

Integrated school-community behavioral health: Innovative practices, tool development, and lessons learned

2024 NEPBIS Leadership Forum

Behavioral
Health
Improvement
Institute

Keene
STATE COLLEGE

New Hampshire
Department of
Education 

NH MTSS-B
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Presenters

Molly White, M.Ed., *MTSS-B Consultant*

Office of Social and Emotional Wellness, NH Department of Education

Megan Phillips, Psy.D., *Principal Investigator*

Director, NH MTSS-B Technical Assistance Center

Lead Evaluator, Behavioral Health Improvement Institute, Keene State College

Session goals



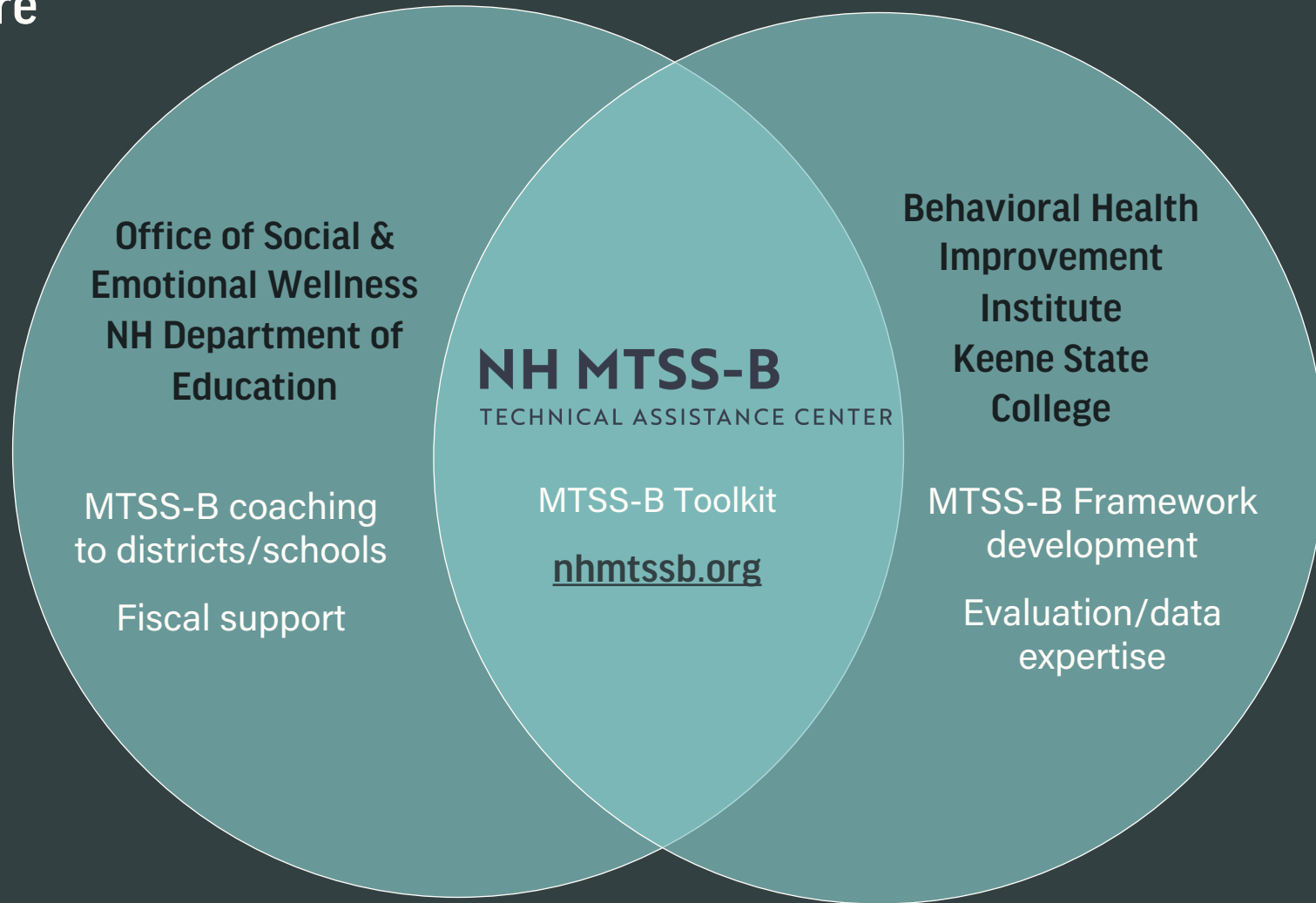
Participants will:

Gain knowledge of strategies for increasing behavioral health service capacity and access through school-community behavioral health integration, with a focus on the School Liaison role

Review the NH MTSS-B Fidelity Inventory (NH-MFI) Behavioral Health Integration Module, which provides a detailed blueprint for implementation, fidelity measurement, and action planning for school-community integration

