Implementing MTSS to Expand Mental Health Services to Students

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SAMHSA
Substance Abuse and Mental Health
Services Administration

Mountain Plains (HHS Region 8)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Disclaimer and Funding Statement

The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).
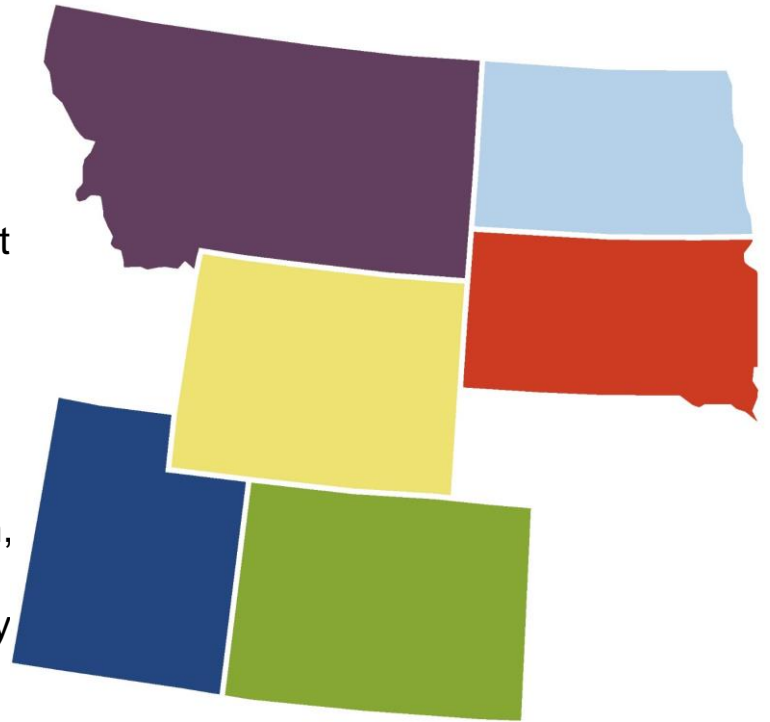
Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

STRENGTHS-BASED AND HOPEFUL

PERSON-FIRST AND FREE OF LABELS

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR AND UNDERSTANDABLE

HEALING-CENTERED AND TRAUMA-RESPONSIVE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

Stay Connected

Scan this QR code to follow us on Instagram, LinkedIn, Twitter, and Facebook. You can also join our e-mail newsletter!
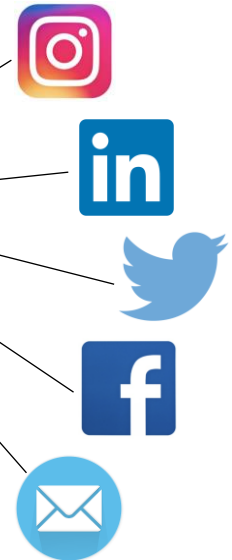
SCAN ME

OBJECTIVES

This training will discuss the components of a school-based behavioral health model that addresses students' mental health needs from prevention/promotion to early intervention to intensive services.

01 Participants will understand the **components** of behavioral services in an **MTSS model**

02 Participants will learn about how **universal behavioral health screening** occurs in schools

03 Participants will learn about **workforce development** strategies needed to create an effective mental health workforce

04 Participants will learn how to develop **partnerships** required to implement comprehensive behavioral health models to schools

Behavioral Health Services in a MTSS Model

Every Child Deserves a Safe & Supportive School

- Preventative model to build capacity within BPS to meet the **behavioral health & social emotional** needs of all students.

- Builds capacity within BPS schools to **provide instruction and intervention supports** along a continuum of student need (e.g. universal, targeted, intensive).

- Incorporates use of a **universal screener** to identify students at risk for social, emotional and/or behavioral health concerns early, and monitor student progress throughout intervention services.

- Implementation began in 10 schools during the 2012-13 School Year.

- MTSS is currently required in all **BPS schools**, and each year we screen **over 31,000** students.

www.cbhmboston.com

Logic Model
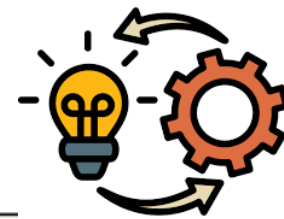
BPS Comprehensive Behavioral Health Model

Mission: Ensuring that all students have a safe and supportive school where they can be successful

	If we do this...	We will see this...	To achieve this...
Students	Universal screening and positive skill instruction / Access to targeted supports and services	Improved academic performance / Increased positive behaviors	Academic and social competence
Schools	Integrated academic and socio-emotional learning / Professional development on evidence-based interventions	Improved school climate and student engagement / Increased skills to address students' needs	Safe and supportive learning environments
District	Data management and accountability / Partnerships with families and community agencies	Increased capacity to provide services / Improved access to and coordination of services	High-quality, equitable behavioral health services

Essential Components

Collaboration with and support for families
Aligned district initiatives and policies
Data-based decision making
Appreciation for diversity

Consultation and collaboration
School and district leadership
Student-centered
Differentiated instruction

Guided by Massachusetts Department of Elementary and Secondary Education's Behavioral Health Framework

Theory of Change: Integrating behavioral health services into schools will create safe and supportive learning environments that optimize academic outcomes for all students.

Six Holistic Domains
Indicators of Culturally Responsive Instruction

Classroom Relationships

➔ Ethic of care
➔ High expectations
➔ Atmosphere of respect
➔ Students collaboration

Family Collaboration

➔ Genuine partnerships
➔ Non-traditional outreach
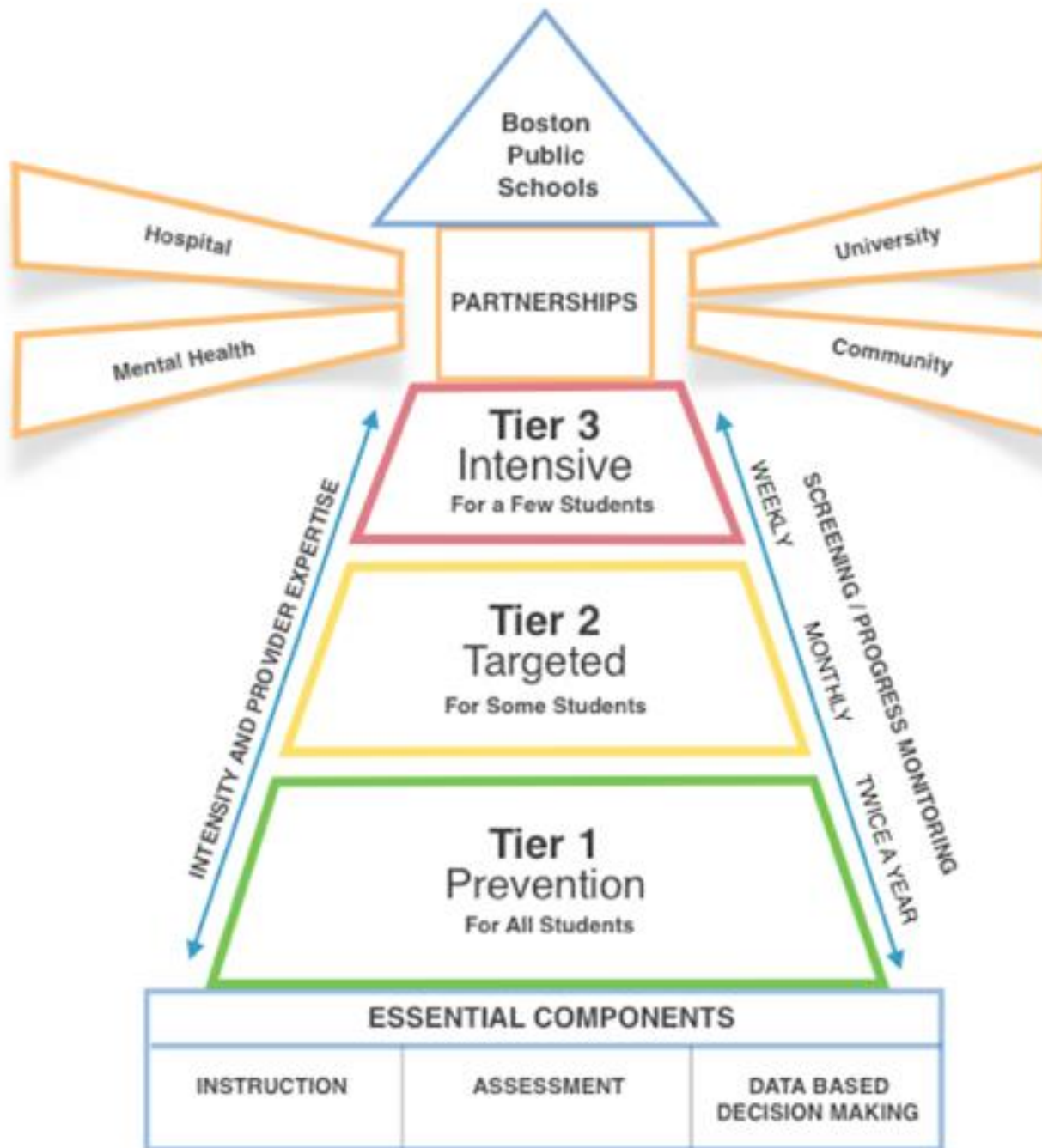➔ Family involvement
➔ Cultural knowledge

