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Framework for All: Building Capacity for Service Delivery in Catholic Schools

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Abstract: The challenge to include students with disabilities in Catholic schools requires a comprehensive system of service delivery to meet student need and avoid pathologizing individuals as problems. The purpose of this article is to provide an overview of Multi-tiered Systems of Support (MTSS), a framework for organizing resources, delivering services, and measuring success that directly addresses the mission of Catholic Schools to truly serve all students. MTSS is a research-based and systematic service delivery model that provides tiered supports based on individual learner need. MTSS is defined and contextualized to address both academic and behavioral supports for all students. A brief review of evidence to support the framework is provided. Finally, specific features of the framework are presented with examples to illustrate how Catholic educators might implement across the entire school.

Keywords: multi-tiered systems of support, mtss, inclusion, disability, Catholic schools

The challenge to educate all children desiring a Catholic school education is a laudable and worthy goal for Catholic educators. However, student needs, especially for students with disabilities (SWDs), are frequently deemed too significant for the existing school structures and human capacity to reasonably include them with other children in the school. Such rhetoric may appear pragmatic or exclusionary, but is far more likely evidence of educators not understanding options for service delivery with many schools operating out of limited knowledge and failing to see a way to educate all God's children. This is not to suggest that educating all

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children is a simple task, or that including marginalized students does not require some change. Rather, we must consider a comprehensive framework of service delivery that changes systems instead of pathologizing people. Fortunately, for more than three decades, research has been conducted to conceptualize service delivery as a whole-school approach with multiple-tiers of increasingly intense instruction and intervention. It is through the implementation of such a framework that Catholic schools will be able to create a more inclusive learning environment and in turn, serve all students, including those with disabilities.

Improved education through a whole school model of service delivery matches our Church's call to serve all students in Catholic schools. We see this call in the Scriptures, through Jesus' examples, and in Catholic Social Teaching (CST). More specifically, Jesus proclaims the kingdom of God for all people—not just the rich or powerful, but the marginalized, the poor in spirit, those who mourn, the meek, those seeking righteousness, the merciful, the peacemakers, and those persecuted for the sake of righteousness (Matthew 5:3-10). Admitting students with disabilities fits well with the Catholic school mission of compassion as a fundamental fabric in the education of all students, as they learn to express faith through a commitment to help and serve others. Embodied in CST's rationale for building a just society, Pastoral Statements from the U.S. Bishop's on individuals with disabilities in particular go back to the late 1970's (United States Catholic Conference of Bishops [USCCB], 1978) and specifically encourage professional development for Catholic educators to more holistically integrate students with disabilities (see Faggella-Luby & Engel, this issue, for more). Paraphrasing many voices in Catholic service, we are called to serve students with disabilities in Catholic schools not because they are Catholic, but because we are.

To accomplish improved integration of students with disabilities in Catholic schools will require a comprehensive model of improved service delivery for all students, not just students with disabilities. Fortunately, research in several fields over the last 30 years has converged to suggest a new model that is not only appropriate in Catholic Schools, but fits the mission of our schools. The purpose of this article is: (a) to outline the framework of Multi-Tiered Systems of Support (MTSS); (b) to provide a brief history of how MTSS embodies common features across both academic and behavior supports; and (c) to offer suggestions for implementing the framework within the unique structure of Catholic schools.

The Framework of Multi-Tiered Systems of Support

MTSS is an evidence-based framework with established practices found to be effective across multiple settings—urban/rural, elementary/secondary, and public/private. Creating multiple tiers of increasingly intensive intervention by implementing effective practices while utilizing data to make valid decisions is both functional and achievable across different school profiles—including Catholic schools. Although Catholic schools may not have the same specialized personnel as their

public school counterparts, implementation of MTSS is feasible when resourceful, creative, and intended to improve student outcomes for all.

There are two distinct yet complementary models of service delivery currently dominating the research literature. These models share a common set of features to provide both academic and behavioral supports for all learners in Catholic schools. Under the collective umbrella of MTSS, Response to Intervention and School-Wide Positive Behavior Supports provide evidence-based approaches to support academic learning and address inappropriate behaviors.

Response to Intervention (RTI)

Response to Intervention (RTI) is a whole-school framework for prevention and service delivery concerned with academic learning of all students. While RTI has had many names (e.g., response to intervention, responsiveness to intervention, scientifically research-based instruction), the roots of the framework can most closely be traced to the pre-referral intervention, problem-solving approach in the field of school psychology Graner et al. (2005). In short, this problem-solving framework was driven by teams of practitioners to modify instruction for individual students struggling with academic learning prior to any formal referral for learning disability identification (Fuchs et al., 2003; Telzrow et al., 2000). Problem solving frequently involved timely individualized instructional supports with regular assessment data to inform instructional decision making, including decisions about the need for referral and further screening for learning disabilities.

In an attempt to prevent student failure in reading, researchers introduced the idea of a standard treatment protocol (STP) approach to service delivery. Rather than an individualized approach as in problem solving, STP uses a single research-based treatment (i.e., reading intervention) with reduced class size and appropriate instructional intensity (e.g., time in instruction, appropriate materials, explicit pedagogy) to target common academic learning challenges (Graner et al., 2005). As in problem solving, STP uses multiple tiers of increasingly intensive interventions with ongoing progress monitoring to make decisions about individual student needs Mellard (2004).

