



ESSER III and Evidence-Based Interventions

Introduction

President Biden signed the American Rescue Plan (ARP) Act of 2021 into law on March 11, 2021, which authorized a third round of emergency coronavirus relief to schools across the country through the Elementary and Secondary School Emergency Relief (ARP ESSER or ESSER III) Fund. While similar to its predecessors, the ESSER III Fund includes several new requirements. The focus of this guidance is on the new evidence-based requirements included in the ESSER III Fund for Iowa's school districts. For information on the Iowa Department of Education's (Department) three required reservations, see the [ESSER III guidance](#).

Overview of ESSER Evidence-Based Requirements

Within the ESSER III provision, the ARP Act requires evidence-based interventions, activities, and programming across new, modified, and existing allowable activities. These requirements are summarized in the sections that follow.

Minimum Reservation to Address Learning Loss (20%)

For each award,¹ a district must:

- Spend at least 20% of its total ESSER III allocation on *addressing learning loss through the implementation of evidence-based interventions* (e.g., summer learning or summer enrichment, extended day, comprehensive after-school programs, extended school year programs);
- Ensure that those interventions respond to students' social, emotional, and academic needs; and
- Address the disproportionate impact of COVID-19 on underrepresented student subgroups (i.e., each major racial and ethnic group, children from low-income families, children with disabilities, English learners, migrant students, students experiencing homelessness, children and youth in foster care).

Maximum Reservation for Other Allowable Activities (80%)

The remaining 80% of ESSER III funds must be spent on one or more of the allowable activities authorized under section 2001(e)(2) of the ARP Act (see the [ESSER III guidance for the full list](#)). If selecting one of the following activities, *the activity must meet the definition of "evidence-based" under the Elementary and Secondary Education Act (ESEA), as amended by the Every Student Succeeds Act (ESSA)*:

- *Providing mental health services and supports, including through the implementation of evidence-based full-service community schools* (ARP § 2001(e)(2)(L)).
- *Addressing learning loss among students*, including low-income students, children with disabilities, English learners, racial and ethnic minorities, students experiencing homelessness, and children and youth in foster care, of the local educational agency, *including by implementing evidence-based activities to meet the comprehensive needs of students* (ARP § 2001(e)(2)(N)(ii)).

¹ Please note that the Department will award funds in two awards, as the U.S. Department of Education (USED) is releasing the funds in two awards (see Table 1). For additional information, see the [ESSER III guidance](#).

Table 1. Minimum and Maximum Reservations for Addressing Learning Loss and Other Allowable Activities

Reservation	Percent	Award 1	Award 2	Total Award
Minimum Reservation to Address Learning Loss	20.00%	\$92,941,946.00	\$46,470,972.80	\$139,412,918.80
Maximum Reservation for Other Allowable Activities	80.00%	\$371,767,784.00	\$185,883,891.20	\$557,651,675.20
Total District Distribution*	100.00%	\$464,709,730.00	\$232,354,864.00	\$697,064,594.00

Requirements for Evidence-Based Instruction/Intervention

Evidence-Based Interventions

The definition of “evidence-based” adopted by the ARP Act is the same as the definition under section 8101(21)(A) of the Elementary and Secondary Education Act (ESEA), as amended by the Every Student Succeeds Act (ESSA). The definition includes four tiers of support for the evidence-base of any activity or intervention, including interventions for students or professional development for educators.

Evidence-based activities, strategies, or interventions are those that *demonstrate a statistically significant effect on improving student outcomes or other relevant outcomes based on the following criteria*. All tiers require ongoing efforts to examine the effects of such activity, strategy, or intervention.

