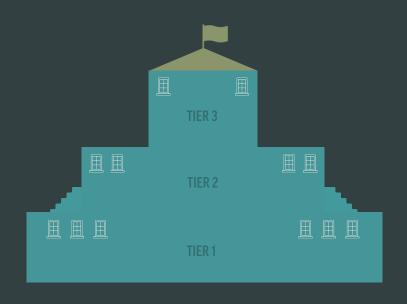
NH MTSS-B TECHNICAL ASSISTANCE CENTER

NH's Multi-Tiered System of Supports for Behavioral Health and Wellness

MTSS-B Coaching, Technical Assistance, and Evaluation Update

December 2022





A partnership of:

Behavioral Health Improvement



New Hampshire

Department of

Education

Why MTSS-B matters

The need for school-based behavioral health

The youth need for mental health care is unmet

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 these concerns.¹

Students need to be ready to learn

Attention is a limited resource. Students distracted by distressing emotions have less available for listening, watching, and absorbing and retaining knowledge. ^{2,3}

Only 12% of youth with mental health concerns receive treatment

Without appropriate supports, students are at risk

Without treatment, children with mental health disorders are at greater risk of substance use, risky sexual behavior, violence, and more severe mental health difficulties.⁴ The school dropout rate for students with severe emotional and behavioral needs is approximately **2x** that of other students.⁵

Schools are a hub for children's behavioral health

Universal social-emotional programming in schools offers all students an opportunity to develop foundational social-emotional competencies. School behavioral health programs overcome logistical barriers to care and decrease help-seeking stigma, resulting in dramatic improvements in access to care.⁶ Of the small fraction of youth who receive services for a mental health issue, **70-80%** receive them in school. Youth are **6x** more likely to complete evidence-based treatments in schools vs. other community settings.⁷

70-80%
of youth who get
mental health
services do so in
school

Schools need support to pull it off

Schools rarely have the resources to adequately invest in, train, and provide implementation support to staff to deliver coordinated, high-fidelity, evidence-based practices. This can result in piecemeal delivery of interventions that produce weak or negligible outcomes for students in need.8

Setting students and schools up for success

NH's Multi-Tiered System of Supports for Behavioral Health and Wellness (MTSS-B), when implemented well, improves school climate, reduces student disciplinary events, increases student attendance and ontask instructional time, and improves overall academic success.^{9,10,11}

Social-emotional skills like empathy, collaboration, self-efficacy, and responsibility are foundational to academic success.

Social-emotional learning improves academic achievement, reduces dropout, and increases college attendance.

Social and emotional wellness leads to better studentteacher relationships and classroom learning environments.

Reducing office discipline referrals through high-fidelity MTSS-B recaptures educational and administrative time that would otherwise be lost to preventable student problem behaviors.

MTSS-B practices create positive learning environments that improve and sustain school climate, which is associated with reduced teacher burnout.

An overview of MTSS-B

The NH MTSS-B Technical Assistance Center

The NH MTSS-B Technical Assistance (TA) Center was developed in 2020 as a partnership between the NH Department of Education's (NHED) Office of Social and Emotional Wellness (OSEW) and the Behavioral Health Improvement Institute (BHII) at Keene State College, which serves as a MTSS-B technical assistance provider and external evaluator for OSEW. The MTSS-B TA Center offers training, technical assistance, coaching, and a comprehensive Toolkit to support statewide dissemination and implementation of the MTSS-B framework. Currently funded entirely through federal competitive grants through OSEW, all of the TA Center's technical assistance is provided at no cost to NH districts and schools.

What is MTSS-B?

Working smarter, not harder

MTSS-B blends research-based school mental health practices and social-emotional learning (SEL) within an evidence-based tiered prevention framework. Based on the Interconnected Systems Framework¹², MTSS-B uses an implementation science lens to make behavioral health more comprehensive, systematic, equitable, efficient, and effective. It mobilizes integrated teams of school personnel and youth-serving community partners at district and school levels to use behavioral health and risk/protective data for strategic action planning. Action plans drive strategies for identifying student needs and matching students to tiered, social-emotional and behavioral health interventions across tiers. Teams monitor progress at both system and student levels, making adjustments as needed.

Core features

Social-emotional & behavioral health for all



Student and school wellness is an articulated district priority. SEL and behavioral health are integrated throughout school culture, including schoolwide curricula and classroom management, as well as interventions for those with higher needs.

