowledge and skills to provide instruction and academic support services, to those children, including positive behavioral interventions and supports, multi-tier system of supports, and use of accommodations."

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Meanwhile, as multi-tiered services involve students' academic and social, emotional, and behavioral performance, the term "positive behavioral intervention and supports" (which appears twice in the quoted sections above) is never defined in ESEA/ESSA. While it appears in the 2004 reauthorization of IDEA, it is not defined there either.

Significantly, the term "positive behavioral interventions and supports" appears only three times in the entire ESEA/ESSA law—always in lowercase letters. That is, the term never appears with the individual words capitalized, the PBIS acronym never appears, and the word "framework" (as in PBIS framework) never appears in the law.

Thus, as with MTSS, ESEA/ESSA does not require the PBIS framework or program advocated by the

U.S. Department of Education's Office of Special Education Program, its many funded National Technical Assistance Centers, as well as many State Departments of Education.

The bottom line in all of this is that every State Departments of Education across the country that accepts federal funds:

- Must develop its own multi-tier system of supports—at least for the conditions described in the Law above (clearly, they can go beyond the Law);

- Is not required to adopt the U.S. Department of Education's Office of Special Education Programs MTSS framework, and should not be penalized financially as long as their approach meets the definition and conditions above;

- Needs to revisit and revalidate its multi-tiered system of supports to ensure that the services, programs, strategies, and interventions being used meet the other facets of ESEA/ESSA—that is, to ensure that students with disabilities, with developmental delays, who are English learners, and who are struggling with literacy can meet the challenging State academic standards.

In order to meet the above criteria, state departments of education and school districts nationwide must recognize that a number of federal reports have demonstrated that the federal RtI and MTSS frameworks have not been successful (e.g., Balu, Zhu, Doolittle, Schiller, Jenkins, & Gersten, 2015). Thus, as state departments of education and districts rethink their multi-tiered system of supports, they need to recognize and correct the flaws that have undermined the success of previous RtI and MTSS approaches.

Below are seven flaws that need attention in the re-design process. Many of these flaws were identified through a review of currently existing state RtI or multi-tiered services, guidebooks, and systems.

Flaw 1: Missing the Interdependency Between Academics and Behavior

When teachers have academically or behaviorally struggling students, there are two initial critical questions:

- Do you have students who are behaviorally acting out because of academic frustration?

- Do you have students who are academically not learning (or not learning quickly enough) because they do not have certain behavioral skills (sitting in their seat, paying attention, working in interpersonally effective ways with others)?

When they answer "Yes" to both questions (which is the norm), they are demonstrating (per usual) that academic instruction, learning, and mastery is interdependent with classroom discipline, behavior management, and student self-management.

Thus, it does not make sense for a state or district multi-tiered process to focus only on academic skills to the exclusion of students' social, emotional, and behavioral skills.

We have seen this time and time again—as schools have separate problem-solving teams for academic and behavioral problem students, respectfully. When this happens, the "academic team" only assesses for "academic problems," and the "behavioral team" only assesses for "behavioral problems." The flaw in this process occurs when a student, for example, is behaviorally acting up because of academic frustration. Here, the behavioral team typically misses the underlying academic conditions that are triggering the student's behavioral response (because they don't assess them), and then they try to treat the behavioral problem as a "discipline problem" rather than one that requires an academic intervention component.

Conversely, the academic team does not typically ask whether students' academic struggles are occurring because they do not (a) have the social skills to get along with others (e.g., in a cooperative

learning group); (b) feel emotionally secure in class (e.g., due to teasing or school safety issues); or (c) have the behavioral skills to organize themselves (e.g., to work independently). When students have social, emotional, or behavioral skill deficits, even the best teachers, curricula, technology, and instruction may not result in the desired academic outcomes.

In summary, schools should have the best academic and social, emotional, and behavioral assessment, instruction, and intervention experts in and available to the school on their school-level student assistance teams. When this occurs, questions regarding the interdependency between a student's academic and behavioral status and contributions to specific situations will most assuredly be asked.

Flaw 2: Missing the Continuum of Instruction

Many state RtI or multi-tiered services guidebooks and systems do not provide a research-based continuum of services and supports that helps to organize and differentiate the difference between "instruction" and "intervention." These guidebooks talk about the need for intervention, but rarely provide any specificity.