Assessment Practices

➔ Formative assessments uses
➔ Demonstration of learning
➔ Authentic assessments
➔ Self-assessments

Instructional Practices

➔ Instruction contextualized
➔ Engaging activities
➔ Academic language
➔ Scaffolding
➔ Student choice

Discourse

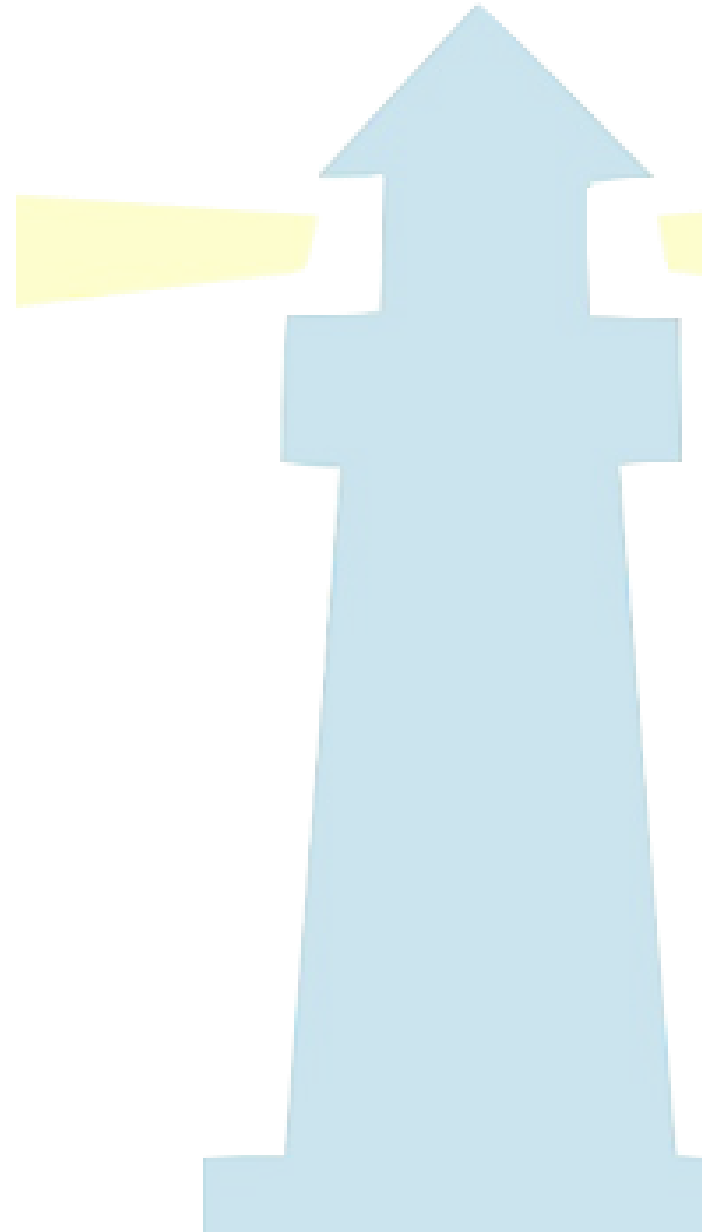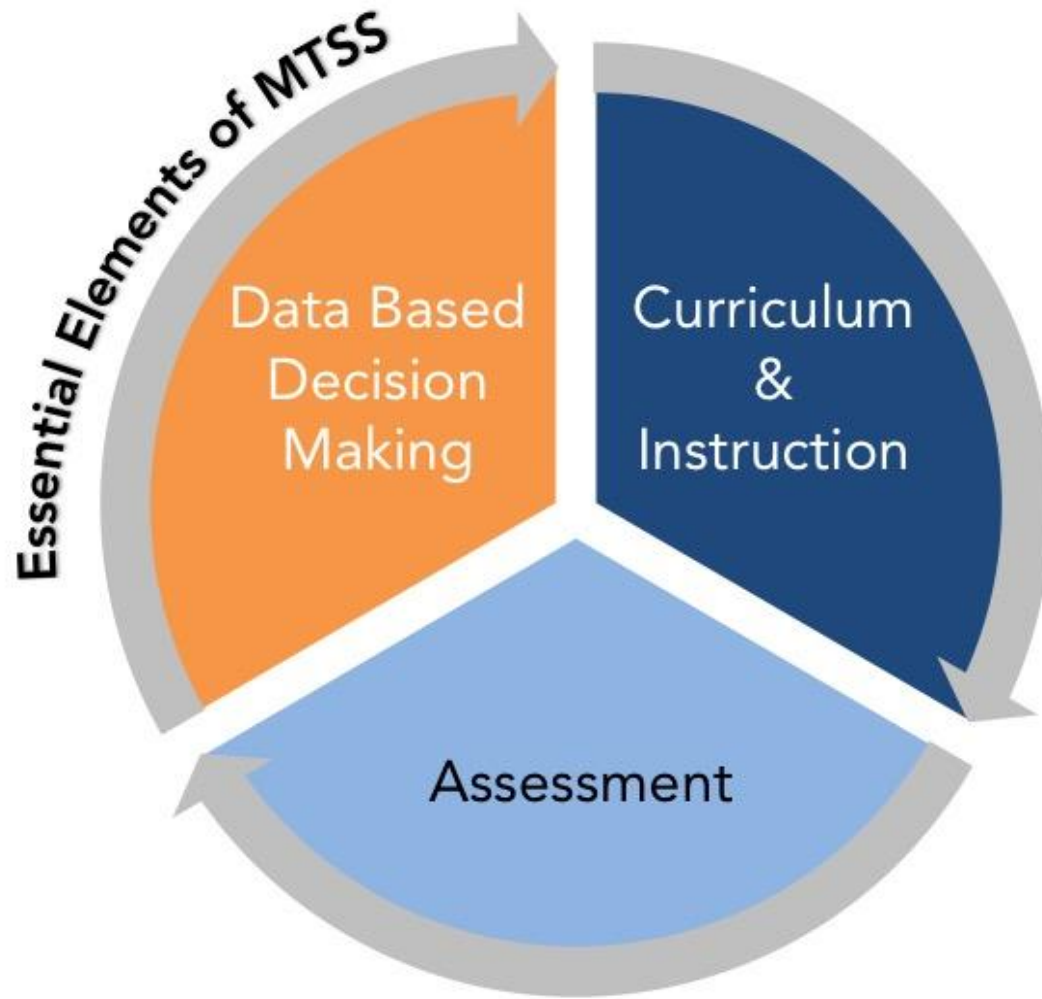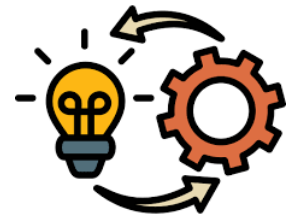➔ Active student engagement
➔ Culturally sustaining structures
➔ Linguistic competence

Critical Consciousness

➔ Inclusion of important issues
➔ Confronting negative stereotypes and biases
➔ Diverse perspectives

Office of Opportunity Gaps (2020) "CLSP & CRIOP: A Framework for Transformation

15

What……..

Essential Elements of MTSS

Data Based Decision Making

Curriculum & Instruction

Assessment

	WHAT	WHY	HOW
C U R & I N S	• Culturally Responsive Positive Behavioral Interventions and Supports (CRPBIS)	High quality instruction depends upon inclusive, culturally and linguistically sustaining, high performing school environments	Organize the school environment to prevent problem behaviors and reinforce positive behaviors *Core Values/Expectations*
	• Social Emotional Learning (SEL) Curricula	Mastery of social emotional & behavioral skills is necessary for success in life, college, and career	Core instruction in social skills, such as empathy, relationship building, and conflict management *SEL Competencies & Standards*
A S S M T	• Universal Screening	Relying on discipline data or teacher referral for support exacerbates opportunity gaps	Collect objective information that can be used to guide instruction at multiple levels (e.g. school, grade, class, and individual student) *BIMAS-2*
D B D M	• Problem Solving Teams & Data Based Decision Making	Interpreting universal assessment results supports the strengthening of core instruction	School teams are effectively organized to promote efficient data-based decision making. *Tier 1 Team*

