

The Role of Behavioral Health Providers in a School-based Tiered Prevention Framework

NH Behavioral Health Summit
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Behavioral
Health
Improvement
Institute

Keene
STATE COLLEGE

New Hampshire
Department of
Education

NH MTSS-B
TECHNICAL ASSISTANCE CENTER

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Presenters

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Session goals



Participants will:

Increase their understanding of the role and function of behavioral health providers within a school-based tiered prevention framework, such as MTSS-B.

Review key components of a successful, integrated partnership between community-based behavioral health providers and schools to best leverage resources and partnerships.

Explore the role of behavioral health providers in implementing MTSS-B best practices, including requests for assistance, facilitated referral pathways, provision of clinical services, and progress monitoring.

The need for MTSS-B



The youth need for mental health care is unmet

13-20% of youth (aged 8-15) experience a mental, emotional, or behavioral disorder

Only **12%** receive treatment



Schools are a hub for prevention

70-80% of youth who receive mental health services do so in schools

40-60% of youth who access services in traditional community mental health settings drop out of treatment early

Youth are **6x** more likely to complete evidence-based treatments in schools vs. community settings

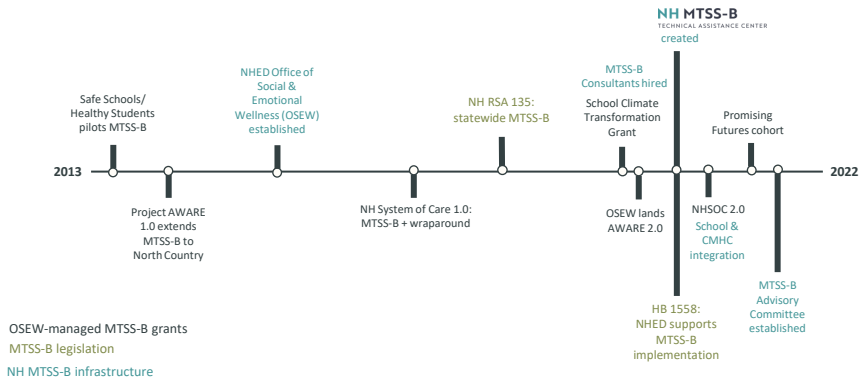


SEL in schools provides a foundation for mental health

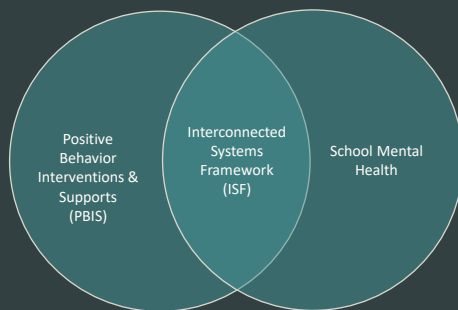
SEL improves test scores & reduces disruptive behavior, emotional distress, and substance use

Students who participate in SEL fare better than peers up to **18 years** later in social, emotional, and mental health

A recent history of NH MTSS-B



Origins of NH's MTSS-B framework



ISF primer

[Interconnecting School Mental Health and School-Wide PBIS](#)

The evidence for MTSS-B

When implemented with fidelity, MTSS-B contributes to:



Reduced student problem behavior and discipline events



Enhanced social-emotional functioning



Better attendance



Improved academic achievement



Enhanced school climate

[MTSS-B Supporting Literature](#)

The MTSS-B framework

A comprehensive system of social, emotional, and behavioral supports to promote student wellness and improve engagement in learning.