Reflect on application to your own behavioral health integration practices within a multi-tiered system of support

Who we are



Accessing the NH MTSS-B Toolkit at nhmtssb.org

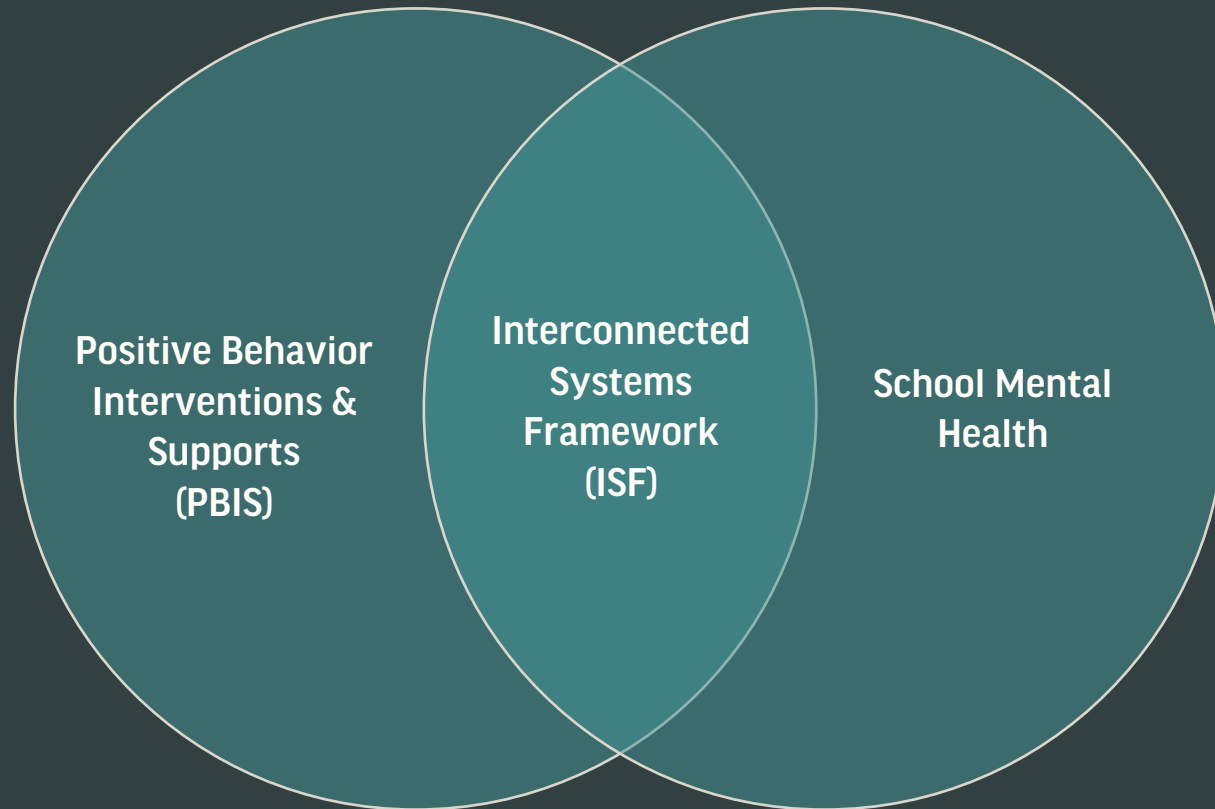
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About ▾ What is MTSS-B? ▾ **The Toolkit ▾** Get Connected ▾ Coaching Certification Contact

Everything you need to launch MTSS-B in your NH district and school.

