

Report of the  
**Maryland  
Steering  
Committee  
on Students  
with Emotional  
Disabilities**

**September 2010**

A Partnership of the Maryland State Department of Education • Maryland Department of Health and Mental Hygiene  
Maryland Coalition of Families for Children's Mental Health • University of Maryland Center for School Mental Health



Division of Special Education/  
Early Intervention Services



## Table of Contents



Acknowledgements .....	4
Members of the Committee .....	5
Executive Summary .....	7
Preface.....	9
Introduction .....	10
Critical Issues and Action Agenda Recommendations .....	12
Overarching Themes and Recommendations .....	22
Gaining Momentum.....	25
In Closing–A Word of Thanks and A Call To Action.....	26
References.....	27

Report of the  
Maryland Steering  
Committee On  
Students with  
Emotional  
Disabilities

**September 2010**

## Acknowledgments

**We hope this document  
will be a resource for  
administrators, educators,  
school professionals,  
families and students,  
and a catalyst for change  
that will result in greater  
success for Maryland  
students with an  
emotional disability.**

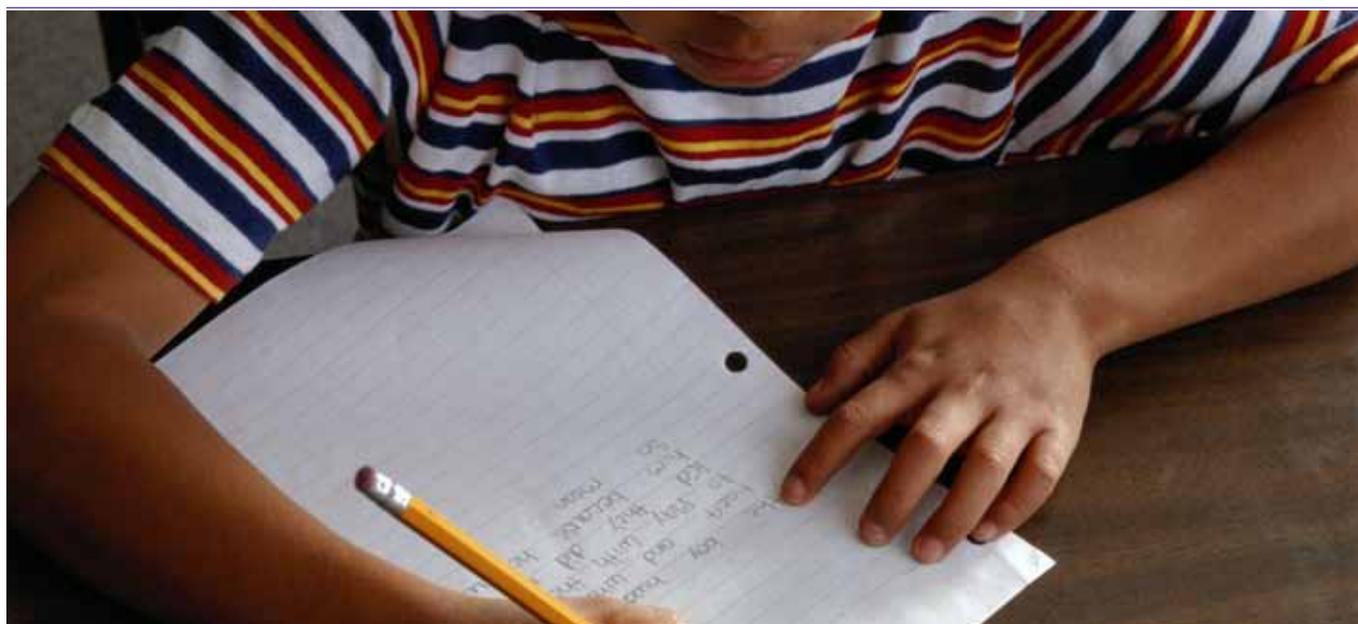
The Steering Committee is grateful to *Dr. Carol Ann Heath*, Assistant State Superintendent, Division of Special Education/Early Intervention Services in the Maryland State Department of Education (MSDE), for her unwavering commitment to improving outcomes for students with an Emotional Disability. Throughout the 18-month process, MSDE staff provided invaluable leadership and support to the Steering Committee. *Rosemary King Johnston*, former program manager for interagency coordination at MSDE, began the process, and midway through, *Alice Harris*, Chief of the Family Services and Interagency Branch, seamlessly took it over and saw it through to its conclusion. *Karla Saval* ensured that all aspects of the process flowed smoothly.

*Daryl Plevy*, Director of the Maryland Transformation Office, provided critical financial support to engage a consultant for the process. *Ellen Kagen* from Georgetown University was chosen as the consultant to facilitate the process and she challenged the group to dig deeply for root causes of the problems and to think creatively about solutions to address the problems.

The voices of families and students, *Ann Geddes* and *Nell Geddes*, were essential to the process and at times were the conscience of the group. Their insights were invaluable to the development of the recommendations.

All of the members of the Steering Committee on Children with Emotional Disabilities gave significant amounts of time from their usual responsibilities to participate in the work of the committee. Several local school system personnel took personal time from their jobs to attend daylong meetings. Partner administrations also committed staff time to enable representatives from the Mental Hygiene Administration, Department of Human Resources and the Department of Disabilities to participate on the committee.

The committee is also grateful to the guest presenters who provided expertise in specific areas in the development of the recommendations.



## Members of the Maryland Steering Committee on Students with Emotional Disabilities

### Co-Chairs

*Carol Ann Heath, Ed.D.*  
Assistant State Superintendent  
Division of Special Education/Early Intervention Services  
Maryland State Department of Education

*Jane A. Walker, LCSW*  
Executive Director  
Maryland Coalition of Families for Children's Mental Health

*Mark D. Weist, Ph.D.*  
Professor and Director  
Center for School Mental Health  
University of Maryland School of Medicine

*Albert A. Zachik, M.D.*  
Director  
Office of Child and Adolescent Mental Health  
Mental Hygiene Administration

### Members

*Jack Altfather*  
Monitoring Coordinator  
Licensing, Contracts and Monitoring  
Department of Human Resources

*John Baker*  
School Psychologist  
Washington, D.C., Public Schools

*Brian J. Bartels*  
Director  
Psychological Services  
Department of Student Services  
Montgomery County Public Schools

*Shanda Crowder*  
Chief  
Interagency Initiatives  
Governor's Office for Children

*Lee Crump*  
Chief Psychologist  
Behavioral Health  
Department of Juvenile Services

*George Failla Jr.*  
Deputy Secretary  
Maryland Department of Disabilities  
Office of the Secretary

*Rachael Faulkner*  
Education Coordinator and Interagency Liaison  
Maryland Department of Disabilities  
Office of Policy Analysis

*Vira J. Froehlinger*  
Consultant in Children's Mental Health  
Maryland State Department of Education  
Division of Special Education/Early Intervention Services

*Ann Geddes*  
Family Advocate  
Maryland Coalition of Families for Children's Mental Health

*Nell Geddes*  
Student Coordinator  
Maryland Coalition of Families for Children's Mental Health

*Alice Harris*  
Chief  
Family Services and Interagency Branch  
Division of Special Education/Early Intervention Services  
Maryland State Department of Education

*Carol Ann Heath*  
Assistant State Superintendent  
Division of Special Education/Early Intervention Services  
Maryland State Department of Education

*Rosemary King Johnston*  
Executive Director  
Governor's Office for Children

*Ellen B. Kagen*  
Consultant and Senior Policy Associate  
National Technical Assistance Center for  
Children's Mental Health  
Georgetown University Center for Child and Human  
Development

*Anita Mandis*  
Education Program Specialist  
Complaint Investigation and Due Process Branch  
Division of Special Education/Early Intervention Services  
Maryland State Department of Education

*Karen Moore-Roby*  
Elementary School Administrator  
Howard County Public Schools

*Bonnie Preis*  
Education Program Specialist  
Quality Assurance and Monitoring Branch  
Division of Special Education/Early Intervention Services  
Maryland State Department of Education

*Lori Revitz*  
Clinical Coordinator  
St. Elizabeth School

*Donna R. Riley*  
Branch Chief  
Special Education Administration and Policy Branch  
Division of Special Education/Early Intervention Services  
Maryland State Department of Education

*Karla Saval*  
Interagency Specialist  
Family Services and Interagency Branch  
Division of Special Education/Early Intervention Services  
Maryland State Department of Education

*Joan Smith*  
Child and Adolescent Coordinator  
Department of Health and Mental Hygiene