System of care values
Values and mindset that drive the work

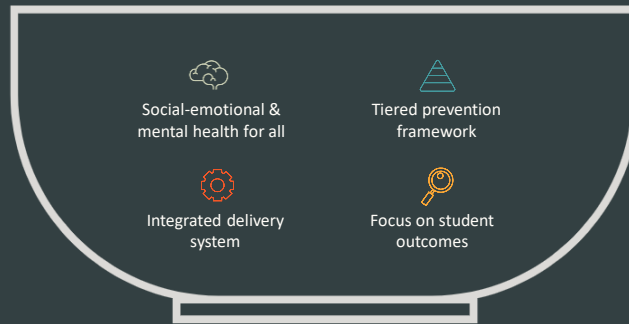


Essential ingredients
Non-negotiable core features

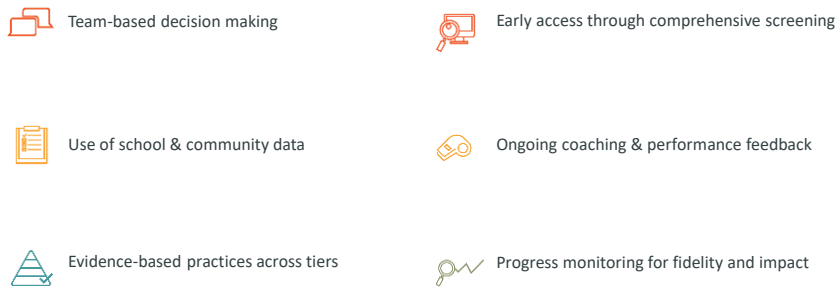


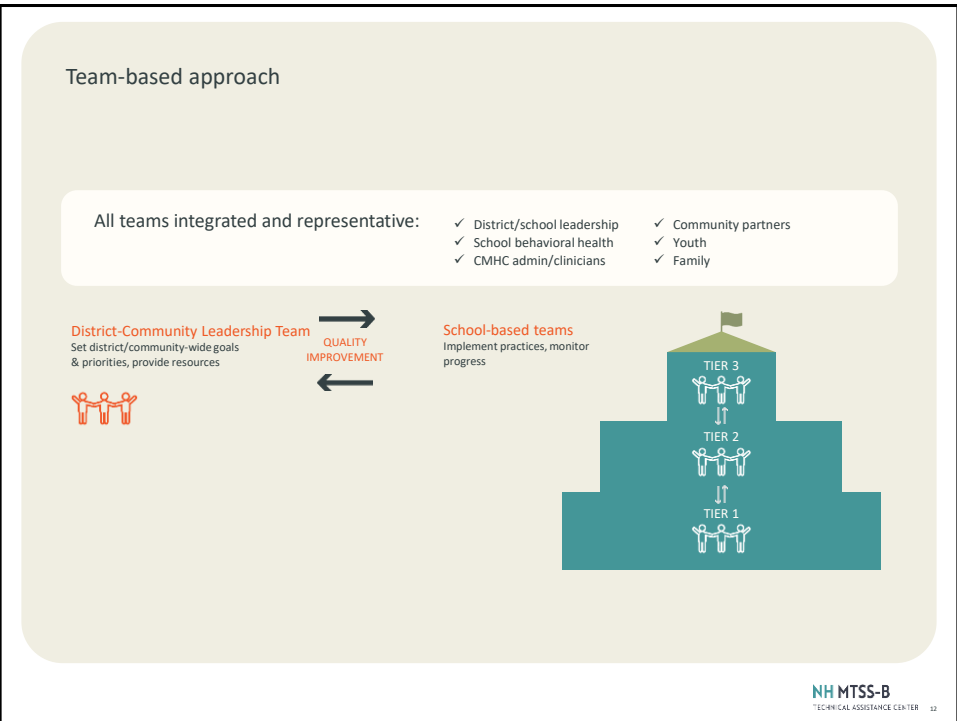
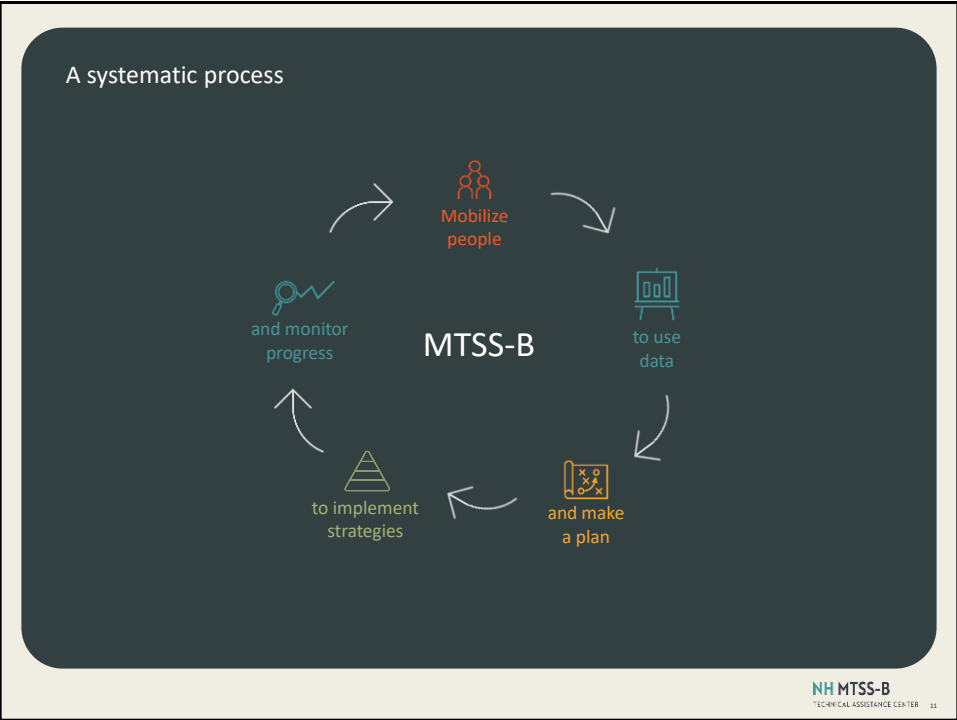
Strategies & routines
Infrastructure to support practice delivery