Regardless of the approach to RTI, the components of the model were codified into federal law in 2004 with the reauthorization of the Individuals with Disabilities Education Improvement Act (IDEIA, 2004). The law specified the use of scientifically research-based instruction as a means for both service delivery and learning disability identification (IDEIA, 2004). RTI was a preferred model for learning disability identification (e.g., Fuchs et al., 2003) because it avoided the bias inherent to intelligence testing, prevented the need for students to continually fail before receiving services, and ensured high quality instruction for all students (Simonsen et al., 2010).

School-Wide Positive Behavior Intervention Supports (SWPBIS)

School-Wide Positive Behavior Intervention Supports (SWPBIS) or Positive Behavior Intervention Supports (PBIS) was nationally recognized in the 1990s through the need to address problematic behavior in schools in a systematic way. In 1997, the Office of Sponsored Projects, U.S. Department of Education invested in the formation of the National Technical Assistance Center on Positive Behavioral Interventions and Supports. The Center's goals were adopting, organizing, and disseminating evidence-based behavioral practices through a behavior-analytic approach. It was essential to pair behavioral theory with evidence-based interventions and operationalize it into practice (Sugai & Horner, 2006). In 1998, the White House delivered a mandate to make all schools violence-free environments. The President's Early Warning Guide required schools to be a safe, effective environment making behavior support a proactive priority in lieu of a reactive response (Dwyer et al., 1998). Through the reauthorizations of IDEA (1997, 2004), increased attention surrounding the use of scientifically-based practices (specifically behavioral interventions and supports) was at the forefront of preventing problem behaviors while addressing the needs of students with serious, disruptive challenges. Since its inception, SWPBS continues to grow a robust body of research supporting its effectiveness by reducing office-discipline referrals and suspensions (e.g., Bradshaw et al., 2008; Horner et al., 2009).

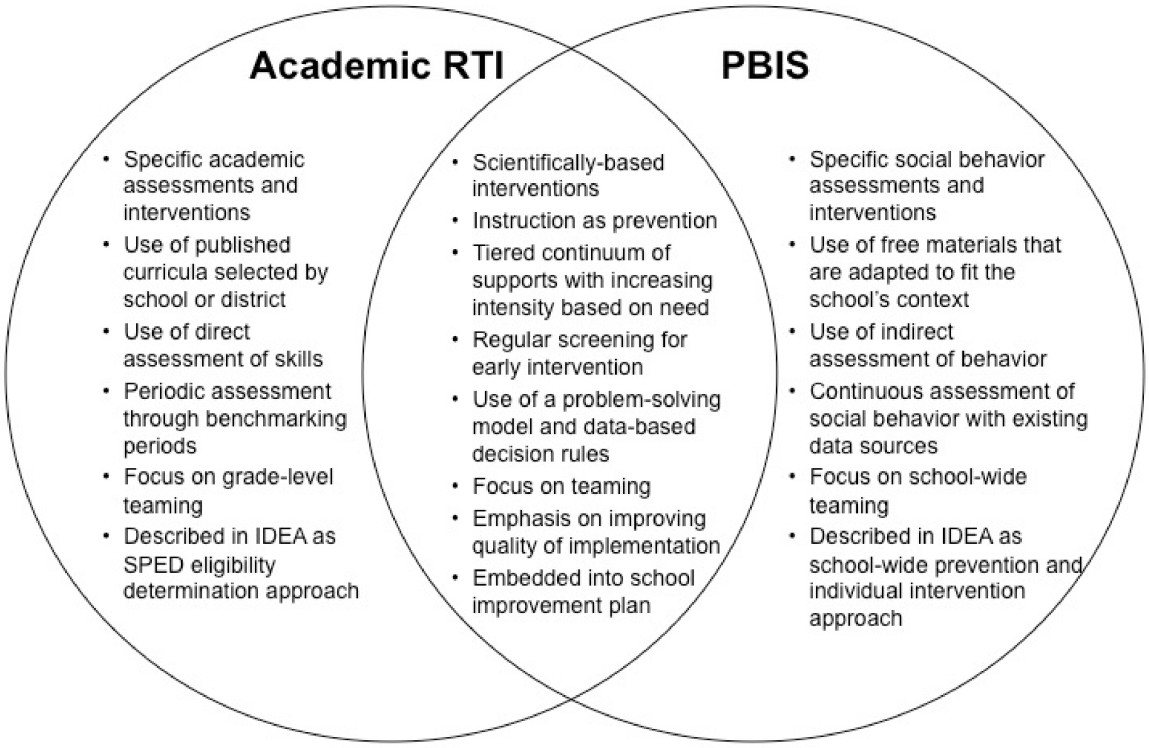
More specifically, PBIS focuses on prevention of disruptive behavior in the school by teaching expected and appropriate social skills that support academic progress. PBIS implements a continuum of research-based interventions within a multi-tiered framework. Consequently, interventions are sequenced with increasingly specialized intensity to accommodate students whose behaviors are non-responsive to previous interventions (Sailor et al., 2009). Explicit decisions are made based on assessment and progress-monitoring data, taking into account individual behaviors within the context of the environment (Sugai & Horner, 2002). Moreover, a systems approach for implementation is advised. Although there are effective strategies for addressing problem behavior in isolation, competing variables can hinder progress (e.g., reactive and exclusionary consequences). Therefore, school-wide implementation with fidelity is necessary to ensure consistency and affect change (Sugai & Horner, 2006).