*Heather Sopher*  
Quality Assurance Analyst  
Department of Human Resources

*Denise C. Sulzbach*  
Project Director  
System of Care Initiatives  
University of Maryland, Innovations Institute

*Alia N. Thomas*  
Special Educator  
Academic Coach  
Howard County Public Schools

*Jane A. Walker*  
Executive Director  
Maryland Coalition of Families for Children's Mental Health

*Mark D. Weist*  
Professor and Director  
Center for School Mental Health  
University of Maryland School of Medicine

*Albert Zachik*  
Director  
Office of Child and Adolescent Services  
Mental Hygiene Administration

### **Guest Experts**

*Larry Abramson*  
Vocational Director  
St. Luke's House Career Transition Program

*Andrea L. Alexander*  
School Climate Specialist/PBIS State Coordinator  
Division of Student, Family and School Support  
Maryland State Department of Education

*Tom Barkley*  
Transition Specialist  
Division of Special Education/Early Intervention Services  
Maryland State Department of Education

*Kathy Bridgeman*  
Career Transition Program Manager  
St. Luke's House

*Robert Burns*  
Assistant State Superintendent  
Division of Rehabilitation Services  
Maryland State Department of Education

*Martha "Boo" Chrismer*  
Reconnecting Youth Student Coordinator  
Harford County Public Schools

*Michial Gill*  
Deputy Director of Governmental Relations  
Office of the State Superintendent  
Maryland State Department of Education

*Kalisha Miller*  
Student Achievement Facilitator  
Student Achievement and Professional Development  
Branch  
Division of Special Education/Early Intervention Services  
Maryland State Department of Education

*Tom Merrick*  
Program Administrator  
Office of Child and Adolescent Services  
Department of Health and Mental Hygiene

*Lee Murphy*  
Section Chief  
Grants Management  
Maryland State Department of Education

*Jon Peyer*  
Career Transition Program Supervisor  
St. Luke's House

*Steve Reeder*  
Director  
Supported Employment Services  
Evidence-Based Practice Evaluations  
Mental Hygiene Administration

*Sharon A. West*  
Branch Chief  
Student Achievement and Professional Development  
Branch  
Division of Special Education/Early Intervention Services  
Maryland State Department of Education

## Executive Summary

In the spring of 2008, the Maryland State Department of Education hosted three forums on the topic of children in special education with Emotional Disability in school settings. The forums were designed to discuss the unique challenges that are related to serving this population.

As an outgrowth of the forums, the Maryland Steering Committee for Students with Emotional Disabilities was established as a partnership of the Maryland State Department of Education, the Department of Health and Mental Hygiene, the Maryland Coalition of Families for Children's Mental Health and the University of Maryland Center for School Mental Health. The Steering Committee had a strong interdisciplinary and interagency make-up, including a student and a family member. Over a period of 18 months, the Steering Committee met to synthesize the feedback from the forums and develop recommendations. Five critical issues emerged and became the major focus of the Steering Committee's work.

Data from the 2008 Special Education Census Report indicate that 8,394 children and students in Maryland were identified as having Emotional Disability, comprising 8 percent of all students with a disability enrolled in special education (Maryland State Department of Education, 2009). These students have the highest dropout rate of all groups of students with disabilities, hovering around 50 percent, and are the most likely of all groups of students with disabilities to be educated outside of their community schools. They also have the highest rates of suspension of students with disabilities (35 percent) and have the poorest outcomes in terms of transition and employment. There is wide disparity in identification rates across the 24 local jurisdictions, from a high of 20.73 percent to a low of 1.36 percent of all students with disabilities in 2008 (Heath, 2008). A disproportionate number of students identified with Emotional Disabilities are African-American (59 percent) and male (77 percent) (Maryland State Department of Education, 2009).

## Issues and Recommendations

### A. Behavior Management in Schools

1. Provide training and technical assistance to inform school personnel about the nature of emotional disorders.
2. Implement the full continuum of Positive Behavioral Interventions and Supports (PBIS) using a high-fidelity, wraparound framework in schools, starting with schools that house regional programs for students with Emotional Disabilities.
3. Provide training and technical assistance to educators and student support services staff on evidence-based behavioral management tools with an emphasis on Functional Behavioral Assessments (FBAs) and Behavioral Intervention Plans (BIPs) so every school has the expertise and skills to utilize these tools to support student success.
4. Encourage school administrators to view students with Emotional Disabilities as assets to the school's student population and creatively structure schools so students with Emotional Disabilities.
5. Ensure classroom teachers are prepared by establishing a certificate in the area of Emotional Disability in partnership with a major Maryland institution of higher education.

### B. Stigma—The Label of Emotional Disturbance

Support legislation to change the terminology from Emotional Disturbance to "Emotional Disability" for eligible students in special education. (The bill passed and was signed into Maryland state law by Governor Martin O'Malley on May 4, 2010.)

### **C. Appropriate Identification**

1. Create guidelines for screening and appropriate identification of students with Emotional Disability.
2. Provide annual training and technical assistance on identification guidelines and procedures.

### **D. Development and Implementation of Individualized Education Programs (IEPs)**

1. Develop IEPs that address all domains of the student's development.
2. Engage student and families as equal partners in the IEP process.
3. Incorporate a "wraparound" approach into the IEP process to develop a document that effectively addresses all areas of need.
4. Ensure the Present Levels of Academic Achievement and Functional Performance, Supplementary Aids and Services and Secondary Transition sections of the IEP are emphasized when planning for students with Emotional Disabilities.
5. Develop goals and objectives for social and emotional skill development.
6. Utilize FBAs and BIPs to inform the development of the IEP goals.

### **E. Transition**

1. Adopt the "Transition to Independence Process" (TIP) guidelines in the development of services for students with Emotional Disabilities.
2. Adapt the adult "evidence-based supported employment" program into the TIP model to fit the needs of transitioning students.
3. Inform and educate families and students with Emotional Disability on transition process and resources.
4. Re-engage students who have dropped out.
5. Integrate all transition-age student initiatives across the State to strengthen commitment, resources and braid funding.
6. Align the definition of transition-age student across state agencies.

## **Overarching Themes and Recommendations**

As the Steering Committee discussed each critical issue, several major themes continued to surface that were crosscutting and pertained to all of the critical issues. The importance of the crosscutting themes warranted their own set of recommendations that stand apart from the other critical issues:

- **Strengthen the role of education in the implementation of a comprehensive system of care**
- **Increase affective instruction by developing a voluntary state curriculum on social/emotional development**
- **Establish a Training and Technical Assistance Center in collaboration with a Maryland institution of higher education**
- **Ensure the engagement of students and families to drive the change**
- **Expand the data, research and analysis to monitor progress for students with Emotional Disabilities**

The 18-month journey of the Steering Committee as assisted by the guest experts was at times grueling, at times difficult, but always worthwhile when committee members kept their eyes on the prize—helping students with Emotional Disabilities in Maryland to realize a better outcome in school, thus having the greatest chance for a meaningful life full of contributions to the community. The committee and MSDE took significant steps to highlight the needs of students with Emotional Disabilities and redirect resources to improve outcomes. Those steps, which added momentum to the efforts, are outlined in the final section of this report.

## Preface

In the spring of 2008, the Maryland State Department of Education hosted three forums on the topic of students in special education with “Emotional Disturbance.” The forums were designed to discuss the unique challenges related to serving this population of students, to raise awareness, to assess stakeholder needs, and to solicit stakeholder feedback. More than 350 public and private school system personnel, providers, family members and students attended the forums.

As an outgrowth of the forums, the Steering Committee for Students with Emotional Disabilities was formed as a partnership of the Maryland State Department of Education, the Department of Health and Mental Hygiene, the Maryland Coalition of Families for Children’s Mental Health and the University of Maryland Center for School Mental Health.

### **The Steering Committee was formed to develop a set of clear strategies to address critical issues identified through the forums that would improve the outcomes for students with Emotional Disabilities receiving special education.**

Membership on the Steering Committee was both interdisciplinary and interagency and included representation from students, families, local school system personnel and local and state government officials. Experts in the field also were brought in to provide information on specific issues and respond to questions from committee members. This group included leadership from MSDE staff, including the Division of Rehabilitation Services, and the Mental Hygiene Administration and local service providers.

The Steering Committee met over 18 months to synthesize the feedback from the forum and develop recommendations. Through its deliberations the committee identified a set of five critical issues with concrete, achievable recommendations to address the specific concerns of participants in the process and five overarching, broad recommendations that cut across many of the critical issues.

