UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE
CENTER FOR SCHOOL MENTAL HEALTH ANALYSIS AND ACTION (CSMHA)*
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SCHOOL-BASED EARLY INTERVENING SERVICES: AN OPPORTUNITY TO IMPROVE THE WELL-BEING OF OUR NATION'S YOUTH

I. Background

The *Individuals with Disability Education Act* (IDEA) was first passed in 1975 as the *Education for All Handicapped Children Act*. This legislation represented the first allocation of public resources for schools to provide free, appropriate education and related services, including mental health services, to youth with disabilities. Today more than 6.8 million students receive funding through IDEA (U.S. Department of Education Office of Special Education [OSEP], 2006).

In 2001, President George W. Bush established the *Commission on Excellence in Special Education* to collect information and study issues related to federal, state, and local special education programs, and subsequently recommend policies for improving the educational performance of students with disabilities. As a result of their efforts, the Commission recommended three major changes to IDEA:

- A focus on results-based accountability;
- The prioritization and implementation of school-based prevention and early intervention approaches; and
- The adoption of policies that ensure shared responsibility of both the special and general education systems to support children with disabilities. (U.S. Department of Education [USDE], 2001).

Congress reauthorized IDEA in 2004 as the *Individuals with Disabilities Education Improvement Act* (IDEA 2004). This legislation, effective July 1, 2005, contains new and unique language reflective of the Commission's recommendations. One change in particular may have significant implications in the area of prevention. Specifically, the reauthorization allows up to 15% of IDEA 2004 Part B federal funds to be used for early intervening services for students ages 3-21 "who have not been identified as needing special education or related services but who need additional academic and behavioral support to succeed in a general education environment" (P.L. 108-185). This change allows for a portion of IDEA funds to be directed toward the general education population. Additionally, if significant disproportionality based on race and ethnicity

occurs in respect to: 1) identification of children with disabilities; 2) the placement in particular education settings of such children; and 3) the incidence, duration, and type of disciplinary action, including suspensions and expulsions, school districts are *mandated* to spend this money for early intervening services consistent with the definition above.

The purpose of this brief is to advance understanding of this particular change to IDEA and to discuss its potential implications for school mental health (SMH) services.

II. What are early intervening services?

Early intervening services (EIS) are defined within IDEA as:

> "**scientifically based** academic instruction and behavioral interventions, including scientifically based literacy instruction, and, where appropriate, instruction on the use of adaptive and instructional software; and providing educational and behavioral evaluations, services, and supports" (P. L. 108-185).

Why early intervening services?

Early intervening services have a strong precedent in legislative history. For example, the *No Child Left Behind (NCLB) Act* places an emphasis on accountability and the provision of evidence-based early intervention to improve education outcomes. As more children are identified with special needs, policymakers are focusing on school-wide approaches and early intervening strategies as a means to proactively address the academic and behavioral needs of children in a preventative way (Senate Democrats Principles for IDEA Reauthorization, 2005). In the past, IDEA has funded interventions for the 5% of students already identified as having chronic or intense behavior problems (DHHS, 1999). However, a large body of research has shown that behavioral supports for all students contributes to improvements in educational outcomes, health and well-being and decreases in school violence (e.g., Eber et al., 2002; Sugai et al., 2001).

Early intervening services are part of changes in IDEA that align it with NCLB. No Child Left Behind and IDEA allow schools the flexibility to expand services that support all students, teachers, and families. Early intervening services also aligns IDEA with the President's New Freedom Commission on Mental Health (PNFCMH) report, *Achieving the Promise: Transforming Mental Health Care in America* (PNFCMH, 2003). This historical report recommends the inclusion of early detection, assessment, links with treatment and supports to prevent mental health problems in youth not only to improve mental health outcomes but also to improve educational achievement. To accomplish the integration of EIS and links to effective intervention in schools, the Commission recommends improving and expanding school mental health programs (PNFCMH, 2003). In addition, the report strongly emphasizes the use of scientifically based interventions, including those related to EIS. In the same regard, school mental health programs are promoting the practice of evidence based approaches and therefore would be integral partners in implementing EIS in schools.

"Growing evidence shows that school mental health programs improve educational outcomes by decreasing absences, decreasing discipline referrals and improving test scores" (PNFCMH; 2003)

III. Stakeholders

Early intervening services in schools are important to a number of stakeholder groups, including:

- *State governments*: The federal government has yet to fully fund the cost of Special Education, as initially proposed in 1975. Over the same period, identification for special education has risen significantly. It is reasonable, then to assume that the provisions for EIS hold interest for state governments. 15% of federal Part B funds range from about $2 million in Wyoming to about $97 million in California (USDE, 2002). To ensure that the dollars are appropriately used, states will need to offer guidance on how to use these funds in order to provide interventions in general education that may reduce the need for special education and thereby reduce costs.