MTSS as Umbrella Framework

Multi-Tiered Systems of Support (MTSS) is a contemporary umbrella term that encompasses both the RTI (academic) and PBIS (behavioral) frameworks. MTSS and PBIS can be seen and moreover, are utilized at times as separate supports in schools across the country. That is, a school currently has a PBIS system in place for behavior and "adds" MTSS. MTSS can become the academic replacement for RTI. However, given the parallel in development and the shared similarities between RTI and PBIS, understanding these frameworks as one integrated system may avoid a silo-

Figure 1

Similarities and Differences between Academic RTI and PBIS



Note. Reprinted from "Responsiveness-to-Intervention and School-Wide Positive Behavior Supports: Integration of Multi-Tiered System Approaches," by G. Sugai and R. H. Horner, 2009, *Exceptionality*, *17*(4), pp. 223-237 (https://-doi.org/10.1080/09362830903235375). Copyright Taylor & Francis Group, LLC. Used with permission.

approach to responsibility and be a more efficient use of resources leading to effective sustainability despite the differences (McIntosh et al., 2008; Sugai & Horner, 2009; see Figure 1).

One of the strongest arguments for the integration of RTI and SWPBIS under an MTSS umbrella is the interrelatedness of academics and behavior. It is difficult to separate the academic behavior from what historically have been identified as behavioral difficulties. Moreover, it is often difficult to identify which issue occurred first—a bit of a chicken or the egg dilemma. For context, there are four hypothesized pathways to a combined academic and behavior challenge: a) behavior issues (e.g., deficits in social/emotional behavior) reduce access to classroom instruction leading to academic challenges, b) underlying issues (e.g., attention deficits-an executive functioning issue

expressed as behaviors) lead to academic challenges, c) early academic deficits increase social rejection by teachers and peers, and lead to behavior challenges, and d) inadequate response to academic intervention leads to inappropriate behavioral issues (e.g., escape-maintained behavior and/or anxiety, depression, learned helplessness) (Coie & Krehbiel, 1984).

Given the interrelatedness of academics and behavior, intervening in one domain affects the other with crossover effects (McIntosh et al., 2009). Research indicates that students who initially have an isolated academic or behavioral challenge may develop the alternate challenge over time (Fleming et al., 2004; McIntosh et al., 2008). For example, poor readers have been shown to have increasing levels of anxiety, depression, and delinquent behavior across time. By addressing the academic deficit, the social/emotional factors and inappropriate behaviors decrease (Arnold et al., 2005). Based on the aforementioned claims, implementing one integrated framework (MTSS) across academics and behavior in Catholic schools is beneficial and supported in the research literature.

MTSS: A Proven Framework for Improvement

Research supporting multi-tiered frameworks can be found for either individual components or during implementation of the larger system. However, it is important to keep in mind that the flexibility of the MTSS framework allows for individual adaptation and customization to the unique environment of a school. This characteristic makes MTSS appealing and practical for Catholic schools. However, variation across frameworks can result in mixed findings in the research literature as some studies have adhered more closely to the necessary fidelity associated with evidence-based practices that comprise the framework. Below we offer a sample overview of relevant findings and trends in relevant studies to support the framework.

First, implementation of multi-tiered approaches to instruction has demonstrated positive results for improving both reading and mathematics outcomes for students. For example, Fien and colleagues (2015) demonstrated statistically significant effects of a reading intervention on the fluency outcomes of first graders at risk for reading disabilities through explicit Tier 2 reading instruction across multiple school implementation. Similarly, O'Connor and colleagues (2014) demonstrated positive outcomes for elementary students, including students classified as ELLs, when Tier 2 intervention was used in kindergarten and first grade. These outcomes tracked through the end of second grade on measures of reading achievement (O'Connor et al., 2014). Regarding attempts to improve mathematics outcomes, Hunt (2014) demonstrated the benefits of a four-week Tier 2 intervention over-and-above core curriculum with an intervention focused on rational number equivalency concepts and applications for third-grade students on both distal and proximal measures. Improved outcomes have also been demonstrated for students with severe mathematics difficulties (e.g., Bryant et al., 2016). In a study of an intensive Tier 3 intervention focused on

number and operations concepts and procedures, second grade students receiving 10 weeks of intervention were able to improve outcome scores on standardized measures sufficient to exit the Tier 3 intervention (Bryant et al., 2016).

Second, appropriate use of screening and progress monitoring data to drive placement and instructional decision making is critical. For example, Al Otaiba and colleagues (2014) used a dynamic form of RTI to immediately assign students to Tier 2 and Tier 3 interventions according to screening data. Students in this group had both an immediate improvement, as well as significantly higher reading performances at the end of the study in comparison to typical instruction (Al Otaiba et al., 2014). Moreover, several teams of researchers have been able to demonstrate that multiple measure screening batteries (i.e., not just single measures like fluency) more accurately identify students in need of intensive intervention and are predictive of response to instruction (e.g., Beach & O'Connor, 2015 ; Catts et al., 2015). Finally, Simmons and colleagues (2015) were able to show in an extant analysis of data from an evidence-based Tier 2 reading intervention that use of progress-monitoring data (i.e., curriculum-based measures) to make instructional placements rather than just standard implementation, led to positive effects of curriculum progression for elementary students.

An additional, but critical finding in the literature is that the more explicit the instruction, the better the outcomes for students that struggle. For example, Coyne and colleagues (2018) note that while a large body of research supports improved outcomes from small group reading instruction, their study investigated differential effects on student learning when a Tier 2 reading intervention was adjusted to increase instructional intensity. Findings suggested that for early literacy skills, students in grades 1 through 3 with reading difficulties benefited from more explicit and intensive instruction (Coyne et al., 2018). Similarly, when explicit vs. non-explicit core reading instruction was compared while holding the amount of instructional time constant, the quality of explicit instruction and frequency, and the accuracy of group practice better predicted student growth outcomes Nelson-Walker et al. (2013). Consequently, how MTSS is implemented includes both the use of each component as well as the commitment to implement the framework with a commitment to explicitness. Common features across the programs are presented below as a foundation for understanding comprehensive service delivery in Catholic schools.