Essential ingredients

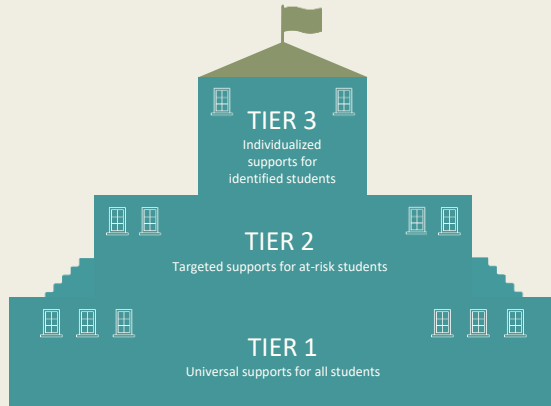


Strategies





Tiered prevention framework



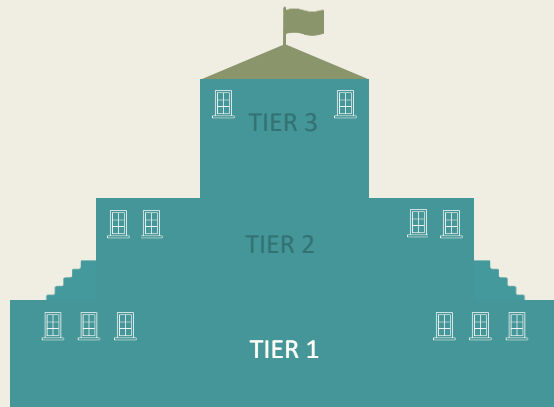
Role of the Behavioral Health Provider in MTSS-B

Member of the Tier 1 Team

Provide consultation to teachers on classroom management and relevant social emotional strategies

Train staff in behavioral health topics; i.e. suicide prevention, trauma-informed practices, etc.

Provide relevant aggregate behavioral health data to team



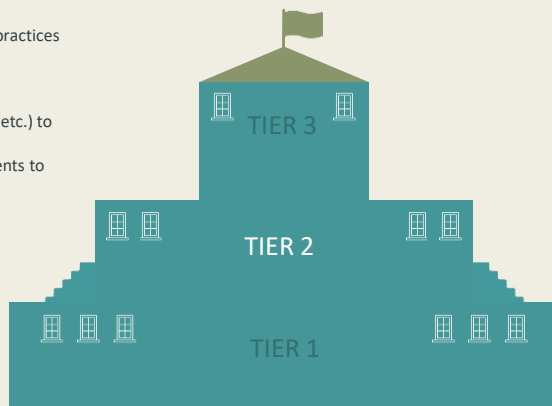
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Member of the Tier 2 team