- *Local Education Authorities (LEAs)*: The allocation of IDEA funds is decided at the local level. The states' role is simply to determine if disproportionality exists with respect to the three categories (described above) and, if so, require school districts to reserve the maximum amount of Part B funds for EIS. Local education authorities have the ability to flexibly allocate and spend the Part B funds. LEAs are under the direct pressure of NCLB and are held accountable for the educational performance of children. Consequently, LEAs will be concerned that allocation of funds to EIS are concordant with mandates to improve student performance.

- *Principals and School Administrators*: An intervention that works in one school environment may have a very different outcome in another. Principals and School Administrators may assert that they should have input as to where, or if, EIS funds should be directed within their school building.

- *Teachers*: Teachers are at the frontline of any student's school experience and understand the link between a child's health, mental health and school performance. Part B funds can be used for teacher professional development. Teachers may view this as a positive new way to help them improve behaviors and achievements in classrooms. However, others may view this as just one new policy or intervention under an already increasing pressure to perform. The American Federation of Teachers (AFT) originally backed EIS but stressed that "there must be guidelines to ensure that these resources are directed to serving students at risk of being placed in special education" (AFT, 2003, p.12).

- *School mental health providers*: "Other school staff" is included in the definition of EIS, and schools may choose to involve mental health professionals in the provision of EIS through assisting schools with identifying children in need of services but that do not meet special education criteria, assisting teachers with interventions and promoting prevention efforts within the general education arena. With already burdensome clinical demands and the ever-increasing pressure for interventions to be evidence-based, mental health providers may be concerned about the inherent demands in assessing and producing outcomes that are measurable. The implementation of evidence-based practice often takes additional training, services, administrative time and funding. EIS could be

used to help fund evidence-based interventions at the local level to improve support for mental health providers.

- *Special Education Leaders and Advocates*: EIS funding offers considerable opportunity to expand prevention and early intervention efforts in schools. However, there is a tension and legitimate concern from school leaders and advocates that these dollars may be drawn from already limited special education budgets. Negotiating dollars for both EIS and comprehensive special education services will need to be addressed.

IV. Options for use of funds under EIS

The definition of EIS services in IDEA 2004 leaves room for significant flexibility in the allocation of funds. Federal guidelines on the changes were released in August 2006. States are reporting on how they are adjusting to the IDEA 2004 changes. These notices are contained in the annual performance reports (APR). In the APR, performance is clustered around indicators. States will likely begin to include EIS in their State Performance Plan (SPP) and report the impact in future APRs. Invested groups have identified some options for the use of EIS funds. Below is a list of suggested options for use of the EIS funds compiled from both the Senate Report on the IDEA 2004 changes as well as an IDEA partnership roundtable discussion of EIS held in June 2004.

- School-wide positive behavioral supports such as Positive Behavioral Intervention and Supports (PBIS);
- Curriculum-based interventions;
- Professional development for teachers and other school staff to train them in EIS delivery;
- Educational and behavioral evaluations;
- Early literacy programs— such as the Reading First Program currently funded by Title I;
- Developing financing strategies for the purchase and provision of services;
- School-based problem solving initiatives; and
- Supplements to early intervention educational support services that are also funded under NCLB.

The IDEA partnership is funded by the Office of Special Education Programs (OSEP) and housed at the National Association of State Directors of Special Education. The IDEA Partnership and the CSMHA have helped to build and are providing ongoing support to a National Community of Practice on School Behavioral Health that includes federal agencies, federal technical assistance providers, national organizations and state agencies. The community includes decision-makers, practitioners and consumers. It includes representatives from mental health, general education and special education and family organizations. This community is growing and is inviting new people to become involved to help bridge the differences across education and mental health to support youth and families. Log on to www.sharedwork.org to learn more and join.

In addition, the IDEA Partnership and the Community of Practice are developing Dialogue Guides on the Regulatory Provisions of IDEA 2004. These guides are based on Topic Briefs developed by OSEP and provide *'conversation starters'* that have been created by key stakeholder groups. These guides will be available on the OSEP site, *Building Legacy of IDEA 2004*, http://idea.ed.gov/ The Dialogue Guide on Early Intervening Services will be one of the first Dialogue Guides posted to the site. Expect the full set of guides in late summer 2007.