Over the past decade (or more), we have implemented the continuum below to states across the country, presenting it as the PASS (Positive Academic Supports and Services) model.

As is evident in the slide below (see Figure 1), RtI or multi-tiered services start with an effective teacher providing sound, differentiated instruction, supported by good classroom management, and the data-based progress monitoring of students' academic and behavioral learning and mastery.

When students are not learning (or not learning quickly enough), an assessment process must be conducted to determine why the progress is missing (see Flaw 3 below). This assessment could be done (a) by the teacher, (b) with the support of

grade-level colleagues as part of a grade-level "Student Assistance Team," or (c) with the support of the multidisciplinary building-level "Student Assistance Team." How the teacher assesses the problem is determined largely by his/her skills and the duration or intensity of the problem (see Flaw 7 below).

Grade-level colleagues, and/or members of the building-level Student Assistance Team, strategically decide how to solve the problem (see Flaw 4).
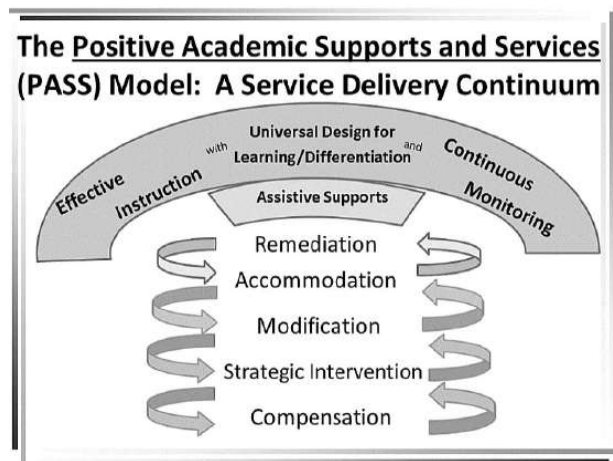
If the student's struggles are academically-related (as opposed to behaviorally-related), as in the figure above, the problem may be solved through strategically-selected:

- Assistive support technologies

- Remedial approaches

- Accommodation approaches

- Curricular modification approaches

- Targeted Intervention

- Compensatory strategies

If the student's struggles are academically-related (as opposed to behaviorally-related) as in the figure above, the problem may be solved through strategically-selected:

- Skill instruction strategies

- Speed of learning and mastery acquisition strategies

- Transfer of training strategies

- Emotional control and coping strategies

- Motivational strategies

- History of inconsistency strategies

- Special situation strategies

Flaw 3: Avoiding Diagnostic or Functional Assessment Until It Is Too Late

Many state RtI or multi-tiered services guidebooks, adopting the flawed approaches of the U.S. Department of Education's RtI Technical Assistance centers, implicitly advocate a "wait to fail, then assess" strategy. That is, when students are not succeeding academically at Tier I (for example), they recommend 30 minutes of largely unspecified group interventions at Tier II. Then, if the students are still having problems, they recommend a diagnostic (or, for behavior, functional) assessment as the entry point to Tier III.

Significantly, this is the opposite of the "early assessment, early intervention" approaches in most other professions. Indeed, when called to solve a problem, virtually every doctor, electrician, car mechanic, or other service-providing professional completes a diagnostic assessment at the beginning of the problem-solving process to ensure that their first recommendations are their last recommendations (because the problem is solved).

And so why would anyone, in good conscience, "allow" a student to struggle for six to ten or more weeks in the classroom, and in a Tier II intervention, to eventually get to the point where a diagnostic assessment is finally conducted to figure out what really is wrong?

And why would anyone do this knowing that, after these multiple and prolonged periods of

"intervention" and failure, (a) the problem may be worse (or compounded); (b) the student might be more confused or frustrated or resistant to "another intervention;" and (c) more intensive interventions might be needed because the problem was not identified and analyzed right from the beginning?

Flaw 4: Not Linking Assessment to Intervention

Many state RtI or multi-tiered services guidebooks and systems do not delineate the different types of assessment procedures that are typically used in the field (e.g., screening versus progress monitoring versus diagnostic versus implementation integrity versus high stakes/proficiency versus program evaluation assessments). This often occurs because state departments of education write their guidebooks to meet a statutory requirement rather than to educate their practitioners.

