

Integrating School Mental Health in a Tiered Prevention Model: The NH MTSS-B Framework and Toolkit

2023 NEPBIS Forum

Behavioral
Health
Improvement
Institute

Keene
STATE COLLEGE

New Hampshire
Department of
Education 

NH MTSS-B
TECHNICAL ASSISTANCE CENTER

Accessing conference program and session materials at nepbis.org



ENGAGEMENT

NEPBIS LEADERSHIP FORUM

DISTRICT ▼ TIER 1 SCHOOL-WIDE ▼ ADVANCED TIERS ▼ CLASSROOM PBIS COACHES ▼ TRAINERS ▼

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NEPBIS Forum

May 18th and 19th 2023

< Mystic Marriott Hotel & Spa, Mystic, CT >

WE LOOKING FORWARD TO SEEING YOU IN MYSTIC, CT!

REGISTRATION IS NOW OPEN. [Click Here to Register!](#)

Presenters

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Office of Social and Emotional Wellness, NH Department of Education

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Office of Social and Emotional Wellness, NH Department of Education

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Director, NH MTSS-B Technical Assistance Center

Lead Evaluator, Behavioral Health Improvement Institute, Keene State College

Session goals



Participants will:

Increase knowledge of strategies for integrating behavioral health into school tiered prevention frameworks to support student social-emotional and mental health

Review recent advances in technical assistance efforts, including NH's MTSS-B Toolkit, to support high-quality implementation of the MTSS-B framework in NH school districts

Exchange ideas for data-based decision making, practice, and policy development to support integration of behavioral health across the tiers

The need



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

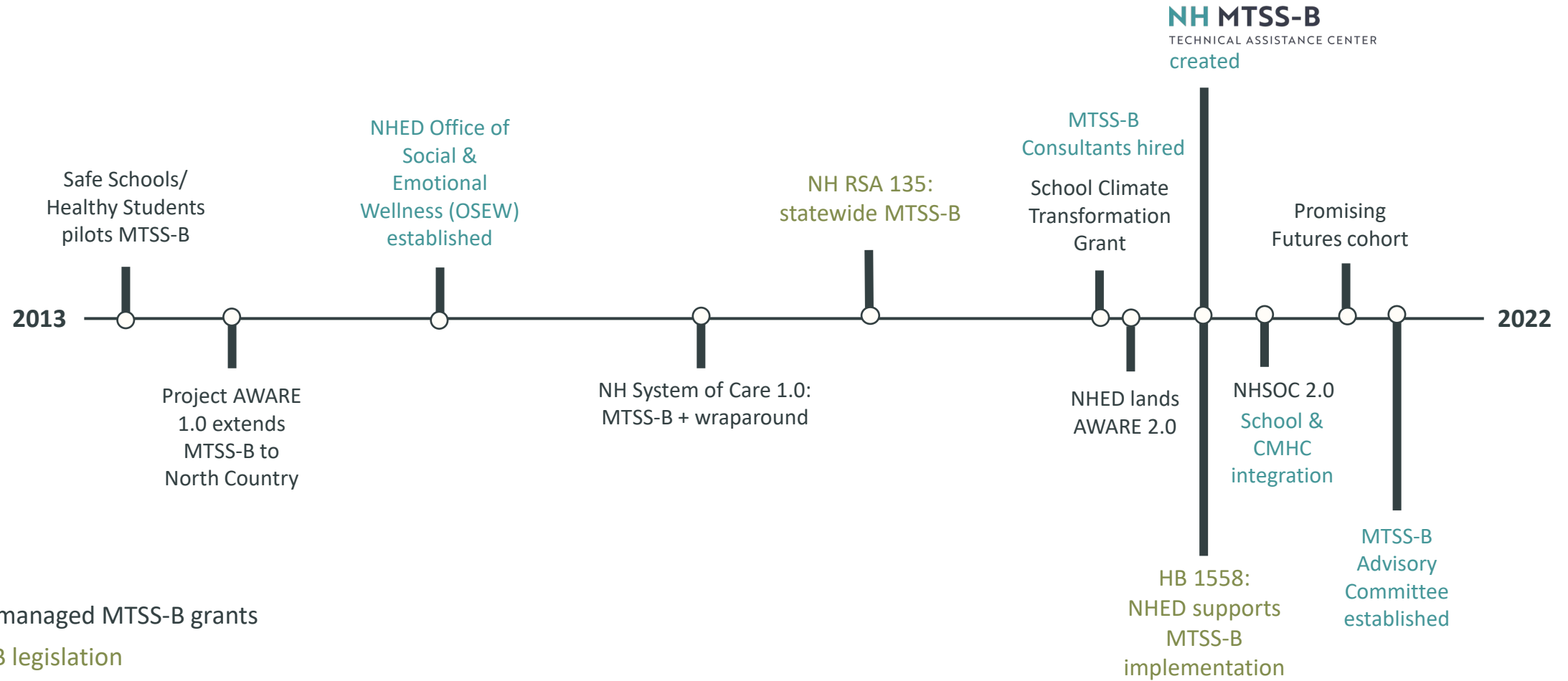


SEL in schools provides a foundation for mental health

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

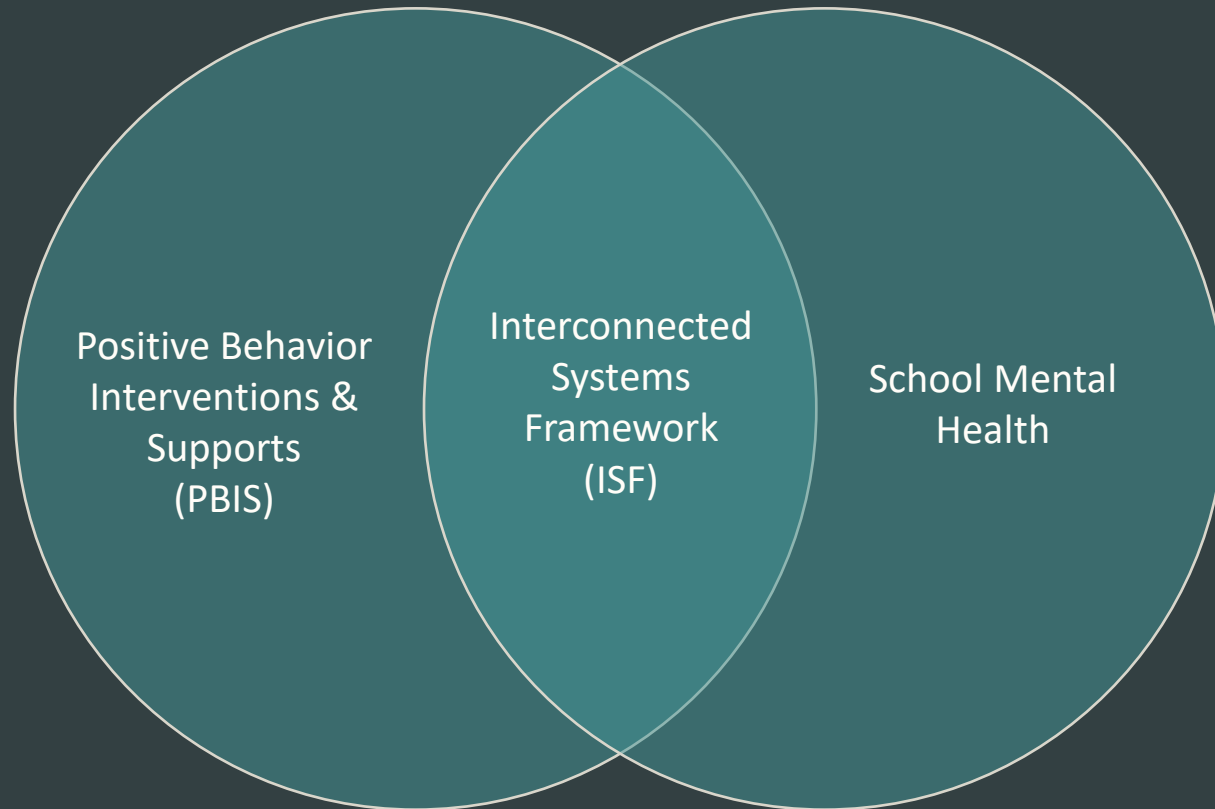


NHED-managed MTSS-B grants

MTSS-B legislation

NH MTSS-B infrastructure

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

Youth behavioral health needs

The need for social-emotional, mental, and behavioral health supports for youth is clear: 13% - 20% of U.S. children meet criteria for a mental health disorder and 5% of adolescents meet criteria for a substance use disorder. Of these, only 12% receive any services to address mental health and/or substance use concerns.¹ Without treatment, children with mental health disorders are at greater risk of negative outcomes including substance use, risky sexual behavior, violence, and more severe mental health difficulties.² The school dropout rate for students with severe emotional and behavioral needs is approximately twice that of other students.³

Readiness for learning

Engagement in learning requires a host of skills across social, emotional, and behavioral domains, including self-regulation and behavioral inhibition, emotion regulation, and goal-directed activity. Interpersonal skills are crucial to the creation and maintenance of positive relationships with teachers and peers within the school community, and underlying emotional states need to support attention and commitment to achievement.^{4,5} The brain's emotional centers and neocortical cognitive areas are highly intertwined, and because attention is a limited resource, a child who is trying to learn but distracted by distressing emotions has less available for listening, watching, and absorbing and retaining knowledge. Children who have been exposed to trauma or who have pre-existing mental health concerns are particularly vulnerable – though all students, universally, need well-developed social emotional competencies to support attention to learning.⁶