Committee members were very cognizant of the fact that one in five children has a mental health issue and the committee members think mental health services should be readily available to all students in school. Without access to needed mental health services in the school or in the community, children and students with mental health problems have lower educational achievement, greater involvement with the juvenile justice system, and fewer stable and long-term placements with the child welfare system than children with other disabilities. When treated, children and students with mental health problems fare better at home, in school, and in their communities (President’s New Freedom Commission on Mental Health, 2003).

The committee also discussed the overlap with many other MSDE efforts, namely, Positive Behavioral Interventions and Supports (PBIS) and Early Childhood programs that focus on social and emotional development. Recommendations contained in other MSDE reports were also reviewed, including the “African American Male Task Force Report” (March 2008), the “Report from the Summit on School Safety Solutions,” (July 2008) and “A Tiered Instructional Approach to Support Achievement for All Students,” (June 2008). The committee supports the recommendations contained in these reports and thinks many of the recommendations would improve outcomes for students with Emotional Disabilities. The committee did not attempt to replicate work already performed, but rather maintained a clear focus on the specific subgroup of students in special education currently identified with Emotional Disability.

## Introduction

Embedded in this report are system of care values and principles adopted by the Maryland Children's Cabinet as part of the Maryland Child and Family Services Interagency Strategic Plan in June 2008. These principles foster a comprehensive approach to serving children with mental health needs and recognize it is not the responsibility of education alone, but requires an interagency, interdisciplinary approach to effectively meet the complex mental health and behavioral needs of children and student with Emotional Disturbance (Governor's Office for Children, 2010).

As evident in the report, the term "Emotional Disturbance" is a stigmatizing label that unfortunately is a disability designation used in federal legislation. The committee struggled with the terminology for this report and decided to use terminology that is consistent with House Bill 11 and Senate Bill 204 (passed during the 2010 legislative session), changing the term "Emotional Disturbance" to "Emotional Disability" in the Maryland Code of Regulations (COMAR) and therefore should be the term used in the report. This change in language will reflect that students with mental health disorders should be viewed by all as students struggling to cope with a disability that is not visible to the eye or easily measurable on a test, but nonetheless disabling.

### The Federal and State Definition Of Emotional Disturbance

The term Emotional Disturbance is federal language contained in the Individuals with Disabilities Education Act (IDEA). In the law, Emotional Disturbance is one of 14 disability categories specified. Emotional Disturbance is defined as follows:

"(i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

- A. **An inability to learn that cannot be explained by intellectual, sensory, or health factors**
- B. **An inability to build or maintain satisfactory interpersonal relationships with peers and teachers**
- C. **Inappropriate types of behavior or feelings under normal circumstances**
- D. **A general pervasive mood of unhappiness or depression**
- E. **A tendency to develop physical symptoms or fears associated with personal or school problems**

(ii) The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance."

In addition, in order to be eligible for services under IDEA, the student, by reason of their disability, must require special education and related services.

<sup>1</sup>Note that the definition of Emotional Disturbance is not a diagnosis or medical term, but rather a term used in the federal education law to designate eligibility for special education. Under IDEA, if a child is found eligible, the student is guaranteed an Individualized Educational Plan (IEP) that is designed to meet their unique needs.

[Code of Federal Regulations, Title 34 C.F.R., Section 300.8(c)(4)] [Code of Maryland Annotated Regulations, Section 13A.05.01.03]



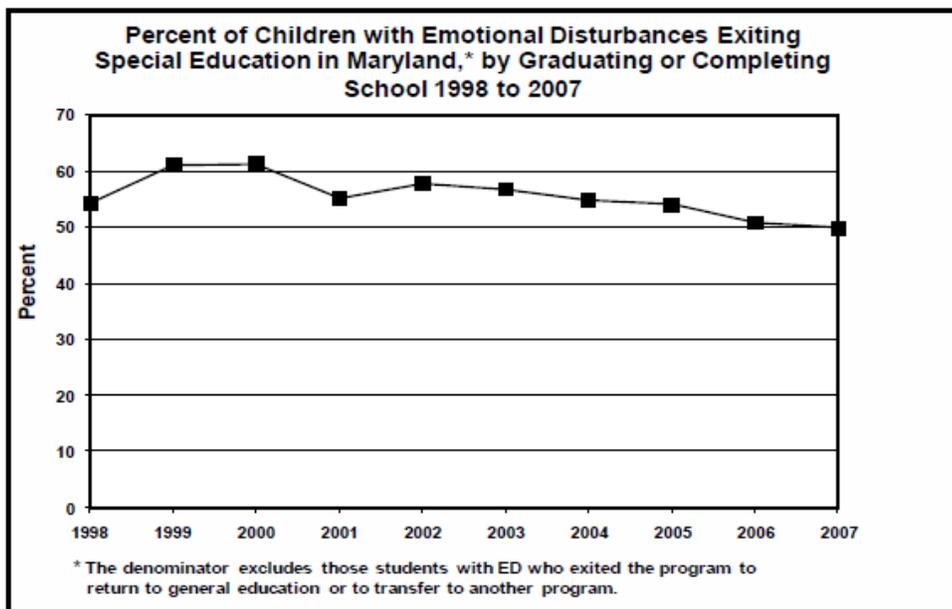
## Urgent Need to Improve Outcomes for Students with Emotional Disabilities

Students identified with an Emotionally Disability are a complex group of students. They encompass a broad range of cognitive abilities—from high intelligence to average or below average intelligence. Learning outcomes for students with Emotional Disability are significantly below the level of achievement for students of comparable cognitive abilities (Heath, 2008). Their disability may be manifested by severe acting-out behavior or withdrawal due to anxiety or depression. Emotional Disability impairs the very skills necessary to achieve meaningful academic progress.

Data indicates these students:

- Have the highest drop-out rate of all groups of students with disabilities, hovering around 50 percent;
- Are the most likely of all groups of students with disabilities to be educated outside of their community schools. In 2008, 20 percent of students identified with an Emotional Disturbance received their instruction in a non-public placement, constituting 47 percent of all students in the 14 disability categories who received instruction in a non-public placement;
- Have the highest rates of suspension of students with disabilities (35 percent), accounting for 21 percent of suspensions for all students with disabilities;
- Have the poorest outcomes in terms of employment, continuing education and involvement with the justice system;
- Have a wide disparity in identification rates across the 24 local jurisdictions, from a high of 20.73 percent to a low of 1.36 percent of all students with disabilities in 2008; and
- Are disproportionately African-American (59 percent) and male (77 percent). (Maryland State Department of Education (MSDE), 2009).

Students who are identified with an Emotional Disability experience the poorest educational outcomes of all students with disabilities. Since 1997, the Governor's Office for Children has tracked the percentage of students with Emotional Disability who exit special education by graduating or completing school. Since 2000, the rate of graduation for students with an Emotional Disability has steadily declined from 61 percent to only 50 percent in 2007. This trend over the past eight years is alarming and warrants a call to action. *The State of Maryland can do better.*



# Critical Issues and Action Agenda Recommendations

## A. Behavior Management in Schools

During the Spring 2008 forums, the topic of behavior management came up repeatedly and was the major concern of a broad spectrum of attendees. There is widespread uncertainty and frustration about how to best address these concerns. In light of this, the Steering Committee tackled discipline/behavior management as its first critical issue.

Looking at the outcomes data for students with Emotional Disability is distressing and clearly indicates that behavior is the major factor in school achievement for these students. The 35 percent rate of suspensions coupled with a 50 percent rate of school completion means that students are not present at school for large portions of their education. Additionally, 47 percent of students with Emotional Disability are educated outside of their community school (Maryland State Department of Education (MSDE, 2009). These facts paint a bleak picture of school achievement for these students—and behavior management is the driving force behind all of the data.