Relative to RtI processes that effectively help students with academic or behavioral difficulties, state guidebooks and systems typically do not emphasize the importance of linking diagnostic assessment results with the instructional or interventions approaches that have the highest probability of success.

Critically, when school practitioners do not strategically choose their student-focused instructional or intervention approaches based on reliable and valid diagnostic assessment results, they are playing a game of "intervention roulette." As in Vegas, the "house" usually wins; in the classroom, the loss is the student's loss.

Indeed, it is essential to understand that: Every time we do an intervention that does not work, we potentially make the problem worse, and the student more resistant to the next intervention.

To say it in a different way, intervention is not a benign act, but a strategic act. We should not be satisfied, professionally, because we are implementing interventions. We should be satisfied when we are implementing the right interventions based on the

right (reliable and valid) assessments, that result in the highest probability of success for an accurately identified and analyzed problem.

Flaw 5: Focusing on Progress Monitoring Rather Than on Strategic Instruction or Intervention Approaches

Many state RtI or multi-tiered services guidebooks and systems overemphasize progress monitoring, and then they compound this flaw by overemphasizing curriculum-based measurement (CBM) to the exclusion of other curriculum-based assessment (CBA) approaches.

The first point here is that school staff need to understand the difference between "measurement" and "assessment." Using CBM (measurement), schools typically follow up their universal screening processes by monitoring students' progress (in their "yellow" or "red" zone areas) with CBM tools that many believe are diagnostic. Critically, the vast majority of CBM tools are only "general outcome measures," and they typically (except, perhaps, in the area of early literacy) do not provide teachers or intervention personnel with the specific, diagnostic data that (a) identifies the root cause(s) of students' difficulties, so that (b) specific and targeted instructional and/or intervention approaches can be applied.

Indeed, most CBM tools are like a thermometer. They only provide a "reading" of the students' status in a specific academic area. Said a different way, the majority of CBM tools provide data that reveal, for example, that a student is below benchmark—in some normative way, but they do not precisely indicate what skills the student is lacking, why the skill gaps exist, or what learning progression are needed to achieve mastery. This is particularly problematic at the secondary level where there is a paucity of tools available to measure student mastery of different academic standards.

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The second point here is that most of the progress monitoring examples—in the state guidebooks that we have extensively reviewed—are solely in the area of reading decoding and fluency (where the progress monitoring research has been most prevalent).

Rarely do you see state guidebooks discuss progress monitoring for vocabulary and comprehension, not to mention the lack of progress monitoring examples in the different areas of math, written expression, spelling, and oral expression. This is because progress monitoring using CBM approaches do not work well here.

Finally, the third point is that most state guidebooks do not explain how to effectively create (or evaluate the acceptability of) a progress monitoring probe. That is, they do not emphasize that progress monitoring approaches must be strategically-selected for the assessment outcomes that they can actually deliver. The bottom line here is that progress monitoring approaches must be connected to specific instructional or intervention goals, outcomes, and implementation strategies.

As noted earlier, progress monitoring is an assessment/evaluation approach. Thus, for students with academic or behavioral problems, it occurs within the context of a data-based, functional assessment problem-solving process. Unfortunately, some educators still believe that progress monitoring is the intervention. Or they believe that the intervention must fit the progress monitoring tool adopted by the district, rather than the tool being fit to the instructional or intervention outcomes desired.

Flaw 6: Establishing Rigid Rules on Student's Access to More Intensive Services

It is not problematic when a state RtI or multi-tiered services guidebook outlines a blueprint on the prototypical sequences and decision rules that teachers need to follow to "move" students from Tier I to Tier II to Tier III. However, there is a problem

when the sequence must be followed in a rigid, fixed way.

Simplistically, there are two types of students with academic or behavioral problems: students with progressive, longstanding, or chronic problems; and students with significant, severe, or acute problems. For the latter students especially, they often need immediate and intensive (Tier III, if you will) services, supports, strategies, and/or programs. They (and their teachers) should not have to go through a series of intervention layers (i.e., from Tier I to Tier II, in order to "qualify" for Tier III) so that they eventually receive the intensity level of the services that they need.

We all "get" that many administrators worry about an influx of inappropriate referrals to their building-level Student Assistance Team. But if you break your leg, you need to go to the emergency room. If you try to fix it yourself, or delay the intervention services needed, you may get an infection and lose the whole leg.