Table 2. Evidence-Based Tiers

Tier	Evidence Level
Tier I	Strong evidence from at least one well-designed and well-implemented experimental study.
Tier II	Moderate evidence from at least one well-designed and well-implemented quasi-experimental study.
Tier III	Promising evidence from at least one well-designed and well-implemented correlational study with statistical controls for selection bias.
Tier IV	Demonstrates a rationale based on high-quality research findings or positive evaluation that such activity, strategy, or intervention is likely to improve student outcomes or other relevant outcomes; and includes ongoing efforts to examine the effects of such activity, strategy, or intervention.

Connections with the Every Student Succeeds Act and the Individuals with Disabilities Education Act

The ESSER III requirements to engage in evidence-based strategies, interventions, and activities are also evident across other comprehensive legislative requirements that impact district improvement efforts. Specifically, Table 3 details the evidence-based requirements under the following laws: Individuals with Disabilities Education Act (IDEA), ESSA, and ESSER III. Considering the evidence-based provisions across all three laws can help make the process of selecting and implementing evidence-based practices more efficient.

Table 3. Crosswalk of Evidence-Based Requirements: IDEA, ESSA, and ESSER III

	IDEA	ESSA	ESSER III
Terms	<ul style="list-style-type: none"> Scientifically-based intervention Research-based intervention Peer-reviewed research 	<ul style="list-style-type: none"> Evidence-based strategies Evidence-based interventions Evidence-based activities 	<ul style="list-style-type: none"> Evidence-based intervention
As Part Of	<ul style="list-style-type: none"> Early intervening services Special education eligibility determination Early intervention services and individual education programming for children with disabilities Technical assistance for local education agency (LEA) or area education agency (AEA) who needs assistance 	<p>To name a few:</p> <ul style="list-style-type: none"> School improvement Comprehensive and targeted support and improvement plans Parent and family engagement Drug and violence prevention activities Trauma-informed school-based mental health services Efforts to reduce exclusionary discipline practices 	<ul style="list-style-type: none"> Interventions to address learning loss and that: <ul style="list-style-type: none"> Respond to students' social, emotional, mental health, and academic needs; and Address the disproportionate impact of COVID-19 on underrepresented student subgroups Mental health services and supports and evidence-based full service schools

Big Ideas for Districts to Consider

Identifying, selecting, and implementing evidence-based practices can be a challenging task for districts and schools. The Department will provide evidence-based options for districts to select from (see [Expectations for Selecting Evidence-Based Activities/Interventions section](#)). However, from those options districts are still responsible for using data to select interventions that match local needs, as well as developing and implementing a plan to deploy the selected interventions. Big ideas for selecting evidence-based practices include:

1. Understanding the purpose and benefits of evidence-based interventions, which increases investment in the process;
2. Identifying enablers and barriers to successful selection and implementation, which leads to effective planning; and
3. Having a process for selecting evidence-based interventions grounded in the continuous improvement process (CIP), which leads to effective selection, implementation, and monitoring.

1. Understanding the Purpose and Benefits of Evidence-Based Interventions, Increasing Investment in the Process

There are several reasons beyond the legislated requirements to engage in evidence-based interventions. These include:

- Increased likelihood of positive child or student outcomes;
- Increased accountability because there are data to back up the selection of a practice or program, which in turn facilitates support from administrators, parents, and others;
- Less wasted time and fewer wasted resources because educators start with an effective practice or program and are not forced to find one that works through trial and error;
- Increased likelihood of being responsive to learners' needs; and
- Increased likelihood of selecting practices that best fit your local needs.

2. Identifying Enablers and Barriers to Successful Selection and Implementation, Leading to Effective Planning

Districts and schools need to be adaptable to the needs of their students. An intervention effective in one school may not be effective in another for a number of reasons. To develop such adaptability to engage in the evidence-based interventions that meet student needs, successful schools are aware of the enablers and barriers to implementing effective evidence-based practices and develop actions that encourage enablers and address barriers.

ENABLERS

- Leadership that engages educators in regular and frequent review and feedback of teaching and learning;
- Schools that have a routine process for reviewing, considering, and making decisions about the effectiveness of practices or interventions before adding more interventions to its plate; and
- Staff that have a shared responsibility for student improvement.