Common Features Across MTSS Programs

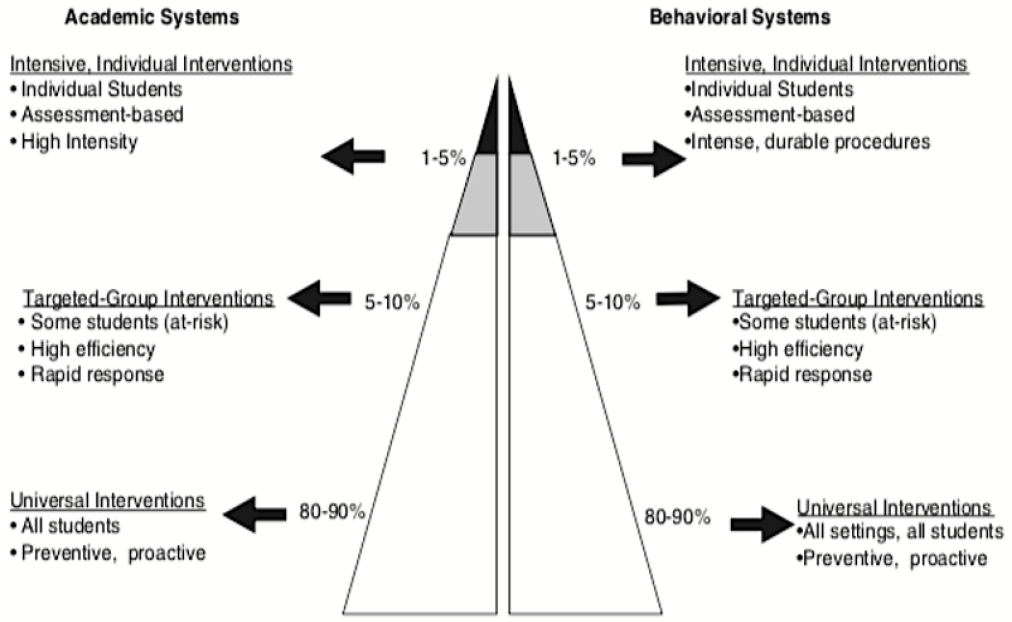
Multiple Tiers

The nomenclature, and perhaps defining characteristic of MTSS, refers to multiple tiers of increasingly intense instruction, intervention, and assessment (e.g., Boyle, 2010; Fuchs et al., 2012). Most commonly operationalized as a three-tier model (i.e., Universal, Targeted Group, Individual), this service delivery framework is predicated on the notion that different students require different

kinds of instruction for different amounts of time to improve outcomes (See Figure 2). Moreover, the framework presents a systemic (schoolwide) solution for meeting the needs of academically and/or behaviorally diverse students with a variety of strengths and challenges when meeting age-appropriate curricular demands. Rather than two concurrent models, each drawing valuable resources, RTI and SWPBIS are able to coexist with mutually informed tiers and data systems that expand service delivery capacity. The following section presents each of the three tiers in the MTSS framework (as both RTI and SWPBIS) along with example evidence-based practices frequently associated with each tier.

Figure 2

Schoolwide System for Effective Service Delivery



Note. Reprinted from "A Schoolwide Model for Service Delivery: Redefining Special Educators as Interventionists," by B. Simonsen, S. F. Shaw, M. Faggella-Luby, G. Sugai, M. D. Coyne, B. Rhein, J. W. Madaus, and M. Alfano, 2010, *Remedial and Special Education*, *31*(1), p. 18 (https://doi.org/ 10.1177/0741932508324396). Copyright 2010 Hammill Institute on Disabilities. Used with permission.

Universal Instruction (Tier 1)

Primary prevention begins with high-quality classroom instruction delivered universally to all students, regardless of disability (or non-disability) status by the general education classroom

teacher (see Table 1). Focusing on improving Tier 1 instruction fits well with the rigorous expectations of Catholic schools, improves teacher capacity to differentiate instruction, and benefits all children. Specifically, core curriculum (e.g., reading, math or class-wide/school-wide behavior system) and materials are implemented that have been researched to be effective with the particular student population, including any subgroups of learners (i.e., students learning English as a new language (ENL), SWDs, or students at-risk for failure or disciplinary action). The core curriculum should also be aligned to relevant local standards that are observed to guide instruction. Further, it is critical that the core curriculum be aligned both vertically (e.g., with clear objectives across grade levels) and horizontally (e.g., within and between teachers working at the same grade level to ensure similar experiences of learning expectations) to avoid gaps or unnecessary redundancy. Moreover, core curriculum and alignment need not be solely focused on academics. Instruction is not limited to academic content and oftentimes, includes teaching social and emotional skill sets. Explicit instruction of a behavioral curriculum integrated with the Catholic school's root beliefs, as well as the alignment of rules and expectations (both vertically and horizontally) applies to this behavioral aspect within an integrated MTSS approach.