Response to Intervention (RTI) and EIS

The National Association of State Directors of Special Education (NASDSE) prepared a policy brief that points to IDEA 2004 as 1) the legal authority for problem solving delivery models, 2) an effective way of intervening earlier and 3) a means to better identify students for special education (2005). One such model, Response to Intervention (RTI) is the "practice of providing instruction and interventions matched to:

- student need,
- monitoring progress to make decisions about changes in instruction or goals, and
- applying child response data to important educational decisions" (NASDSE, 2005, p. 3).

RTI can be used to provide both academic and behavioral interventions and is based on the public health approach of delivering services across the whole education population.

In combination, RTI, EIS and school wide approaches to behavioral and academic supports form multi-tiered systems of prevention and intervention. EIS can be incorporated as an innovative funding piece within this system as long as EIS funds are only directed at the middle tier of supports (i.e., those children identified specifically under EIS regulations). EIS also can be viewed as an enhancement of already established identification and support services provided by schools instead of a separate program utilizing special education funding.

Examples from the Field

In allocating EIS funds, school districts will likely tailor instructional and behavioral models and/or interventions to the specific needs of their students. Many school districts combine RTI models with basic problem solving models, such as Reading First and PBIS. For example, over the last ten years, the Tigard Tualatin School District in Oregon has innovatively developed the Effective Behavior and Instructional Support (EBIS), an approach that combines elements of RTI, PBIS, and Reading First and has demonstrated positive outcomes (Sadler & Sugai, 2006). In addition, Montgomery County, Maryland is implementing the Collaborative Action Process (CAP), a problem solving approach grounded in several behavioral and academic multi-tiered models (MCPS, 2006). EIS funds are also being used to schedule a computerized student referral database to better monitor referral practices as students present with academic and behavioral difficulties (MCPS, 2005).

V. School Mental Health Providers Can Play Valuable Roles in EIS

The intent of EIS directly aligns with the inherent goal of school mental health programs that reflect integrated approaches to reducing both academic and nonacademic barriers to learning and that are developed, guided, and continuously improved by families, schools, and community systems and leaders (Weist et al., 2005).

Some possible roles for school mental health providers in the implementation of EIS include:

- supporting teachers in the identification and delivery of curriculum-based interventions focused on reducing nonacademic barriers to learning.
- providing teacher professional development on topics related to mental health identification, referral and intervention
- coordinating the implementation of school-wide, multi-tiered systems like PBIS and RTI
- conducting educational and behavioral evaluations
- providing mental health prevention and intervention services designed to reduce unnecessary special education placements.

In order to better understand and help shape the direction of EIS, school mental health stakeholders are encouraged to participate in discussions within their school districts about how to allocate EIS funds.

VI. Challenges

- *Measurement:* States have to identify school districts with clear disproportionality issues. These districts are required to use the maximum 15% of funds on the general education population. Given eight defined cultural/ethnic groups, identifying disproportional academic achievement or school performance is not an easy task.
- *Guidelines:* The legislation is written broadly. This may result in competing interests regarding the redirection of funding. Districts must determine a process for defining specific services from which their students in the general education population will benefit. Given the limited federal guidance on exactly how to use Part B funds, there is the potential for funds to be used ineffectively and for purposes other than those intended.

- *Collaboration:* Interdisciplinary collaboration takes time, valued input, and commitment from all stakeholders. Collaborative efforts between states and local school districts, teachers, administrators, and mental health providers are critical.
- *Monitoring*: Monitoring progress of the new policy will create an additional administrative burden. For example, states must report the number of non-special education students that receive EIS during the school year and the number of special education students that received EIS in the past two school years.
- *Evidence-based policy*: Evidence based interventions require money, training, time, and administrative support. Given this understanding, it is very important that dollars originally allocated for students with disabilities are well spent. Every effort must be made to assure that interventions have appropriate levels of research support with the populations and under the conditions that mirror the implementation environment

VII. Future Directions

The implication of allocating IDEA funds to early, preventative interventions within the general education population affects several stakeholders. Dialogue between public agencies, teachers, families, and mental health providers must take place to ensure that the spending of EIS funds is consistent with the intent of the legislation and with the goals and values of all stakeholders. Input from multiple stakeholder groups is critical to determining whether the diversion of IDEA funds to the general education population is an appropriate policy shift.

Given the data on the benefits of providing early services to prevent long-term behavioral concerns, EIS could serve as an instrument to make promoting positive mental health in schools a more universal practice. In addition, with the commitment and support of the Federal Government, there is an increased opportunity for stakeholders to further develop and expand school mental health programs.

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