TIER ONE ESSENTIALS

CRPBIS @ Tier 1

core values & matrix

Lesson plans to **teach** core values

School wide process for reinforcing positive behavior

School wide process for responding to challenging behavior & using data

1 • EXPECTATIONS DEFINED

2 • EXPECTATIONS TAUGHT

3 • REINFORCEMENT SYSTEM

4 • CONSEQUENCE SYSTEM

5 • DATA SYSTEM
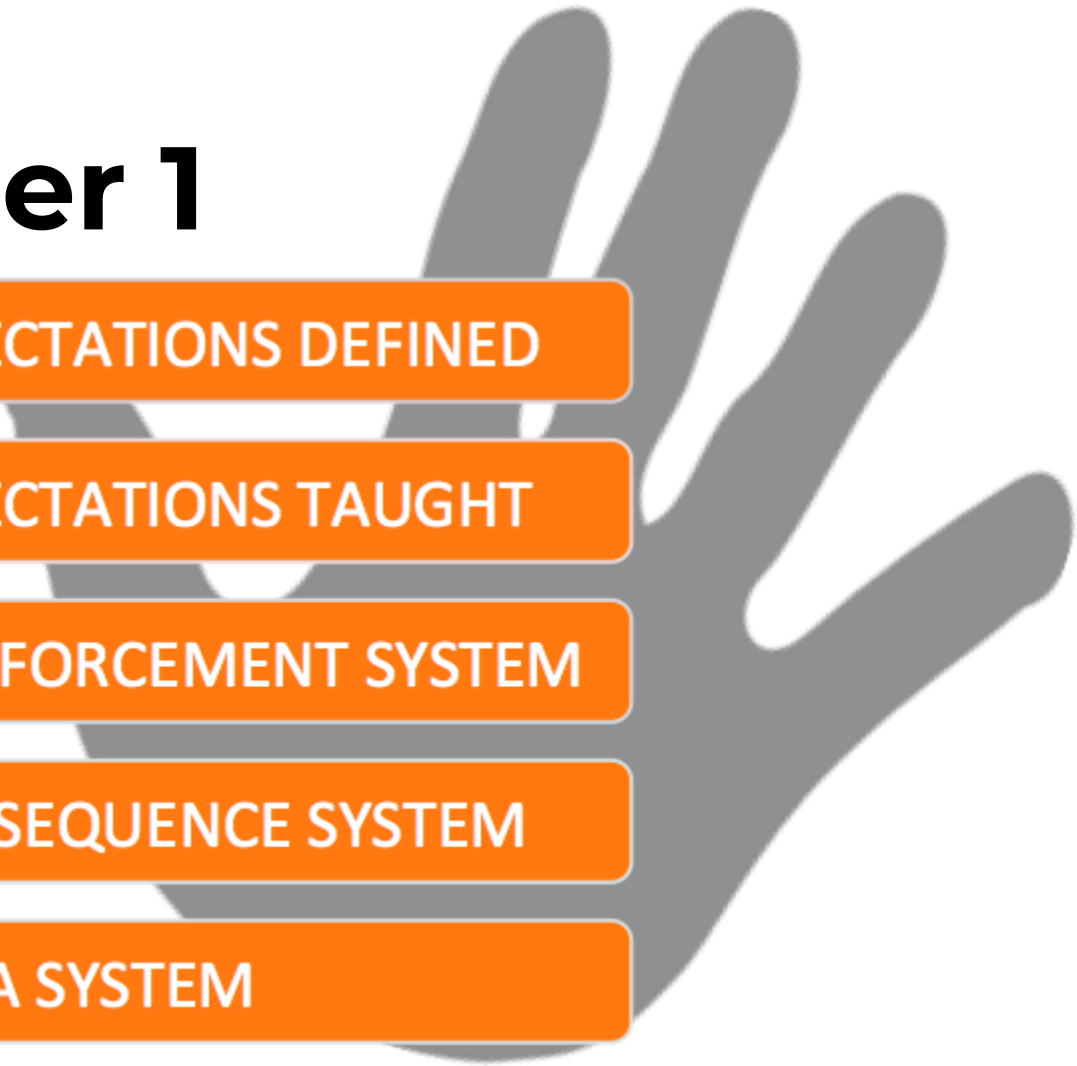
[Tier 1 Toolkit](#) & [Tier 2 Toolkit](#)

Multi-Tiered Systems of Support (MTSS)

Tier 2 Toolkit for Behavior

Who……..
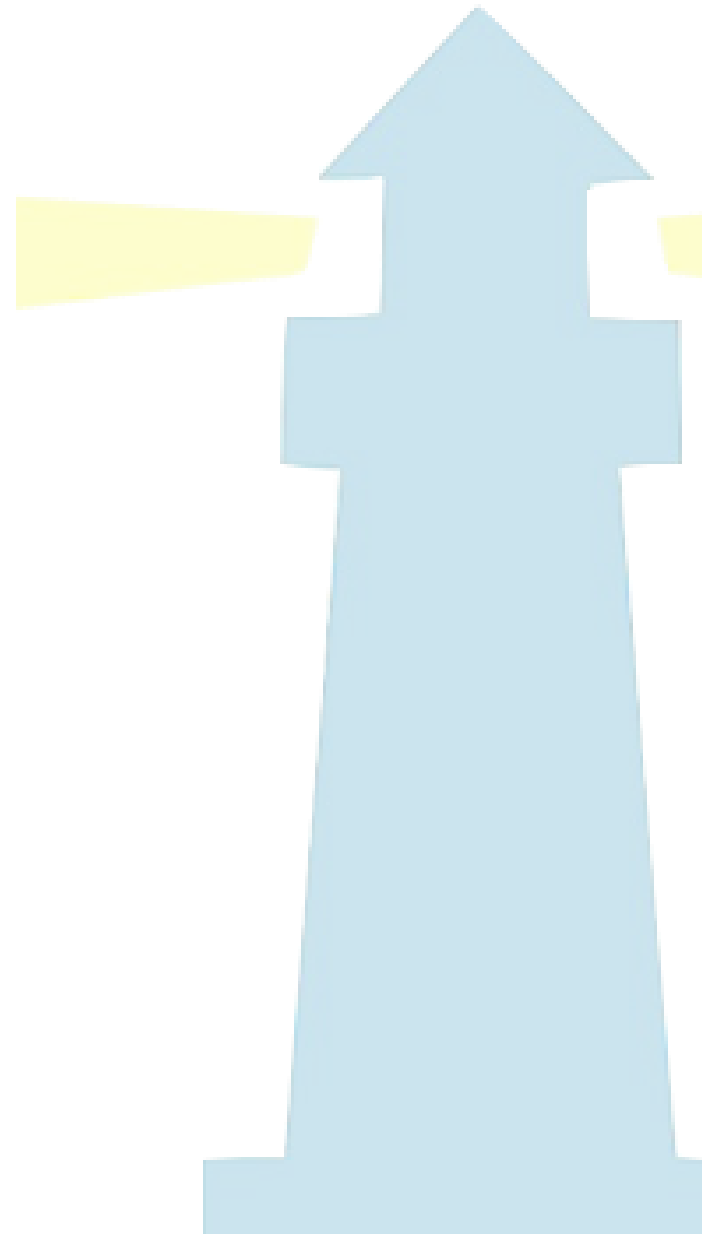
Who does MTSS?

Your School Psychologists can help

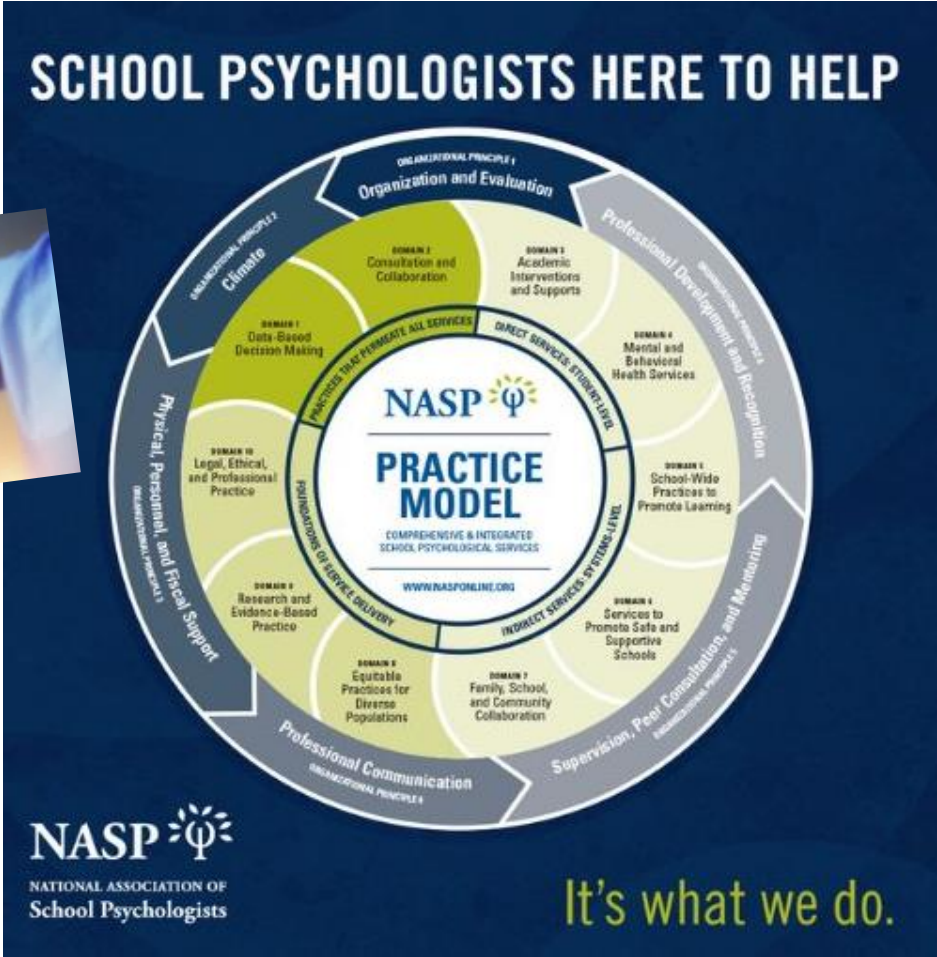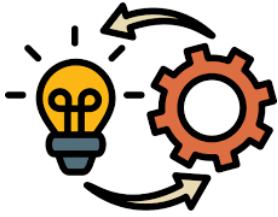NASP Practice Model Information: www.nasponline.org

When a school psychologist works **0.4 FTE** in one building**…**

Tier I Universal (all students)	Tier II Targeted (some students)	Tier III Intensive (a few students)

• Facilitate PBIS/SEL/Climate Tier 1 Team
• Support teachers with SEL instruction
• Attend ILT
• Attend Grade Level Meetings
• Consult with Admin, Parents, Teachers, Teams
• Review school or grade level data with teams
	• ~~Facilitate~~ Attend SST*
	  ○ Academics
	  ○ Behavior
	• Support with FBA/BIP development
	• Provide solution focused group counseling & interventions
	• Train school staff on check in / check out
	• Train SST & school staff on progress monitoring
	• Review progress monitoring data with teams
		• Facilitate Mental Health Team (partner clinicians, school based MH staff)
		• IEP Testing
		• IEP Counseling
		• Crisis Support
		  ○ Threat assessment
		  ○ Suicide Risk Assmt
		  ○ Safety Plans

WHAT DO SCHOOL PSYCHS DO?