Integrated delivery system



School, mental health, community, and family partners collaboratively develop an intentional, integrated approach to implementing evidence-based interventions to support student behavioral health needs.

Tiered prevention framework



Supports are delivered across three tiers:

Tier 1 schoolwide supports
Tier 2 targeted supports for
at-risk students

Tier 3 individualized services for students with the highest need

Focus on student outcomes



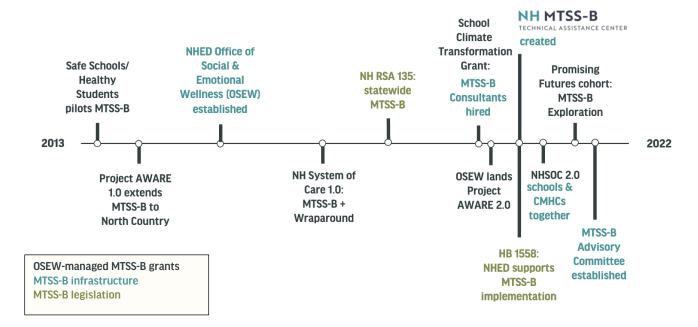
Monitored by outcomes: (1) schoolwide measures such as school climate, contextually inappropriate behaviors, attendance, achievement

(2) student-level measures of social-emotional, behavioral health, & academic functioning

Building out NH's MTSS-B infrastructure

A recent history of NH MTSS-B

Tiered behavior prevention frameworks are not new in NH; schools throughout the state have been implementing forerunners of MTSS-B (PBIS, MTSS) in pockets, both on their own and with the support of external coaching, for decades. With OSEW's receipt of a Safe Schools/Healthy Students grant in 2013, the term "MTSS-B" was coined to represent a re-envisioned framework focused on a comprehensive, integrated approach to supporting student wellness – one that called on community mental health partners to work closely with school districts to identify and address the social-emotional and mental health needs underlying student behaviors. The timeline below overviews funding, infrastructure, and legislation that have supported the growth of MTSS-B since 2013.



MTSS-B TA Center expands technical assistance throughout NH

With a School Climate Transformation Grant in 2019, OSEW introduced regional MTSS-B Consultants who provide training, coaching, and technical assistance to any NH school district seeking implementation support. OSEW also contracted with BHII to establish and run the NH MTSS-B TA Center, strengthen the connection between MTSS-B evaluation and implementation, and

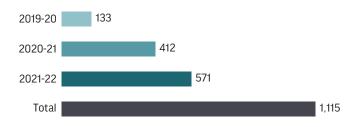
build out the MTSS-B Toolkit, which is now available to all NH school districts and their community partners at **nhmtssb.org**.

MTSS-B coaching and technical assistance

MTSS-B TA Center direct coaching to NH school districts has increased by over **300%** since inception of the TA Center in 2019, even in the face of staffing transitions and vacancies within OSEW. MTSS-B Consultants have provided coaching to **36** unique districts to date, representing **40%** of NH school districts.

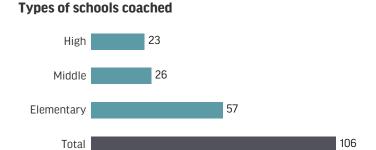
MTSS-B Consultants have delivered coaching to 40% of NH school districts since 2019

Hours of direct MTSS-B coaching to districts/schools



Consultants have coached staff from 106 unique schools since 2019. MTSS-B implementation is often a more adaptive process at the secondary level, and in response to suspensions and other rising concerns, Consultants have been working with NH high schools to support MTSS-B within their unique culture and context. Across schools that have received coaching, 22% are at the high school level.

The capacity to offer MTSS-B coaching directly to districts has been a major strength of OSEW's current grant cohort. Stakeholders have viewed OSEW MTSS-B coaching as a novel, important, and wise investment of resources. In addition to ongoing coaching, MTSS-B Consultants have delivered over 1,200 hours of training and technical assistance to 51 different school districts and their community partners. Youth Mental Health First Aid (YMHFA) has been a major



focus with almost **100 trainings** offered; other topics have included social-emotional wellness, Developmental Assets, trauma-responsive practices, and culture and diversity, among others.