BARRIERS

- Consequences of acknowledging a practice that isn't working despite being implemented with fidelity (e.g., losing trust of colleagues/mentors/the board, costly resources being shelved);
- Time, energy, and resources to engage in a new practice;
- History of false starts;
- Layering on interventions or new practices on top of marginally successful practices; and
- Lack of consensus about what constitutes effective or evidence-based.

3. Having a Process for Selecting Evidence-Based Interventions

The process for selecting evidence-based interventions should follow the CIP (see Figure 1). The CIP includes five steps (each step is outlined in Table 4):

1. Determine Current State,
2. Identify Strengths and Barriers,
3. Create a Plan,
4. Implement the Actions, and
5. Assess Impact.

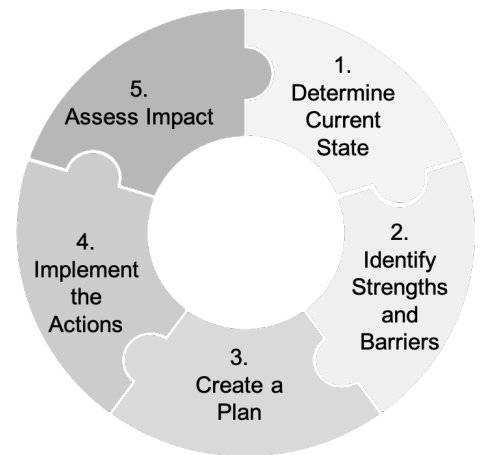


Figure 1. Continuous Improvement Process

Table 4. CIP Steps and Descriptions

Step	Description
1. Determine Current State	<p>Identify local needs by engaging stakeholders (including specific engagement of historically underserved students and families) and examining data to understand pressing needs, why those needs exist, and how multiple needs should be prioritized.</p> <p>Examine a variety of data sources (e.g., focus groups, surveys, data) and look at:</p> <ul style="list-style-type: none"> ● Student outcomes (e.g., early warning system data, such as universal screening data, attendance, grades; Conditions for Learning); ● System inputs (e.g., programs, materials, resources); and ● Contextual variables (e.g., student groups, mobility, inequities).

Step	Description
2. Identify Strengths and Barriers	Select relevant, evidence-based interventions most likely to be effective by considering: <ul style="list-style-type: none"> ● Strategies: Identify possible evidence-based strategies to impact the reason for the need. ● Local Capacity: Identify local strengths and capacity to implement strategies (e.g., staff skills, AEA supports, community/family supports, buy-in, sustainability). ● Levels of Evidence: Identify strategies supported by higher levels of evidence. ● Population: Evaluate the strengths of the evidence for student populations similar to your district population (e.g., elementary, students with disabilities, diversity). ● Effectiveness: Evaluate the strength of the effect size and significance of the effects.
3. Create a Plan	Develop a plan with input from stakeholders that includes: <ul style="list-style-type: none"> ● How the plan will improve outcomes, ● Measurable goals, ● Clearly outlined roles and responsibilities for implementing, ● Timelines, ● Required resources, and ● Strategies to monitor implementation and improvement.
4. Implement the Actions	Implement the evidence-based intervention by: <ul style="list-style-type: none"> ● Putting in place infrastructure to support implementation, ● Monitoring implementation, and ● Addressing barriers.
5. Assess Impact	Collect and analyze data regularly to: <ul style="list-style-type: none"> ● Measure the effectiveness of the intervention by evaluating the impact on teaching and learning, ● Share impact with key stakeholders, and ● Inform decision-making.

Adapted from [Non-Regulatory Guidance: Using Evidence to Strengthen Education Investments](#)

Resources for Districts

Expectations for Selecting Evidence-Based Activities/Interventions

Districts do not need to select evidence-based activities and interventions on their own. The Department will be issuing additional guidance, professional learning, and coaching resources on specific evidence-based interventions for all Iowa districts and schools to use for COVID-19 recovery over the next several months and will be accompanied by statewide webinars around the following general topics. Topics may change as district and school needs change.