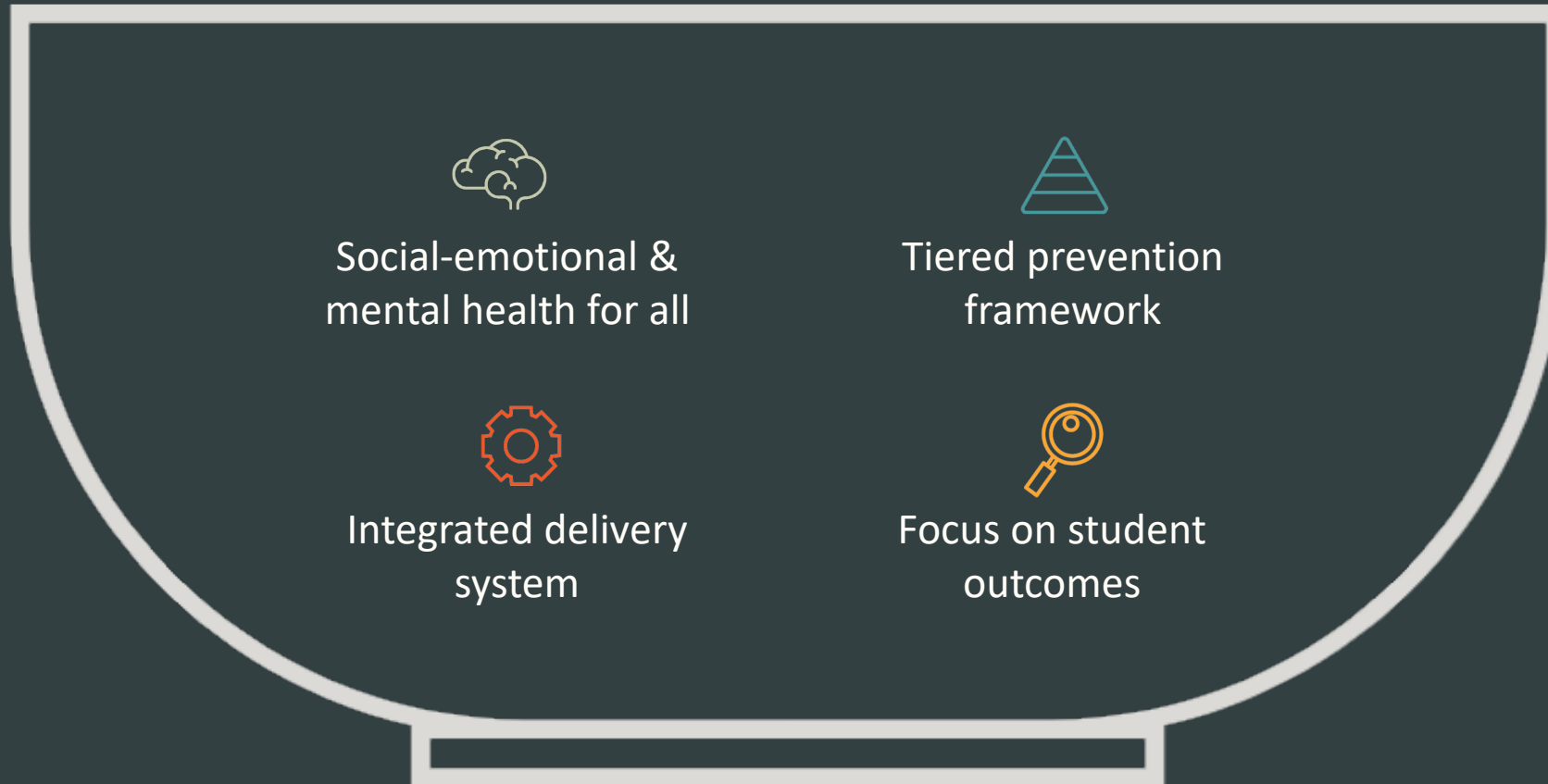
MTSS-B's preventative approach

In response to these needs, New Hampshire's Multi-Tiered System of Supports for Behavioral Health and Wellness (MTSS-B) was designed as a comprehensive system of social, emotional, and behavioral supports to promote student wellness and engagement in learning. Based on the Interconnected Systems Framework (ISF), MTSS-B blends research-based school mental health practices and social-emotional learning with an evidence-based tiered prevention framework (based on the Positive Behavioral Interventions and Supports model; PBIS[®]) – that offers schoolwide social-emotional and behavioral programs at the universal level (Tier 1), targeted supports for at-risk students (Tier 2), and intensive, individualized services for the highest-need students (Tier 3). MTSS-B's central focus on social-emotional learning (SEL) promotes the healthy development and academic achievement of students⁷ and its additional emphasis on integrated school-community mental health partnerships is foundational to school mental health (SMH) models.⁸ Extensive research has been conducted to validate the efficacy of both PBIS and SMH models, with growing research attention on ISF as a unique combination of the two. The following summary describes research-supported outcomes associated with these frameworks.

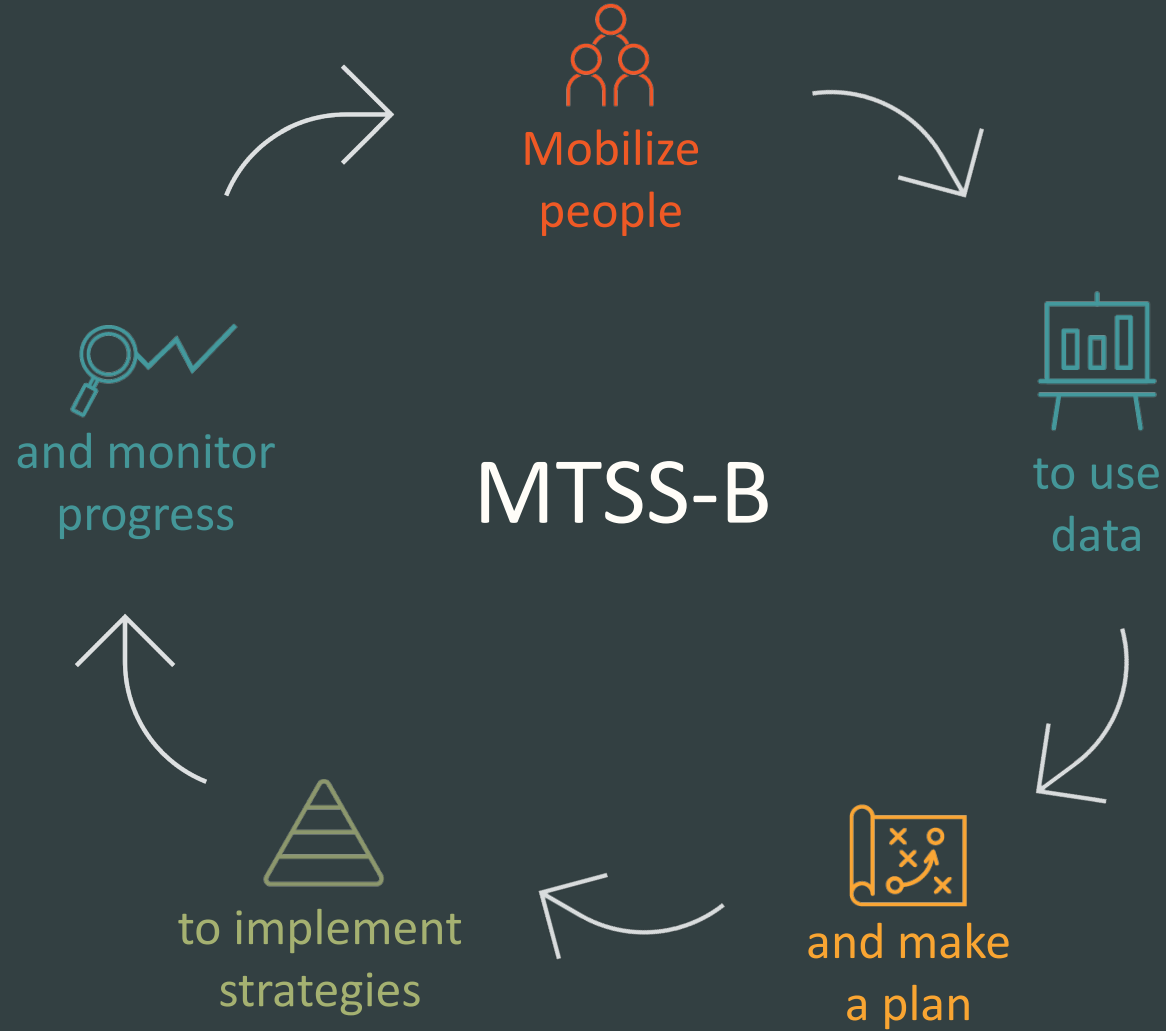
NHMTSSB.com **NH MTSS-B**
TECHNICAL ASSISTANCE CENTER 1 of 4

MTSS-B Supporting Literature

Essential ingredients of NH MTSS-B



A systematic process



A systematic process



Team-based approach

All teams **integrated** and **representative**:

- ✓ District/school leadership
- ✓ School behavioral health
- ✓ CMHA admin/clinicians
- ✓ Community partners
- ✓ Youth
- ✓ Family

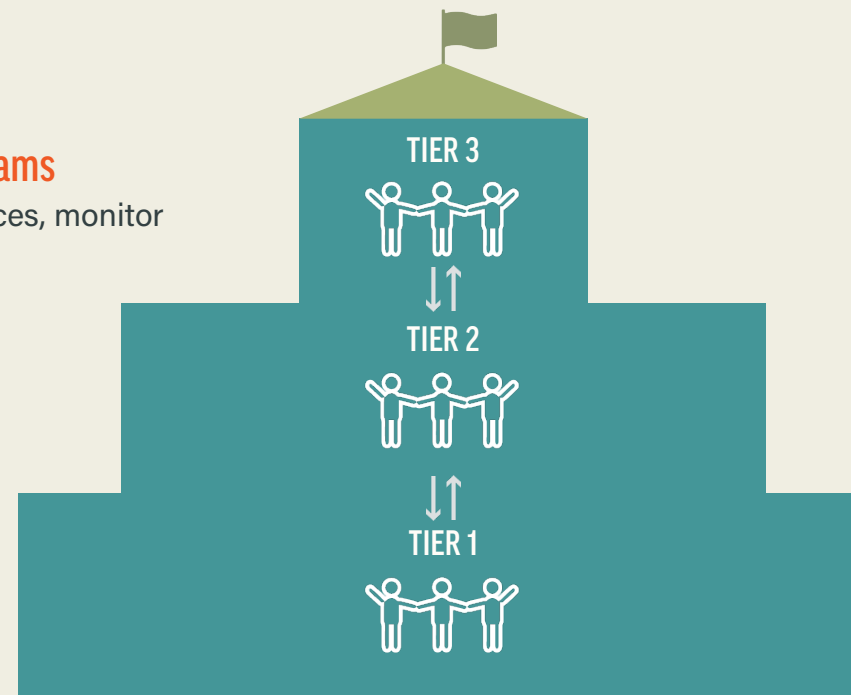
District-Community Leadership Team

Set district/community-wide goals & priorities, provide resources



School-based teams

Implement practices, monitor progress






The role of the community mental health agency

Role of the CMHA in MTSS-B Guidance

Community Mental Health Agency MOU Guidance

Last updated 9/10/21

MTSS-B Community Mental Health Agency MOU Guidance



Using this guidance

This Memorandum of Agreement (MOU) guidance outlines the essential elements of district-community mental health agency MTSS-B collaboration and can be used in place of a DCLT Letter of Commitment. It offers optional elements to calibrate the template to the desired 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 student wellness, improve engagement in learning, and support student success using the NH Multi-Tiered System of Supports for Behavioral Health and Wellness (MTSS-B) framework. Toward 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 NH school-aged youth experiencing or at risk for mental health concerns and their families. The collaboration will establish and/or strengthen the District-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 those students and their families served within 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 promoting 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:

- Attending relevant trainings
- Evaluating data and current initiatives to determine needs and gaps in services
- Participating in annual MTSS-B fidelity assessments
- Supporting school-level MTSS-B initiatives
- Developing and monitoring formal contract(s) 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 integration



Developing an MOU

Planning and implementation

DCLT participation

School team participation

Data sharing

Facilitated referrals

Access to services

Provision of Tier 3 services

Provision of Tier 2 supports

Contribution to Tier 1 supports

Communication & confidentiality

Progress monitoring

School liaison position

Community mental health agency integration



School Liaison position

A provider from the partnering CMHA serves as a **school-based behavioral health liaison**:

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 Toolkit Navigation

Exploration

[MTSS-B District
Exploration Team
Guidance](#)

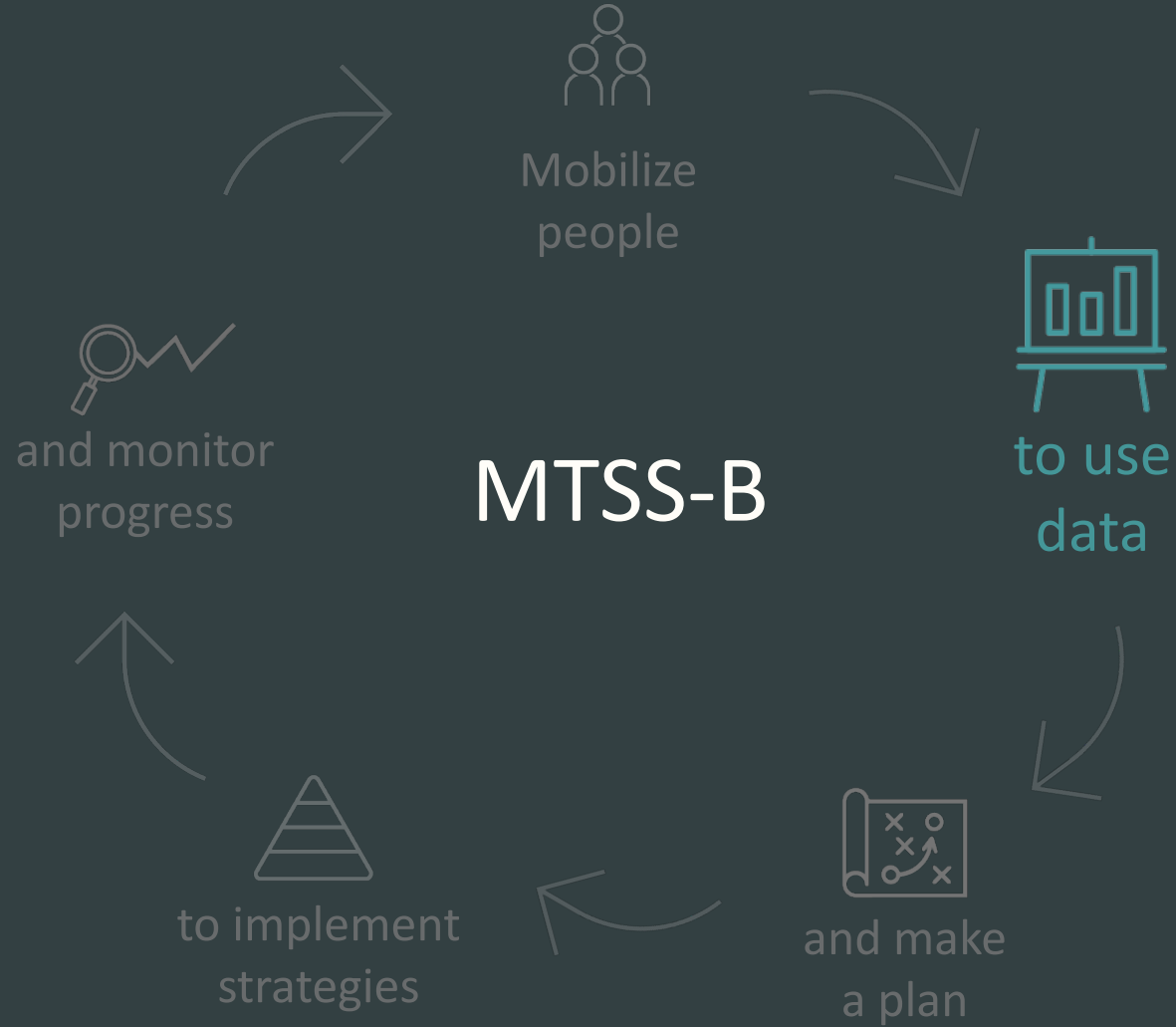
District-Level Implementation

[MTSS-B District
Community
Leadership Team
Guidance](#)

School-Level Implementation

[Forming School-
based MTSS-B
Tiered Teams
Guidance](#)

A systematic process





Inventory existing data



Beyond behavior, attendance, and grades, what additional data could be used to better understand behavioral health access, fidelity, and outcomes?