Support training of staff in evidence-based practices (i.e., small groups, Check-In/Check-Out)

Analyze data (discipline, referral, screening, etc.) to make decisions related to selection of services/interventions and connecting students to supports

(Co)facilitate small group interventions



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Member of the Tier 3 team

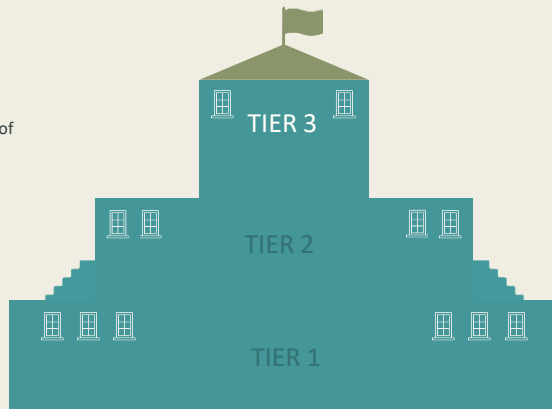
Support training of staff in evidence-based practices

Analyze data (discipline, referral, screening, etc.) to make decisions related to selection of services/interventions and connecting students to supports

Member of individualized student support teams for relevant students

Support development of individualized student success plans

Provide individual assessment, counseling/therapy, case management, etc.



Role of the Community Mental Health Agency in MTSS-B

High-fidelity MTSS-B is reliant upon an intentional collaboration between school districts and their community mental health agency (CMHA) partners. The collaboration is intended to establish and/or strengthen the district CMHA partnership in order to leverage resources, create common understanding, and increase access to high-quality mental health supports for those students and their families served within the district and CMHA regions. Below we offer several considerations and strategies to support district-CMHA collaboration. The MTSS-B Community Mental Health Agency (CMHA) guidance document offers these same strategies in a sample template format, which may be helpful in the development of your MTSS-B contract.

Establishing commitment for MTSS-B planning and implementation

A first step to work closely with CMHA administratively to educate them about MTSS-B's integrated systems approach is to fully understand the expected role of the CMHA within the framework compared to a more traditional or isolated model of CMHA service delivery in schools. The CMHA should engage in the MTSS-B comprehensive planning process, with the goal of promoting the integration of school mental health systems through changes in policy and practice, educational development, program monitoring and evaluation, and increased access to evidence-based services for all students. This includes understanding and current readiness to determine needs and gaps in services, participating in annual MTSS-B fidelity assessments, supporting school-level MTSS-B implementation, and contributing to the development and implementation of an integrated plan of action for capacity building, professional development, coaching, and sustainability.

District-Community Leadership Team participation

The CMHA should appoint a representative with mental health expertise and decision-making authority to participate on the District-Community Leadership Team (DCLT), which functions as the district-wide MTSS-B planning and action team. The CMHA representative should be able to consistently attend DCLT meetings.

School-level team participation

CMHA clinicians who are providing clinical services in schools will need time to participate on advanced tier (Tier 2 and 3) school-level teams to help plan and implement a comprehensive array of services, as well as individual student support teams for students in whom they are providing clinical services. Typically, these functions are not CMHA's business. Therefore, the district and the CMHA should work on creative strategies to make participation on teams feasible. The cost involved and any grant or other district-level funds that may be available.

Facilitated referrals

The district and CMHA should work together to develop policies and procedures that support a facilitated referral pathway for in-school and community-based services (e.g., those delivered at the CMHA), with appropriate authorization and consent. The CMHA should then share the outcomes and disposition of facilitated referrals to the CMHA with relevant district personnel.

Role of the CMHA in MTSS-B Guidance

Turn and Talk



With your neighbor: Share your name, role, and organization

What examples of a strong integrated model in your work? If you haven't seen a strong model, what's getting in the way?