WHAT IS MTSS-B? >

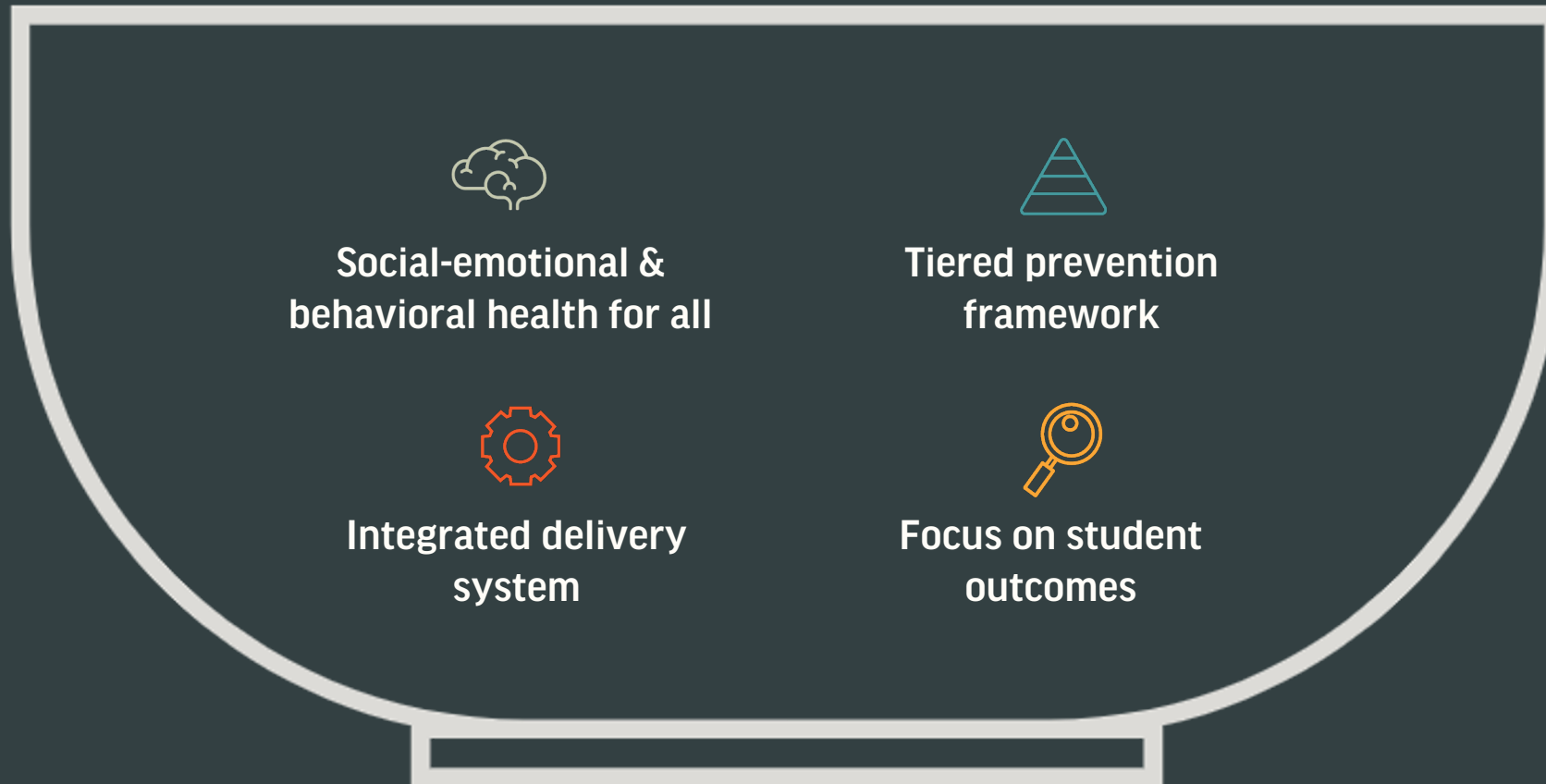
Origins of NH's MTSS-B framework



ISF primer

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

Essential ingredients of NH MTSS-B



What does school-community behavioral health integration look like in NH?

Benefits of school-community behavioral health integration



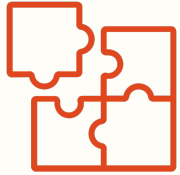
Increase access to high quality behavioral services for students

Rapid clinical access for un/underinsured & otherwise underserved students

Enhanced consultation, coaching, and training for school behavioral health staff

Improved communication, information-sharing, care coordination

Components of school-community behavioral health integration



MTSS-B planning and implementation

Facilitated referral pathways

Provision of mental health services

Communication and confidentiality

Crisis response and management

Progress monitoring

In New Hampshire, what does collaboration look like in schools?



Not just direct student services and sitting on teams, but...

Bridging services when agencies have long wait times

School staff prioritize students for the CMHC

Conducting intakes on school grounds to reduce barriers for families

Extending behavioral health services throughout the summer

Clear procedures for data sharing, communication, and collaboration

NH MTSS-B TA Center guidance: The role of the community mental health agency

Role of the CMHA in MTSS-B Guidance

Community Mental Health Agency MOU Guidance

MTSS-B Community Mental Health Agency MOU Guidance



Last updated 9/30/21

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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Pause and reflect



What examples have you seen of a strong integrated school-community behavioral health partnership in your work?

If you haven't seen any, what do you think is getting in the way?

What would help?

School Liaison pilot

School Liaison pilot design



7 grant-funded school districts

4 partnering state-run community mental health centers

A partnering CMHC clinical provider serves as a **school-based behavioral health liaison** for one or more districts

Masters-level, licensed/certified

Vision: **50% clinical, 50% systems** work

Grant funding to support non-billable systems work

School Liaison roles/responsibilities



Systems

MTSS-B partner/primary CMHA point of contact at district and school levels

District-Community Leadership Team meetings

School-based tiered teams as appropriate/feasible

Facilitate development of CMHC policies/procedures (e.g., facilitated referral pathways; school-CMHC communication; crisis response; rapid access to services for under/uninsured or underserved students; etc.)