School data

- Risk behaviors (e.g., YRBSS)
- Social-emotional screening
- Nurse visits
- Access to Tier 2/3 services
- Behavioral health outcome data

Community health and safety data

- Substance misuse
- Suicidal ideation/attempts
- Hospitalizations/ED visits
- Child welfare contacts
- Housing status
- Juvenile justice involvement
- CMHA waitlist times

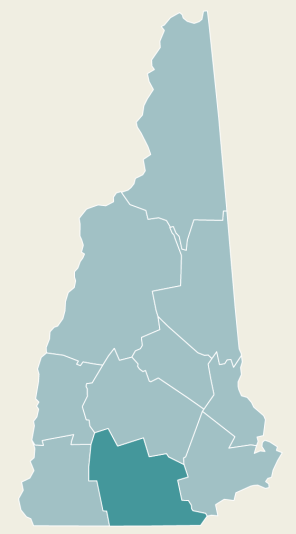
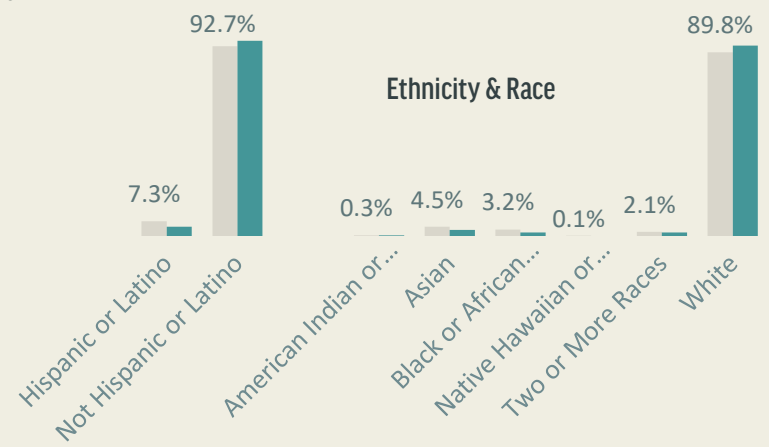


USE DATA

Community Data Profile Name of County || Month || Year

Demographic Snapshot

ABC County
New Hampshire



Population: ##### || #####



XX% || XX%
persons under 5 years old

XX% || XX%
persons under 18 years old

XX% || XX%
persons over 65 years old

Social & Economic Factors

ABC County || New Hampshire



\$XXXXX || \$XXXXX
median household income



XX% || XX%
children in poverty



XX% || XX%
unemployment rate



XX% || XX%
children in single-parent households



XX% || XX%
households with food insecurity



XX% || XX%
households with severe housing problems

Community Health & Safety

ABC County || New Hampshire



excessive drinking



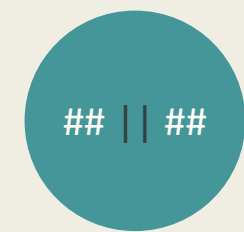
opioid-related ED visits (per 100K)



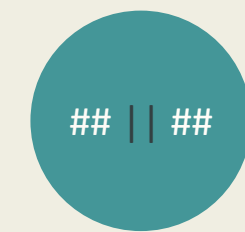
fatal overdoses (per 100K)



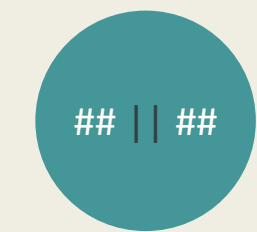
suicides (per 100K)



violent crime (per 100K)



substantiated child abuse cases (per 1K)



youth in foster care (per 1K)

District Data Profile Name of School District || School Year

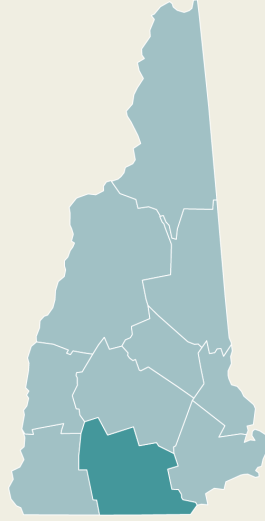
District Snapshot

ABC School District
New Hampshire

Ethnicity & Race

American Indian or Alaskan	N	<10%
Asian or Pacific Islander	<10%	<10%
Black or African American	<10%	<10%
Hispanic or Latino	<10%	<10%
White	88.6%	85%
Multiple Races	<10%	<10%

N = Data suppressed due to student population being <11;
N/A = Data not applicable



|| #####
student enrollment



XX% || XX%
students with disabilities



XX% || XX%
eligible for Free & Reduced Lunch



|| ##
students experiencing homelessness



|| ##
students habitually truant (per 100 students)



XX% || XX%
annual dropout rate



XX% || XX%
proficiency in English Language Arts (ELA)



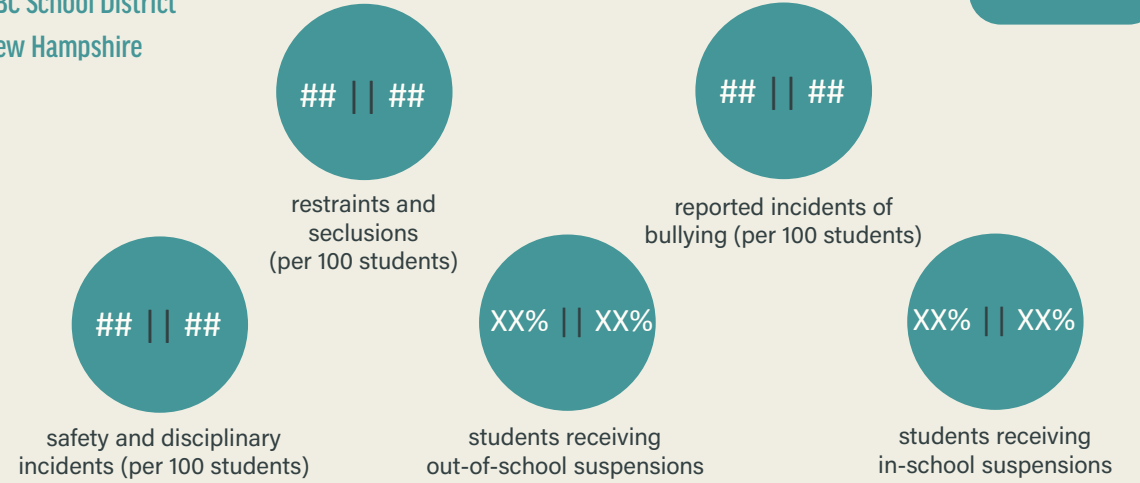
XX% || XX%
proficiency in mathematics



|| #####
cost per pupil

Discipline & Safety

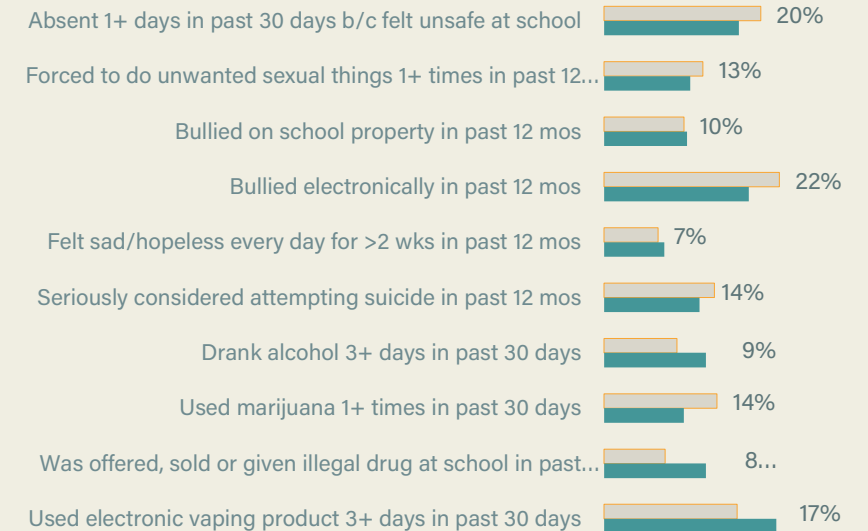
ABC School District
New Hampshire



USE DATA

Risk Behaviors

ABC School District
New Hampshire



Fidelity data to inform action planning



USE DATA

Behavioral Health Module						
Leadership and Support						
BH1	<p>District/Community mental health agency partnership</p> <p>The District partners with at least one community mental health agency (CMHA) to collaborate on MTSS-B implementation, including development of a tiered, integrated, and coordinated continuum of school- and community-based behavioral health supports and services.</p>	0: Not at all in place 	1: A little in place 	2: Somewhat in place 	3: Mostly in place 	4: Completely in place
BH2	<p>Shared values</p> <p>District and partnering CMHA(s) work to develop an integrated behavioral health delivery system that embodies system of care values: family- and youth-driven, community-based, culturally and linguistically competent, and trauma-informed.</p>	0: Not at all in place 	1: A little in place 	2: Somewhat in place 	3: Mostly in place 	4: Completely in place
BH3	<p>CMHA leadership</p> <p>District and CMHA leaders with decision-making authority meet at least monthly to develop strategies and policies to advance their partnership and the integrated delivery system. At least one CMHA administrator with decision-making authority (e.g., Executive Director, Children's Director) from each partnering agency consistently attends (>80% attendance) and actively participates in District-Community Leadership Team (DCLT) meetings.</p>	0: Not at all in place 	1: A little in place 	2: Somewhat in place 	3: Mostly in place 	4: Completely in place
BH4	<p>Tier 2/3 team facilitation/coaching</p> <p>Advanced tier team(s) receive at least two hours of coaching/facilitation per month from an external and/or internal coach with expertise in NH's MTSS-B model. The MTSS-B coach socializes the Advanced Team(s) to the MTSS-B model, process, and role of the coach; facilitates district team meetings; guides MTSS-B planning and implementation; supports completion of MTSS-B tools; and provides interactive problem-solving and support.</p>	0: Not at all in place 	1: A little in place 	2: Somewhat in place 	3: Mostly in place 	4: Completely in place



MTSS- B Toolkit Navigation

Exploration

[Community, District and School Data Profile Workbook](#)

[Community, District, and School Data Profile Templates](#)

District-Level Implementation

[District MTSS-B Fidelity Inventory](#)

[Behavioral Health Integration MTSS-B Fidelity Inventory](#)