### Recommendations

---

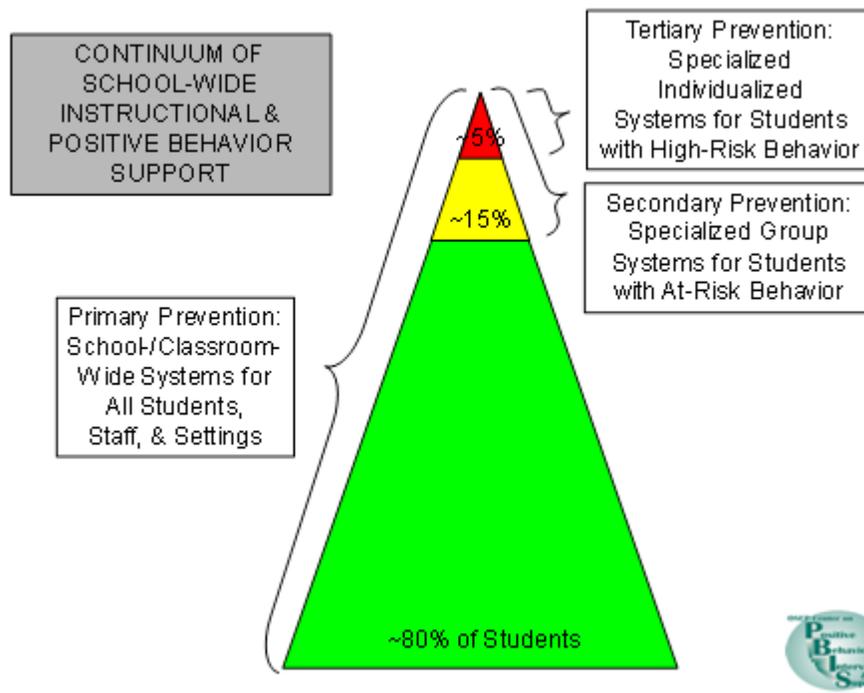
#### School-Wide Positive Behavior Interventions and Support (SW-PBIS)

School-wide Positive Behavior Interventions and Support (SW-PBIS) is comprised of a broad range of systemic and individualized strategies for achieving important social and learning outcomes while preventing problem behavior with all students. SW-PBIS is not a specific “model” but a compilation of effective practices, interventions, and systems change strategies that have a long history of empirical support and development and individually have been demonstrated to be empirically effective and efficient.

(Office of Special Education Programs, 2009).

- 
- 1. Provide training and technical assistance to inform school personnel about the nature of emotional disorders.** Training is needed specifically to increase knowledge about the nature of emotional disorders so administrators, teachers and staff fully understand the scope of the behavior they are observing and are able to utilize best practices to optimize student success. Training should be designed as a process, not a one-time event, to create a culture shift toward supports to students rather than implementing disciplinary action first.
  - 2. Encourage school administrators to view students with Emotional Disabilities as assets to the school's student population and creatively structure schools so students with Emotional Disabilities can succeed and staff feel supported.** Administrators need professional development about ways to make school a positive experience for students with Emotional Disabilities and support teachers who work with students with Emotional Disabilities, such as:
    - Differentiated instruction for students with Emotional Disability;
    - Differentiated professional staffing;
    - Differentiated student services (e.g., psychological services, school counseling services, school health services);
    - Behavioral management strategies;
    - Mental health services;
    - Evidence-based intervention programs; and
    - Effective IEP teams.

- 3. Implement the full continuum of Positive Behavior Interventions and Support (PBIS) using a high-fidelity, wraparound framework in schools, starting with schools that house regional programs for students with Emotional Disability.** Maryland has made a commitment to PBIS, but has focused efforts on school-wide PBIS that targets 85 percent of students widely referred to as universal or “green zone” students (PBIS Maryland, 2010). Students with Emotional Disability, who may well fall into the yellow or red zones, also should have access to this effective approach. Other states and models have successfully implemented a full PBIS continuum targeting the 15 percent of students with greater emotional and behavioral needs in the yellow (targeted) and red (intensive) zones (Eber, 2010). As a first step to implementation of PBIS across all zones, full implementation of PBIS should begin in those schools with regional programs for students in special education who have significant emotional and behavioral needs.



- 4. Provide training and technical assistance to educators and student support services staff on evidence-based behavioral management tools with an emphasis on Functional Behavioral Assessments (FBAs) and Behavioral Intervention Plans (BIPs) so every school has staff with the expertise and skills to utilize these tools to support student success.** The need for training all school personnel about strategies, services and tools to support students with Emotional Disabilities was emphasized repeatedly in the large forums and throughout committee discussions. Training should be designed as a process, not a one-time event, to create a culture shift toward supports to students rather than implementing disciplinary action first.

Topical training also is needed in several critical areas:

- Fostering positive and supportive school climate for students with discipline problems and the staff that care for them;
- Evidence-based behavior management strategies, including Functional Behavioral Assessments (FBAs) and Behavioral Intervention Plans (BIPs);
- Evidence-based targeted group interventions;
- A tiered Response to Intervention (RtI) approach; and
- Family collaboration and involvement.

## Response to Intervention (RtI)

The Response to Intervention (RtI) process is a systematic, school-wide, multi-tiered approach that when implemented with fidelity fosters prevention of achievement and behavioral difficulties while providing interventions at increasing levels of intensity matched to the academic and behavioral needs of students. Essential components of the response to intervention process include:

- Universal screening
- Problem-solving/decision-making practices
- Tiered levels of implementation of high quality instruction/intervention
- Progress monitoring
- Family involvement
- Considerations for English Language Learners

(Maryland State Department of Education, 2008, p.2.)

- 5. In partnership with a major Maryland institution of higher education, support the development of a training and certificate program on behavior management to ensure that classroom teachers are prepared to meet the needs of students with Emotional Disabilities.** General education and special teachers who have students with Emotional Disabilities are faced with many challenges in their quest to appropriately and effectively address the instructional, social/emotional and behavioral needs of these students. Many teachers just entering the profession have shared that classroom management, implementing behavioral interventions and addressing challenging behaviors are the most difficult aspects of teaching. It takes more than knowing theory and implementing techniques for 'surface control' when addressing the significant behaviors of a student with an Emotional Disability. Effective behavior management is rooted in understanding the importance of building a relationship with the students and their families.

Many teachers lack the comprehensive understanding and knowledge of behavior theory and how to implement effective classroom management strategies. Teachers need this knowledge, as well as knowledge of the various behavioral disorders exhibited by students with autism. To address the behavioral challenges of an individual student in the classroom setting, whether on an individual basis, small-group or large-group format, with the competency to effectively manage the behavior may require strategies not yet readily available to the teacher.

Maryland institutions of higher education have certificate programs in other special education areas, such as those for educators who serve students with autism. A certificate to prepare teachers to work with students with Emotional Disabilities would build competencies in knowledge of mental health disorders and skills in managing behavior using evidence-based practices.



## B. Stigma—The Label of “Emotional Disturbance”

The term “Emotional Disturbance” makes a difference in how children perceive themselves and how others in the school setting perceive them. Students and their families stated that the label is both demeaning and stigmatizing. IEP teams also feel the stigma of “Emotional Disturbance,” and sometimes use other special education categories such as “Other Health Impairment” for coding a child, even when the child’s primary disability is an emotional impairment. The U.S. Department of Education permits states to use different terminology, as long as it does not change eligibility or deny services to any student meeting the definition. Twenty states already have adopted different language.

### Alternate Terms for “Emotional Disturbance”

The alternate terms used by other states include:

- Behavioral disorder
- Behaviorally-emotionally disabled
- Emotional and behavioral disorder
- Emotional disability
- Emotional impairment
- Emotional handicap
- Significant identifiable emotional disability
- Socially and emotionally maladjusted

## Recommendation

**Support legislation to change the terminology from “Emotional Disturbance” to “Emotional Disability” for students in special education.** To determine less stigmatizing language for Maryland, the Steering Committee conducted an online survey, which received more than 1,400 responses. Of the respondents, 50 percent were educators or school professionals; 25 percent were family members; 20 percent were clinicians; and 5 percent were advocates or students (see Appendix A). Results of the survey provided the impetus for the Student Stigma Bill, jointly introduced in the House of Delegates and the Senate by Del. Theodore Sophocleus from Anne Arundel County and Sen. Paul Pinsky from Prince George’s County during the 2010 Legislative Session (House Bill 11/Senate Bill 204). The bill proposed that the term “Emotional Disturbance” be changed to “Emotional Disability,” which accurately reflects the current practices and highlights Maryland’s progressive efforts to preserve the dignity of all citizens.

The bill passed and was signed into Maryland state law by Governor Martin O’Malley on May 4, 2010.

## C. Appropriate Identification

Identification of students with Emotional Disability is more subjective than for other disabilities, and identification rates vary greatly across jurisdictions in Maryland. There is a lack of clarity and a wide range of interpretations of the federal definition. In part, this is due to ambiguous language in the federal code. As a result, there is a wide disparity in identification rates across the 24 local jurisdictions, from a high of 20.73 percent to a low of 1.36 percent of all students identified as having disabilities in 2008 (Maryland State Department of Education, 2008).

In addition, African-American students are disproportionately being identified, especially males. Thus, there are students across the state who either are not receiving the full range of services and supports they need to succeed in school or who are being educated in overly restrictive environments, potentially limiting their educational opportunities. There is a need to develop consistency in identification practices in school systems across the State.