The bottom line is that students who are in the general education classroom and curriculum (i.e., Tier I), and who need immediate, intensive (Tier III) assessment and interventions should receive that level of services and supports *without* having to go sequentially from Tier I to Tier II to Tier III.

The trick is in the training. Districts and schools need to create collaborative systems where everyone in the school is trained on the data-based problem-solving process. And at the root of the process is a culture that supports early assessment and intervention through "problem solving, consultation, intervention" strategies that are accompanied by a "check and balance" approach that minimizes the number of capricious referrals to the building-level Student Assistance Team.

In our 35+ years of school-based experience, this works. And the results are that (a) more students receive earlier and more successful instructional and intervention approaches; and (b) more general education teachers are leading the entire process

with greater enthusiasm, involvement, self-direction, and success.

Isn't this the true goal of a multi-tiered system of supports?

Flaw 7: Setting a "Price" on Access to Multidisciplinary Consultation

To expand on the "bottom line" in Flaw 6 above: If a student needs to be immediately considered by the multidisciplinary building-level Student Assistance Team, then this should occur without the need for a certain number of interventions, implemented for a certain number of weeks, under a certain set of conditions.

Too many state RtI or multi-tiered services guidebooks and systems have created arbitrary decision rules that govern (or "set a price" for) how and when students can be discussed by the building-level Student Assistance Team.

For example, a common one is:

Students cannot be discussed with the building-level Student Assistance Team unless (for example) three interventions have been implemented by the general education teacher in his or her classroom, for a least three weeks each, and where the progress monitoring or outcome data have clearly demonstrated no student progress.

First of all, there is no research anywhere that validates this decision rule.

Second, the instructional or intervention approaches needed by students should be based on functional assessments. Moreover, the length of time needed to demonstrate each approach's impact will vary by (a) the problem, (b) its history, (c) its status (chronic or acute), (d) the research associated with the approach, and (d) the intensity (e.g., how many times per week) of the approach's implementation.

Third, this decision rule often results in general

education teachers—who have done everything that they know to do—implementing approaches that they have found on the internet or that were recommended "by a colleague" that have no hope of success, and that (as discussed above) actually make the problem worse and the student more resistant to the next intervention.

On one hand, this decision rule is like posting an armed guard at the door of an emergency room who allows access only to those patients—all in immediate need of critical, if not life-saving, services—who have already tried three interventions for three weeks each.

On the other hand, this decision rule is more about controlling the process than providing early, effective assessment and intervention services to students in need.

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But, there is one additional extension. If a teacher needs a consultation with a colleague in order to better understand and work with a student, there should not be restrictions on what colleagues are available.

To be more explicit: some district RtI or multi-tiered services guidebooks and systems do not allow, for example, general education teachers to consult with special education personnel (teachers, OTs, PTs, speech pathologists, etc.) until a student needs "Tier III" attention.

Sometimes, the reasons for restricting this consult include:

- "The special education teacher (OT, PT, etc.) is paid through federal special education funds that don't allow the consultation to occur earlier."

- "We don't want to bias the special education professional now, when they might have to make a special education eligibility decision later."

- "Our special education personnel just do not have the time to provide these consultations over and above their already-full caseloads."

None of these reasons make sense—especially if a consultation early in the multi-tiered process results in "Tier I" success, thereby eliminating the need for more strategic Tier II, or more intensive Tier III, assessment and/or intervention attention.

Moreover, relative to the first reason above, this is simply not true.

Even with the most extreme interpretation, the federal special education law (IDEA) encourages early intervening services, and it allows districts to use up to 15% of their special education funding for services and supports that are not directed to students with a disability.

Thus, if needed, a district could allocate up to 15% of the FTE of its IDEA-funded personnel for general education teacher consultation, assessment, and intervention.

TEN RESULTING PRACTICES THAT NEED TO BE INCLUDED IN A MULTI-TIERED SERVICES RE-DESIGN

State RtI or multi-tiered services guidebooks need to provide blueprints, guidance, and procedures that are (a) supported by sound (not self-selected) research, and (b) based on effective and diverse (not limited-trial) field tests; and that (c) result in demonstrable (not hypothetical) student outcomes that are sustained over time. Rigid, one-size-fits-all approaches do not work.