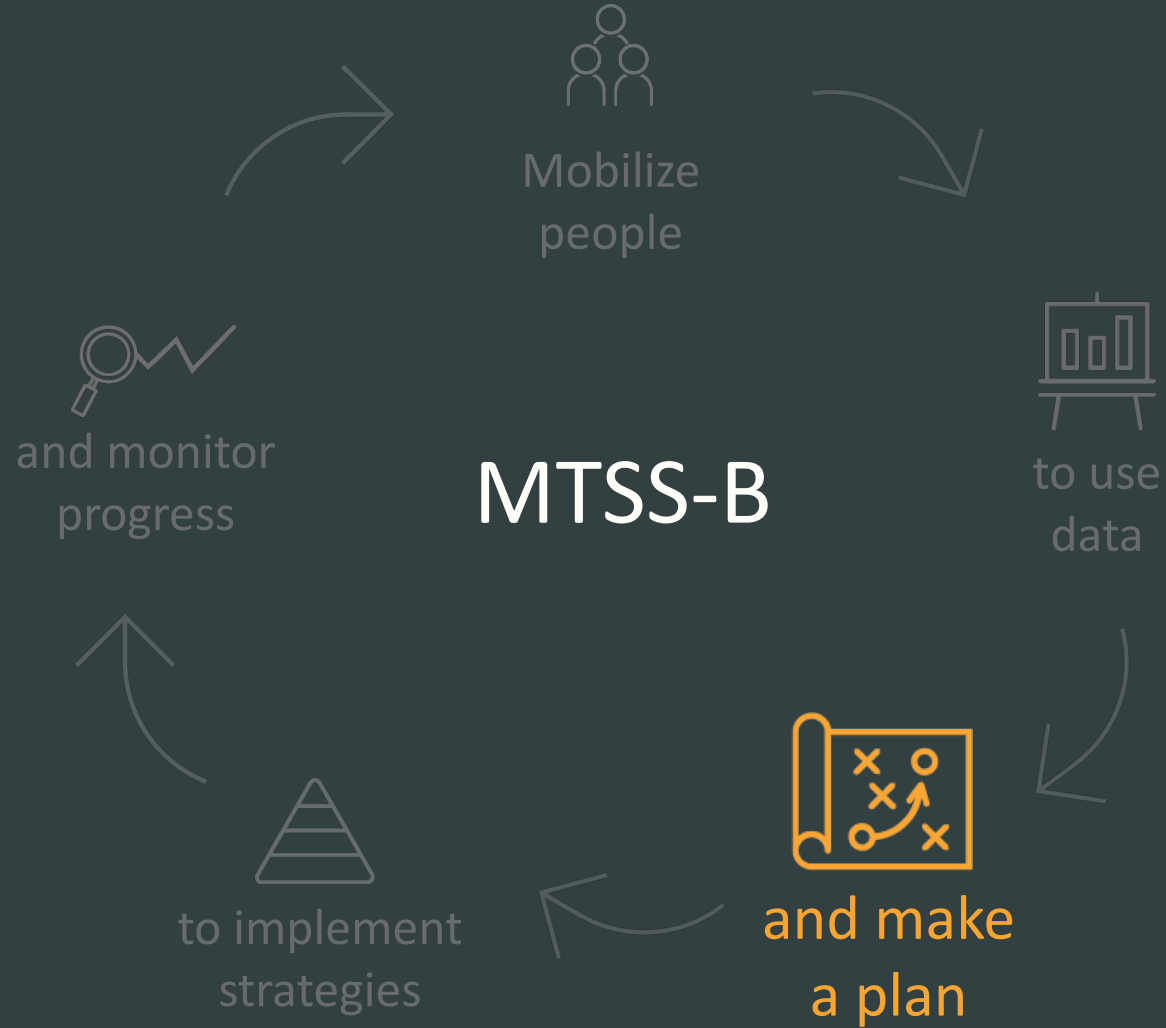
School-Level Implementation

[Schoolwide Tier 1 MTSS-B Fidelity Inventory](#)

[Tier 2/3 MTSS-B Fidelity Inventory](#)

[Using Data Across the Tiers Guidance](#)

A systematic process





Goal	Alignment with district-wide goals & strategies	Strategies
What is the intended outcome? If you were successful, what would be different by this time next year?	How is this goal or intended outcome aligned with your district's goals and strategies?	What strategies would help bring this intended change or outcome about?



MAKE A PLAN

MTSS- B Toolkit Navigation

Exploration

[Adopting MTSS-B
Rating Tool](#)

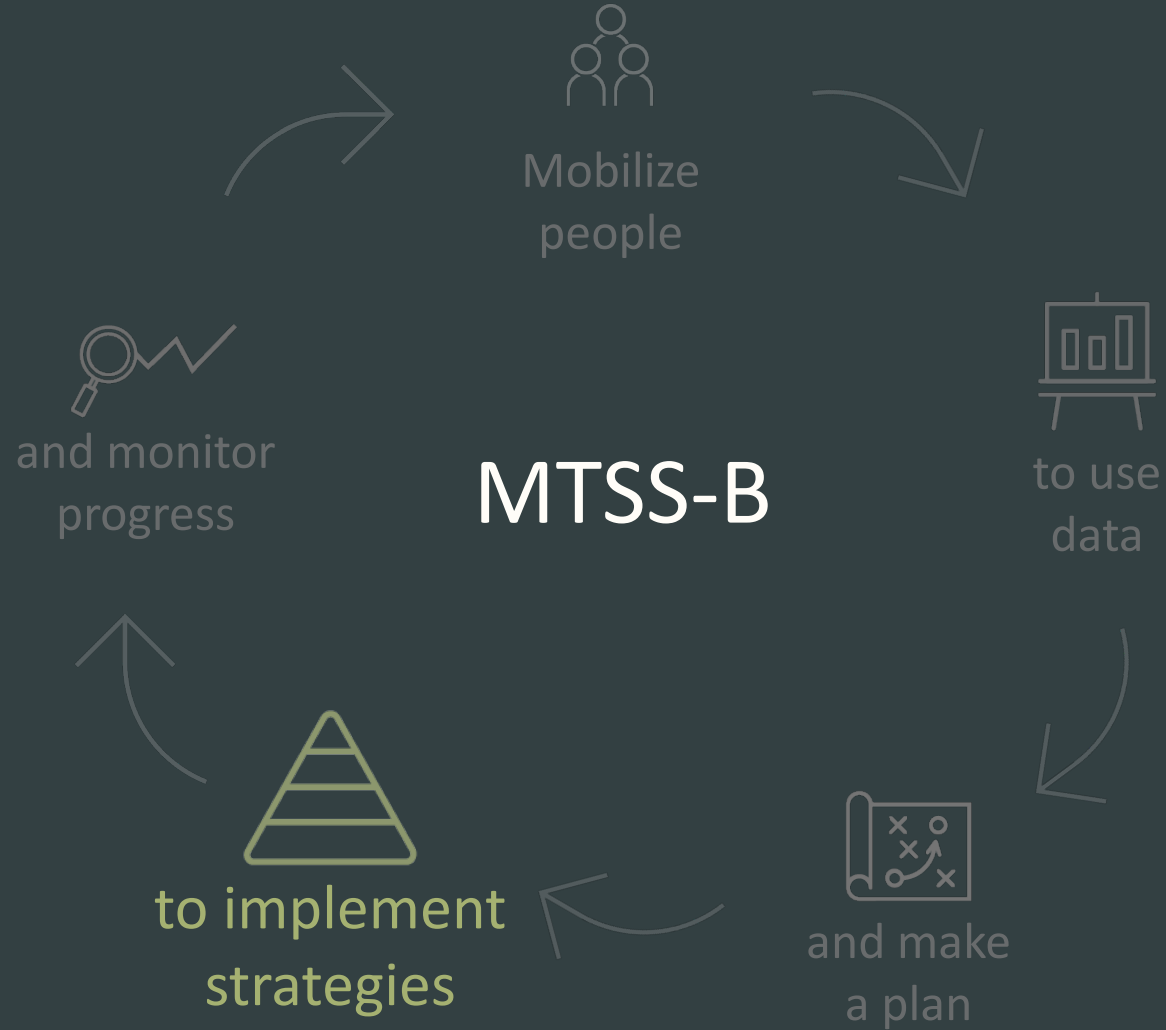
District-Level Implementation

[District MTSS-B
Action Planning
Tool](#)

School-Level Implementation

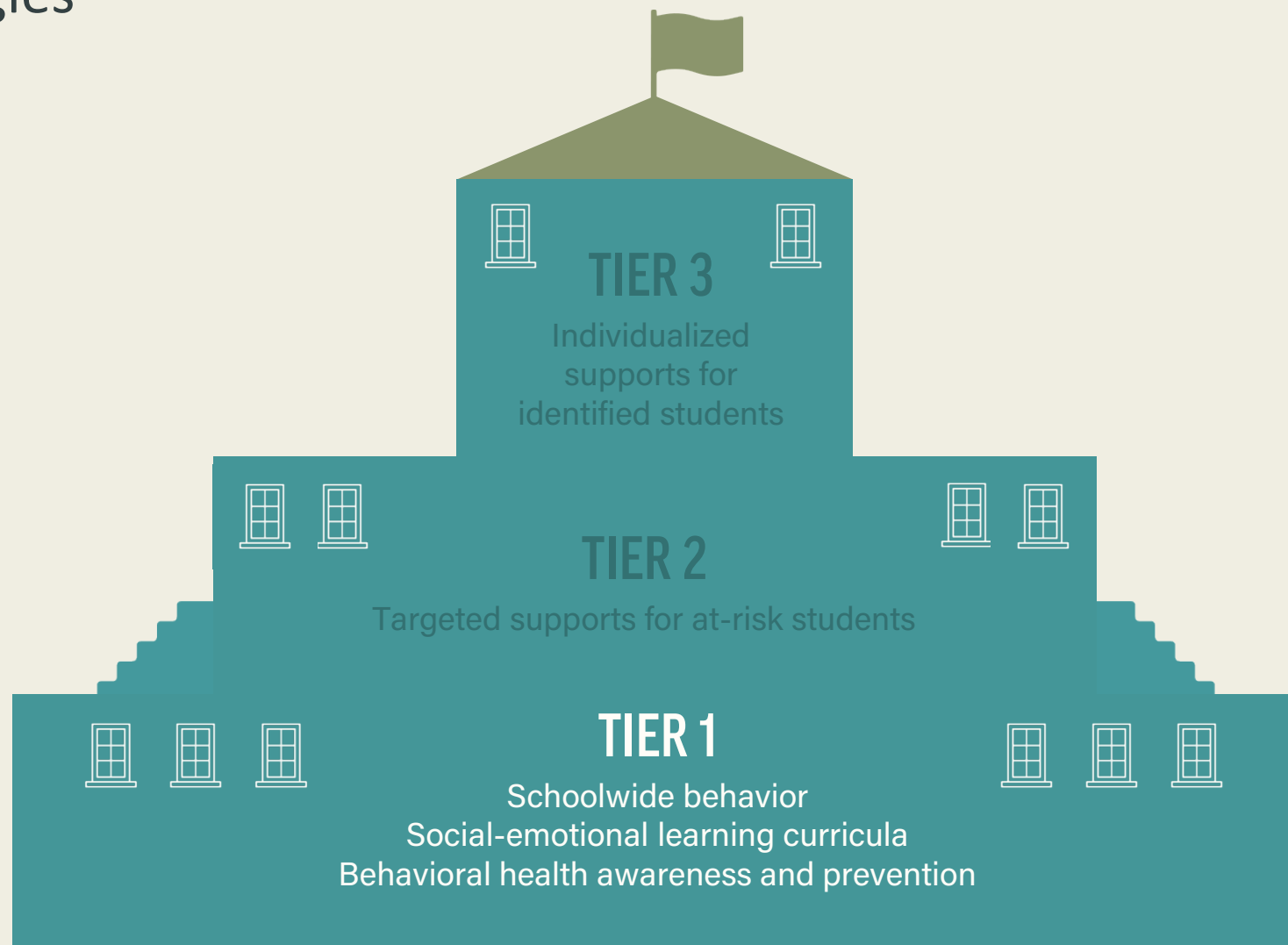
[School MTSS-B
Action Planning
Tool](#)