Table 1

Websites for Evidence-Based Practices

Organization	URL
Center for Positive Behavior Supports	http://www.pbis.org/
National Center on Intensive Intervention	https://intensiveintervention.org/
Intervention Central	www.interventioncentral.org
IRIS Center Modules	http://iris.peabody.vanderbilt.edu/resources.html
Division for Learning Disabilities	https://www.teachingld.org/
Center on Response to Intervention	https://www.rti4success.org/
What Works Clearinghouse	http://ies.ed.gov/ncee/wwc/

Note. For more sites, see https://ace.nd.edu/inclusion/resources#in-sites-for-inclusion

Well-implemented universal instruction also includes differentiation to meet the variable learning needs of students (Mellard, 2004). More simply, teachers are guided by data to provide instructional enhancements that alter rate, depth, practice, or other instructional variables when necessary to ensure 80% of students are responding to Tier 1 instruction. Consistent procedures across grade levels for students exceeding benchmarks are also implemented (Center on Response to Intervention [CRI], 2014).

Targeted-Group Interventions (Tier 2)

Secondary-level interventions are specifically selected to address the learning and behavior needs of students at-risk for academic failure or disciplinary action (approximately 20%) who did

not respond to Tier 1 differentiated instruction (Graner et al., 2005). Selection is typically guided by a collaborative team including multiple stakeholders (e.g., grade-level team members, support educators, and administrators). In this tier, evidence-based interventions matching the profile of learners (i.e., age, grade level, content to be learned) are used to complement or supplement foundational principles aligned to the core curriculum (e.g., Fuchs, et al., 2012; Mellard, 2004). Given the flexibility in curriculum for Catholic schools, intervention can be delivered in daily blocks of time at the discretion of the school. Moreover, homogeneous grouping based on student need (e.g., gathering a group of 2nd and 3rd graders who need fluency intervention) can occur across classrooms with the help of a learning or reading specialist. For example, in an early literacy curriculum, Tier 2 instruction might focus additional practice on phonemic awareness or fluency skills not yet mastered by students struggling with word recognition.

Similarly, Tier 2 behavioral instruction may include small group social skills training. This intervention is necessary for those students who need additional instruction/support to meet the classroom or school-wide expectations. Students may be lacking prerequisite social skills or perhaps need additional practice in a safe environment. New skills can then be generalized back to the classroom and reinforced accordingly (OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports, 2020).

Most schools choose to standardize intervention selection, targeting small groups of students with similar needs to efficiently receive appropriate services from staff with related expertise and training. Careful attention to instructional ratio (i.e., group size) and dosage (e.g., time, materials, content) is necessary with secondary-level interventions as targeted students have already demonstrated an inability to respond to the research-based Tier 1 instruction (Center on Response to Intervention, 2014). A final, and critical characteristic of Tier 2 is that intervention is a type of service, not a place. More specifically, interventions can (and should) be delivered within the general education classroom to minimize student time away from typically achieving peers and exposure to grade-appropriate content.

Intensive, Individualized Interventions (Tier 3)

The final tier of service delivery supports the learning of the approximately 5% of students that have not responded to secondary-level interventions. While the specific needs of students in Catholic schools may differ functionally from public schools in terms of specific needs, the framework of MTSS still predicts about a 5% student need for intensive intervention. Schools use a problem-solving approach, again guided by a collaborative team (i.e., problem solving team) to select intensive academic and/or behavioral interventions specifically to address the individualized academic and behavioral needs of each student. Individual needs may require additional prerequisite skill development (e.g., sounding out multi-syllabic words with sufficient

fluency to support comprehension or function-based, behavioral intervention planning) and small group or one-on-one instruction. Decreasing the instructional ratio allows well-trained staff with expertise in the specific needs of the student to provide corrective feedback based on additional practice with alternate materials over an extended period of time.

Typically, instruction in Tier 3 is delivered by individuals with expertise other than the general education teacher (e.g., speech/language pathologist, learning specialist, behavior specialist, special educator, reading specialist, occupational therapist). Consequently, data-based individualization takes into account regular repeated assessment data (more below) to guide the problem-solving team when considering how much time the student will spend included with typically achieving peers in the general education setting and how much time receiving the additional interventions from a support educator to develop the necessary skills to access the general education curriculum in the classroom setting.

In considering the individualized behavioral needs of a student, a Behavioral Intervention Plan (BIP) is created using the data collected from a Functional Behavior Assessment (FBA) (Sugai & Horner, 2006). The goal of the BIP is to reduce problem behavior while increasing desired behavior. By making the inappropriate behavior inefficient, irrelevant, or ineffective through identifying and intervening with the function (or the purpose/intent) of the behavior, students can be successful within the classroom structure (Crone et al., 2010).

As Tier 3 instruction is characterized by individualized, specialized instruction, some students with disabilities may require such explicitness on a regular basis. In this case, the problem-solving team will use the data-based decision making process in partnership with the student and guardians, to determine appropriate student-centered goals, short-term benchmarks for success, and applicable curriculum. Finally, Tier 3 differs from Tier 2 in that both instructional intensity and duration are increased to match the specific needs of the child.

In summary, the three tiers of MTSS provide a unified service delivery model with increasingly intensive interventions and data-based decision making. The tiers differ in terms of several important characteristics of the framework. First, variations in Catholic schools might differ in terms of who is primarily responsible for academic and behavioral instruction. In most cases, it is the general education classroom teacher who initially delivers both Tier 1 and Tier 2 instruction, at times in consultation with learning specialists. Alternatively, as an individual student progresses through the tiers, other related specialists within the school or diocese like reading teachers, learning specialists, behavior specialists, speech and language pathologists or special educators play an increased role. Differences in who delivers instruction lead us to a second major difference between tiers, the skills and content targeted for instruction. All students receive the research-based core curriculum and school-wide expectations, while targeted groups of students and individual students may also receive instruction in supportive or foundational skills such as

language development, cognitive strategy instruction, or social skills training to support learning in the general education classroom. Finally, a key characteristic that distinguishes the tiers revolves around the intensity. As a student progresses through the tiers, instruction becomes more explicit, assessment more frequent, the duration and the intensity of the intervention more pronounced, and materials individualized.