As such, districts and schools need to be given the flexibility, within the context of mandated federal and state laws and regulations, to implement the best problem-solving, progress monitoring, and multi-tiered system of support approaches for their academically struggling and behaviorally challenging students.

To this end, below are 10 multi-tiered system of support / positive behavioral intervention and support practices that either have been ignored by the frameworks advocated by the U.S. Department of Education's Office of Special Education Programs (and/or its National Technical Assistance Centers) or have been mistakenly recommended for use by policy and/or practice "experts." While it is strongly recommended that these practices be infused into any state's reconceptualization of its multi-tiered approaches, they—at least—should be used at the local district and school levels.

PRACTICE 1. Multiple gating procedures need to be used during all academic or behavioral universal screening activities so that the screening results are based on (a) reliable and valid data that (b) factor in false-positive and false-negative student outcomes.

PRACTICE 2. After including false-negative and eliminating false-positive students, identified students receive additional diagnostic or functional assessments to determine their strengths, weaknesses, content and skill gaps, and the underlying reasons for those gaps.

When screening procedures do not exist or are not accurate, Steps 5 and 6 should occur with all students who are academically struggling in the classroom or demonstrating social, emotional, or behavioral concerns in any school setting.

Critically, these student assessment processes must include a robust assessment of the "standards" that students have mastered or not mastered in order to delineate systematic learning progressions. These assessments should not rely on oblique data obtained from general outcome measures. Many schools now have technology-based software platforms that help teachers create standards-based formative assessments. As such, teachers can choose from a variety of domains and item types—helping them explore students' depth of knowledge and standards-based mastery on a daily basis. This helps teachers make needed instructional adjustments in real time—rather than wait for the traditional three weeks before changing strategies because students have not exceeded their "goal lines."

PRACTICE 3. When focusing—especially at the elementary school level—on helping students to learn and master foundational academic skills (e.g., phonemic awareness, phonetic decoding, numeracy, calculation skills), students should be taught at their functional, instructional levels—regardless of their age or grade level.

When focusing at the secondary level on academic content, comprehension, and application skills, teachers need to be sure that students have mastered the foundational and prerequisite literacy, math, written expression, and oral expression skills needed to be successful.

PRACTICE 4. Every year, students should be taught social, emotional, and behavioral skills as an explicit part of the district's formal Health, Mental Health, and Wellness standards. These standards should include an articulated and scaffolded preschool through high school scope and sequence document with specific required courses, units, content, and activities. The social, emotional, and behavioral skills should especially be applied to students' academic engagement, thereby facilitating their ability to work collaboratively in cooperative and project-based learning groups.

PRACTICE 5. Before conducting diagnostic or functional assessments, comprehensive reviews of identified students' cumulative and other records/history are conducted, along with (a) student observations; (b) interviews with parents/guardians and previous teachers/intervention specialists; (c) assessments investigating the presence of medical, drug, or other physiologically-based issues; and (d) evaluations of previous interventions.

PRACTICE 6. Diagnostic or functional assessments evaluate students and their past and present instructional settings. These assessments evaluate the quality of past and present instruction, the integrity of past and present curricula, and interventions that have already been attempted. This helps determine whether a student's difficulties are due to teacher/instruction, curricular, or student-specific factors (or a combination thereof).

PRACTICE 7. Diagnostic or functional assessments to determine why a student is not making progress or is exhibiting concerns should occur prior to any student-directed academic or social, emotional, or behavioral interventions.

These assessments should occur as soon as academically struggling or behaviorally challenging students are identified (i.e., during Tier I).

These assessments should not be delayed until Tier III (unless the student's case is immediately escalated to that level). In the absence of early assessment—and the initiation of global or random Tier II interventions—it is likely (as discussed above) that the Tier I and II interventions implemented will not be successful, will make the student more resistant to later interventions, and may actually change the problem or make the original problem worse.

PRACTICE 8. Early intervention and early intervening services should be provided as soon as needed by students. Tier III intensive services should be provided as soon as needed by students. Students should not have to receive or "fail" in Tier II services in order to qualify for Tier III services.