Services

Individualized Tier 3 services on school grounds

Bridge services

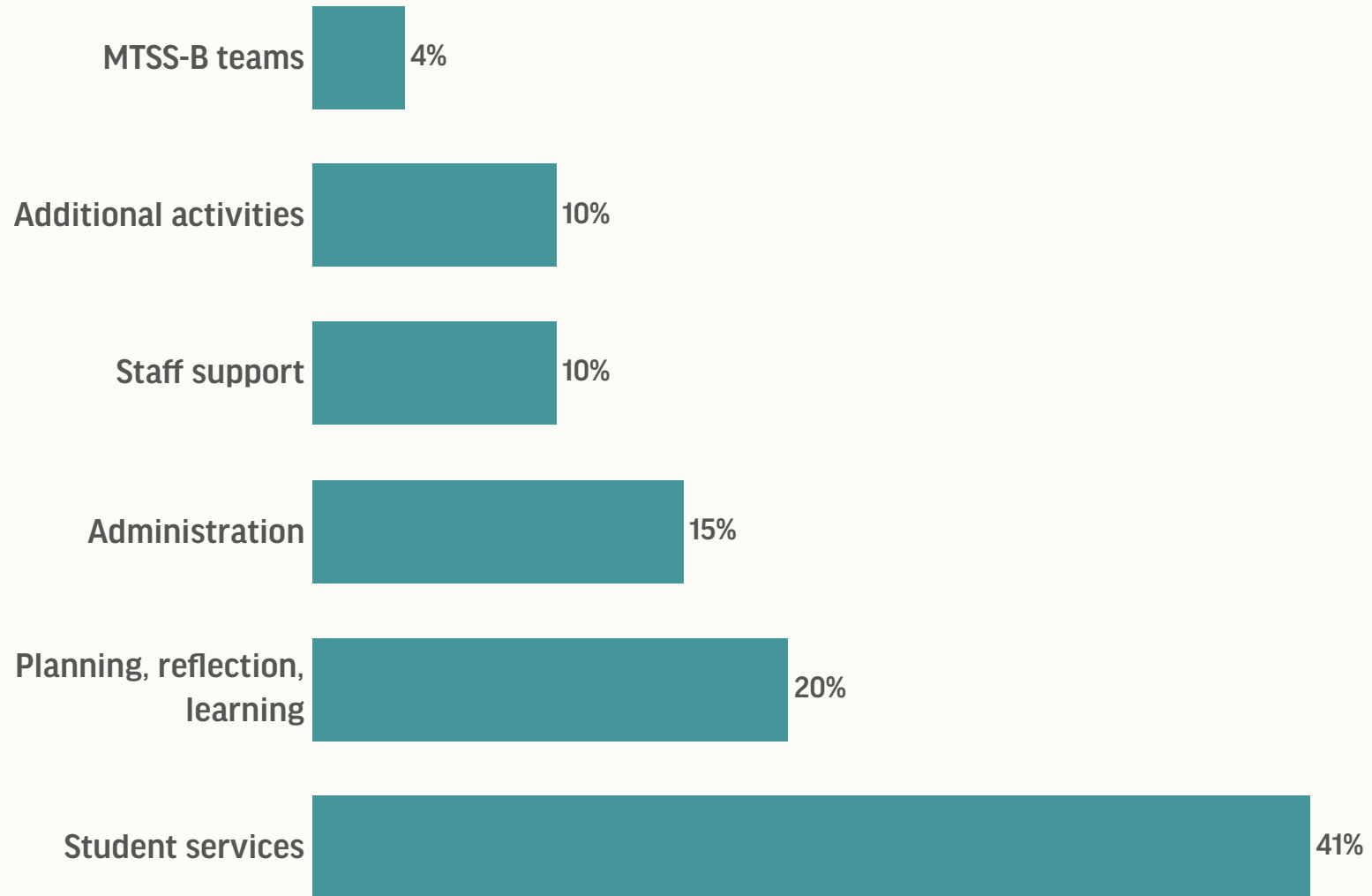
Crisis response