A systematic process





Tier 1 strategies



Schoolwide behavior expectations



IMPLEMENT STRATEGIES

Positive Behavior Expectations		Setting						
		Classroom	Hallways	Playgrounds	Cafeteria	Restrooms	Arrival & Dismissal	Bus
Expectations	Self-Control	<ul style="list-style-type: none"> Be listening and attentive Stay in my seat/space 	<ul style="list-style-type: none"> Walk quietly 	<ul style="list-style-type: none"> Walk to the door Keep hands and feet to myself 	<ul style="list-style-type: none"> Stay in my seat Keep hands and feet to myself Wait patiently in line 	<ul style="list-style-type: none"> Walk quietly in halls Keep hands and feet to myself 	<ul style="list-style-type: none"> Keep my hands and feet to myself Be considerate of other's personal space 	<ul style="list-style-type: none"> Stay seated Keep aisles clear Keep hands and feet to myself
	Take Responsibility	<ul style="list-style-type: none"> Clean up my work area Ask for permission as needed 	<ul style="list-style-type: none"> Keep track of my belongings 	<ul style="list-style-type: none"> Pick up equipment 	<ul style="list-style-type: none"> Bring my lunch or money each day Carry my tray with two hands Clean up my area 	<ul style="list-style-type: none"> Pick up trash Wash hands with soap and water, then dry 	<ul style="list-style-type: none"> Place and return all items and belongings 	<ul style="list-style-type: none"> Follow safety rules Keep track of personal items
	On Time and Ready	<ul style="list-style-type: none"> Stay on task Complete work 	<ul style="list-style-type: none"> Be prepared with needed supplies 	<ul style="list-style-type: none"> Line up when asked 	<ul style="list-style-type: none"> Stick with my own lunch choice Line up when asked 	<ul style="list-style-type: none"> Use restroom at appropriate times Use time widely and return promptly 	<ul style="list-style-type: none"> Follow my daily routine and schedule 	<ul style="list-style-type: none"> Enter/exit quickly and quietly
	Respect	<ul style="list-style-type: none"> Respect school property Tell the truth 	<ul style="list-style-type: none"> Be considerate of other's personal space 	<ul style="list-style-type: none"> Treat others as I want to be treated Respect school property 	<ul style="list-style-type: none"> Listen to all directions Use good manners Raise my hand if I need help 	<ul style="list-style-type: none"> Respect school property Respect privacy 	<ul style="list-style-type: none"> Listen to directions and announcements 	<ul style="list-style-type: none"> Listen to directions Use appropriate language and volume
	Make a Positive Difference	<ul style="list-style-type: none"> Work hard and try my best Be kind and encouraging to others Help others 	<ul style="list-style-type: none"> Be a positive role model 	<ul style="list-style-type: none"> Be a problem solver Be patient with others Take turns and share 	<ul style="list-style-type: none"> Be a positive role model Help pick up food and trash Use positive greetings and thank-yous 	<ul style="list-style-type: none"> Monitor bathroom usage 	<ul style="list-style-type: none"> Come ready to learn Be a positive role model Help others 	<ul style="list-style-type: none"> Help others Use positive greetings and thank yous

Natural context

Expectation

Behavior examples

Social-emotional learning curricula



IMPLEMENT
STRATEGIES

	Choose Love for Schools ⁴	PATHS Program ⁵	Fly Five ⁶	RULER Approach ⁷	Second Step ⁸
Grade range covered	Pre K - 12	Pre K - 5	K - 8	K - 8	Pre K - 8
Schoolwide programming	✓	✓	✓	✓	✓
Evidence of impact on student outcomes	X	✓	X	✓	✓
Defined training program	✓	✓	✓	✓	✓
Administrator supports	✓	✓	✓	✓	✓
Coaching	✓	X	X	✓	X
Professional learning community	✓	X	✓	X	✓
Approximate cost	Free	\$499 - \$889 per classroom	\$885 - \$1250 per classroom*	\$6,000 - \$8,000 for 3-5 person school team (2-year support package)	\$409 - \$459 per classroom kit; \$2,000 - \$3,000 per school package**

Additional Tier 1 programs to support mental health



IMPLEMENT
STRATEGIES



Mental health literacy campaign



Suicide prevention training



Bullying prevention



Restorative practices



Substance misuse prevention

MTSS-B Tier 1
Implementation Checklist

Last updated 6/23/21

TIER 1

Tier 1 practices and programs serve as the foundation of the MTSS-B tiered prevention framework, offering universal social-emotional and behavioral supports for all students, across school settings, and reinforcing the concept of "mental health for all." Tier 1 emphasizes proactive supports to boost social-emotional competencies, prosocial skills, and positive behaviors, laying primary prevention groundwork for an efficient advanced tier system. Engagement of youth and family voice is critical throughout Tier 1 implementation, ensuring that foundational practices are responsive to local culture and context and community values and need. Below is a checklist of tasks to help guide your Tier 1 implementation, with additional guidance documents and tools for each task that you can access in the MTSS-B Toolkit.

- Establish a Tier 1 team**

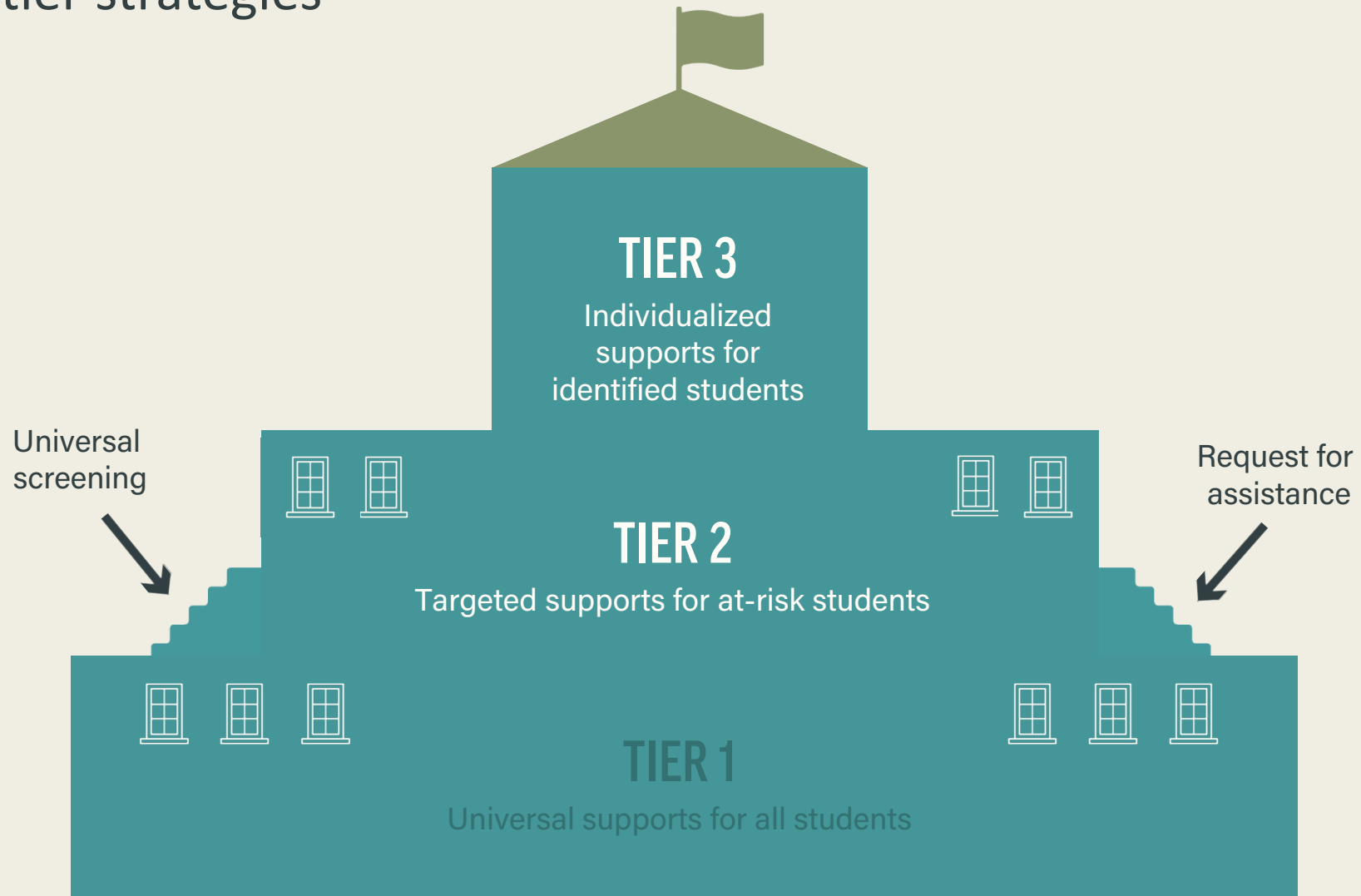
A strong Tier 1 system is reliant on the establishment of school-based Tier 1 teams. It is important to keep your team small enough to engage in efficient action planning and decision-making, while including representation from relevant stakeholder groups. Tier 1 teams should have expertise in social-emotional and behavioral health as well as decision-making authority, and include representation from administration, teachers, behavioral health, students, and family. Coaching expertise and knowledge of school operations across grades and programs is also essential. Teams will need to define roles and procedures for reviewing MTSS-B related data to inform action planning and progress monitoring.

 - Forming School-based MTSS-B Teams
 - School Teams Inventory
 - Time Study Template
 - Tiered Team Meeting Template
- Develop and teach positive schoolwide behavior expectations**

Instead of teaching students what not to do at school, the tiered prevention framework should actively define and support the development of students' prosocial skills and behaviors – those that schools, families and communities want to see. This serves to reduce challenging behaviors, support social-emotional functioning, and preventatively address student needs to reduce the need for advanced tier intervention. With the input of school, youth, and family stakeholders, the Tier 1 team will create a matrix of five or fewer positively stated behavior expectations mapped onto social-emotional competencies, with examples across school settings. Expectations are then explicitly taught at schoolwide and classroom levels so they are clear and consistent for all.