Early intervention services may include—based on diagnostic or functional assessment results—the use of assistive supports, skill-gap remediations, instructional setting and process accommodations, and curricular modifications. General education teachers and support staff need to be skilled in the different strategies that may be needed within these service areas, and skilled in how to choose these different strategies based on diagnostic or functional assessment results.

Tier II and III services include strategic or intensive curricular or skill-targeted strategies or interventions, other services or support programs, student-tailored compensations (for academic problems), and crisis-management services (for social, emotional, or behavioral problems).

PRACTICE 9. When (Tier I, II, or III) interventions do not work, the diagnostic or functional assessment process should be reinitiated, and it should be determined whether (a) the student's problem was identified accurately, or has changed; (b)

the assessment results correctly determined the underlying reasons for the problem; (c) the correct instructional or intervention approaches were selected; (d) the correct instructional or intervention approaches were implemented with the integrity and intensity needed; and/or (e) the student needs additional or different services, supports, strategies, or programs.

PRACTICE 10. The "tiers" in a multi-tiered system of supports reflect the intensity of services, supports, strategies, or programs needed by one or more students.

The tiers do not reflect the percentage of students receiving specific intensities or services, nor do they reflect the organization (i.e., small group or individual), the delivery setting or place, or the expertise of the primary providers of those services.

Moreover, the services and supports that are organized within a specific tier are idiosyncratic to each specific school or district. That is, these services and supports are related to and dependent on the available resources in each school or district—for example, the number, skill, and expertise of the existing core and support staff.

For example, in a rural, poor school district, the absence of a Tier I social skills curriculum taught by the classroom teachers for all students might result in a number of students with social, emotional, and behavioral gaps that require the involvement of "Tier III" community mental health referrals and staff. The "Tier III" designation of the community mental health services occurs largely because the district does not have the mental health support staff to provide these services, for example, at the Tier II level.

In a larger school district that has a Tier I primary prevention social skills curriculum, there likely will be fewer students who have social, emotional, and behavioral gaps. Because these districts often employ counselors, school psychologists, and/or social workers, these students will receive the additional supports that they need at the "Tier II" level.

NEXT STEPS: MULTI-TIERED SERVICE COMPONENTS IN THE CONTEXT OF CONTINUOUS SCHOOL IMPROVEMENT

To be effective, a district or school's multi-tiered system of supports must be an inherent part of its continuous school improvement process (Knoff, 2018b, 2015). While the ultimate goal of this process, once again, is to graduate students who are academically proficient, and who demonstrate effective social, emotional, and behavioral skills and interactions, we have already noted that there are many students who are not demonstrating academic learning, mastery, and proficiency; and/or the social, emotional, and behavioral progress, mastery, and proficiency needed in the classroom—much less than when they graduate from high school.

Thus, a critical part of a school or district's continuous improvement process involves its ability to provide students with the services, supports, strategies, and programs that they need to be successful in all academic and social, emotional, and behavioral areas.

Ultimately, as suggested in the sections above, an effective multi-tiered system of supports has explicit goals and objectives, and two interdependent components. Below, these areas are briefly reviewed based on the authors' 30+ years of experience in helping states (e.g., through their State Personnel

Development Grants), districts, and schools nationwide (a) to implement effective research-to-practice multi-tiered systems and strategies (via Project ACHIEVE Educational Services and Creative Leadership Solutions), complemented by (b) the sophisticated data management, formative assessment, and intervention tracking systems (via Illuminate Education's data and assessment platform).

The Goal of the Multi-Tiered Process

The goal of the multi-tiered process is to determine—through diagnostic and functional assessment—why a student is having academic or social, emotional, or behavioral difficulties, then linking the reasons to early, intensive, and successful instructional or intervention approaches that occur, as much as possible, in the general education classroom (or the setting where the difficulty is occurring). When teacher-generated and implemented interventions are not successful for specific students, teachers can work collegially with their grade- or instructional-teams, or even more comprehensively with their multidisciplinary building-level team to complete the noted classroom, strategic, or intensive assessments that link to instructional or intervention services, supports, programs or strategies to help the student succeed. At each stage in the process, students' "responses to instruction or intervention" determine whether the data-based functional assessment and intervention process proceeds or has been completed (due to intervention success).