Screening Measures

At the heart of MTSS is the desire to be proactive in delivering necessary services without students having to perform poorly for an extended period of time before receiving services. Consequently, concomitant with delivering instruction in Tier 1 is the need to screen students to accurately predict students who are likely to struggle academically or behaviorally. Reliable and valid screening measures are to be administered to all students at least once per year (e.g., Oral Reading Fluency, MAZE). However, it is recommended that screening for risk at least three times per year (fall, winter, and spring) is a preferred target given how quickly students change. Behavioral screening typically includes examining existing school data. For example, office discipline referrals (ODRs) are routinely selected given these data are readily available. Moreover, ODRs are a result of behavior outside the parameters of acceptable behavior and hence, require intervention.

Good screening measures are correlated with desired learning outcomes and administered and scored with consistency to ensure effective use of data when determining student risk. It is helpful to decide on predetermined cut points to guide the decision making process (Popham, 2008). It is further recommended that when making decisions based on screening data, consideration be given to at least two other sources of data (e.g., grades, state assessments, progress monitoring) to verify risk status (Center for Response to Intervention [CRI], (Center on Response to Intervention, 2014)). No lone measure should ever be used to determine placement or services. Ultimately, the screening process is about early identification of students who may need to receive additional instruction or services, so it is essential that in the procedures for training staff that they are able to communicate how the screening data are involved in making placement and service delivery decisions. There is more on data-based decision making in the next section.

Progress Monitoring

While screening and summative measures (e.g., unit tests, end of course exams) are helpful for gaging student risk or performance, brief formative assessments via progress monitoring are used to guide instructional decision making during instruction and/or affirm the need to revise behavioral interventions. Many Catholic schools collect formative data in the form of teacher-made quizzes, assignments, or tests. These assessments provide valuable information about student learning, but are often difficult to interpret across classes or from unit to unit. Therefore, it is essential that

progress monitoring be effective and efficient, as any time spent assessing students takes away from time for classroom instruction Hosp et al. (2016) .

Reliable and valid progress monitoring assessments allow for repeated measures of the same academic or behavioral skill with enough alternate forms at regular intervals to avoid repeats. Assessed skills are intended to align with or directly emerge from classroom-based curriculum and expectations. Such measures also provide guidance for determining minimum acceptable growth rates between administrations and end-of-year benchmarks for overall level of performance (CRI, 2014), as well as determine whether a behavioral action should be tweaked (Simonsen & Myers, 2015).

Functional Behavior Assessment (FBA) is the process of identifying functional relationships between behaviors and environmental variables. Given its effectiveness in identifying strategies that manage challenging behaviors, FBAs have been included in the most recent authorization of IDEA (IDEA, 2004). Initial information is collected from relevant persons (student, teachers, and parents) through interviews, rating scales, and questionnaires. Then, similar to the data collection described above, systematic observations in the environment are used to gather behavioral data (antecedent-behavior-consequence) to understand patterns. Ongoing synthesis of this information through the data-based decision-making process (see below) provides hypothesized reasons for why problem behavior occurs or is sustained and leads to proposed intervention strategies (Crone et al., 2015).

Progress monitoring should be continuous throughout the year, especially as interventions are implemented. It is suggested that in Tier 1, progress monitoring might be done once or twice per quarter, in Tier 2 at least monthly, and in Tier 3 at least weekly to guide instruction (Graner et al., 2005; Mellard, 2004). As with screening measures, and given the desire to compare data across probes, it is essential during progress monitoring that administration and scoring are consistent in making data-based decisions.

Data-Based Decision Making

Using data to guide decision making is more than just a step in the education of all students; it is a critical, systemic process for achieving improved academic and behavioral outcomes for all students. In general, data-based decision making requires implementation of a research-based core curriculum/intervention, progress monitoring to record and graph student level and rate of response, teacher collected formative assessment, and then analysis of the progress monitoring data to ensure instruction/behavioral intervention is meeting the needs of each learner based on predetermined decision rules. The analysis of data can occur via the classroom teacher, but is more impactful if analysis involves a team with multiple stakeholders to provide adequate expertise for effectively using the data.

While there are many models to choose from, the National Center on Intensive Intervention (NCII; intensiveintervention.org) has an illustrative five-step process for determining when and how to provide interventions for students not responding to Tier 1 instruction—a significant goal of the MTSS framework. First, a research-based intervention program is selected based on the needs of a targeted group of students to be delivered with greater intensity than occurred in Tier 1. Second, progress monitoring data are collected at regular intervals (e.g., every two weeks) to determine student response (i.e., level and rate of growth in the targeted skill) to the intervention. Third, if the student is found to be insufficiently responsive or unresponsive to the intervention, a problem solving team collects additional information (e.g., classwork, observations) to triangulate data, make a diagnostic assessment of need, and guide intervention adaptation or alternate intervention selection. Regular progress monitoring at short intervals is necessary so that students will not languish with ineffective interventions for a prolonged period of time. Fourth, the intervention is adapted and implemented based on the diagnostic assessment in the previous step to meet the individual needs of the student. Fifth, progress monitoring data continues to ensure student response to the intervention. If the data indicate continued non-response, the team returns to step three in the process for more diagnostic academic assessment to determine alternate adaptations to select a more appropriate intervention (NCII, 2016). The value in the data-based decision making process outlined here is that it is not wedded to a particular program or strategy, but rather a recursive process designed to focus on instruction designed to improve outcomes with interventions tailored to the individual student needs.