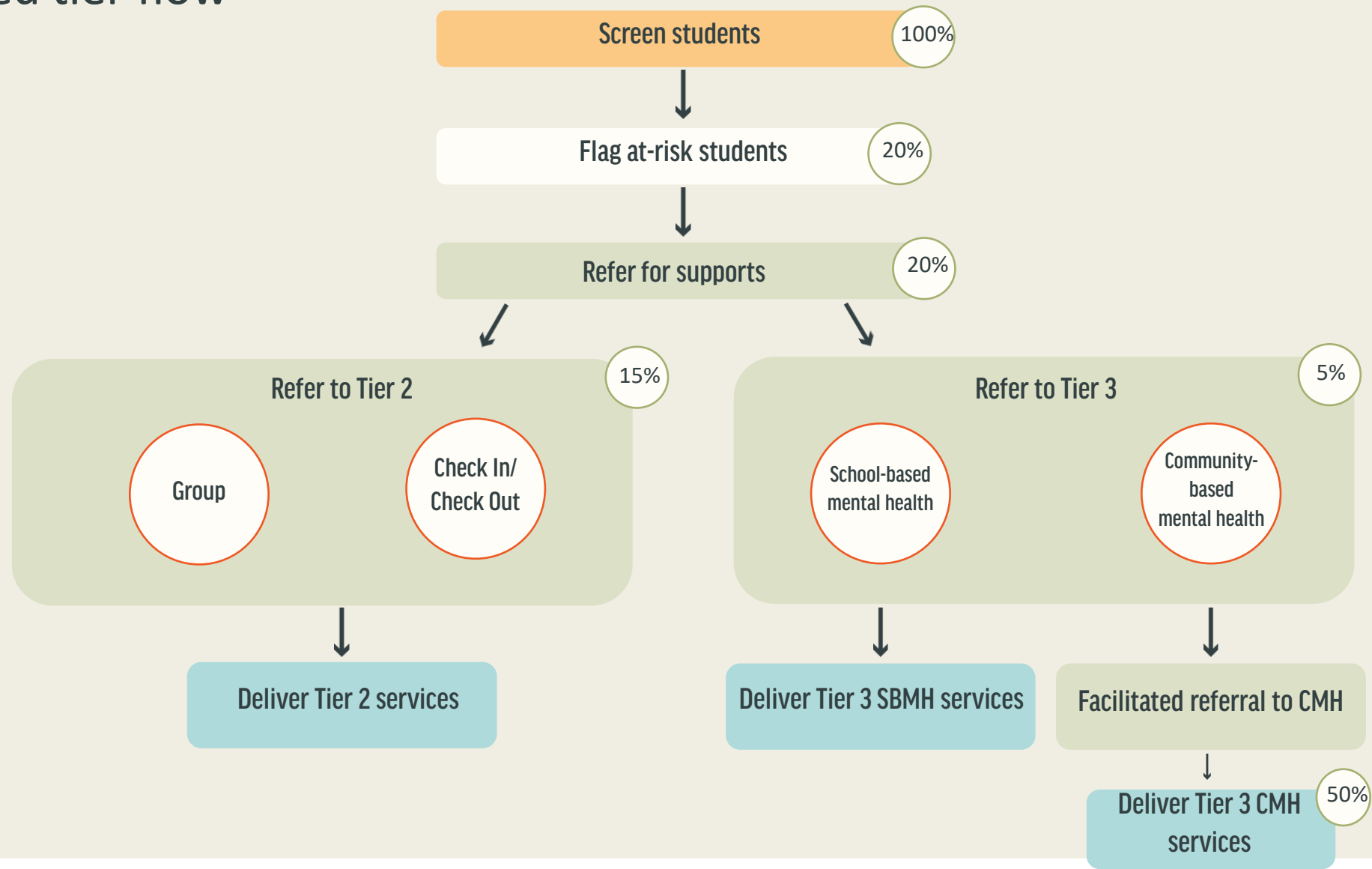
Tier 1 Implementation Check List

Advanced tier strategies





Advanced tier flow



Universal social-emotional screening



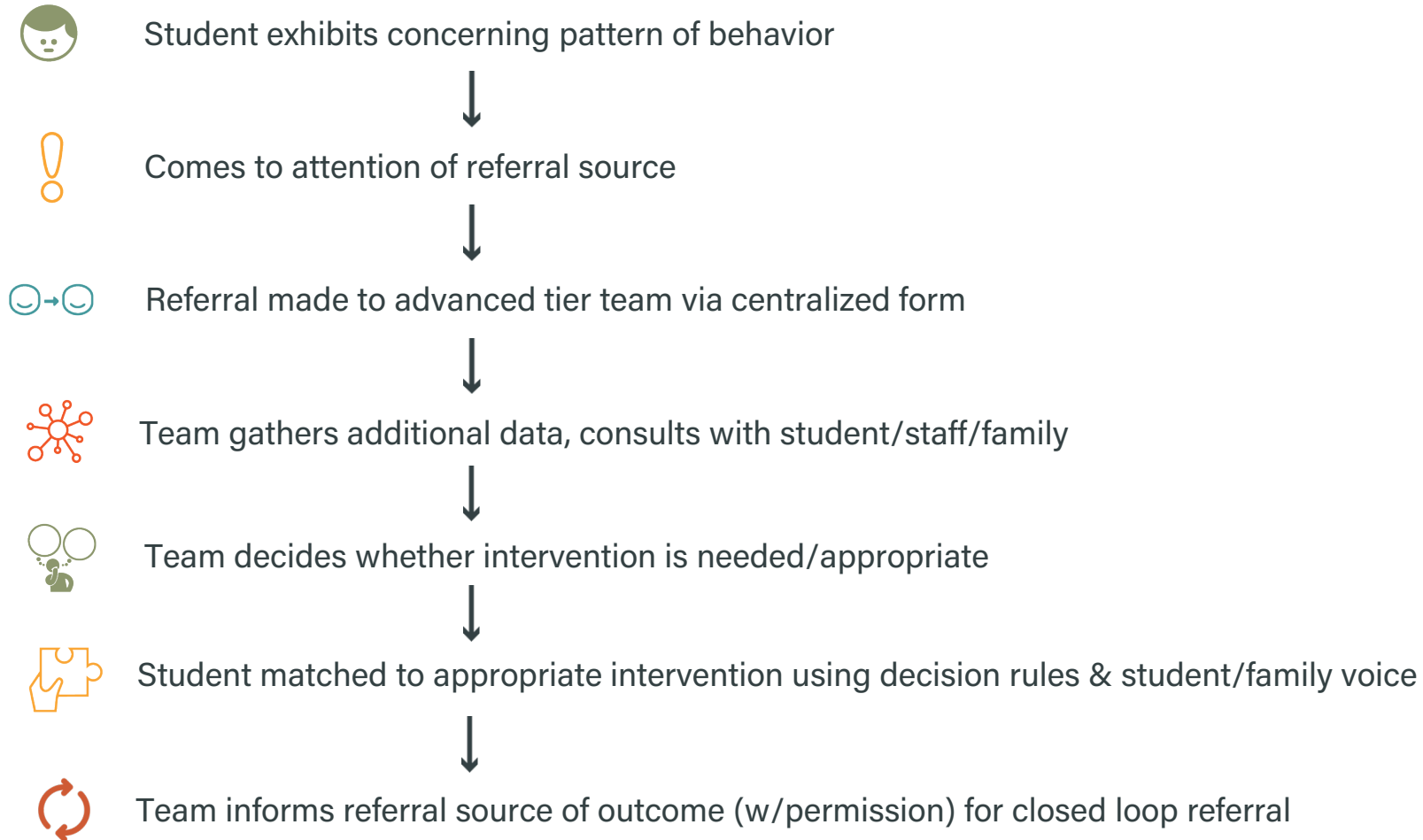
	APPROPRIATE FOR K-12 STUDENTS	GENERAL WELL BEING & SKILLS	INTERNALIZING & EXTERNALIZING BEHAVIORS	LOW-TO-NO-COST	< 5 MINUTES	TEACHER-RATED	EVIDENCE BASE
BASC-3	✓	✗	✓	✗	✗	✓	✓
DESSA	✓	✓	✓	✗	✓	✓	✓
SAEBRS	✓	✓	✓	✗	✓	✓	✓
SDQ	✗	✓	✓	✓	✗	✓	✓
SRSS	✓	✓	✗	✓	✓	✓	✓
SRSS-IE	✓	✓	✓	✓	✓	✓	✓
SSIS SEL	✓	✓	✓	✗	✓	✓	✓

<https://nhmtssb.org/wp-content/uploads/2023/03/Universal-Screeners-Review-2023-03-06-br.pdf>

Request for assistance



IMPLEMENT
STRATEGIES



Sample Request for Assistance Form

Use this form to request behavioral/social-emotional/mental health support for a student from the Tier 2/3 Team ([use your local advanced tier team name here](#)). Please provide the main reasons for the request, as well as which data sources/evidence support the request.

Date of request: Click or tap to enter a date.

Name of person making request:

Relationship to student: Teacher Administrator Staff Family member Peer Self

Student Name:

Grade:

Student's teacher (edit as needed for middle/high school):

Does this student have an IEP (check one)? Yes No

What are the main reasons for the request? (Check all that apply)

- Acting out (classroom disruption, defiance, disrespect, fighting, etc.)
- Sad/withdrawn
- Attention problem
- Attendance or academic concerns
- Social/friendship concerns
- Family concerns
- Substance misuse
- Grief/loss (major life event, death, divorce)
- Concerns about identity (isolation, bullying/harassment, bias, questioning, etc.)
- Self-harm or harm to others
- Other: please describe using the questions below

What specifically have you seen/heard/observed that has led to the concern?
Answer here

What types of supports/interventions have already been tried for this student, if any?
Answer here

What would be different if services are successful? What result are you hoping for?
Answer here

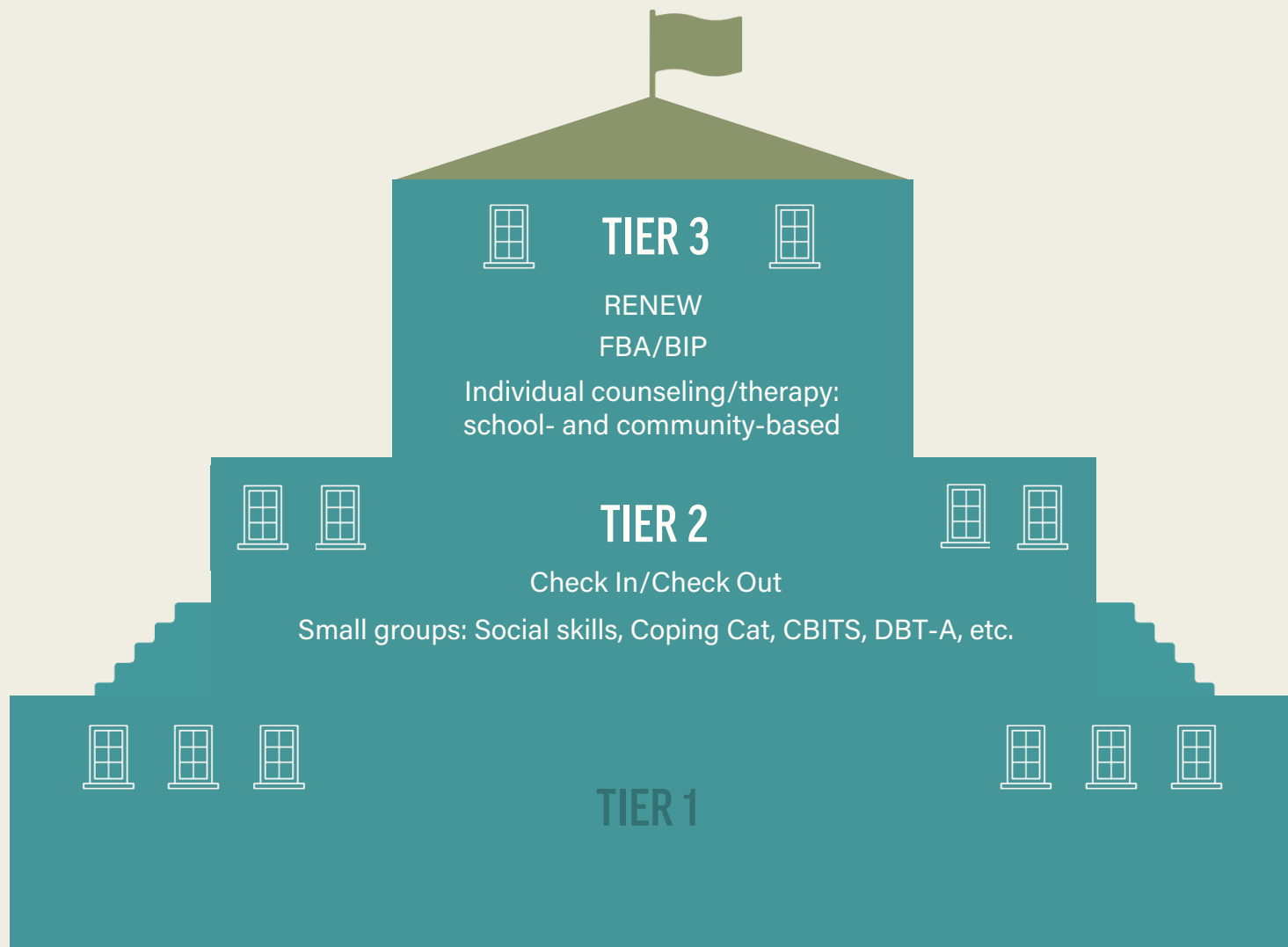
What are some of the student's strengths and/or interests?
Answer here

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TECHNICAL ASSISTANCE CENTER

[Sample Request for Assistance Form](#)



Evidence-based advanced tier services



Facilitated referral pathways



IMPLEMENT STRATEGIES



District & community MH develop policies/procedures for efficient student referrals



Student mental health concern requires specialized treatment



School provider facilitates "warm hand-off" to community MH



Community MH seeks consent to collaborate with school provider(s)



With consent, school and community MH providers coordinate care

Developing Facilitated Referral Pathways for MTSS-B



What is a facilitated referral?

Facilitated referrals assist youth and families with behavioral health needs to identify and access appropriate school- and community-based supports and services. Facilitated referrals improve access by identifying appropriate services, ensuring that students qualify for services, promoting trust/respect of community providers, and preparing families for what to expect. Facilitated referrals also reduce logistical barriers to access (e.g., transportation, affordability, scheduling, translation). NH's Multi-Tiered System of Supports for Behavioral Health and Wellness (MTSS-B) embraces facilitated referral pathways to effectively connect students and their families in need of specialized supports with appropriate mental health services.

Creating successful school-community partnerships

Differing privacy and confidentiality rules, professional credentials and roles, and organizational goals and priorities can make partnerships between schools and community mental health settings challenging. FERPA, HIPAA, and ethical guidelines between school- and community-based professionals do not always overlap. Releases of information need to comply with both school and partner agency rules and regulations. Mental health and school records should be kept separately. Sharing of information across school- and community-based agency boundaries must be thoughtfully negotiated and managed, and ultimately placed in the hands of the youth/family involved.