Multi-Tiered System Component 1: The Data-Based Functional Assessment Problem-Solving Process. Given the goals above, the problem-solving process determines why a student is not responding to effective instruction and classroom management. This problem-solving process is a universal process that is used by everyone in a school when there is a concern about a specific student or group of students. That is, it is used by individual classroom teachers, grade level (at the elementary level) or instructional teams of teachers (at the secondary level) who are all teaching the same student(s), or a building level team of

multidisciplinary professionals. There are a number of possible "instructional teams" of teachers at the secondary level. For example, there may be instructional teams of teachers who are teaching the same (or predominantly the same) groups of students (e.g., the eighth-grade team or "house"), or who are teaching in the same academic area (e.g., departments), who are gathered to discuss a specific student or group of students because they all have them in class.

Multi-Tiered System Component 2: Grade- and Building-level Teams. The multi-tiered teaming process involves the use of different "layers" of staff and/or teams that apply the problem-solving process to address specific student situations. For example, when a student situation is confusing, complex, or problematic, or when a teacher's independent use of the problem-solving process has not been successful, a grade-level (at the elementary level) or instructional-level (at the secondary level) team should be convened to provide collegial consultation relative to assessment, instruction, and/or intervention.

For even more complex, persistent, or significant cases, a multi-disciplinary building-level team also should be available to assist with a more comprehensive level of assessment, intervention, and consultation. This consultation, once again, focuses on analyzing why the student is not responding so that changes in instruction or the implementation of interventions can occur. From an assessment perspective, students' lack of learning, mastery, application, and proficiency most often occurs when:

- Students have not experienced effective instruction using curricula that are well-matched to the learning objectives and/or the students themselves;

- Students' speed of learning and mastery (i.e., skill acquisition) is not as fast as typical/other students;

- Students are having difficulty applying or "transferring" knowledge or skills;

- Specific emotional circumstances or conditions are impeding skill acquisition, mastery, or transfer; or

- Students are not motivated to learn, or they are not held accountable for learning and mastery.

From an instructional and/or intervention perspective, there need to be specific services, supports, strategies, and interventions that are embedded in the PASS (Positive Academic Supports and Services) continuum presented earlier (see, once again, Figure 1 and its related explanation). Districts and schools need to have the capacity to implement these approaches with the intensity and fidelity needed.

SUMMARY

The Elementary and Secondary Education/Every Student Succeeds Act (ESEA/ESSA) gives states and districts permission to design and implement multi-tiered systems of support that are "locally-tailored" to address the needs of all students.

To that end, it is recommended that district and school leaders:

- (Re)read your state's multi-tiered system of academic and behavioral support laws, statutes, and implementation guides. Look for the flexibility in these documents—especially where the state says, "This is recommended," as opposed to "This is mandated."

Many departments of education overstate what is actually required by law, by making their recommendations sound like they are mandated. More often than not, state department of education recommendations are actually advisory (the U.S. Office of Special Education Programs does this all the time). And even if they are mandated, districts can always apply for a waiver.

In other words, find the multi-tiered areas of flexibility—where you can create your own procedures and approaches—as long as they are defensible, and result in definitive student outcomes.

- Analyze your state's multi-tiered academic and behavioral process, as well as your district's process, against (a) the above flaws to determine if you are inadvertently following procedures or practices that are discouraged in one or more of the flaws; and (b) the recommended practices to ensure that you are using the best policies, procedures, and practices on behalf of your students, staff, and schools.

Remember, one of the only ways to change is to first acknowledge the presence of a problem.

Finally, initiate (or continue) a strategic review and planning process—at the district, school, and grade/instructional levels to objectively look at what you are doing that is successful for all students, what needs to be discontinued or changed, and what gaps exist that need to be analyzed, resourced, and addressed.

In the end, we all want to implement programs in our schools that have the highest probability (and actuality) of success for all students. But we must use processes that have actually demonstrated successful science-to-practice outcomes—based on sound psychometric, implementation science, and systems scale-up principles and practices.

Feel free to contact us if we can assist you in any of the planning, implementation, or evaluation areas related to this discussion and your multi-tiered systems of support.

FOOTNOTE

[1] This whitepaper has been adapted from the new book: Knoff, H.M. (2018a). *A multi-tiered service and support implementation guidebook for schools: Closing the achievement gap.* Little Rock, AR: Project ACHIEVE Press (www.projectachieve.net).

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