CMHA and School District Partnerships

Integration of the Community Mental Health Agency



Components of Strong Partnerships

Planning and implementation	Provision of Tier 3 services
DCLT participation	<i>Provision of Tier 2 supports</i>
School team participation	<i>Contribution to Tier 1 supports</i>
<i>School liaison position</i>	Communication & confidentiality
Facilitated referrals	Progress monitoring
Access to services	Data sharing

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Integration of the Community Mental Health Agency




School Liaison Position

A provider from the partnering CMHA serves as a school-based behavioral health liaison, engaging in the following:

- MTSS-B partner/primary CMHA point of contact at the district and school levels
- Actively participates in DCLT meetings
- Provides behavioral health consultation as requested for administrators, teachers, staff, and students
- Participates in school-based tiered teams as appropriate/feasible
- Serves as an internal coach and support for school-based behavioral health staff
- Provides Tier 3 services on school grounds

MTSS-B Community Mental Health Agency MOU Guidance



Using this guidance

This Memorandum of Agreement (MOA) guidance outlines the essential elements of district-community mental health agency MTSS-B implementation and can be used in place of a DCL Letter of Commitment. It offers optional elements to address the unique needs of the district-level of collaboration. This agreement should be supplemented with a legal contract if the community mental health agency will be providing clinical services on school grounds.

Sample MOU elements

(School District) and (Community Mental Health Agency)

MTSS-B MOU

[School District] (hereinafter "District") is engaging in a comprehensive effort to address the social, emotional, behavioral, and mental health needs of its students in order to promote academic excellence, improve engagement in learning, and support student success using the Multi-Tiered Framework of Supports for Behavioral Health and Wellness (MTSS-B) framework. To meet this end, the District seeks to collaborate with [Community Mental Health Agency] (hereinafter "community mental health agency") to develop and implement an integrated behavioral health delivery system for the school-age youth population in order to identify health concerns and their families. The collaboration will establish and/or strengthen the District's community mental health agency partnership in order to leverage resources, create common understandings, and increase access to high-quality mental health services and supports for these students and their families across all the District and community mental health agency regions.

MTSS-B planning and implementation

The community mental health agency will engage in the MTSS-B comprehensive planning process, with the goal of providing the integration of school mental health systems through changes in policy and practice, infrastructure development, program monitoring and evaluation, and increased access to evidence-based services and supports for all students. This includes:


- Identifying current findings
- Evaluating data and current relations to determine needs and gaps in services
- Participating in annual MTSS-B fidelity assessments
- Supporting school-level MTSS-B evaluation
- Developing and executing formal contracts as needed to support the community mental health agency's provision of clinical services within the school setting
- Contributing to the development and implementation of an integrated plan of action for capacity building, professional development, coaching, and sustainability
- The District and CMHA should work together to develop policies and procedures that support a facilitated referral pathway

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[Community Mental Health Agency MOU Guidance](#)

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Turn and Talk



Which component(s) of CMHA-school partnerships is relatively easy or intuitive?

Which component(s) is harder to establish?