Specialized Tier 2 groups

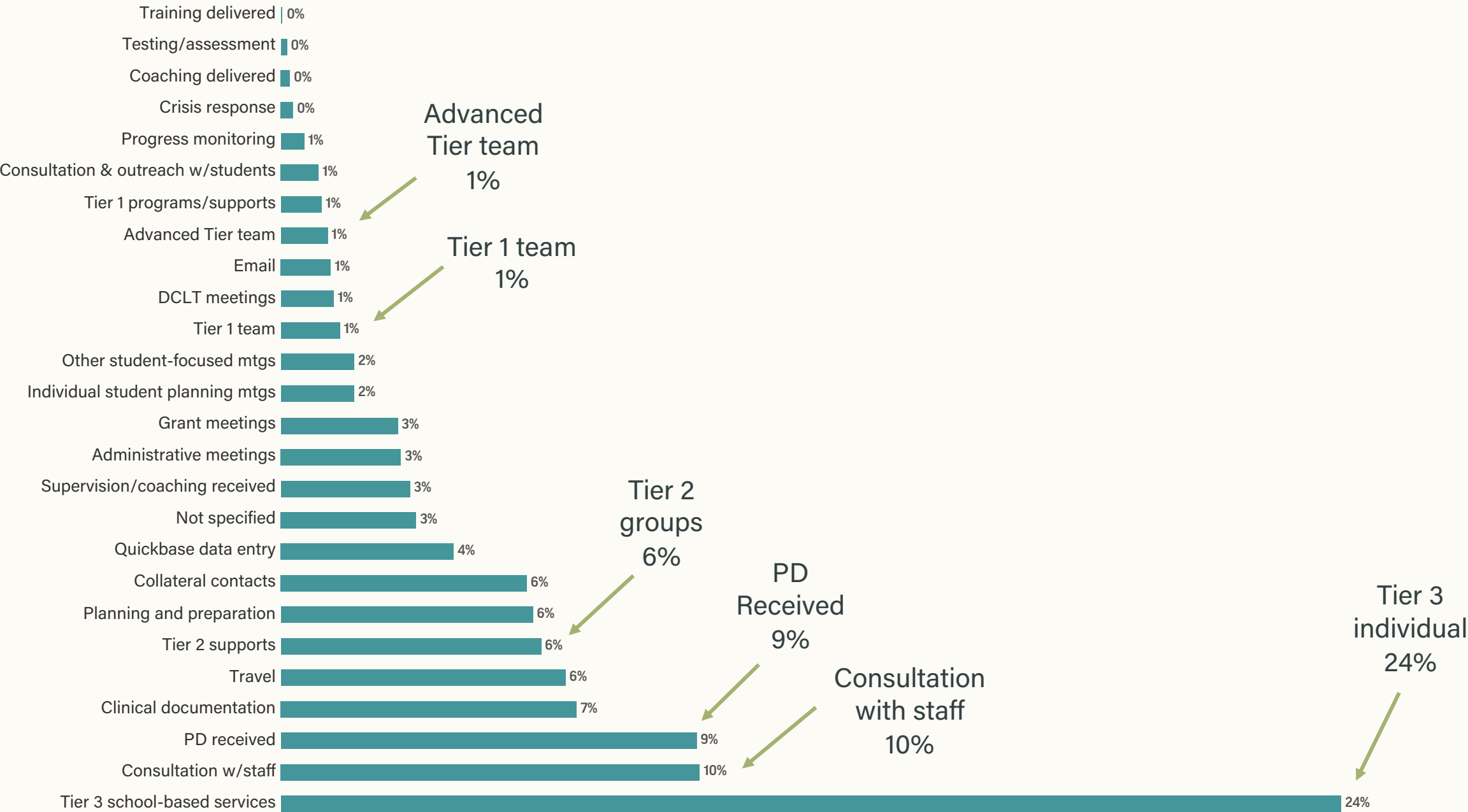
Behavioral health consultation for admin, teachers, counselors, other staff

How's it going?