- Academic acceleration for unfinished learning;
- Closing achievement gaps;
- Social-emotional-behavioral and mental health supports;
- Integration of the Teacher Leadership and Compensation (TLC) system into recovery planning;
- Summer school and before- and after-school programming;
- Articulating Future Ready Iowa from preschool to college and career readiness during COVID-19 recovery; and
- Providing the Iowa e-Learning Central's Course Exchange for continued online learning supports.

REVIEWING

Districts should review evidence-based practices in instruction using tools, such as those found in Table 5 as a matter of best practice, whenever decisions about curriculum and instructional strategies are made.

When districts are using ESSER III resources for any activity that requires an evidence-based strategy (see the previous [Overview of ESSER Evidence-Based Requirements section](#)), or any other state or federal requirement requiring evidence-based activities (see Table 3), they must:

1. *Select instructional materials, strategies, or interventions from the Department's forthcoming recommended evidence-based interventions list* or*
2. *Demonstrate the interventions they have selected meet ESSER III requirements according to a nationally published, peer reviewed clearinghouse of evidence-based practices, and demonstrate that the intervention is locally validated for positive students outcomes by engaging in the CIP described in the [3. Having a Process for Selecting Evidence-Based Interventions](#) section.*

*This list of resources will be released along with guidance on corresponding topics as previously noted.

Frequently Asked Questions

Would administrative professional development be acceptable for the evidence-based learning requirement?

No. Administrative professional development would not be an allowable use of the required 20% reservation to address learning loss through evidence-based interventions as those resources are intended for evidence-based interventions for students. However, professional development to address a COVID-19 related need could be an allowable use of the remaining funds after the 20% reservation has been fulfilled.

Does the LEA's 20% reservation for ESSER III need to be used in the summer?

No. Districts may use it for evidence-based interventions during the school year or in the summer.

Does the LEA's 20% reservation for ESSER III need to be used for after school or summer learning?

No. After school and summer learning are examples of possible evidence-based activities. Districts may use these funds for other evidence-based interventions aligned to ESSER III requirements.

May I use the LEA's 20% reservation to hire additional reading teachers to give more instruction during the school year?

It depends. To use the 20% reservation for a teacher salary, the teacher would need to be implementing evidence-based interventions or activities aligned to the reservation.

Would adding a counselor for mental health supports be an allowable use of the 20% reservation?

It depends. If they are providing evidence-based interventions to address learning loss and the disproportionate impact of COVID-19 on underrepresented student subgroups or to meet the social and emotional needs of students, this is an allowable use of the funds. You may also use funds from the remaining 80% if the services the counselor offers aligns with the allowable uses, such as supporting the provision of mental health supports through evidence-based full-service community schools.

Can the district spent more than 1% on summer learning based on district need?

No. The 1% reservation being referred to is a reservation specific to the Department, not a district reservation. Each district must reserve at least 20% of their ESSER III funds for addressing learning loss through evidence-based interventions.

Can you define full-service community schools?

Section 4622(2) of the Elementary and Secondary Education Act (ESEA), as amended by the Every Student Succeeds Act (ESSA), defines "full-service community school" as a public elementary school or secondary school that—

(A) participates in a community-based effort to coordinate and integrate educational, developmental, family, health, and other comprehensive services through community-based organizations and public and private partnerships; and

(B) provides access to such services in school to students, families, and the community, such as access during the school year (including before- and after-school hours and weekends), as well as during the summer.

For example, a school may enter a partnership with a community health center to provide school-based mental health services. The community health center provides a full range of comprehensive mental health services at the school during times that are convenient for families and including such things as diagnostic evaluation, consultation, referrals, individual counseling, and family therapy. The school-based mental health professionals work collaboratively with parents, school staff and other professionals to support student mental health. See [Full-Service Community Schools](#) (FSCS) on the Office of Elementary and Secondary Education (OESE) page for more information.