When a school psychologist works **1.0 FTE in one building…**

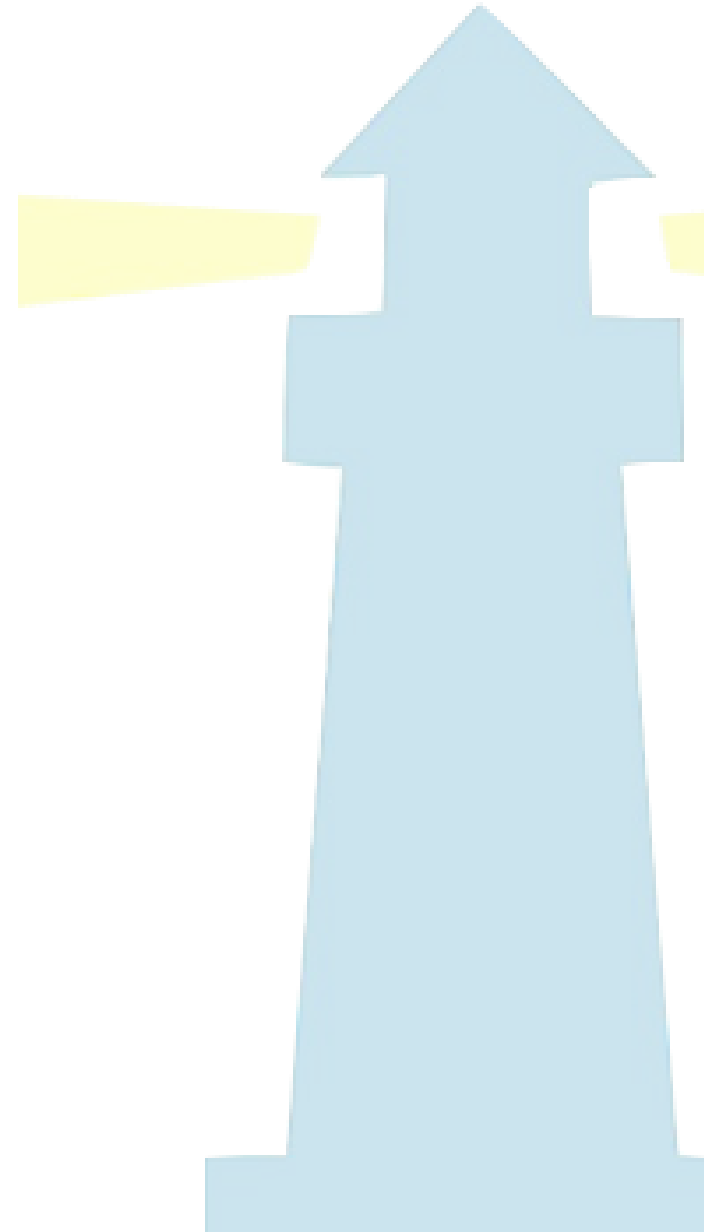| Tier I Universal (all students)	Tier II Targeted (some students)	Tier III Intensive (a few students)
- Facilitate PBIS/SEL/Climate Tier 1 Team - Support teachers with SEL instruction - Attend ILT - Attend Grade Level Meetings - Consult with Admin, Parents, Teachers, Teams - Review school or grade level data with teams	**Facilitate** SST - Academics - Behavior - Support with FBA/BIP development - Provide solution focused group counseling & interventions - Train school staff on check in / check out - Train SST & school staff on progress monitoring - Review progress monitoring data with teams	- Facilitate Mental Health Team (partner clinicians, school based MH staff) - IEP Testing - IEP Counseling - Crisis Support - Threat assessment - Suicide Risk Assmt - Safety Plans

WHAT DO SCHOOL PSYCHS DO?

How……..

Implementation…..

Procedures
- Data collection
- Implementation checklist
- MTSS Process: Maps, forms, data

Resources
- Tier1, Tier 2, Tier 3 Toolkit
- Intervention grid
- SST Manual
- Data handbook

Arc of Learning
- Team Facilitation
- Specific interventions
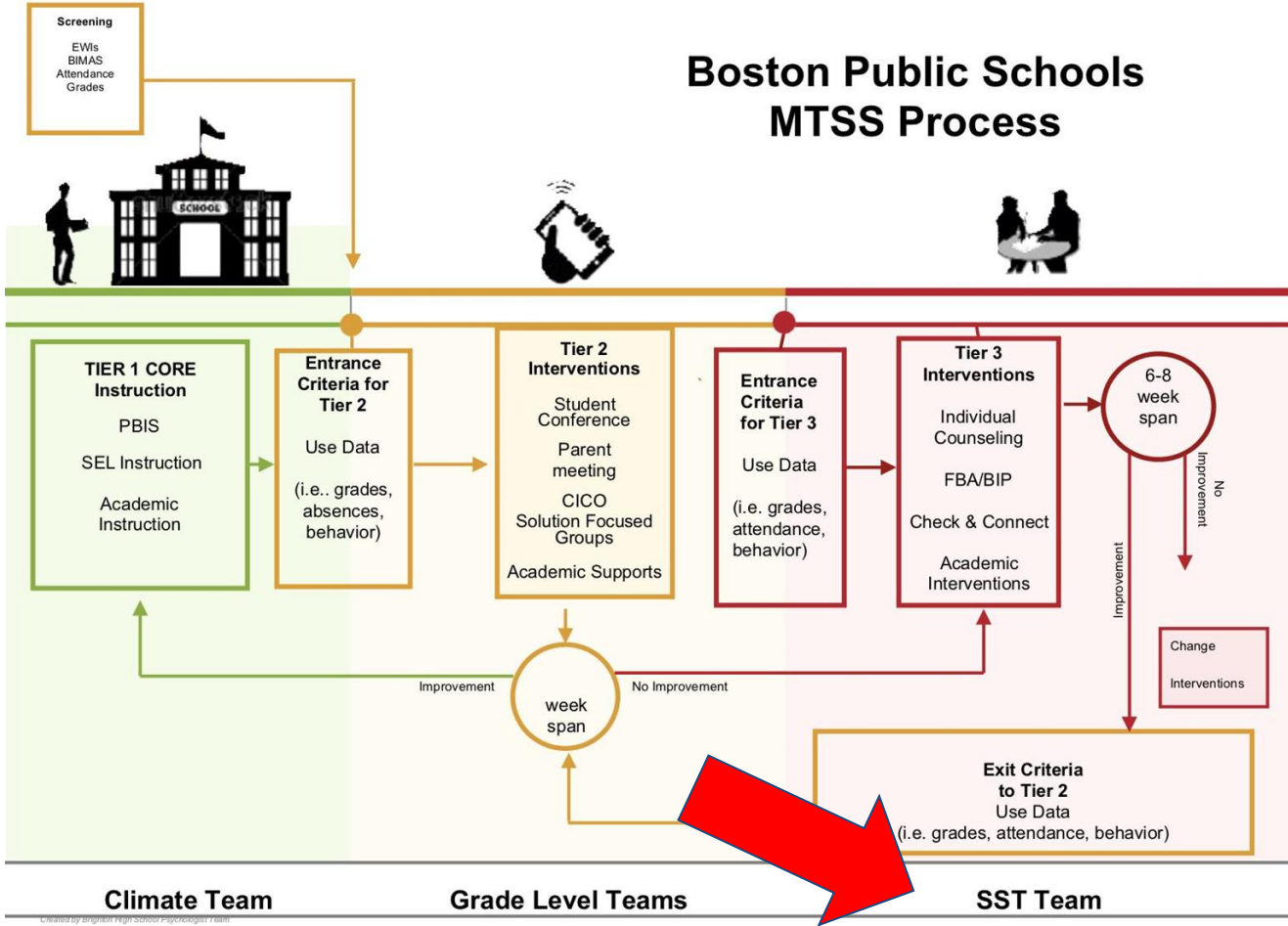- Culturally Responsive practices
- Implementation Science
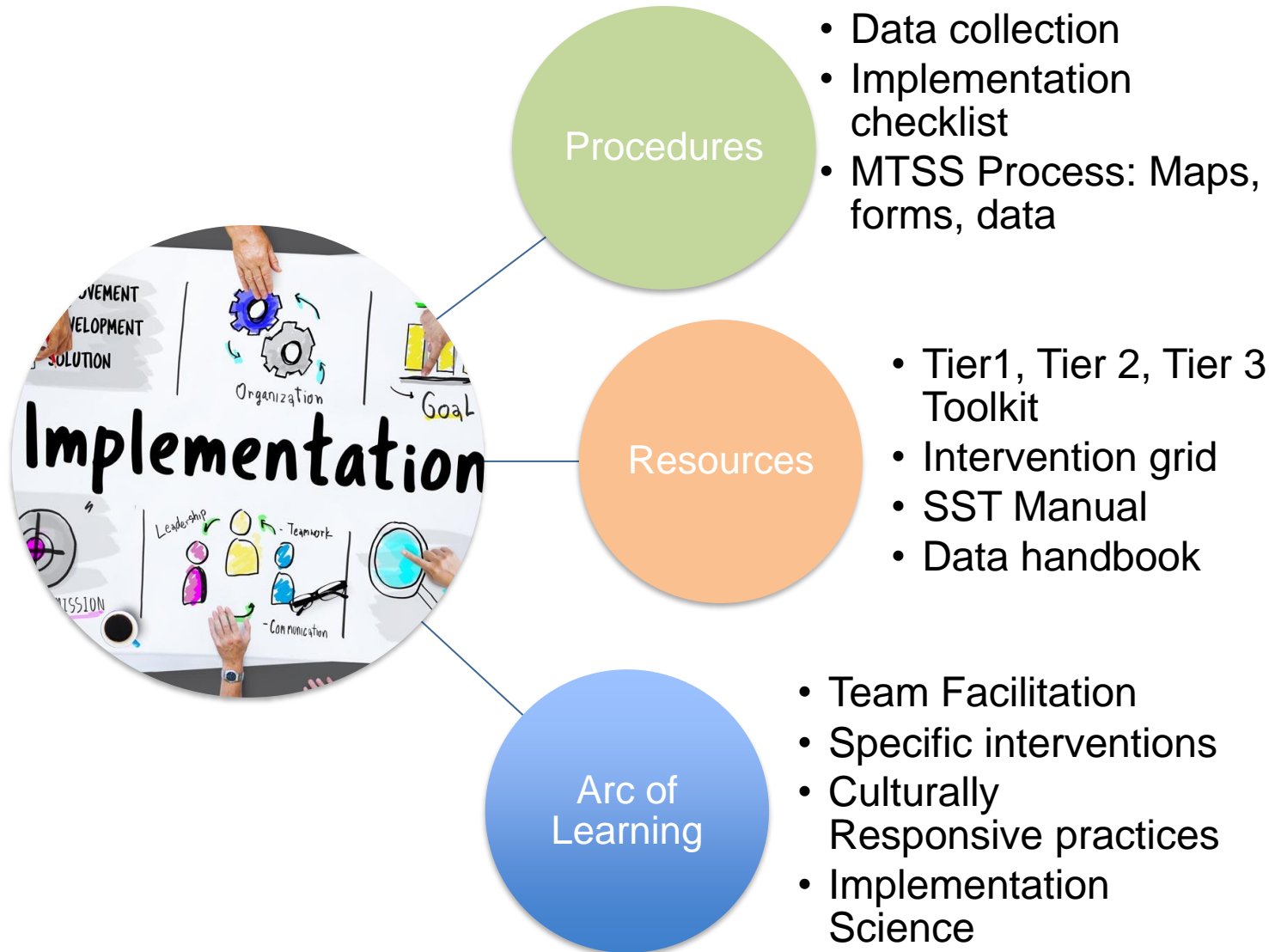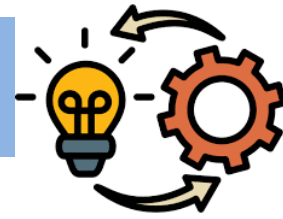
Tier 2 Intervention Grid CICO