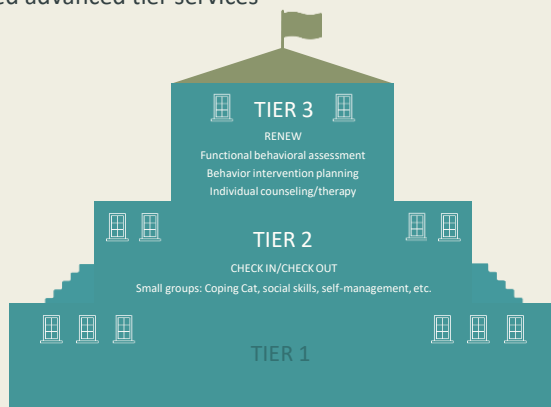
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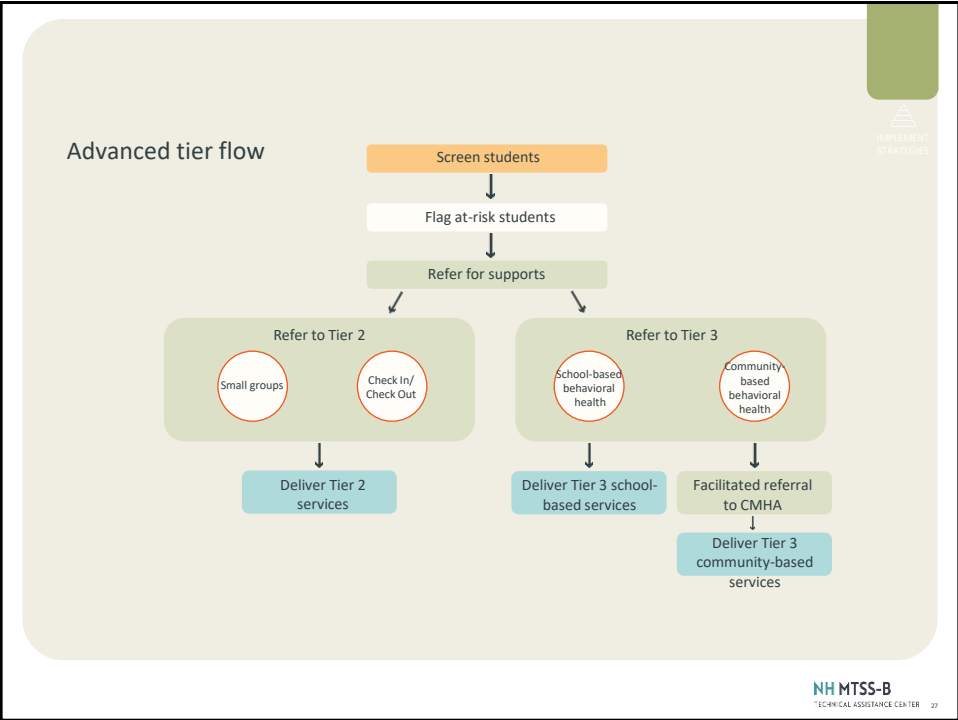
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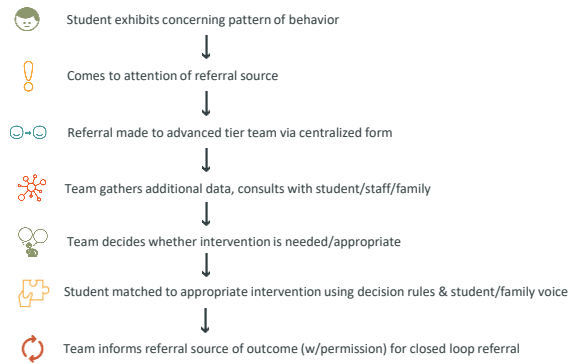
Key MTSS-B Strategies for the Behavioral Health Provider in MTSS-B

Evidence-based advanced tier services



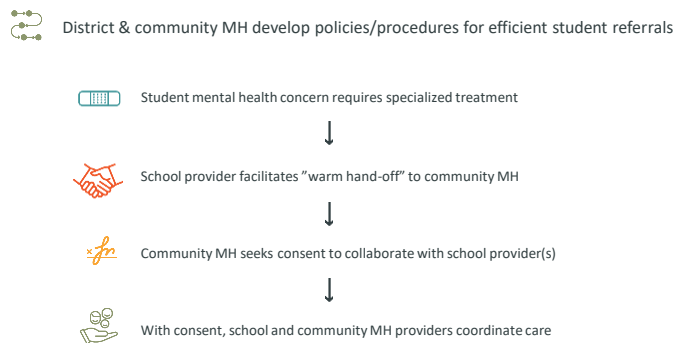


Request for assistance



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Facilitated referral pathways

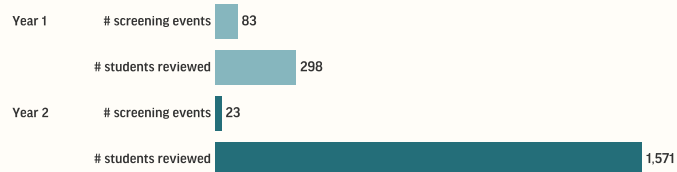


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Monitoring MTSS-B reach: Screenings