Increased access via collaboration with community mental health

OSEW has joined with NH DHHS to pilot an innovative School Liaison role in four community mental health centers (CMHCs) for grant-funded districts. Employed by the CMHC but embedded in one or more districts, the School Liaison facilitates policies and procedures to support an integrated mental health delivery system (e.g., referral pathways, school-based team participation, communication practices); supports rapid access to services for students; and provides behavioral health consultation, coaching, and training to school staff. Preliminary evaluation findings suggest that the School Liaison role has helped break down treatment silos and shortened wait times for services. One district has reduced the average wait time for CMHC services for students from 3-4 months to 4-6 weeks through this collaboration.

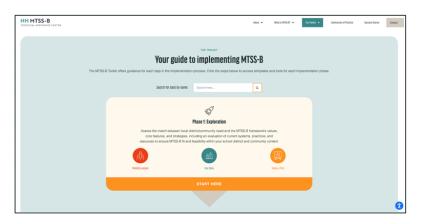


Evaluation-related technical assistance

In addition to provision of technical assistance and coaching oversight to OSEW, BHII has served as external evaluator for OSEW's MTSS-B-focused federal grants since 2014. Since data tracking began in 2019 with the inception of the MTSS-B TA Center, BHII has provided almost **500** hours of local, targeted evaluation-related technical assistance and consultation to 12 unique NH school districts to support MTSS-B data-based decision making, progress monitoring, and quality improvement.

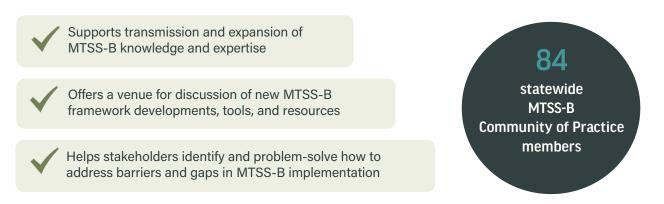
The NH MTSS-B Toolkit

The MTSS-B Toolkit is openly available on the MTSS-B TA Center's website and contains over 60 guidance documents and tools to support implementation across MTSS-B phases. Overall hits on the website have increased by 38% since launch in 2020. Participant evaluations from MTSS-B TA Center trainings suggest that they find the guidance documents and tools extremely helpful, especially those focused on school-level implementation and data-based decision making and progress monitoring.



MTSS-B Community of Practice

In May 2022, the MTSS-B TA Center launched the NH MTSS-B Community of Practice (CoP) to convene stakeholders committed to the improvement and expansion of MTSS-B in NH. TA Center staff facilitate monthly convenings with demonstration sites and other interested districts as well as youth-serving community partners, coaches, trainers, and TA providers throughout the state. CoP members share insights and lessons learned, address barriers to implementation, develop tools and shared resources, and identify exemplar implementation/demonstration sites.



Each month, the MTSS-B CoP engages around a member-presented "spotlight" topic. Recent examples include community and family engagement; data-based decision making; effective tiered interventions and teams; leveraging existing community partnerships; managing administrative turnover; and sustaining MTSS-B in district strategic plans.

MTSS-B Advisory Committee

The NH MTSS-B TA Center has established and is informed by a multi-sector, state-level NH MTSS-B Advisory Committee (MAC). The MAC provides input on strategies and planning efforts and supports awareness and dissemination of the MTSS-B framework throughout NH schools and communities. The committee consists of representation from school districts, CMHCs, other behavioral health entities, MTSS-B Consultants and coaches, the DHHS Bureau of Children's Behavioral Health, youth, mental health education and advocacy groups, and the NH Department of Education and BHII. The MAC is designed to support coordination among state agencies and provides input and feedback to the NHED/BHII team on high-level issues related to the development and dissemination of MTSS-B.

What we've learned

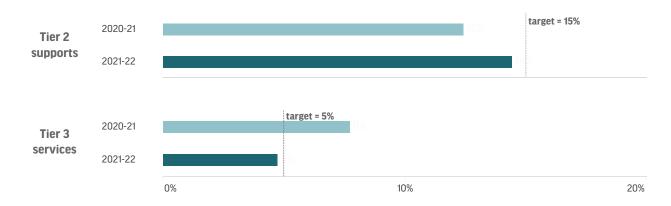
BHII has served as external evaluator for OSEW's MTSS-B grant-funded projects since 2014. Recent evaluation data comes from OSEW's current Project AWARE 2.0/System of Care 2.0 grant cohort.

MTSS-B reach

Reach has to do with MTSS-B implementation breadth, depth, and scope. If reach is insufficient, implementation is ineffective – schools and students receive an inadequate MTSS-B "dose."