Support	Description	School-wide Data: Entry Criteria	Data to Monitor Progress	Exit Criteria (Decision Rules)
Check-in, Check-out (CICO)	Designed for students with persistent behavior concerns that are not dangerous; provides a daily check-in/check-out system that helps teachers provide students with immediate feedback on behavior by completing a daily progress report and additional opportunities for positive adult interactions Parents / guardians participate by signing off on daily sheets; Students are assigned a staff member to check in and out with daily	Some or High Risk on BIMAS Behavioral Concern Scales Behavior: More than 3 office disciplinary referrals (ODRs) & student seeks adult attention (check motivation on referrals)	Daily progress reports collected by CICO staff member and viewed by parents. CICO fidelity checklists completed at least 3x/week. Bi-monthly teacher BIMAS progress monitoring.	Meets goal on the daily progress report for 3 consecutive weeks – move to self monitoring phase. Self-monitoring phase exited at the end of the next marking period as long as student continues to maintain behavior and is rated as low risk on the BIMAS progress monitoring.

Boston Public Schools
MTSS Process

Screening

EWIs
BIMAS
Attendance
Grades

TIER 1 CORE Instruction

PBIS

SEL Instruction

Academic Instruction

Entrance Criteria for Tier 2

Use Data

(i.e.. grades, absences, behavior)

Tier 2 Interventions

Student Conference

Parent meeting

CICO
Solution Focused Groups

Academic Supports

Entrance Criteria for Tier 3

Use Data

(i.e. grades, attendance, behavior)

Tier 3 Interventions

Individual Counseling

FBA/BIP

Check & Connect

Academic Interventions

6-8 week span

No Improvement

Change Interventions

Improvement

Improvement

No Improvement

week span

Exit Criteria to Tier 2
Use Data
(i.e. grades, attendance, behavior)

Climate Team

Grade Level Teams

SST Team

CBHM Implementation Checklist

With the support of your CBHM coach, the following checklist will guide the Cohort schools in the implementation of the Comprehensive Behavioral Health Model.

Benchmark	Date of Deadline	Date Completed	Currently Working
Sign Shared Agreement Submitted to BHS			
Create School-Wide Teams and regular meetings are scheduled and conducted • *Schedule Service Team meetings in year long calendar* • *Schedule School Management Group meetings in year long calendar*			
Complete "Behavioral Health Needs Assessment" (see appendix ____) • *Completed in the fall and spring of first year of implementation – September 30, 2013 & June 15, 2014* • *Completed in spring of subsequent years – June 15, 2014*			
Complete CBHM Professional Development Plan • *Schedule five core trainings with Cohort School Staff*			
Complete school-wide CBHM orientation • *Ideally this occurs in Spring or Summer before implementation*			
Complete CBHM Core Trainings with Cohort School Staff • *BIMAS I - Introduction by October 11, 2013* • *BIMAS II - Interpretation and Data-Based Decision Making by October 31, 2013* • *BIMAS III - Progress Monitoring by November 26, 2013*			
CBHM - BIMAS for Parents • *Send home "Fact Sheet" by October 1, 2013* • *Hold Parent Information Session prior to beginning of fall screener*			
Complete Two BIMAS Universal Screenings • *October 15 – 25, 2013* • *April 1 – 17, 2014*			

CBHM Tier 1 Action Plan

COMPREHENSIVE BEHAVIORAL HEALTH MODEL |
TIER ONE ACTION PLAN

	TFI Item(s)	Action Step	Person(s) Responsible	Timeline	✔
TEAMING					
Composition (team members, roles & responsibilities)	1.1	**Team Member(s):** **All roles are established at every meeting. The facilitator is always (School Psychologist)**	Team		
Mission Statement	1.2	*The vision of the Academy is to nurture and empower all students to think critically, achieve academic excellence, contribute as global citizens, and succeed in a culturally and linguistically diverse world.*	Team		
Norms	1.2	*Start and end on time* *Maintain confidentiality* *Assume best intentions* *Use data to drive decisions*	Team		
Agenda	1.2	Rolling Agenda			
Action Plan	1.2	Yes, created by. Shared with team members	Team	Ongoing	

		INSTRUCTION			
		✋ **PBIS:** Setting the Environment Up for Success			
1. Expectations Defined	1.3, 1.7, 1.8	• CORE Values - CORE VALUES • Create posters for eagle feathers to have	-Team -Students	Ongoing	
		around the school, how to obtain class DOJO points			
2. Expectations Taught	1.4, 1.7, 1.8	• Behavior Matrix	Team	Ongoing	
3. Reinforcement System	1.9, 1.7, 1.8	• • Eagle feathers - reward system with the core values • Eagle feathers • Class DOJO	Team	Ongoing	
4. Consequence System	1.5, 1.6	• Consequences/Behavior Definitions •	Team	Ongoing	
5. Data System	1.11, 1.12, 1.13, 1.14, 1.15				
		SEL: Teaching Concrete Skills to Students			
1. Select Curriculum	n/a	• K-8 Second Step, RJ Circles	Team / Teachers	Ongoing	

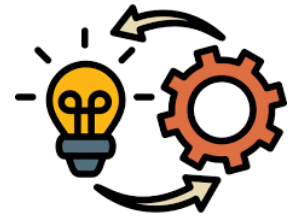# Universal Behavioral Health Screening

Measurement & MTSS

- How do we measure student skills & student needs?
- How do we know if what we're doing is **working**?
- How do we know **which students** need more help?
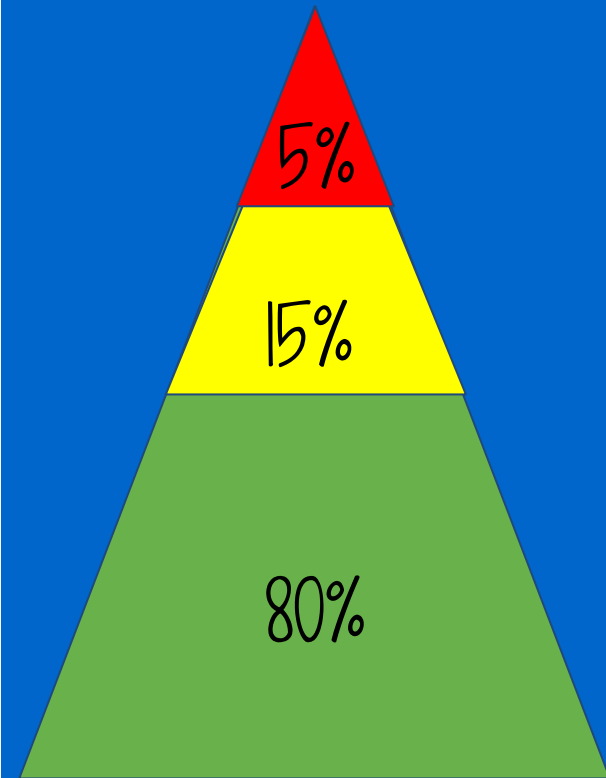
WHY Universal Screening?