Fidelity of Implementation

Fidelity is of course the idea of staying faithful, or true, to something. For the MTSS framework to prove effective, it is required that implementation stays true to the design of both academic instruction/behavioral intervention and related assessment. Functionally, this means teaching the core curriculum or interventions as outlined by the materials provided. Quite often we hear of teachers saying, “We tried that. It doesn’t work.” when in fact only some components of the intervention were used or the sequence was altered. Sanetti and Kratochwill (2014) note that fidelity is also more than just adherence to the steps outlined in materials, but rather stresses the need for adequate exposure based on learner need, program differentiation, high quality delivery, and student responsiveness to instruction. Consequently, if only 60% of students are responding to the core curriculum (Tier 1), the next step is not referring the remaining 40% of students to Tier 2. Instead, the first step is to ensure adequate fidelity of implementation of the core curriculum, which may require additional teacher planning, professional development or ancillary materials.

Similarly, fidelity must be observed when administering and analyzing results from a variety of assessments. The very notion of standardized assessments is that they are given in a regular, identical way to ensure equivalency between administrations. Without standard administration, it

is impossible to compare results over time or against national or local benchmarks. For example, if a one-minute fluency probe is not consistently administered across students, even a three to five second variation or alternate scoring method will render results meaningless as rate and level of growth over time will be compromised. Similarly, if the Check In/Check Out protocol (Crone et al., 2010) is not followed accurately and completely each time, behavioral results cannot be validated.

While the notion of fidelity may seem stringent or restrictive, it is important to realize that faithful implementation of instruction and assessment is the friend of the Catholic educator. First, teachers want the very best outcomes for their students. Consequently, if an intervention has been selected because it has demonstrated evidence that it works for students with similar challenges to those in your classroom, it is worth trying as designed to see if similar outcomes are possible for your students. Second, if assessment data are not reliable, it is both a waste of classroom time (lost instructional time) and impossible to use for accurate decision making. This leads to frustration by teachers and worse, students falling further behind. Finally, the reality of K-12 education is that each new administration typically has a new practice or curriculum they like to emphasize. Fidelity allows teachers to have data to show whether or not the new practice is appropriate for the current students. When it is, everyone is satisfied. When it is not, the teachers have data to justify looking for an alternative solution without making the process personal.

Systemic Supports

While the features of MTSS cataloged above tend to speak to the classroom practitioner experience (i.e., instruction and assessment), the real value of this framework is that Catholic school teachers are not alone in the process. Consequently, a coordinated series of systemic supports are necessary for an effective and efficient school framework of implementation. First, school leadership must be actively involved throughout the framework in actively supporting the shared effort. As the principal goes, so too will this framework. Yet leadership from the diocesan superintendent to department chairs is essential for making proactive decisions, including how financial and human capacity resources are leveraged, clearly signaling MTSS is a priority at the school and within the diocese. Including the spectrum of stakeholders promotes the development of a clear vision and articulation of goals that represent all perspectives (Maier et al., 2016). Additionally, innovative Catholic schools may find benefit in having a parish priest or a member of the Pastoral Council on the school-wide team to voice larger parish issues and connect to the community.

Second, the Catholic school schedule must provide sufficient time for instruction and proactive management strategies in the core curriculum while maintaining sufficient flexibility to allow for targeted-group and individualized instruction and/or function-based intervention. Moreover, the schedule should maximize use of physical space and human resources to decrease instructional

ratios and align intervention implementation with practitioner expertise.

Third, as discussed, collaborative teams for analyzing data are spread throughout the framework and are comprised of a variety of stakeholders. Teams exist for the building to ensure whole-school involvement, grade level representation for selecting targeted-group interventions and monitoring student progress, and problem-solving teams for ensuring individual student success. Each group should function with clear decision rules, policies and procedures. Implied within, and between the teams is clear and frequent communication of data and decisions. Fourth, comprehensive professional development should be planned to support all members of the Catholic school in implementing the key features of the framework. For example, learning about new interventions or assessments is likely necessary as schools begin to implement the framework, as well as how the framework represents a proactive mindset for preventing academic and behavioral challenges for all students. Additionally, consideration should be given to onboarding new educators each year to help them seamlessly integrate into the framework.

Finally, the MTSS framework will not likely be successful in Catholic schools without clear communication and involvement of parents and guardians. As the primary educators of students, parents and guardians need to be informed about the components of MTSS and be clear about how they will be updated on their students' progress and instructional/behavioral decisions when receiving any secondary or individualized interventions. Fortunately, the importance of parent involvement in the MTSS framework directly parallels the desire for family involvement inherent to Catholic schools.