Percent of School Liaison time spent on tasks



Percent of School Liaison time by specific activity



School Liaison pilot: Strengths



Stronger partnerships with community mental health

Faster access, more services

High engagement in elementary schools

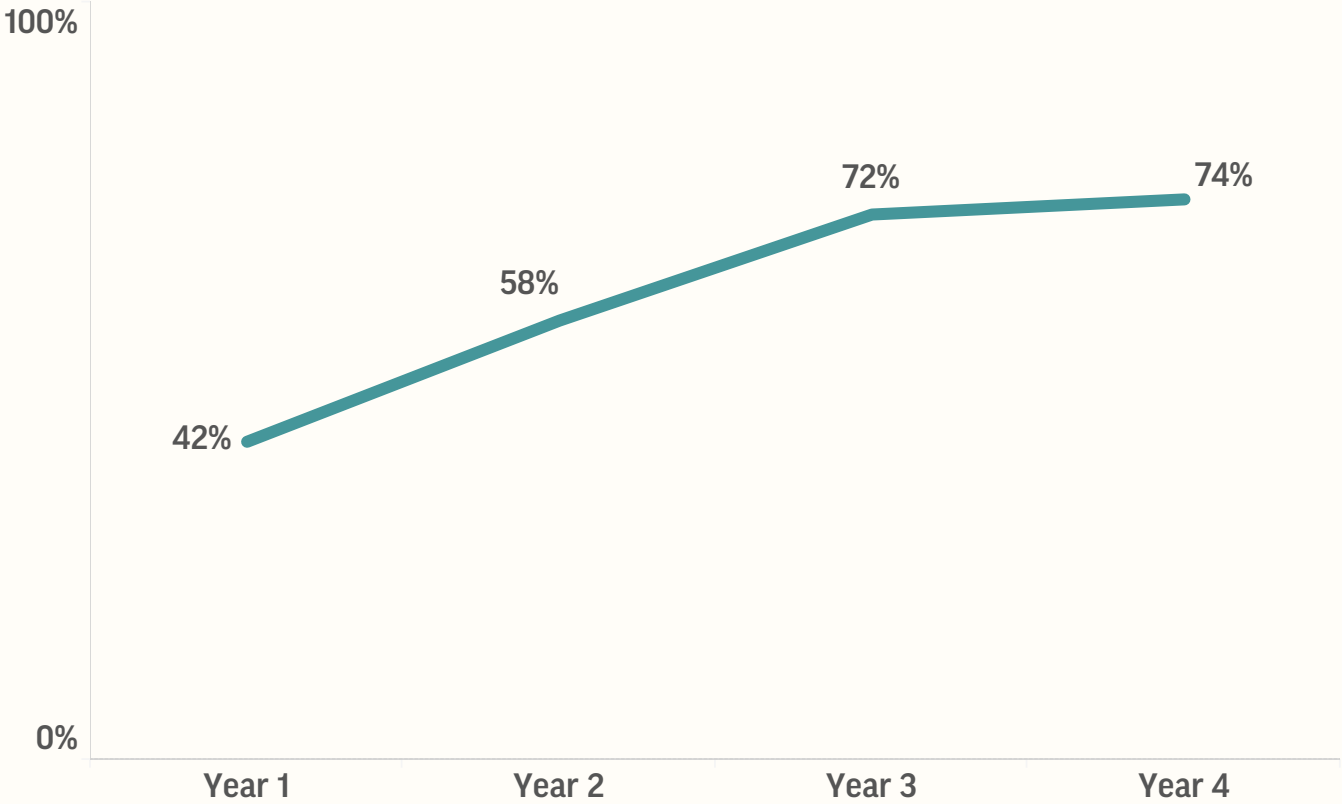
Planning, reflection and learning are a priority