UNIVERSAL SCREENING
for MTSS

The purpose of universal screening is to detect small problems before they become **BIG** problems

vision   reading   behavior

Students who need additional support are matched with appropriate **INTERVENTIONS** to build skills

INTERVENTIONS are monitored to make sure that students get the help that they need

The purpose of universal screening is to detect problems before they become **BIG** problems.
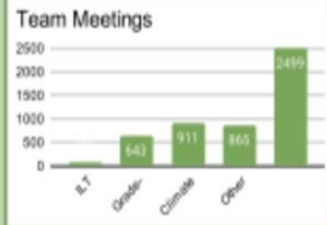
This allows all students to get what THEY need to achieve

BHS* Monthly Data Overview Year-to-Date 21-22
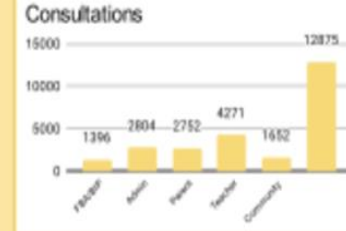
*BHS includes all school psychologists

Tier 1 Services

PDs Facilitated	106
Direct Service Hours	1202
Indirect Service Hours	2130

Team Meetings

Tier 2 Services

Tier 2 Services Provided*	242
SST Meetings	2129

Consultations

Tier 3 Services

English Services

Assessments	4221
Individual Counseling*	542
Group Counseling*	97

Bilingual Services

Assessments	752
Individual Counseling*	24
Group Counseling*	12

IEP/504 Service Totals
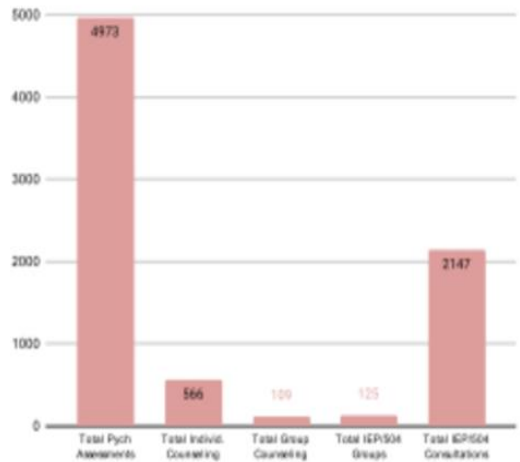
School-Based Individual Crises	1846
School-Based Group Crises	245
Suicide Risk Assessments	494
Threat Assessments	109
Hours spent traveling	700

*To avoid double-counting students across months, items with an asterisk represent the maximum (rather than the cummulative total) number of students served.

STAFF DATA
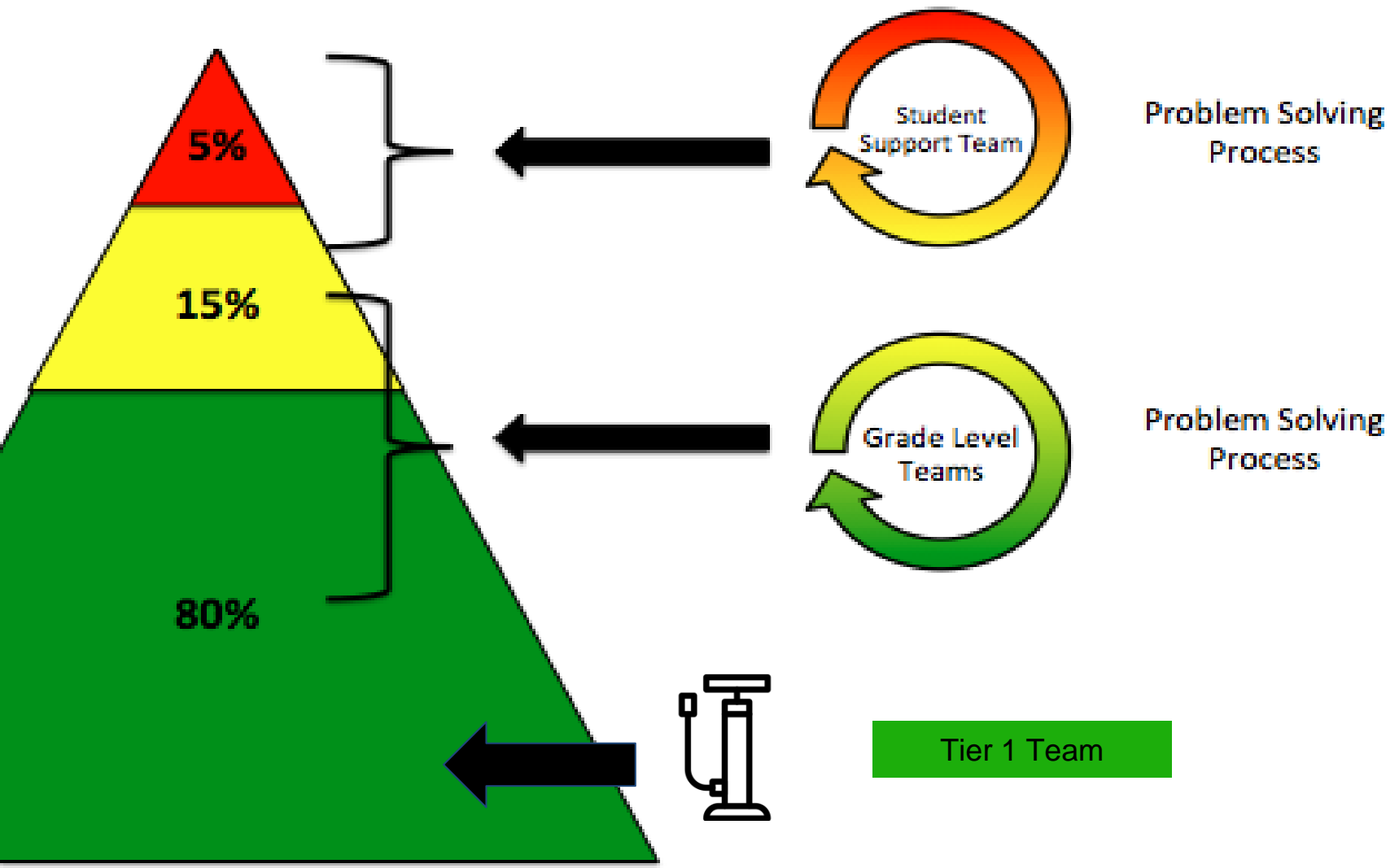
BEHAVIOR INTERVENTION MONITORING ASSESSMENT SYSTEM (BIMAS-2)

BIMAS-2 Scales	Score Categories
CONCERN SCALES (Identify Risk) — Conduct, Negative Affect, Cognitive Attention	High Risk
	Some Risk
	Low risk
ADAPTIVE SCALES (Strengths) — Social, Academic Functioning	Concern
	Typical
	Strength

ADDITIONAL INFORMATION: http://www.edumetrisis.com/products/282-bimas-2

BIMAS Outcomes Over Time
Trend in Student Outcomes Among Students
At-Risk For Behavioral Concerns at Onset (Fall 2013)