## Recommendations

- 1. Create a technical assistance bulletin and an accompanying “Frequently Asked Questions” clarification document for screening and appropriate identification of students with Emotional Disabilities.** The Steering Committee recommends a process that has been used successfully elsewhere to achieve this action item. Other states, such as Florida, have developed technical assistance papers clarifying the definition of Emotional Disability and setting forth the minimum evaluation components and criteria for identifying students with Emotional Disabilities.

The Maryland School Psychologists’ Association, in collaboration with the Maryland State Department of Education, should benchmark with other states, consider relevant guidance from the U.S. Department of Education and, with input from school psychologists, local supervisors of psychological services, directors of special education, and families and students, develop a technical assistance document to help eliminate disparities in rates of identification across Maryland. The technical assistance paper would be used by psychologists to ensure appropriate and reliable identification practices are implemented by all local school systems. This process is underway and will conclude in 2010.

- 2. Provide annual training and technical assistance on identification guidelines.** Once the technical assistance paper is final, pre-service and in-service training and technical assistance should be provided to school psychologists, directors of special education and student services, special education teachers and IEP teams on the guidelines for appropriate identification (including referral and assessment protocols and procedures).

## D. Development and Implementation of Individualized Education Programs (IEPs)

Learning outcomes for students with Emotional Disabilities are significantly below the level of outcomes for all students with comparable cognitive abilities. The development and implementation of Individualized Education Programs (IEPs) are critical in eliminating this achievement gap and meeting the academic, social and vocational needs of students with emotional disabilities. Both the structure and functionality of the IEP team and the program it creates collaboratively guides the education of a student with Emotional Disability.

There are approximately 2,400 students with Emotional Disabilities being educated in non-public special education facilities or residential treatment center placements in Maryland (Heath, 2009). The educators, families, specialists and service providers that comprise IEP teams often struggle with issues related to placement, specifically as it pertains to behavior management and modification of curriculum to accommodate students with Emotional Disabilities in the general education setting.

The IEP should ensure a student with Emotional Disability has equal access to the general educational curriculum to enable the highest level of academic progress and achievement that is commensurate with the student’s cognitive ability. The IEP must be delivered in the student’s least restrictive environment (LRE). Each student’s unique needs and abilities must be taken into consideration by the IEP team when making decisions about educational placement.

All special education programs should strive to provide effective instruction and behavior management in the context of a therapeutic milieu to support students with Emotional Disabilities in reaching their potential. A therapeutic milieu is defined as a structured learning environment in which students are challenged intellectually and experience a high degree of success; have predictable rules and routines; and are provided with consistent acknowledgment and reward for appropriate behavior (Heath, 2008). Through the development and implementation of effective IEPs, this can be achieved for all students with emotional disabilities.

## Recommendations

- 1. Ensure IEPs are individualized and address all domains of the student’s development.** A strength-based, “whole person” approach must be used when creating an IEP, and the student and family should be integral partners in the development of the document. Educational programs for students with Emotional Disabilities need to emphasize students’ strengths and lead to mastery of academic content, the development of social skills and increased self-monitoring, self-esteem and self-control.
- 2. Engage student and families as equal partners in the IEP process.** Families and students should be informed of their rights and the procedural safeguards that are in place. Students should advocate for themselves and families should be empowered to speak about their needs and guide the work of the IEP team. Families should be involved in every step of the IEP process.
- 3. Adopt a “wraparound” service delivery approach into the IEP process to develop a document that effectively addresses all areas of need.** The IEP process should incorporate a wraparound approach and community resources available to the student and family. The IEP team is vital in facilitating these partnerships and assisting the student and family in accessing interventions, services and supports available from community resources. The IEP should represent the views of an interdisciplinary, multisystemic, interagency team.

The process through which an IEP is created must be coordinated; assessments and feedback from the student, family and all staff and specialists who serve the student should be utilized to create goals and objectives. Outcome measures from all systems should be used to monitor the student’s progress (e.g., Local school systems, Local Management Boards, Department of Education, Department of Social Services, Department of Juvenile Services, Department of Rehabilitation Services, etc.).

### Wraparound Service Delivery



Wraparound is “...a definable planning process that results in a unique set of community services and natural supports that are individualized for a child and family to achieve a positive set of outcomes.” Wraparound is child- and family-centered, focused on child and family strengths and is community-based, culturally and linguistically relevant, flexible and coordinated across agencies.

(Maryland Department of Juvenile Services, 2003, p. 16).

#### Ten Elements of a Wraparound Process

Wraparound services and supports include the following 10 philosophical elements, which encompass a model wraparound process:

- Community-based
- Team-driven
- Families are partners
- Individualized and strengths-based
- Culturally competent
- Flexible funding
- Balance of formal and informal supports
- Unconditional commitment
- Collaboration
- Outcomes determined and measured

The team is composed of those who have a vested interest in seeing the child and family succeed in keeping the child safe and thriving in the community. Team members may include family members and service providers as well as members of the family’s natural and community support (Maryland State Department of Juvenile Services, 2003).

- 4. Ensure the Present Levels of Academic Achievement and Functional Performance, Supplementary Aids and Services and Secondary Transition sections of the IEP are emphasized when planning for students with Emotional Disabilities.** Goals for behavior, transition and the provision of supplementary aids and services often take a secondary place to subject-specific goals, such as math and language arts, that are tied to Maryland statewide assessment scores. Behavior and transition goals are more challenging to write, implement and monitor. It is important for the behavior, transition and the provision of supplementary aids and services components of the IEP to carry equal weight in addressing the student's overall needs as they relate to academic and functional performance. It is possible these goals may be the only goals on the IEP of a student with an Emotional Disability. However, IEP teams must avoid taking stereotypical approaches to students with Emotional Disabilities when identifying IEP goals for behavior, transition and the use of supplementary aids and services.

**IEP teams should develop goals that are specific to the student and his or her present level of functioning, rather than generalized, predetermined goals based on preconceived notions about the disability itself. It is important for IEP teams to maintain their focus on areas in which the disability affects each student's performance.**

The supplementary aids and services section of the IEP must be written based on the student's needs, rather than selecting from a prescribed menu of services that are available through the local education agency (LEA)/ local school system (LSS). If the IEP team concludes the supplementary aids and services a student needs cannot be made available by the LEA/LSS, the team should consider collaborating with community partners to meet the student's needs (through an expanded school mental health or wraparound approach) or consider an alternative placement for the student.

For students with Emotional Disabilities whose disability adversely affects their ability to access instruction, an IEP needs to address concerns related to social and emotional development, behavior, transition and the need for supplementary aids and services. IEP teams may focus on developing IEPs that focus solely on the use of supplementary aids and services to enable the student to progress in the development of lifelong social/emotional skills and behaviors that will improve career and college readiness.

In addition to psychological, social work and counseling-related services, supportive therapies including music, art, exercise and relaxation techniques and affective education can be employed strategically to improve outcomes for students with Emotional Disabilities.

- 5. Develop goals and objectives for social and emotional skill development.** An important component of affective education is the development of social and emotional competence. Systematic teaching of emotional competencies and social skills through direct instruction, modeling, discussion and rehearsal assists students in increasing their control over their behavior and improving their relations with others. For students exhibiting challenging behavior, Functional Behavioral Assessments (FBAs) and Behavior Intervention Plans (BIPs) should be used to identify the nature of the behavior and inform the development of IEP goals. It is vital for IEP teams to recognize FBAs and BIPs as essential components of behavioral intervention and progress monitoring.

If a student does not respond favorably to an intervention and demonstrate improvements in behavior, it is important to continue to conduct FBAs and BIPs to re-evaluate the behavioral issues the student is exhibiting to develop new strategies for intervention. For children whose behavior impedes learning (including the learning of others), the IEP team needs to consider implementing targeted and intensive interventions to address that behavior, including those recommended by Maryland's Positive Behavioral Interventions and Supports (PBIS) framework and other evidence-based strategies.

## E. Transition

The transition to adulthood for all students can be a perilous journey, often fraught with setbacks and failures. For students with Emotional Disability, the process is even more challenging. Social and emotional delays that accompany an emotional disorder impede the very skills necessary to make a successful transition.