Facilitated referral success

1 grant-funded district

Community MH referral success rate increases where collaboration is strong

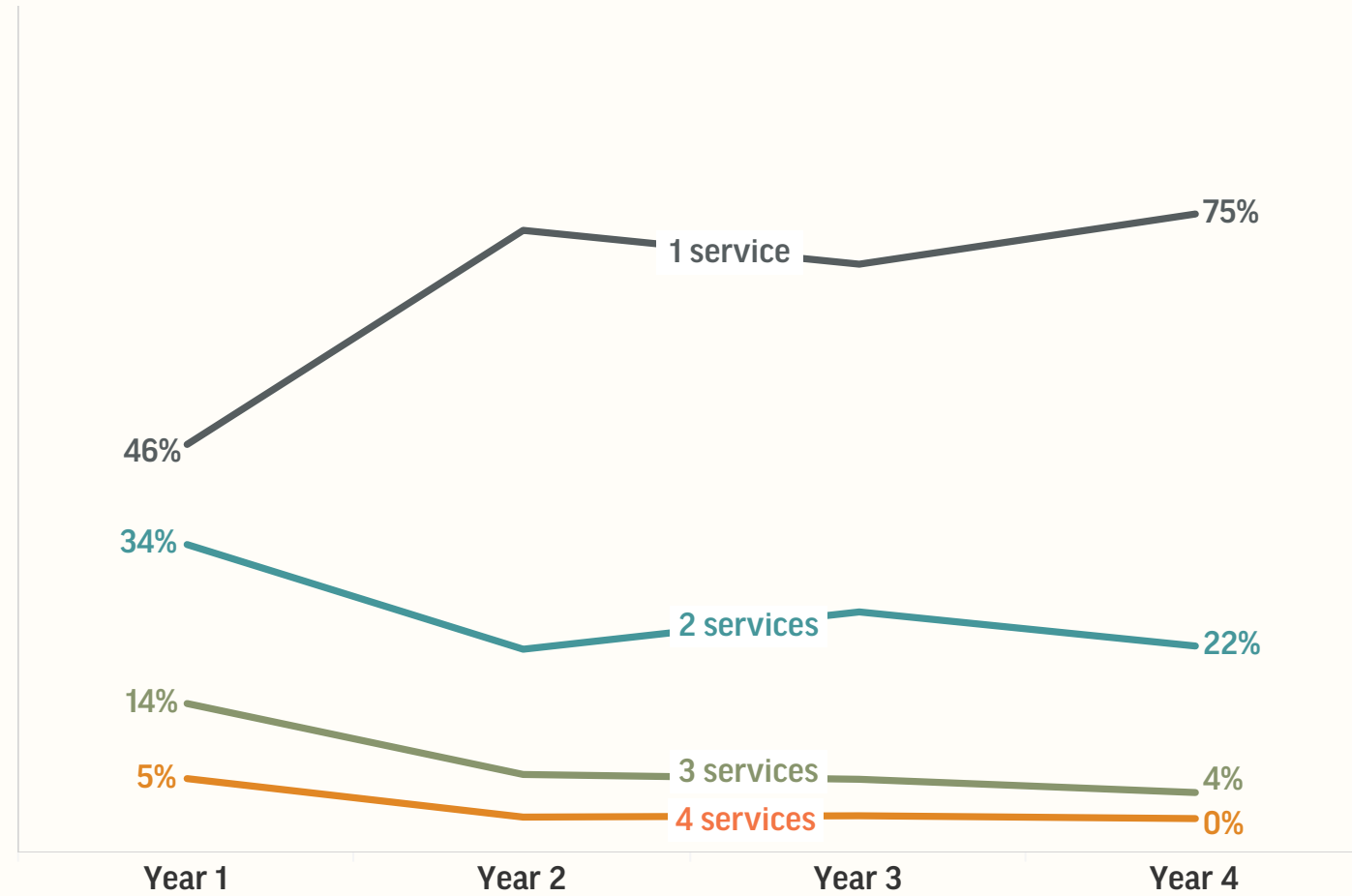




Matching interventions to student need

7-district grant-funded cohort

Number of services selected per referral grows more efficient over time
Percent of all referrals



School Liaison pilot: Lessons learned



Need for clear definition of the role from the start

Balancing clinical and systems-focused work is hard

Managing competing priorities

Challenges to expansion and sustainability: \$\$\$

How do we do this without a “behavioral health liaison”?



Define roles and responsibilities to foster strong relationships between the school district and CMHA

Leadership: CMHA Children’s Director, district superintendents, principals

Providers: School staff and community clinicians

Intentional communication

Establish mutual understandings/procedures about information sharing

Regular check-ins

Data sharing agreements that facilitate collaboration and effective care coordination

Share professional development opportunities

Revise job descriptions for school staff that enable collaboration with CMHAs

Pause and reflect



Questions about the School Liaison role?

Could this work in your setting?

What would the barriers be?

A fidelity tool to support behavioral health integration

Why fidelity?



Fidelity is intervention integrity – the degree to which a practice is implemented in a way that is faithful to the model

How do we know:

If we actually delivered the practice?

If we delivered it with integrity and consistency?

How to make sense of the outcomes?

What to focus on to improve?

NH's MTSS-B blueprint

NH MTSS-B Fidelity Inventory

District

Schoolwide/Tier 1


Tier 2/3

Behavioral Health Integration

Last updated 9/23/21

New Hampshire MTSS-B Fidelity Inventory

Behavioral Health Integration Module



School District/LEA: State: Date Completed:

Name of person facilitating administration of this NH-MFI module:

What is the role of the facilitator?

Is this the District/LEA's first administration of the NH-MFI Behavioral Health Integration Module? YES NO

How long has the District/LEA been implementing MTSS-B?

Instructions

The Behavioral Health Improvement Institute has made the NH-MFI freely available as part of the NH MTSS-B toolkit. Do not alter the tool without their permission.

- Please send copies of all completed NH-MFIs to bhiksc@gmail.com to support validation and ongoing development of the tool. This data will be kept secure and used and reported only in aggregate; no district/school identifying information will be released or reported by BHII.
- Please use the following citation in all references to the NH-MFI:
Phillips, M. & Fauth, J. (2020). *The New Hampshire MTSS-B Fidelity Inventory (NH-MFI)*. Behavioral Health Improvement Institute, Keene State College.
- Download and save a copy of this form before completing the NH-MFI.

Purpose

The NH MTSS-B Fidelity Inventory (NH-MFI) assesses the degree to which districts and schools are implementing the core features of the NH MTSS-B framework and helps district and school teams understand the relative strengths and weaknesses of their MTSS-B implementation. The NH-MFI's Behavioral Health Integration Module is an optional supplement to the three core NH-MFI modules (District, Schoolwide/Tier 1, and Advanced Tiers), designed to measure the quality of your district's collaboration and integration with partnering community mental health agencies in depth. Scores should be used to support strategic/action planning using the corresponding NH MTSS-B Action Planning Tools at the district (D-MAPT) and school (S-MAPT) levels, monitor progress, and gauge fidelity to the NH MTSS-B framework.

Administration

This module should be completed a minimum of once a year, during the district/school's typical planning time (e.g., just prior to the start of or after the close of the school year, etc.). In addition, the NH-MFI can be administered again mid-year to gauge ongoing implementation progress, if desired. Each module requires approximately 30-40 minutes to complete. An MTSS-B coach should facilitate administration, helping the team fully understand each item, reality-check their perceptions of implementation, and reach consensus on scoring.