More efficient systems. While about 80% of students will have their needs met by Tier 1 behavioral and social-emotional programs, another 15% will need targeted Tier 2 supports to help them meet social-emotional expectations and/or engage in prosocial behaviors. Up to 5% of students – those with behavioral health needs who require more intensive support – will require individualized Tier 3 services. The chart below illustrates how over one year of MTSS-B implementation, the current grant cohort has adjusted services to better reflect the needs of students. While Tier 3 services were high in Year 1, a more systematic approach to matching interventions to student need resulted in a more efficient service delivery system in Year 2.

Percent of students referred to Advanced Tiers



Better access to community mental health. The success rate of school referrals to community mental health offers another striking data point for the cohort. Through the development of facilitated referral procedures supported by district-CMHC collaboration, the percentage of facilitated referrals to CMHCs that result in *at least* an intake – a figure typically as low as 30% in community settings¹⁴ – has exceeded project targets. In addition to reducing wait times, in 2021-22 overall referral success exceeded 50% in five of seven cohort districts, with three districts reporting referral success rates of **70% - 83%**.

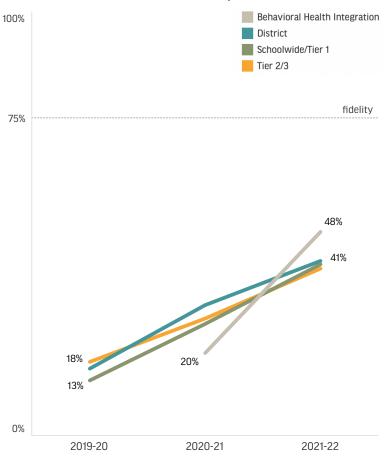
70%-83%
of referrals to community mental health were successful across 3 districts

MTSS-B fidelity

Fidelity has to do with implementation quality - the degree to which a practice is implemented in a way that is faithful to the guiding model. BHII has developed the NH MTSS-B Fidelity Inventory (NH-MFI)15 to assess the degree to which districts and schools are implementing the core features of the NH MTSS-B framework and help teams understand the relative strengths and weaknesses of their MTSS-B implementation. Used for progress monitoring and quality improvement, the NH-MFI offers a comprehensive tool for supporting MTSS-B consistency across NH districts. The NH-MFI consists of four modules: District, Behavioral Health Integration, Schoolwide/Tier 1, and Tier 2/3.

Fidelity data from the current grant cohort showcases the growth districts can achieve when supported with ongoing external coaching and evaluation TA. The cohort has more than doubled its MTSS-B implementation fidelity across all domains over the last two years – while managing the massive challenges of COVID-19. Behavioral health integration fidelity (measured for

AWARE/SOC 2.0 cohort MTSS-B fidelity



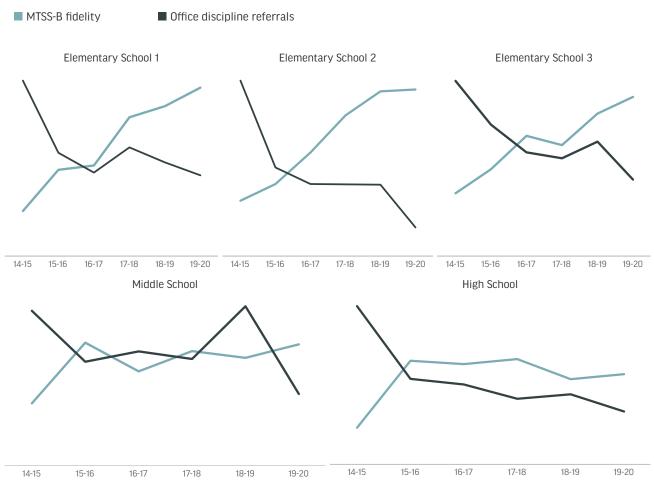
the first time in 2020-21), which assesses the quality of district collaboration with partnering community mental health agencies, has more than doubled in just one year. This is likely due to the new School Liaison position and the intentional collaboration it supports.

MTSS-B outcomes

BHII tracks high-leverage school-level MTSS-B outcomes including office discipline referrals (ODRs) and academic engagement and success. These have been challenging to measure in recent years due to the impact of COVID-19 on data collection. Remote and hybrid learning models took a massive toll on attendance tracking and presented few opportunities to measure ODRs.