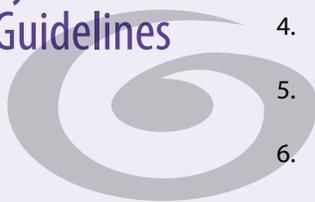
There has been growing awareness over the last decade that students with Emotional Disabilities are not receiving transition services appropriate to their disability and the intensity of their needs. This has contributed to the poor outcomes for this population, including higher rates of school dropout, unemployment and incarceration and lower rates of independent living. In response, a number of programs and researchers across the country have worked to develop evidence-supported practices to help students with Emotional Disability successfully transition to adulthood (Clark & Unruh, 2009). In order to improve outcomes for students with Emotional Disabilities, Maryland must better align its high school transition services with nationally developed evidence-supported practices.

### Recommendations

1. Adopt the “Transition to Independence Process” guidelines in the development of services for youth with Emotional Disability. The “Transition to Independence Process” (TIP) is the only evidence-supported model with a strong evidence base to help transition-age youth with emotional and behavioral difficulties successfully transition to adulthood (Clark & Unruh, 2009). The TIP model comprises seven fundamental guidelines:
  - (a) Engage youth in the planning process for their future;
  - (b) Provide them with developmentally appropriate, culturally competent and appealing services and supports; and
  - (c) Involve youth, their families, and other informal key players in a process that prepares and facilitates them in their movement toward greater self-sufficiency and successful achievement of their goals related to relevant transition domains- employment/career, educational opportunities, living situation, personal effectiveness, and well-being and community-life functioning (Clark & Unruh, 2009).

The TIP model squarely places the youth in the driver’s seat; they must be the person directing their own transition plan, supported by a transition facilitator. Ideally, a transition facilitator would be a younger adult who is able to build a meaningful and trusting relationship with the young person. Meetings with transition facilitators and other services are delivered in a non-institutional setting that is easily accessible and appealing to the young adult.

### Transition to Independence Process (TIP) System Guidelines



1. Engage young people through relationship development, person-centered planning, and a focus on their future.
2. Tailor services and supports to be accessible, coordinated, appealing, non-stigmatizing, developmentally appropriate and build on strengths to enable the young people to pursue goals across all transition domains.
3. Acknowledge and develop personal choice and social responsibility with young people.
4. Ensure a safety net of support by involving a young person’s parents, family members and other informal and formal key players.
5. Enhance young persons’ competencies to assist them in achieving greater self-sufficiency and confidence.
6. Maintain an outcome focus in the TIP system at the young person, program and community levels.
7. Involve young people, parents and other community partners in the TIP system at the practice, program and community levels.

(Clark & Unruh, 2009, p. 8)

Even though students drive their own transition plans, the TIP model also seeks to actively engage family members and caregivers in the transition process. It has been shown that transition-age youth with a supportive family are more likely to experience a successful transition than those who do not (Duncan, Burns, & Robinson, 1996).

**2. Adapt an “evidence-based supported employment” model to fit the needs of transitioning students.**

“Supported employment” provides yet another model with a strong evidence base (Bond, Drake & Becker, 2008). Supported employment has the basic aim of helping people with disabilities acquire and maintain work. Maryland’s Mental Hygiene Administration has a strong partnership with MSDE’s Division of Rehabilitative Services (DORS) that has been nationally recognized for its success in the field of evidence-based supported employment for adults with mental health disabilities.

Core principles of supported employment include:

- No requirements must be met in order to receive supported employment services—if a person says they want to work, a transition coach immediately begins to partner with the person to find employment
- Employment plans are driven by consumer choice
- Levels of support provided are determined entirely by the consumer (Becker et al., 2007; Becker, Lynde & Swanson, 2008)

Maryland’s supported employment model has been adapted and provided to transitioning students in the Career Transition Program of St. Luke’s House in Montgomery County. The Career Transition Program (a partnership of the Montgomery County School System, DORS and St. Luke’s House) has successfully instituted a supported employment model to serve students who will be exiting High School in one or two years.

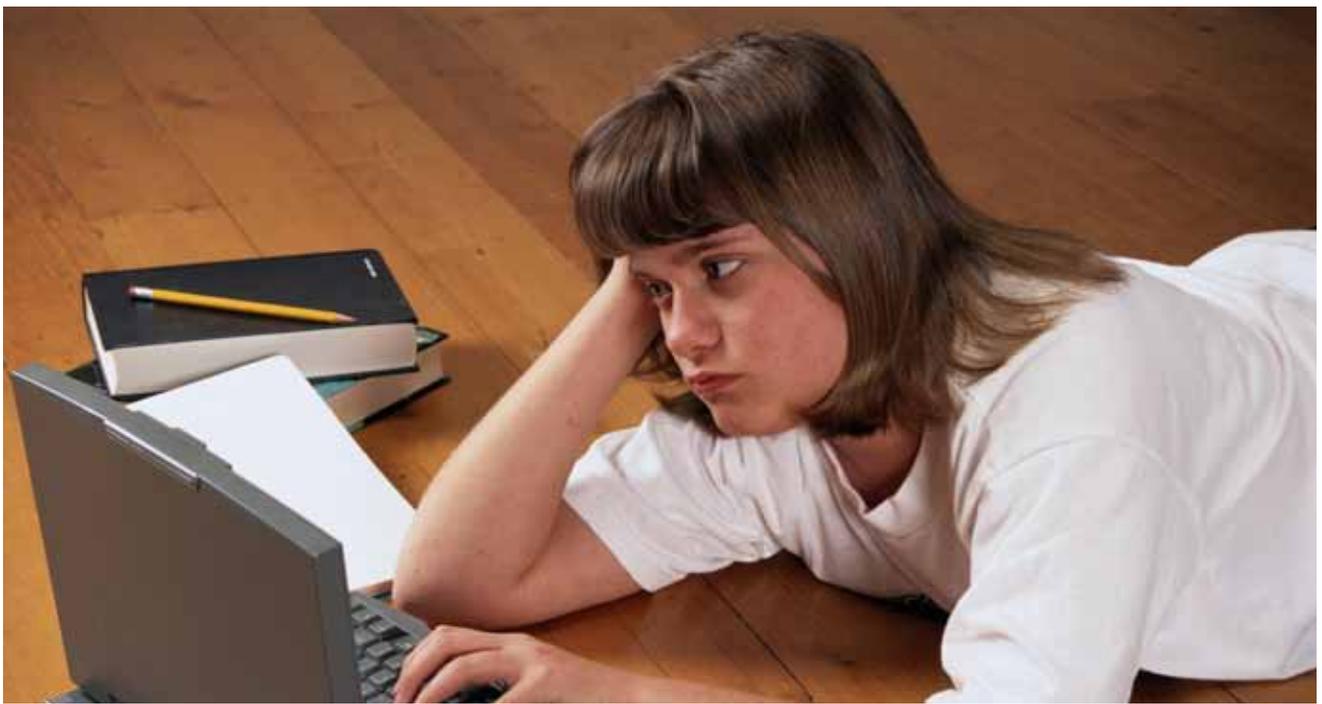
Evidence-based outcomes for the program are in the process of being developed through a grant from the Social Security Administration, but it is already clear that St. Luke’s CTP, which incorporates TIP guidelines into its program, produces better outcomes than are typical in Maryland. For example, while the drop-out rate of youth coded Emotionally Disabled is around 50% in Maryland, in Montgomery County rates hover around 10% (Maryland State Department of Education, 2008). MSDE, DORS and MHA should partner to replicate St. Luke’s CTP model across the state.

**3. Inform and educate families and students with Emotional Disability on transition processes and resources.**

Families and students need a single identified place to get information about transition services and supports. This includes guidance on applying for benefits, housing, continuing education, and employment options. While IEPs address transition, and many local school districts hold educational evenings for families and students leaving school, families repeatedly have stated that they need more (Walker & Geddes, 2006). There should be organizations identified to act as a single point of access to provide information about all transition domains from a mental health perspective. Moreover, families need support to help them step back and allow their youth to advocate for themselves and drive their own transition plan. This can be very difficult for families, especially since they often have been life-long advocates for their child, and in the end, it is the family that is called upon to intervene in times of crisis.

**4. Re-engage students who have dropped out. Dropping out has been described as a process, with factors building and compounding over time.** Several jurisdictions in Maryland have developed successful programs to re-engage students who have dropped out. For example, the “Reconnecting Youth” Program in Harford County aggressively seeks out youth who have dropped out (who frequently are hard-to-locate), and transition coaches provide support to further their education or obtain employment, stable housing, and health care.

**If the young adult is not ready to re-engage, transition coaches will reach out again later. They will not give up on a young person. Programs similar to “Reconnecting Youth” should be replicated across the state.**



- 5. Expand and ensure the sustainability of the Seamless Transition Initiative. Recently, the Maryland State Department of Education instituted the Maryland Seamless Transition Collaborative (MSTC), a transition initiative now operating in seven (the 8th, 9th and 10th sites will begin in September) jurisdictions across Maryland.** Six of these jurisdictions are serving students with Emotional Disabilities, in addition to other disability categories. “Seamless transition” has been shown to improve outcomes for transitioning students with disabilities by coordinating services across a number of transition domains before and after a student exits from high school.