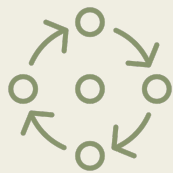
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1 of 5

Behavioral health integration domains



Leadership & support



Systems



Services

Leadership & support



District/community mental health agency (CMHA) partnership

Shared values

CMHA leadership

Behavioral health liaison

Systems



Information sharing

System-level data use

Behavioral health crisis response protocol

CMHA discharge procedure

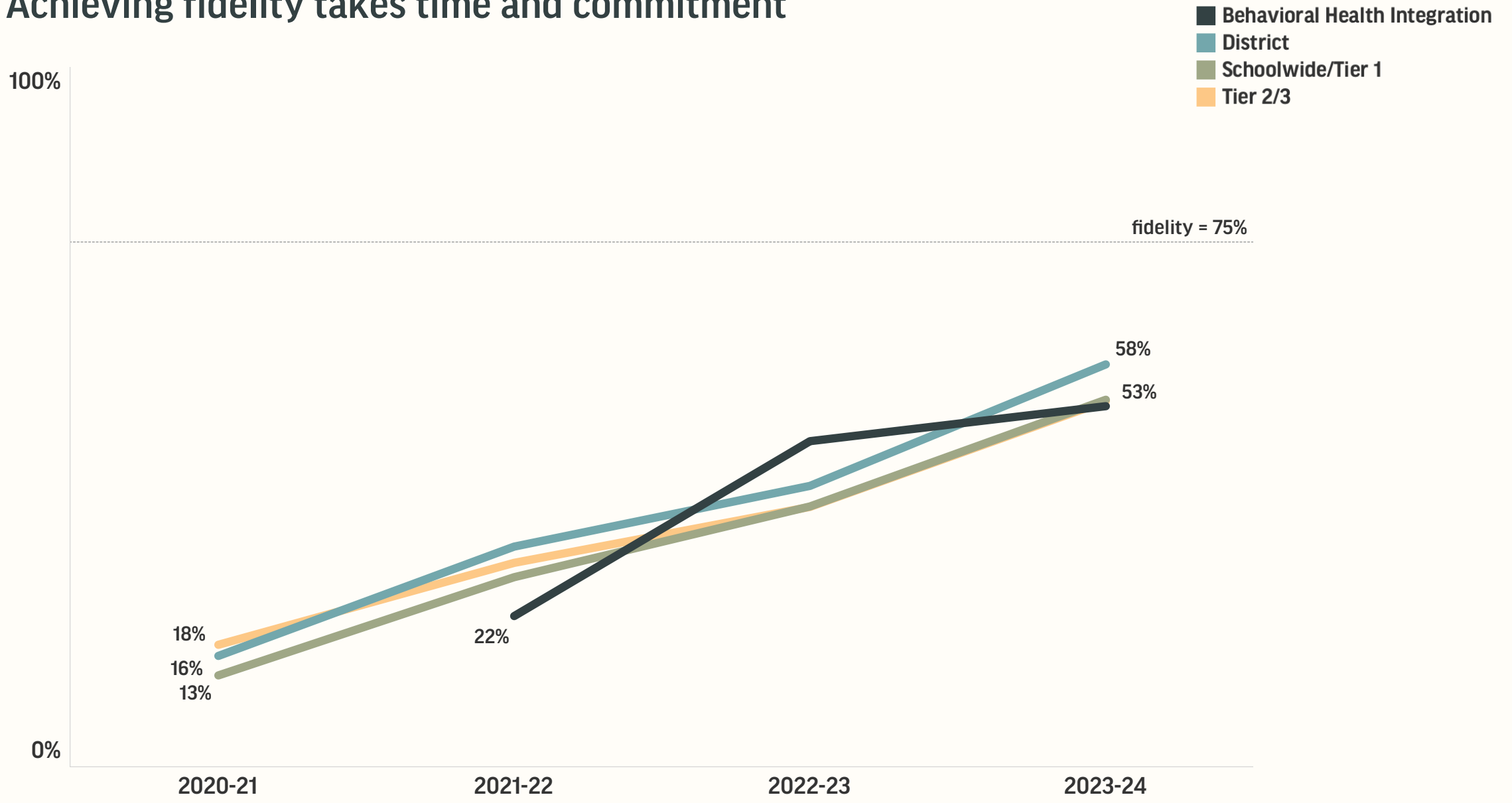
Services



Tier 3 service array

Access to CMHA services

Achieving fidelity takes time and commitment



Pause and reflect



What's something new you gleaned from the BH Integration Module?

What might not fit?

What would you add?

How could this support your integration efforts?

NEPBIS Forum session evaluation



bit.ly/NEPBISEval2024