HIGH RISK

SOME RISK

LOW RISK

COGNITIVE / ATTENTION

CONDUCT

NEGATIVE AFFECT

FALL 2013   **FALL 2014**   **FALL 2015**
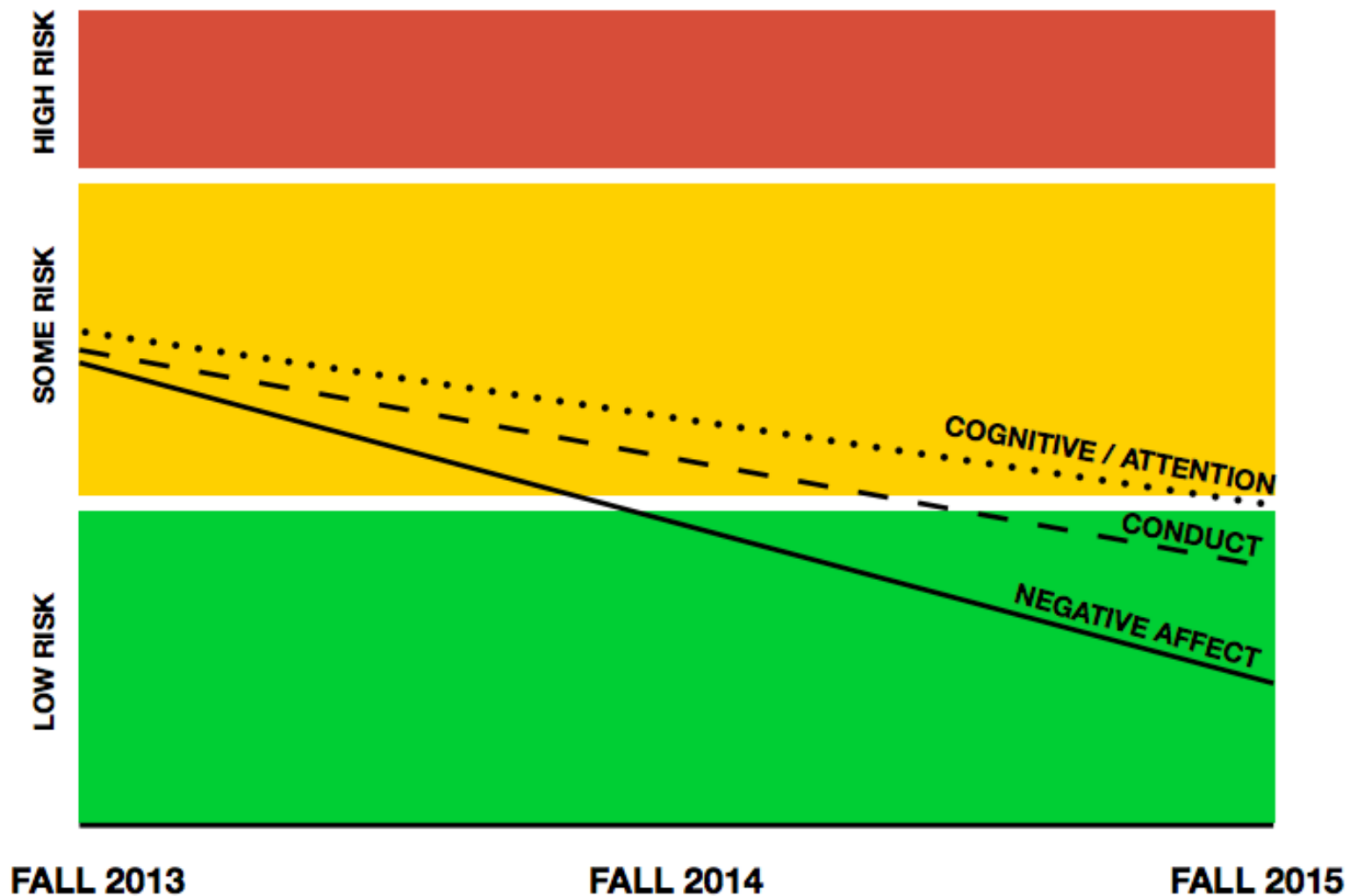
BIMAS Outcomes Over Time
Trend in Student Outcomes Among Students
At-Risk For Adaptive Concerns at Onset (Fall 2013)
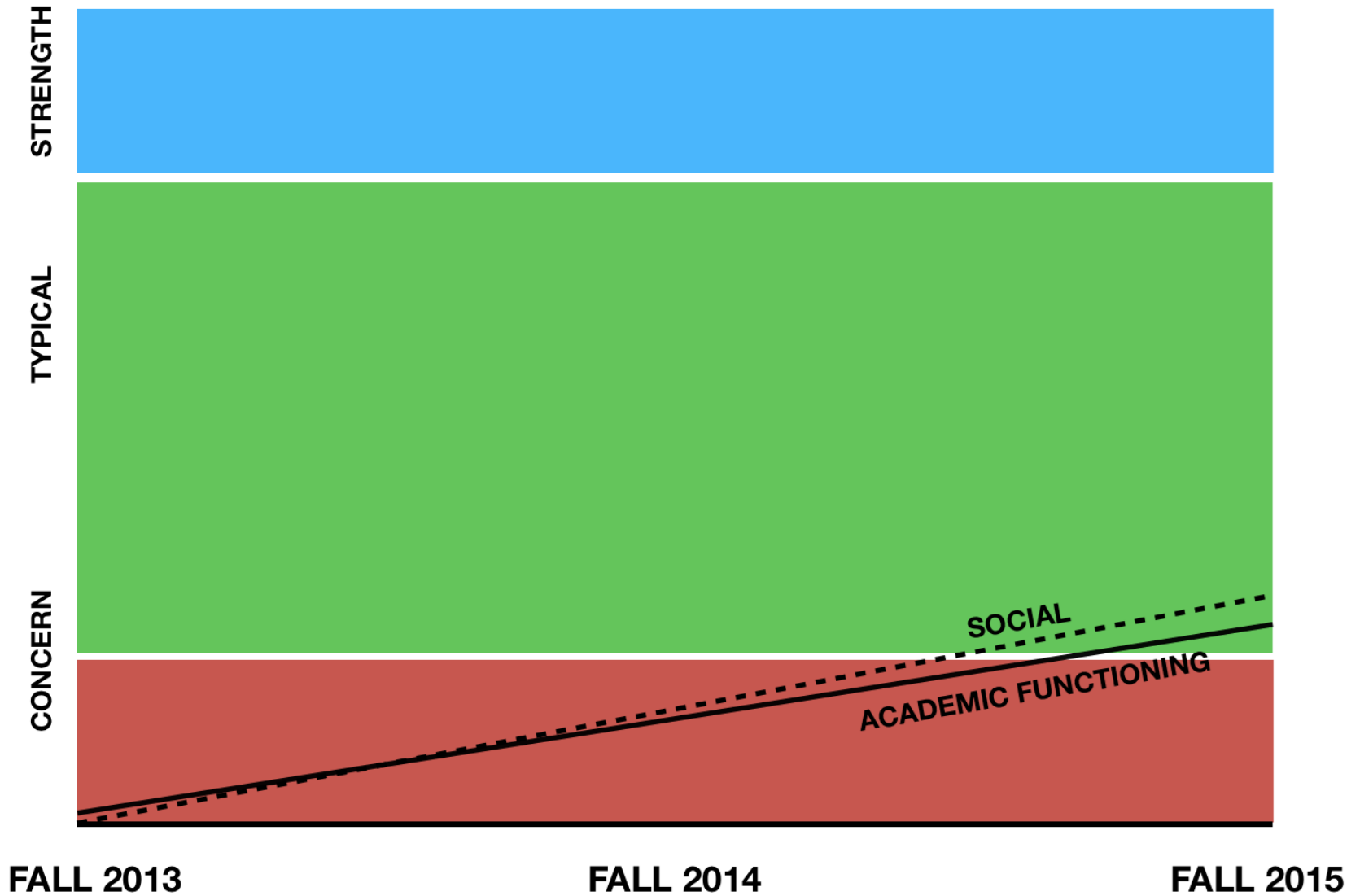
Behavioral Health Workforce Development Strategies

University
Training
Program

Professional
Development

Professional
Learning
Communities

Professional
organizations

Highly Qualified Staff

Professional Learning for **Internal Coaches**

- ### Monthly Staff Meetings (80 Hours/ year during workday)

- ### Online PD (100 Hours of PD/ year after workday)

- ### Monthly Professional Learning Community (15 hours/ year)

- ### One-to-One Coaching with District Coach

- ### 2 Day Summer Institute

- ### 2 Day School Team Training
  - Internal Coach, School Leader & up to 6 Tier 1 Team Members

CBHM Coaching Model
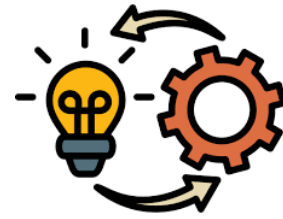
DISTRICT	SCHOOL

External Coach   Internal Coach   School Leader   Teams
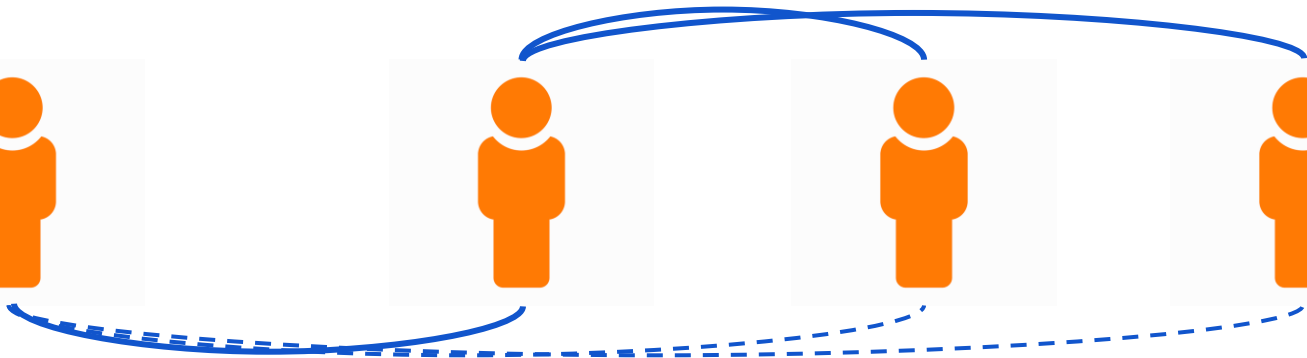
Professional Learning for **School Teams**