Through this initiative, creative funding strategies are being pursued with the Maryland State Department of Education, the Division of Rehabilitation Services, the Mental Hygiene Administration, the Alcohol and Drug Abuse Administration, the Department of Human Resources and the Department of Juvenile Services. One of the primary goals of this effort is to ultimately expand the seamless transition model for students with Emotional Disabilities (as well as other disabilities) across the state.

- 6. Align the definition of transition-age student across state agencies. Presently, state agencies define the age boundaries of transition differently.** Some agencies terminate services when a student turns 18, while other agencies continue to serve students through age 21. These differing age distinctions pose barriers to eligibility and create major gaps in serving transition-age students. The state should align the definition of transition-age youth across agencies and consider raising the transition age to 24, which coincides more accurately with the social and developmental needs of transition-age students.

## Overarching Themes and Recommendations

Throughout the Steering Committee's process, several major themes repeatedly emerged that seemed to cut across all the critical issues being discussed. The significance of themes prompted the Steering Committee to develop a set of five overarching recommendations to address crosscutting issues to:

- **Strengthen the role of education in the implementation of a comprehensive system of care;**
- **Increase affective instruction by developing a voluntary state curriculum on social/ emotional development;**
- **Establish a Training and Technical Assistance Center in collaboration with a Maryland institution of higher education;**
- **Ensure the engagement of student and families to drive the change; and**
- **Expand the data, research and analysis agenda to monitor progress for students with Emotional Disabilities.**

### Strengthen the Role of Education in the Implementation of a Comprehensive System of Care

There is growing recognition, with a strong evidence base, that children with Emotional Disabilities and their families need a collaborative, multi-agency approach to treatment and services. The National Research Council and the Institute of Medicine recently released a landmark report and call to action for policymakers to recognize and respond to evidence of a clear window of opportunity for the prevention of mental, emotional and behavioral concerns in children before they occur. In fact, interventions that strengthen families, schools and the community have been shown to reduce mental, emotional and behavioral disorders, with the strongest evidence associated with family and early childhood interventions (National Research Council and Institute of Medicine, 2009).

While many communities are working toward implementing a “wraparound” approach to supporting families and improving outcomes, there should be additional emphasis on the role of education along with active partnership with and leadership within school systems (Governor's Office for Children, 2008). School success for students with Emotional Disability depends not only on providing them with an Individualized Educational Plan, but on full engagement with other agencies and providers as needed, including mental health, social services, juvenile justice, substance abuse, developmental disabilities and public health. Communities and schools have a responsibility to work together in developing and implementing comprehensive systems of care that not only support the multi-agency needs of students with Emotional Disabilities and their families, but also includes interventions that prevent and reduce mental, emotional and behavioral disorders and related problems before they occur.

### Systems of Care Values and Principles

#### Core Values

- Child-centered, family-focused, family-driven
- Community-based
- Culturally competent and responsive

#### Principles

- Service coordination or case management
- Prevention and early identification and intervention
- Smooth transitions among agencies, providers, and to the adult service system
- Human rights protection and advocacy
- Nondiscrimination in access to services
- Comprehensive array of services
- Individualized service planning
- Services in the least restrictive environment
- Family participation in **all** aspects of planning, service delivery and evaluation
- Integrated services with coordinated planning across the child-serving systems

*President's New Freedom Commission on Mental Health (2003)*

## Increase Affective Education by Developing a Voluntary State Curriculum on Social/Emotional Learning

Maryland's current health education curriculum includes elements of social and emotional skill development. A Voluntary State Curriculum on social and emotional competence would be a valuable resource for use with all populations of students. These competencies, such as developing coping mechanisms, honing interpersonal skills or building distress tolerance, are linked with higher rates of school completion, learning and achievement.

Other states have established affective curricula (e.g., Illinois, New Jersey). All students would benefit from social and emotional knowledge and competence; students with Emotional Disability need targeted instruction to develop social and emotional knowledge and competence. IEP teams often struggle to identify learning goals and objectives to effectively target these competencies. A Voluntary State Curriculum would equip educators to develop students' knowledge and competence and promote guided learning. Moreover, it would help standardize expectations about social and emotional competence, and be vital in the systematic evaluation of social and emotional skill acquisition for all students.

## Establish a Training and Technical Assistance Center

The theme of training and support for all staff emerged consistently throughout the forums and the Steering Committee process. Training at all levels on numerous aspects of children with Emotional Disabilities is fundamental to improving outcomes for students. To best address the widespread and diverse needs of staff, a training and technical assistance center on the education of students with Emotional Disabilities should be established in collaboration with a Maryland Institution of Higher Learning, to provide training and technical assistance in three broad areas, including:

1. Building-level initiatives that focus on program development and assisting staff in developing specific competencies
2. System-level activities that support, develop and strengthen collaborative efforts among all child-serving agencies and families
3. Statewide activities that include highlighting best practices

Critical training components would include:

- Understanding the nature of emotional/behavioral disorders and their treatment
- Effective behavioral management strategies
- Implementation of the full PBIS continuum and high-fidelity wraparound
- Appropriate identification of students with Emotional Disability
- Resources in the community for students identified with Emotional Disability
- Individualized approach to each student to ensure cultural and linguistic competency in all domains

Technical Assistance Center also should provide training to staff of all child-serving agencies to facilitate their partnership with schools.

## Ensure the Engagement of Students and Families to Drive the Change

Students and their families must be at the center of the planning process at all levels; policy and program development, training and evaluation. At the individual student level, full engagement of student and families in the IEP process is required. To be equal partners at IEP meetings, families must understand the IEP process. Students and families should be given copies of documents to be used in the IEP decision-making process in advance of the meeting.

The MSDE Division of Special Education/Early Intervention Services supports several initiatives and programs such as Partners for Success, Maryland Coalition of Families for Children's Mental Health and Parents' Place of Maryland. These services and programs should be expanded so every family can receive training on the IEP process to empower them to participate as full partners in the IEP, rather than feeling intimidated or marginalized during the process. Schools and the family-driven programs and services should work together to ensure the IEP process fosters positive and non-confrontational relationships with families.

Families and students also must be fully engaged in planning and decision-making to drive change at the broader systems level. As the process used by the Steering Committee has amply demonstrated, improving education for students with Emotional Disability requires the knowledge and energy that families and students bring to the process. They must be engaged as true partners in identifying needs and problems, creating solutions and designing and providing input to evaluation processes.

## Expand Data, Research and Analysis to Monitor Progress for Students with Emotional Disability

MSDE assigns a unique identification number to each child so data can be aggregated easily and used to measure outcomes. Because of the steady decline in the rate of graduation for students with Emotional Disability since 2000, it is critical to closely monitor data to ensure recommendations lead to improved learning outcomes. An annual data report should be compiled to track progress on outcomes. Data should be analyzed on both a statewide and jurisdictional level to determine what is working, what is not working and where additional supports are needed.

The report should:

- Track students who are identified with an Emotional Disability, with specific emphasis on rates of suspension, expulsion, drop-out and office disciplinary referrals among these students;
- Analyze demographic data for students with Emotional Disability;
- Analyze state testing data for students with Emotional Disability;
- Collect and analyze data on students with Emotional Disabilities three, four and five years after exiting school; and examine data for non-public placements across all disability categories.



## Gaining Momentum

As the Steering Committee met over an 18-month period to formulate recommendations, significant steps already were being taken by the Steering Committee and MSDE to highlight the needs of students with Emotional Disabilities and redirect resources to improve outcomes.

- **School Psychologists' Workgroup**

MSDE, in collaboration with the Maryland School Psychologists' Association (MSPA), has convened a workgroup to examine the role of psychological services in the identification of Emotional Disability. This group is charged with examining identification practices used when an IEP team suspects the presence of an emotional disorder and is developing a technical assistance paper regarding assessment procedures and identification criteria to ensure accurate and appropriate identification of Emotional Disability by the IEP team.

- **Functional Behavioral Assessments and Behavioral Intervention Plans Workshop**

On Oct. 22, 2009, MSDE held a workshop on Functional Behavioral Assessments (FBAs) and Behavioral Intervention Plans (BIPs), providing participants with a national perspective regarding evidence-based and promising practices related to conducting FBAs; developing and implementing BIPs; when to re-conduct FBAs and revise BIPs; and identifying when and how FBAs/BIPs should be incorporated into the IEP process.