Guidelines to help establish successful partnerships for facilitated referrals:

- Build a strong District-Community Leadership Team (DCLT) comprised of key school and community MTSS-B stakeholders - including district-level, school-level and community-based mental health administrator(s) with decision-making authority - that is charged with streamlining the facilitated referral process (refer to the MTSS-B Toolkit's **District-Community Leadership Team Guidance** document)
- Capitalize on each other's strengths: the capacity of schools to provide preventative, wellness-promoting population-wide services (Tier 1) and small group interventions (Tier 2), and the capacity of community agencies to provide specialized, intensive services (Tier 3) targeted to highest-need students
- Educate each other about the purpose of services/programs, strategies used, and child outcomes that are targeted (include qualification criteria, referral and intake procedures)
- Develop shared confidentiality forms so that families can easily give consent for schools to talk to community agencies and agencies to talk to schools
- Create tracking procedures that allow partners to know when referrals are or are not successful
- Protect the shared ownership of the partnership to assure sustainability
- Remain vigilant for slipped communication and turf problems

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[Facilitated Referral Pathways Guidance](#)



MTSS- B Toolkit Navigation

District-Level Implementation

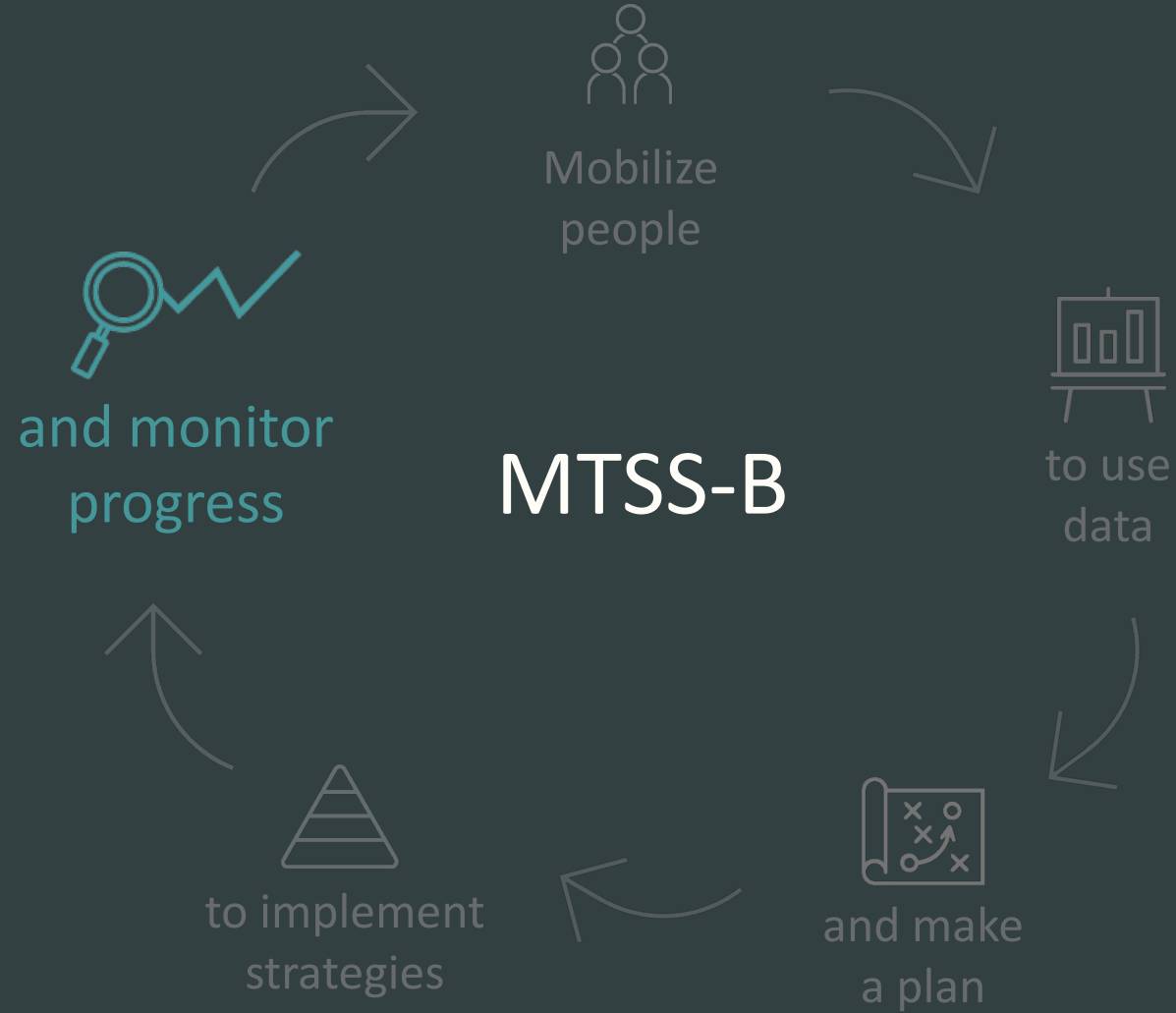
[Establishing
MTSS-B Routines
Overview](#)

School-Level Implementation

[Selecting High-
Leverage Practices
Guidance](#)

[Selecting High-
Leverage Practices
Tool](#)

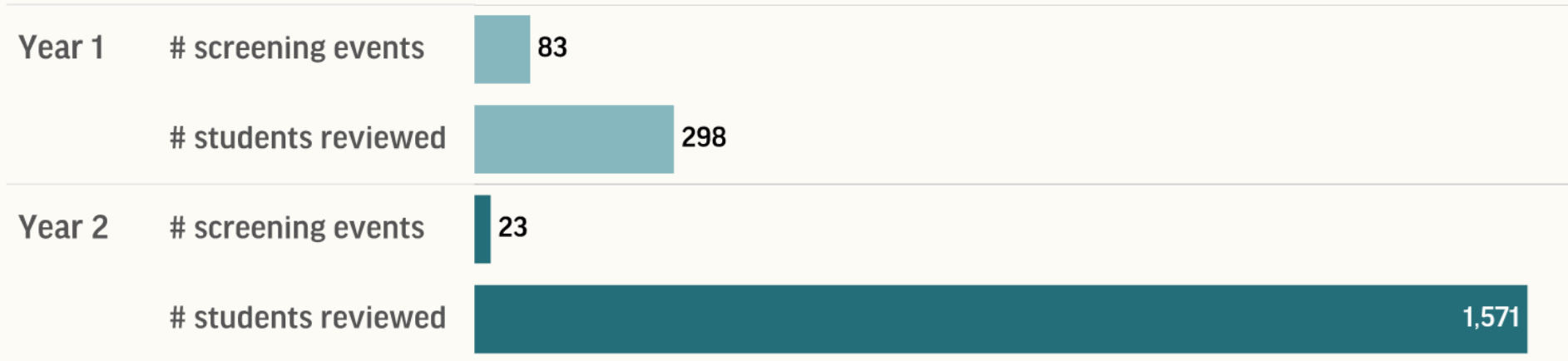
A systematic process



Social/emotional/behavioral screenings

Number of students screened

Screening getting more efficient over time

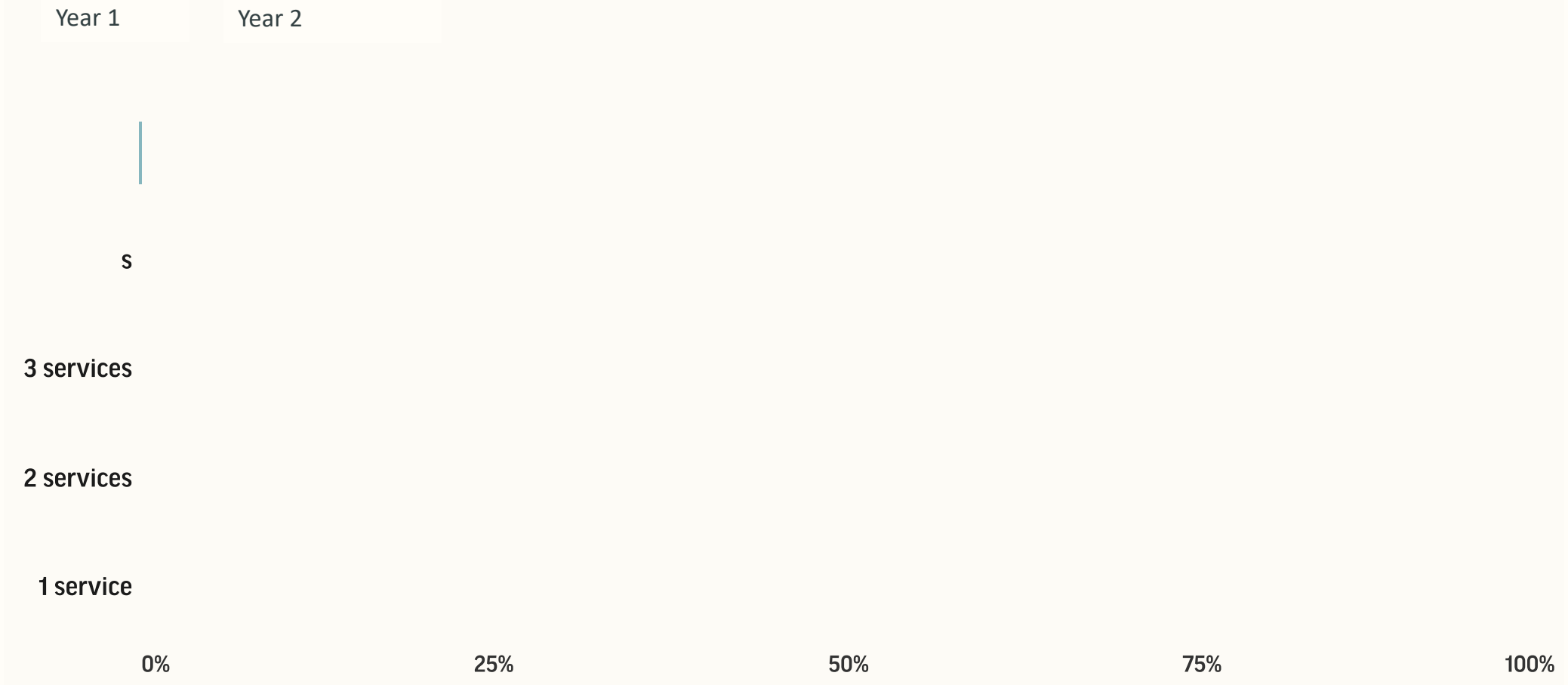


Monitoring reach



Number of services selected per referral

Throwing spaghetti at the wall is usually inefficient



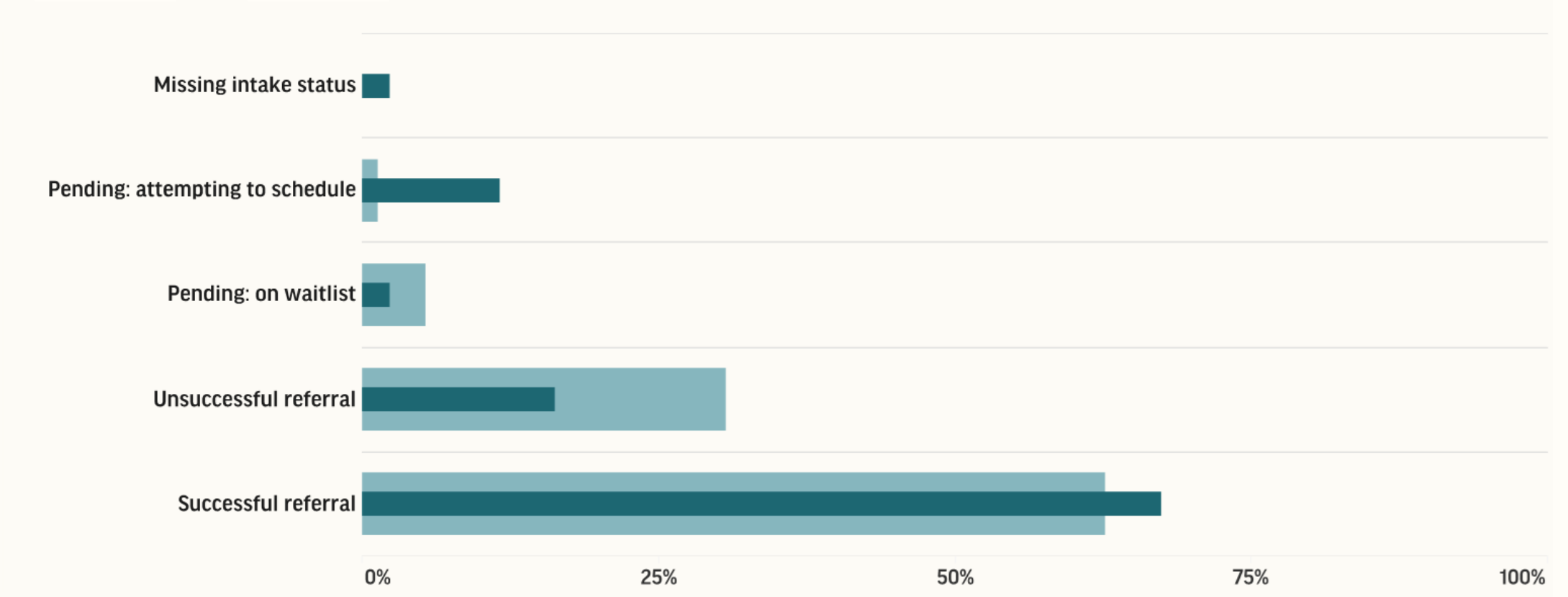
Monitoring reach: Access to community mental health services