Effective MTSS Implementation in Catholic Schools—An Illustration

The implementation of MTSS may seem more intimidating than it needs to be. Too often in schools, new initiatives are selected and implemented without adequate consideration. However, foundational work exists to support intentional adoption, implementation, and maintenance from the field of Implementation Science (Cook & Odom, 2013).[1] Catholic schools can implement MTSS utilizing outlined stages within this science to provide a structure for increasing long-term success (Fixsen et al., 2005; Pierce & Jackson, 2017). Briefly these stages include: (a) Stage 1: Exploration, Readiness, & Adoption; (b) Stage 2: Installation; (c) Stage 3: Initial Implementation; (d) Stage 4: Elaboration & Full Implementation, and (e) Stage 5: Sustainability, Scaling, & Continuous Regeneration (See Figure 3). Although the above tenets of MTSS are proven effective and there is evidence for using Implementation Science, there is much work to be done to identify and outline distinct steps for implementation in our unique Catholic environment. For purposes of this discussion, the five stages can be combined into three larger categories: (a) Do it? (b) Do it right! and (c) Do it better! (McIntosh & Goodman, 2016) . The following provides a brief sketch of how a Catholic school might implement the MTSS framework.

Figure 3

Ten Steps of MTSS Implementation with Corresponding Integration Stages

Focus	Stage	Steps of Implementation
Do it?	Exploration, Readiness, & Adoption	1: Establish Leadership
		2: Prepare for Success
		3: Build Buy-In
Do it Right!	Installation	4: Create an MTSS Team
		5: Select Data Sources & Processes
	Initial Implementation	6: Determine Students At-Risk for Academic Failure or Disciplinary Action
		7: Implement Interventions
		8: Monitor Progress
Do it Better!	Elaboration & Full Implementation	9: Coach Educators Continuously & Apply
	Sustainability, Scaling, & Continuous Regeneration	10: Evaluate Fidelity & Improve

Note. Adapted from "Progress monitoring briefs," by the Center on Response to Intervention, n.d., http://www.rti4success.org/resource/progress-monitoring-briefs; *Integrated Multi-Tiered Systems of Support: Blending RTI and PBIS*, by K. McIntosh and S. Goodman, 2016; "Responsiveness-to-Intervention and School-Wide Positive Behavior Supports: Integration of Multi-Tiered System Approaches," by G. Sugai and R. Horner, 2009; and "Positive Behavioral Interventions and Supports Implementation Blueprint: Part 1—Foundations and Supporting Information," by the Technical Assistance Center on PBIS, 2015, https://www.pbis.org/resource/pbis-implementation-blueprint-part-1

St. Claire School

St. Claire School (SCS) is a small, Midwestern Catholic school serving approximately 225 preschool through 8th grade (P-8) students. Over the past decade, the student population has become increasingly more diverse. Students qualifying for free or reduced-price lunch, English Language Learners, and struggling learners or students with disabilities now comprise the majority of SCS's student body, resulting in academic and behavioral variance within the school. With the growing student needs, the faculty and staff knew they needed to do more to meet the needs of all learners and therefore, SCS turned to Multi-Tiered Systems of Support.

Do It?

St. Claire School was thoughtful and intentional with their efforts in exploring MTSS. They created a leadership team, comprised of multiple stakeholders (e.g., administrators, teachers, staff, and parish stakeholders) to prepare the school and community for successful implementation. The SCS leadership team constructed a vision and articulated goals, allocated resources to ensure capacity, and developed stakeholder buy-in. The purpose of this initial work was to ensure SCS was ready for MTSS. Should they do it and when?

Do it Right!

St. Claire School did not rush this initial exploration. However, when the school committed to MTSS, they moved efficiently and planned to do it right! SCS created an MTSS team that focused on the needs of the school, built the necessary structures, and created a plan for training, implementation, with a 3- to 5-year budget. The MTSS team was proactive about ensuring that all educators felt prepared to begin screening, discussing data, and making data-driven decisions to impact student progress. Following initial implementation, the MTSS team facilitated schoolwide conversations about their progress, the fidelity of their work, and necessary revisions.

Do it Better!

St. Claire School was seeing great progress. Good core instruction was being delivered within classrooms with well-established and proactive behavioral structures. However, during the schoolwide discussions, SCS discovered issues with their implementation—problems many schools have with MTSS. Problem-solving teams were not meeting as often as they should and interventions lacked fidelity. SCS knew they could do it better! Hence, St. Claire School is revisiting the key themes of MTSS, looking at their structures, and offering additional professional learning opportunities to their educators, especially those new to the school.

Not a Panacea

As with SCS, other Catholic schools that implement the MTSS framework are likely to experience increased learning for students with and without disabilities by building capacity for service delivery. Moreover, teacher and consumer satisfaction will likely increase as a result of improved service delivery and related student outcomes. However, MTSS is not a panacea—a single solution, validated for all learners. Questions remain regarding conditions for successful implementation, the nature of scientifically-validated Tier 1 instruction, and how to analyze data to determine those who sufficiently respond to intervention and those who do not (Fuchs & Deshler, 2007) . However, the core components of MTSS including multiple, increasingly intense tiers, evidence-based instruction, screening and progress monitoring, and fidelity of implementation remain state of the art in service delivery. Additionally, research is ongoing regarding how to improve inclusion models for students

with low-incidence disabilities (see Faggella-Luby & Engel, this issue). That is not to suggest that MTSS is inappropriate for all, but that significant research is ongoing and should be considered. More likely, the future will include an MTSS framework with additional targeted components to support inclusion for students with significant needs. Such a broader framework of inclusion requires a blueprint that includes additional variables beyond those currently in the service delivery literature.

Concluding Remarks

The Catholic school mission to educate all children requires a system of service delivery that expands school capacity and leverages professional expertise. Fortunately, research on MTSS provides hope for widening the narrow gate of exclusion into a broad arch of inclusion in our Catholic schools. Moreover, as schools embrace the components of MTSS and follow the implementation stages outlined herein, we are more likely to enhance the academic, behavioral and moral development of all Catholic school graduates—those with and without disabilities.

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