- **Targeted and Intensive PBIS Training and Implementation**

The PBIS Maryland Management Team, with the guidance and support of national, state and local partners, has begun the process of expanding Maryland's PBIS initiative to extend beyond universal training and implementation to Targeted and Intensive (Tiers II and III) levels of training and implementation, to address the intensive needs of students who do not respond to universal strategies; several schools are on board to act as pilot sites.

- **Supports for Students with Emotional Disabilities in Accessing the Regular Curriculum**

In fiscal year 2010, MSDE, Division of Special Education/Early Intervention Services, dispersed more than \$1.3 million in discretionary grant funding to 14 local school systems to provide support for students with Emotional Disabilities to increase these students' access to the general education curriculum; improve the provision of support services; and provide essential professional development and training to school personnel.

- **Follow-up Forum on Students with Emotional Disabilities in Educational Settings**

At this follow-up to the 2008 forums, participants at a Nov. 12, 2009, conference reviewed the data on Maryland's students with Emotional Disability; heard about Maryland's efforts to support such students; gained specific knowledge of the Steering Committees activities; heard perspectives from a panel of students and families; and participated in breakout sessions related to the five critical issues identified by the Steering Committee.

- **The American Recovery and Reinvestment Act (ARRA) of 2009**

The ARRA appropriated more than \$200 million to Maryland in new "stimulus" funding for programs under Parts B and C of the Individuals with Disabilities Education Act (IDEA 2004) to ensure students with disabilities have access to a free and appropriate public education. All recovery funds must be encumbered by Sept. 30, 2011, in compliance with the established federal statutory and regulatory requirements. The "stimulus" funds present local school systems with a unique opportunity to implement innovative training and educational programming to support staff and students impacted by Emotional Disability.

- **Restructured the Family Services and Interagency Branch to Increase Staffing**

The MSDE, Division of Special Education/Early Intervention Services, has increased the capacity of the Family Services and Interagency Branch to serve students enrolled in special education and their families by hiring three additional family support personnel.

## In Closing— A Word of Thanks and A Call To Action

Educating students with Emotional Disabilities is challenging, and often the words “thank you” are seldom heard. The members of the Steering Committee recognize the dedication of teachers, administrators and families and think everyone shares a common goal of creating the supports and optimum learning environment so students with Emotional Disabilities can enjoy learning for a lifetime and utilize their talents productively. In closing the report, the Steering Committee extends sincere thanks to those who work tirelessly on behalf of students with an Emotional Disability.

Our work is far from done, but our efforts mark the first concerted attempt to look specifically at the needs of children and students with Emotional Disabilities. We have identified many strengths in Maryland’s approach to these students but we also have detailed within these pages many opportunities to build programs and share resources to enable greater numbers of students to grow and learn and succeed both in school and beyond.

Even as Maryland is ranked the No. 1 school system in the country, all would acknowledge the present outcomes for students with Emotional Disability are unacceptable and require concerted efforts on many fronts to turn the curve. Maryland has the talent, the resources and the will to do better. The Steering Committee members are grateful for the opportunity to lead this effort and now look to each school, each school system, State leaders and families to join with committee members to ensure that these recommendations are implemented.



## References

- Becker, D.R., Baker, S.R., Carlson, L., Flint, L., Howell, R., Lindsay, S., Moore, M., Reeder, S., & Drake, R.E. (2007). Critical strategies for implementing supported employment. *Journal of Vocational Rehabilitation, 27*, 13-20.
- Becker, D.R., Lynde, D., & Swanson, S. (2008). Strategies for state-wide implementation of supported employment: The Johnson & Johnson-Dartmouth Community Mental Health Program. *Psychiatric Rehabilitation Journal, 31*, 296-299.
- Bond, G.R., Drake, R.E., & Becker, D.R. (2008). An update on randomized controlled trials of evidence-based supported employment. *Psychiatric Rehabilitation Journal, 31*, 280-289.
- Clark, H.B., & Unruh, D.K. (2009). *Transition of youth and young adults with emotional or behavioral difficulties: An evidence-supported handbook*. Baltimore, MD: Brookes.
- Code of Federal Regulations, Title 34 C.F.R., Section 300.8(c)(4)]
- Code of Maryland Annotated Regulations, Section 13A.05.01.03]
- Duncan, B., Burns, S., & Robertson, M. (1996). Family Centered and Family Friendly Services. In B. Duncan, S. Burns, & M. Robertson, *Providing quality services to emotionally disturbed students and their families in California*, 13-18. Sacramento: California Department of Education.
- Eber, Lucille. (November 2009). Creating a framework for change: Ensuring the mental health of all students. Symposium conducted at The Forum on Students with Emotional Disturbance in Educational Settings, Baltimore, MD.
- Heath, Carol Ann. (April 2008). Meeting the Needs of Students with Emotional Disturbance in the School Setting. *Maryland's Children in Special Education with Emotional Disturbance: An Overview of Data and Current Outcomes*. Symposium conducted at The Forum on Students with Emotional Disturbance in Educational Settings, Baltimore, MD.D.
- Governor's Office for Children. (2010). Child and family services interagency strategic plan. Retrieved from: <http://www.goc.state.md.us/PDF/IMPLEMENTATION%20PLAN%20Rev%20Apr%202010.pdf>
- Maryland Department of Juvenile Services (2003). Joint chairmen's report appendix. Report of the joint Baltimore City/Montgomery County child workgroup: Implementation of the wraparound services delivery approach to youth in the juvenile justice system. Retrieved from: [http://www.djs.state.md.us/rfp\\_reports/appendix\\_for\\_wraparound\\_jcr.pdf](http://www.djs.state.md.us/rfp_reports/appendix_for_wraparound_jcr.pdf)
- Maryland State Department of Education. (2009). Maryland special education/early intervention services census data & related tables. Retrieved from: <http://www.marylandpublicschools.org/>
- Maryland State Department of Education. (2008). A tiered instructional approach to support achievement for all students. Retrieved from: <http://www.marylandpublicschools.org/>
- National Research Council and Institute of Medicine. (2009, March). Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities. (Report brief for policymakers). Washington, D.C.: National Academies Press.
- OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports Effective Schoolwide Interventions <http://www.pbis.org/>
- Positive Behavioral Interventions and Supports (PBIS) Maryland. <http://www.pbismaryland.org>
- President's New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America*. Final Report. (DHHS Pub. No. SMA-03-3832). Rockville, MD: U.S. Department of Health and Human Services Administration.
- Walker, J. & Geddes, A. (August 2006). Listening and learning from transition-age youth and their families. Retrieved from Maryland Coalition of Families for Children's Mental Health website: <http://www.marylandcoalition.org/>

Report of the  
Maryland Steering  
Committee On  
Students with  
Emotional  
Disabilities

**September 2010**

---

This publication was produced by the Maryland State Department of Education, Division of Special Education/Early Intervention Services with funds from the U.S. Department of Education, PL 105-17 of the Individuals with Disabilities Education Act.

The Report of the Maryland Steering Committee on Students with Emotional Disabilities was developed through a partnership of the Maryland State Department of Education, Division of Special Education/Early Intervention Services, the Maryland Department of Health and Mental Hygiene, the Maryland Coalition of Families for Children's Mental Health, and the University of Maryland Center for School Mental Health. Steering Committee activities were funded in part by Maryland's Mental Health Transformation State Incentive Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) and funds from the U.S. Department of Education, IDEA Part B.

The Maryland State Department of Education does not discriminate on the basis of race, color, sex, age, national origin, religion, disability, or sexual orientation in matters affecting employment or in providing access to programs. For inquiries related to Department policy, contact the Equity Assurance and Compliance Branch, Office of the Deputy State Superintendent for Administration, Maryland State Department of Education, 200 West Baltimore Street, 6th Floor, Baltimore, MD 21201-2595, 410-767-0433, Fax 410-767-0431, TTY/TDD 410-333-6442, [www.MarylandPublicSchools.org](http://www.MarylandPublicSchools.org).

The information in this publication is copyright free. If copied or shared by readers, please credit the **Maryland Steering Committee on Students with Emotional Disabilities**. For additional information, contact the Division of Special Education/Early Intervention Services, Family Services and Interagency Branch, 410-767-0858.

*Nancy S. Grasmick, State Superintendent of Schools*

*Carol Ann Heath, Assistant State Superintendent  
Division of Special Education/Early Intervention Services*

*James H. DeGraffenreidt, Jr., President, State Board of Education*

*Martin O'Malley, Governor*