Community mental health referral success rates

CMHC referral partnership looking strong

■ Year 1 ■ Year 2



Monitoring reach: Community mental health wait times



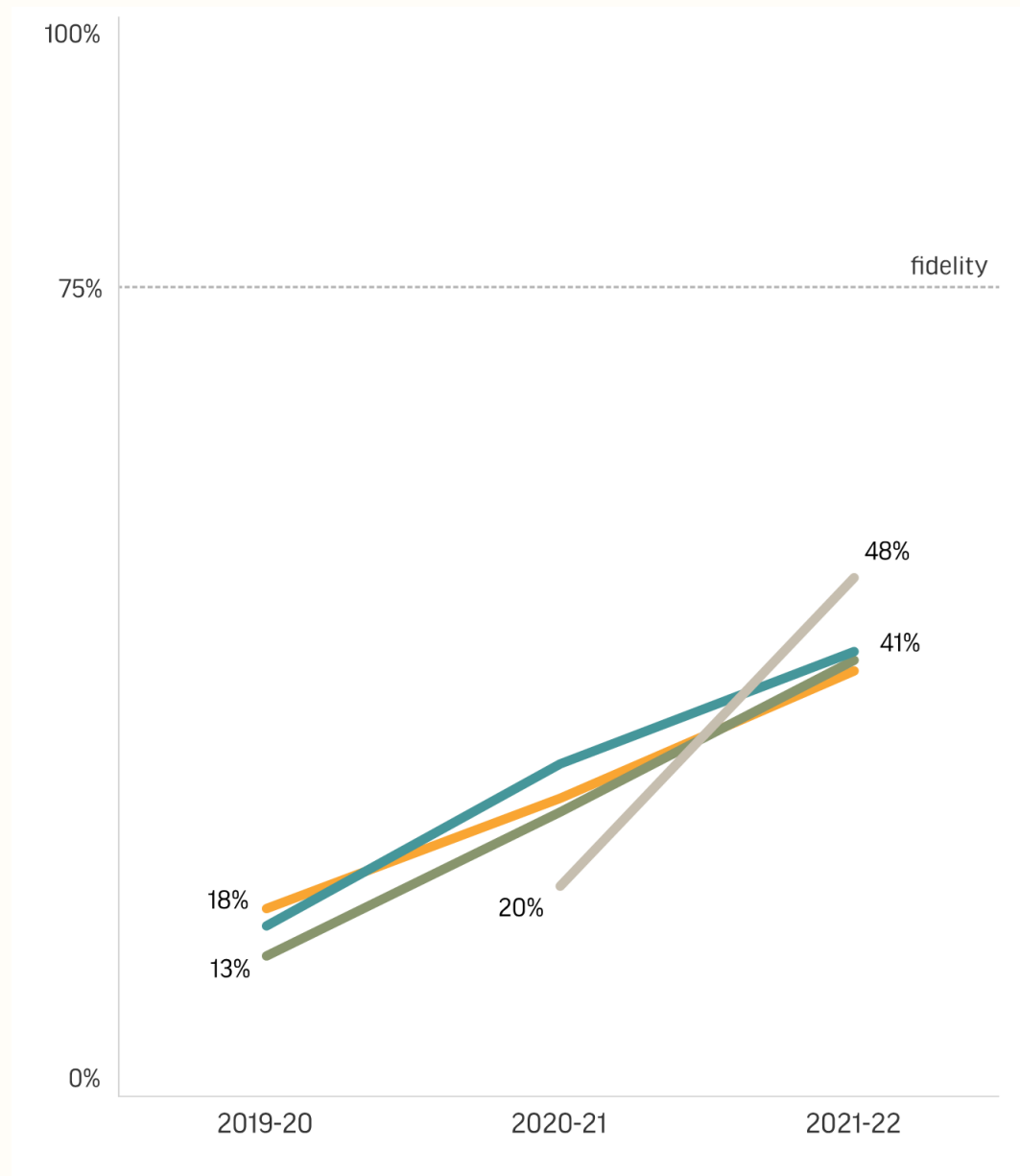
One district reduced
average student wait time for CMHC
services from

3-4 months
to
4-6 weeks

MTSS-B fidelity monitoring



- Behavioral Health Integration
- District
- Schoolwide/Tier 1
- Tier 2/3



MTSS- B Toolkit Navigation

District-Level Implementation

[Designing an
Evaluation Plan](#)

School-Level Implementation

[Tier 1 Data Tracker](#)

[Advanced Tier
Intervention Tracker](#)

The NH MTSS-B landscape

★ Current LEAs

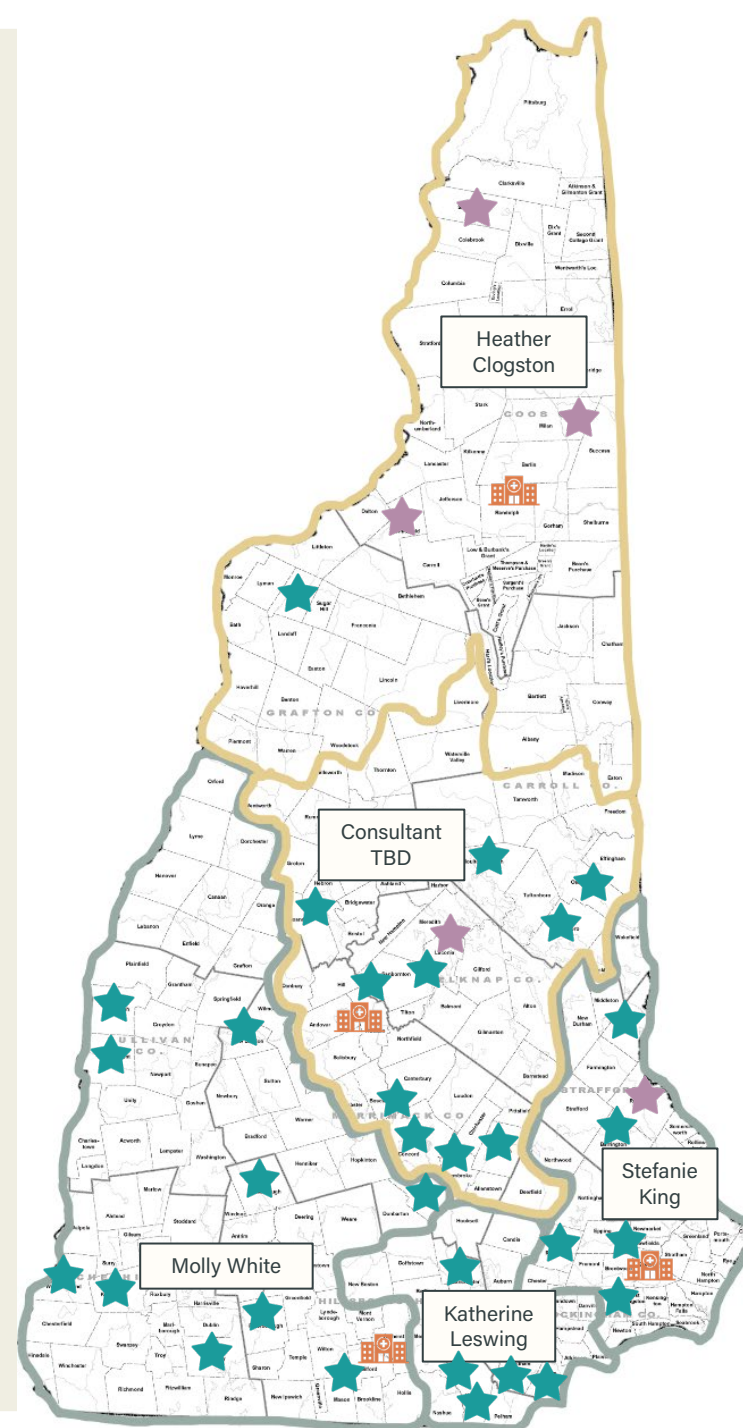
☆ Previous LEAs

🏠 Participating CMHCs

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

Contact Us

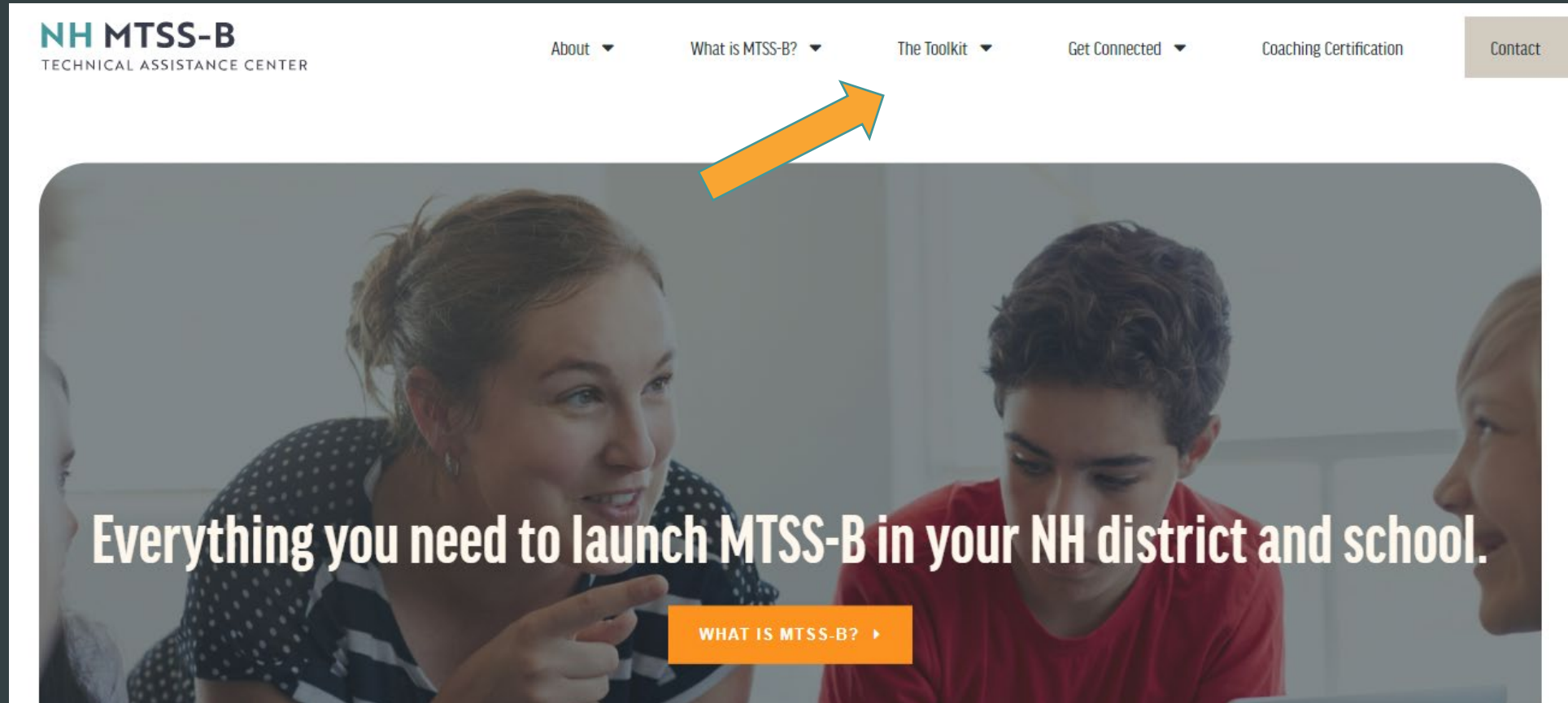
<https://nhmtssb.org/>



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System of Care 2.0 (SAMHSA)

Accessing the NH MTSS-B Toolkit at nhmtssb.org



NEPBIS Forum session evaluation



<https://bit.ly/NEPBISForum2023>