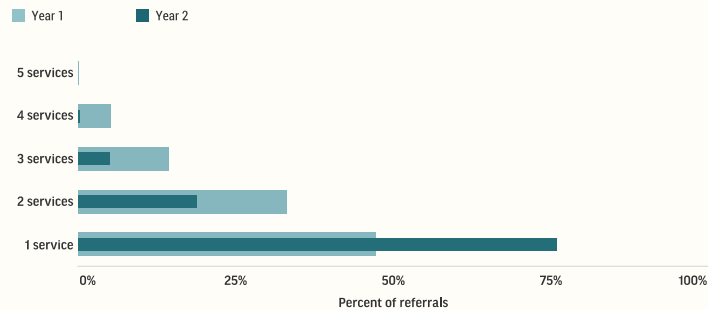
Screening for social-emotional and behavior concerns grows more efficient over time



Monitoring MTSS-B reach: Referrals



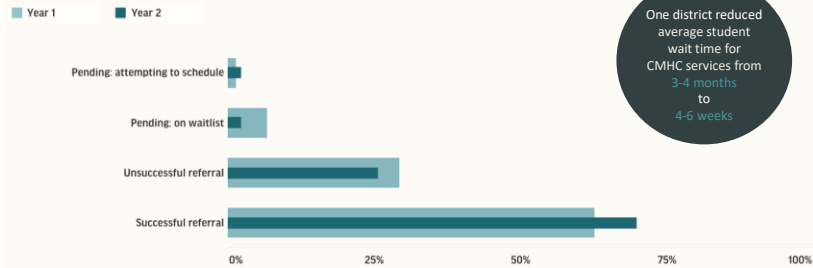
Number of services selected per referral grows more efficient over time



Monitoring MTSS-B reach: Referrals to community mental health



Community mental health referral success rate improves, fewer on waitlist



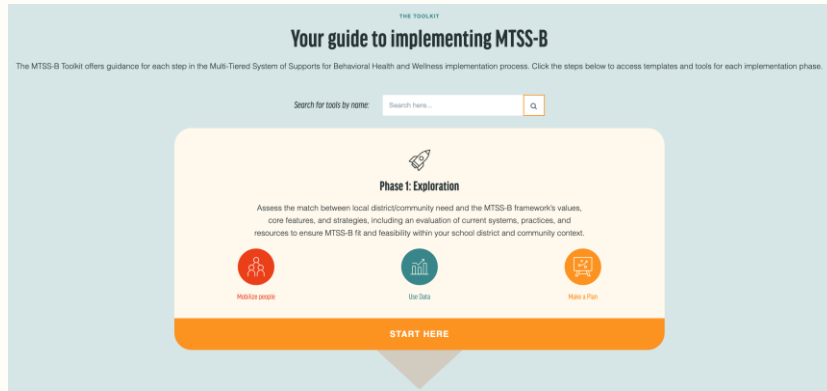
One district reduced average student wait time for CMHC services from 3-4 months to 4-6 weeks

Final thoughts: turn and talk



Which element of MTSS-B/integrated school mental health would you be most inclined to develop in your work?

Accessing the NH MTSS-B Toolkit at nhmtssb.org



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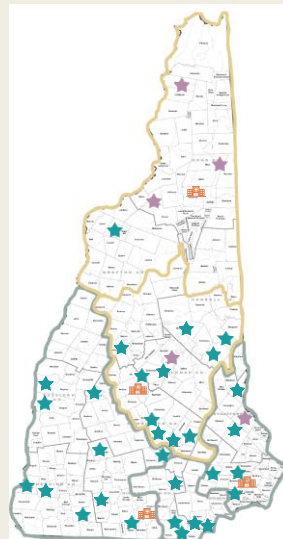
The MTSS-B landscape

- ★ Current LEAs
- ★ Previous LEAs
- 🏠 Participating CMHCs

Riverbend Community Mental Health
Seacoast Mental Health Center
Greater Nashua Mental Health
Northern Human Services

[Contact Us](#)

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● NHDOE region funded by School Climate Transformation Grant (USD03) & Project AWARE 2.0 (SAMHSA)
● NHDOE region funded by NH System of Care 2.0 (SAMHSA)