Can funds be used to keep a teacher on staff next year who might otherwise not have had his/her contract renewed because of declining enrollment as long as the staff member is specifically working to support students and learning loss?

Yes, as long as the teacher is providing evidence-based interventions.

If we completely restructure our TLC program and add a component related to assisting teachers in addressing learning loss for ALL TLC positions (Instructional guides, learning team coaches, peer advisors, and PD leads), can we use ESSER III funds to cover our TLC expenses for the 21-22 and 22-23 school years?

ESSER III funds may be used to implement those evidence-based interventions provided by persons in TLC positions or any qualified persons implementing the evidence-based interventions to reduce learning loss.

We are looking at a curriculum director position or paying extra hours to current staff for curriculum improvements. Could this be paid from ESSER and count towards the 20%? We could easily argue this will impact student achievement.

These expenses would be allowable under ESSER II and ESSER III, but you may not use the reserved 20% of ESSER III for these expenses as they must be used to implement evidence-based interventions for students.

We have teachers contracted out for two years under ESSER II. If we instead use our ESSER II for HVAC, do the contracted teachers need to deliver evidence-based practices to be paid out of ESSER III?

You are encouraged to have teachers implementing evidence-based interventions no matter what funding they are paid out of. If they are being paid from the 20% reservation of ESSER III, then they must be providing evidence-based interventions to address learning loss.

Would it be allowed to hire an additional teacher for an additional section in the elementary early childhood to allow smaller class sizes and be able to implement more whole class intervention instruction and interventions to accelerate learning?

The ESSER III 20% reserved dollars for implementing evidence-based interventions to address learning loss due to COVID-19 cannot be used to hire an additional teacher to reduce class size. However, dollars from the remaining 80% of the allocation can be used for this purpose.

Additional District Resources

Table 5. Resource, Author(s), and Description of Resource

Resource (Author(s))	Description
What is “evidence-based” as defined by the Every Student Succeeds Act? (Institute of Education Sciences (IES))	One-page definition of “evidence-based” from ESSA.
Non-Regulatory Guidance: Using Evidence to Strengthen Education Investments (USED)	Guidance to assist educators in selecting and using evidence-based activities, strategies and interventions for the ESSA.
Selecting Evidence-Based Practices for Low Performing Schools (American Institutes for Research (AIR))	Provides tools to support the process of completing a gap analysis and selecting evidence-based practices.
Selecting Evidence-Based Practices for Tiers 1, 2, and 3: Navigating Clearinghouses and Databases (USED’s Office of Elementary and Secondary Education)	Provides links to several evidence-based clearinghouses and guidance on how to use them.
Identifying and Implementing Educational Practices Supported by Rigorous Evidence: A User Friendly Guide (USED, IES, and National Center for Education Evaluation and Regional Assistance)	While this guide is a bit dated, it provides educators with user-friendly tools to distinguish practices supported by rigorous evidence from those that are not.
Aligning Evidence-Based Clearinghouses with the ESSA Tiers of Evidence (American Institutes for Research (AIR), Regional Education Lab (REL) Midwest)	Provides a crosswalk of several clearinghouses, criteria for review, and the ESSA tiers of evidence.
COVID-19 Handbook, Volume 2: Roadmap to Reopening Safely and Meeting All Students’ Needs (USED)	April 2021 release that provides evidence-based strategies to address such things as unfinished learning and educator well-being and promote educational equity by addressing opportunity gaps that have been exacerbated by the pandemic.
Safer Schools and Campuses Best Practices Clearinghouse (USED)	Launched in April 2021, the Clearinghouse highlights lessons learned and best practices that can help schools and districts identify opportunities to utilize ARP funds to meet their unique needs.