Reduced office discipline referrals. That said, previous MTSS-B grant projects have demonstrated striking outcomes. Schools often use ODRs as a leading indicator of student behavior and underlying student distress. As an example, data from a NH school district where high-fidelity MTSS-B implementation was a priority over five years provides a striking illustration that is consistent with the scholarly evidence that tells us that MTSS-B is associated with reduced ODR rates when implemented with fidelity. In the chart below, fidelity scores and ODR rates are mirror images in each school; as MTSS-B fidelity increases, ODRs decrease, and vice versa. High-fidelity MTSS-B leverages ODRs and other school outcomes.

High-fidelity MTSS-B leverages ODRs



Recaptured student instructional time. Reducing ODRs through high-fidelity MTSS-B recaptures educational and administrative time that would otherwise be lost to preventable student problem behaviors. All students, including the disruptive student, lose learning time when problem behaviors interfere in the classroom. Using established estimates,¹⁷ the same school district gained back over **9,200 hours** of student instructional time, and almost **7,000 hours** of administrator time, through reductions in ODRs over the course of five years of MTSS-B implementation. Data from other school districts with less robust MTSS-B implementation show similar, if less dramatic, patterns.

One district saved over

9,200

student instructional hours over 5 years of MTSS-B

MTSS-B sustainability

Looking forward

MTSS-B is a powerful tool that incorporates foundational, evidence-based practices with innovative frameworks to support student wellness and optimal learning. Local data from participating districts, against a backdrop of scholarly evidence, suggest that NH schools implementing MTSS-B with fidelity achieve high-leverage educational and social-emotional outcomes. This has important implications for prevention of downstream problems such as substance misuse, violent behavior, mental illness, absenteeism, suspensions, and ultimately, school failure.

Statewide MTSS-B requires dedicated, sustainable fiscal support

It takes considerable resource and effort to implement MTSS-B with fidelity. Building the capacity necessary for full adoption of the framework within a school, and even more so across an entire district or state, is crucial. The MTSS-B TA Center offers a guiding, evidence-based state-level model, on-the-ground training and staffing, integration of evaluation expertise to support data-based decision-making, and access to ongoing, expert coaching. Where these ingredients are in place, students are better positioned to succeed. **Current federal funding sources for the NH MTSS-B TA Center expire in September of 2023**, including those that support MTSS-B Consultant positions; coaching and training; and the MTSS-B TA Center website, Toolkit, Community of Practice, and other forms of technical assistance. The TA Center needs dedicated, sustainable funding to maintain operations and continue to support NH schools in addressing student wellness, engagement, and achievement.

Schools need no-cost external training and coaching

The addition of external MTSS-B Consultants, who provide ongoing coaching free-of-charge to already under-resourced school districts, has been a game-changer for NH schools and their community partners. Consultants provide the initial energy that districts need to get going; necessary up-front training and knowledge; ongoing coaching at the point of practice (e.g., co-facilitating team meetings); development of internal district MTSS-B coaching capacity; and strategic action planning. No-cost MTSS-B external coaching is critical to statewide MTSS-B implementation.

Intentional CMHC collaboration is a game changer

The current grant cohort's focused integration with CMHCs, and especially the School Liaison role, has been widely praised; preliminary evaluation findings suggest that it has strengthened partnerships to leverage resources, created common understandings and improved communication, streamlined referral pathways, and increased access to mental health supports for students and their families. The NHED and DHHS partnership and state funding should be leveraged to expand the scope of the CMHC School Liaison experiment across all NH regions.

We need core measures and statewide progress monitoring

The finite and unreliable nature of competitive federal grants limits what the NH MTSS-B TA Center and BHII can do to support districts who seek to implement data-based decision making and progress monitoring. Systematic collection of fidelity and outcome data has been challenging to achieve across separate projects. The MTSS-B TA Center, with enough resources, can build out infrastructure to support development and data collection of core MTSS-B measures, and offer a platform for tracking fidelity to support statewide progress monitoring, learning, and quality improvement.