- 2 Day School Team Training
  - Internal Coach, School Leader & up to 6 Tier 1 Team Members
- External coach attends team meetings
- Principal Breakfast
  - Twice a Year
  - Internal Coach & School Leader
- School Team Breakfast
  - Internal Coach & 1-2 tier 1 team members

Partnerships

Partnerships

University Partners

Community Partners

Professional Organizations

Internal Partners

Community Partners

State and City Agencies

Funders

Hospitals

University Partners

UMASS Boston
UMASS Amherst
Northeastern University
Tufts
William James College
Boston University
Worcester State
SUNY Oswego
University of Northern Colorado

Accomplishments

- Development of MA-SPT
- MA-SPT Annual Supervision Institute
- Robust university student training Program
- HSP training Site
- Joint conference presentations
- Peer Reviewed Articles
- Joint training across university and districts
- Workforce development strategy
- Joint grant applications
- Advocacy

Workforce Development
University Student Training Program

Specialist Level

School-based

TIER 1
Universal Screening
SEL
MTSS

TIER 2
SST
Group Counseling

Tier 3
Assessment
Crisis
Individual Counseling

HSP Doctoral Program

School-based and District-based

TIERs 1-3

Professional Development

District Support

Professional Organizations

Local

- **Mental Health Taskforce**
- **Crisis taskforce**
- **HUB tables**

- **MSPA**
- **Children's Mental Health Campaign**
- **Safe and Supportive Schools**

State

Regional

- **New England MHTTC**
- **Thrive NYC**
- **Newark Trust for Education**

- **NASP**
- **NIMH**
- **National Safety Coalition**
- **Cities Thrive**
- **Council of Great City Schools**

National

Internal Partnerships

Principals

Teachers

District Departments

Students and families

CBHM

Mental Health Partners: BSBBHC

- **Boston School Based Behavioral Health Collaborative (BSBBHC)**
  - BSBBHC is formed to bring community partners and BPS together to support the mental health needs of students through integrated service delivery. BSBBHC develops standards, strategies, actions, and suggestions to enhance community partnerships and behavioral health services in schools.
  - 25 Mental health partners and allied agencies providing services in 85 schools
  - Initiative goals
    - Integrate mental health partnerships into CBHM
    - Increase equity and access to mental health services across the district
    - Ensure quality services and use of evidence based practice
  - Initiative outcomes
    - Development of standards of practice for partnering agencies
    - Yearly conference for community mental health clinicians
    - Joint use of evidence based practices for anxiety and trauma

Wrap Up

Comprehensive Behavioral Health Model
Supporting Students' Behavioral Health Throughout a Pandemic

Presenters: *Jill Battal, Ph.D.; Whitney Walker, Ph.D.; Melissa Pearrow, Ph.D.*
Contributors: *Alexis Ervin, M.A.; Brian Daniels, Ph.D.; Jennifer G. Green, Ph.D.; Kathryn D. Kurtz Ph.D.*

Abstract
The Comprehensive Behavioral Health Model is an MTSS-B framework that was developed in a large urban district in the Northeast. CBHM implementation at all schools includes the use of universal screening to identify social, emotional, and behavioral (SEB) health concerns. This poster will focus on the trends observed in universal SEB screening data throughout the pandemic.

Background
The Comprehensive Behavioral Health Model is an MTSS-B framework that was developed in a large urban district in the Northeast. CBHM implementation at all schools includes the use of universal screening to identify social, emotional, and behavioral (SEB) health concerns. Previous research has demonstrated positive outcomes for students following universal SEB screening and the implementation of a continuum of supports designed to meet student needs (Battal, Pearrow & Kaye, 2020). This poster will examine trends in student self-ratings over the course of the COVID-19 pandemic. Specifically, student self-ratings from Fall 2019 (pre-pandemic) will be compared to student self-ratings from SY 2020-21.

Methods
The Behavior Intervention Monitoring Assessment System, 2nd Edition (BIMAS-2[1]) was used as a universal SEB screener as part of the CBHM framework. The BIMAS-2 supports multiple respondents, however this poster focuses on schools' use of the student self-report BIMAS-2 form. The BIMAS-2 self report form includes 34 items that students (age 12 or over) respond to according to a likert scale. The BIMAS-2 includes three concern scales (Conduct, Negative Affect, Cognitive/Attention) where higher scores are indicative of more risk. In addition, the BIMAS-2 includes two adaptive scales (Social, Academic Functioning) where higher scores are indicative of positive functioning.

A total of 351 students across 6 schools completed the BIMAS self rating during the Fall 2019 screening period. A total of 3,413 students across 18 schools completed the BIMAS self rating during the 2020-21 School Year. A paired-sample dataset consisting of 76 students in three K-8 schools was used for this analysis.
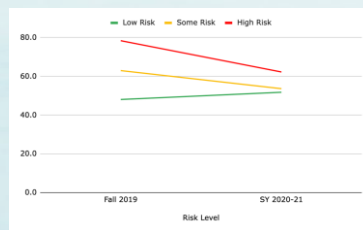
Results

RQ 1: What changes in SEB screening outcomes were observed between Fall 2019 and School Year 2020-21?

BIMAS-2 Scale	Fall 2019 Average	SY2020-21 Average	Δ	P Value
Conduct	51.74	49.03	-2.71	**0.00***
Negative Affect	57.21	54.18	-3.03	**0.04***
Cognitive / Attention	57.34	54.42	-2.92	**0.02***
Social	40.82	42.53	1.71	0.16
Academic Functioning	46.11	47.13	1.03	0.23

RQ 2: Did changes in negative affect outcomes between Fall 2019 and School Year 2020-21 differ by student race/ethnicity?
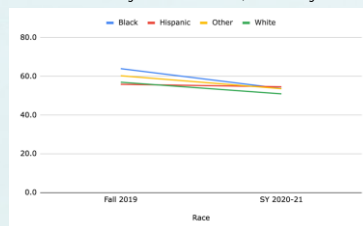
RQ 3: Did changes in negative affect outcomes between Fall 2019 and School Year 2020-21 differ by risk category (Fall 2019)?

Discussion
Our results indicate that on average, student's social, emotional and behavioral functioning actually improved between the Fall 2019 and School Year 2020-21 screening periods. Despite an unprecedented twin pandemic coupled with major shifts in learning models, students generally reported improved functioning across scales measured on the BIMAS-2. One major factor influencing our results is that students in our sample benefited from universal SEB screening and associated systems/structures that were in place prior to (and during) the twin pandemic. It is possible that existing CBHM structures supported each school throughout the shift to remote and hybrid learning models.

Consistent with previous research, these results demonstrated similar trajectories when data was disaggregated by race/ethnicity. However, the race/ethnicity of students in our sample (74% Hispanic) was not representative of our larger district population. Ongoing CBHM program evaluation supports additional analyses related to ensuring high-quality equitable SEB outcomes.

Students whose self-ratings in Fall 2019 indicated high risk for negative affect (n=14) demonstrated the most improvement, with an average decrease of 16.1 t-scores. This improvement in functioning was similar for students identified in the Fall 2019 with some risk for negative affect (n=18), with an average decrease of 9.3 t-scores. Students whose self-ratings indicated low risk for negative affect concerns in the Fall of 2019 (n=44) with an average increase of 3.7 t-scores. Additional tests are necessary to determine whether these differences are statistically significant.

References

1. McDougal, J., Bardos, A., & Meier, S. (2011). Behavior intervention monitoring assessment system technical manual. Toronto, Canada: Multi-Health Systems.
2. Battal, J., Pearrow, M. M., & Kaye, A. J. (2020). Implementing a comprehensive behavioral health model for social, emotional, and behavioral development in an urban district: An applied study. Psychology in the Schools, 57(9), 1475-1491.

Wrap Up: Share Out Your Take Away
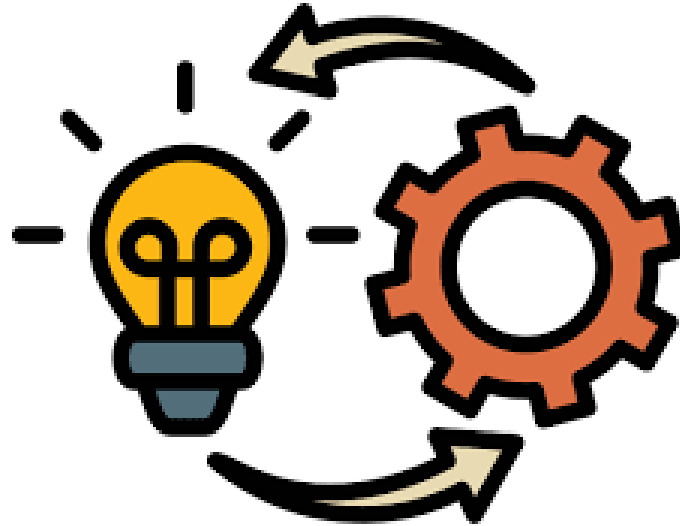
QUESTIONS?

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