References

- ¹ Hoover, S., Lever, N., Sachdev, N., Bravo, N., Schlitt, J., Acosta Price, O., Sheriff, L. & Cashman, J. (2019). *Advancing Comprehensive School Mental Health: Guidance from the Field.* Baltimore, MD: National Center for School Mental Health. University of Maryland School of Medicine.
- ² Ibid.
- ³ Zins, J. E., Weissberg, R. P., Wang, M. C., & Walberg, H. J. (Eds.). (2004). *Building academic success on social and emotional learning: What does the research say?* New York, NY: Teachers College Press.
- ⁴ University of Maryland School of Medicine. (n.d.) The Impact of School Mental Health: Educational, Social, Emotional, and Behavioral Outcomes. Retrieved from http://csmh.umaryland.edu/media/SOM/Microsites/CSMH/docs/CSMH-SMH-Impact-Summary-July-2013-.pdf
- ⁵ Lehr, C. A., Johnson, D. R., Bremer, C. D., Cosio, A., & Thompson, M. (2004). *Increasing Rates of School Completion: Moving from Policy and Research to Practice. A Manual for Policymakers, Administrators, and Educators*. Essential Tools. National Center on Secondary Education and Transition, University of Minnesota (NCSET).
- ⁶ Bringewatt, E., & Gershoff, E. (2010). Falling through the cracks: Gaps and barriers in the mental health system for America's disadvantaged children. *Child Youth Services Review*, 32, 1291-1299.
- ⁷ Hoover, S., et al. (2019). *Advancing Comprehensive School Mental Health: Guidance from the Field.* Baltimore, MD: National Center for School Mental Health. University of Maryland School of Medicine.
- ⁸ Weist, M. D., Hoover, S., Lever, N., Youngstrom, E. A., George, M., McDaniel, H. L., Fowler, J., Bode, A., Joshua Bradley, W., Taylor, L. K., Chappelle, L., & Hoagwood, K. (2019). Testing a package of evidence-based practices in school mental health. *School Mental Health*, *11*(4), 692–706. https://doi.org/10.1007/s12310-019-09322-4
- ⁹ VanLone, J., Freeman, J., LaSalle, T., Gordon, L., Polk, T., & Rocha Neves, J. (2019). A Practical Guide to Improving School Climate in High Schools. *Intervention in School and Clinic*, 55(1), 39–45. https://doi.org/10.1177/1053451219832988
- ¹⁰ Freeman, J., Wilkinson, S., Kowitt, J., Kittelman, A., & Brigid Flannery, K. (2018). Research-Supported Practices for Improving Attendance in High Schools: A Review of the Literature. *Educational Research and Evaluation*, 24(8) 481-503.
- ¹¹ Hoover, S., et al. (2019). *Advancing Comprehensive School Mental Health: Guidance from the Field.* Baltimore, MD: National Center for School Mental Health. University of Maryland School of Medicine.
- ¹² Eber, L., Barrett, S., Perales, K., Jeffrey-Pearsall, J., Pohlman, K., Putnam, R, Splett, J., & Weist, M.D. *Advancing Education Effectiveness: Interconnecting School Mental Health and School-wide PBIS, Volume 2: An Implementation Guide.* (2020). Center for Positive Behavior Interventions and Supports (funded by the Office of Special Education Programs, U.S. Department of Education). Eugene, Oregon: University of Oregon Press.
- ¹³ Sugai, G., Horner, R. H., & Gresham, F. M. (2002). *Behaviorally Effective School Environments*. In M. R. Shinn, H. M. Walker, & G. Stoner (Eds.), Interventions for academic and behavior problems II: Preventive and remedial approaches (p. 315350). National Association of School Psychologists.
- ¹⁴ Kessler, R. (2012). Mental Health Care Treatment Initiation When Mental Health Services are Incorporated into Primary Care Practice. Journal of the American Board of Family Medicine,25(2), 255-259. doi:10.3122/jabfm.2012.02.100125
- ¹⁵ Phillips, M. & Fauth, J. (2020). *The New Hampshire MTSS-B Fidelity Inventory (NH-MFI)*. Behavioral Health Improvement Institute, Keene State College.
- ¹⁶ Simonsen, B., Eber, L., Black, A. C., Sugai, G., Lewandowski, H., Sims, B., & Myers, D. (2012). Illinois statewide positive behavioral interventions and supports: Evolution and impact on student outcomes across years. *Journal of Positive Behavior Interventions*, 14(1), 5-16.
- ¹⁷ Barrett, S. & Scott, T. (2006). Evaluating time saved as an index of cost effectiveness in PBIS schools. Retrieved from https://www.pbis.org/common/cms/files/Newsletter/Volume3%20Issue4.pdf on December 2, 2020.