



Establishing MTSS-B Routines & Procedures

There are several procedures and routines that operationalize the core features of MTSS-B. Districts will need to decide which, if any, of these routines should be designed and implemented at the district level and which can be installed on a school-by-school basis. We recommend that the District-Community Leadership Team (DCLT) take up discussions and implementation decisions about all of these routines. Even if the DCLT decides that implementation can ultimately be approached at the school level, the DCLT can help guide prioritization and implementation of routines for school-level stakeholders through their district-level action planning process. Districts may consider initiating MTSS-B in one or two demonstration schools in order to establish proof of concept before expansion district-wide, allowing for opportunities to test procedures and routines, closely monitor progress, identify successes and areas of challenge, and conduct a continuous quality improvement process while MTSS-B implementation is adapted to the local context.

See [Selecting Demonstration Schools](#) for more guidance in choosing demonstration sites.

What MTSS-B routines should we implement?

MTSS-B routines include developing and implementing (1) schoolwide positive behavior expectations; (2) a universal social-emotional learning curriculum; (3) a universal screening system, (4) a request for assistance process, (5) facilitated referral pathways, (6) advanced tier practices and interventions, and (7) procedures for monitoring fidelity and outcomes of practices and interventions.¹

Developing schoolwide positive behavior expectations

The foundation of MTSS-B is a coherent and universally reinforced set of positive behavior expectations and practices at Tier 1. Staff consistency is crucial in this area, including teaching schoolwide expectations, acknowledging appropriate behavior, correcting errors, and requesting assistance for challenging behavior situations. These Tier 1 practices serve as the foundation for an efficient advanced tier system, and should be prioritized at the start of MTSS-B implementation.

Schoolwide behavior expectations offer students clear guidelines about what is expected of them, rather than rules about what not to do. Schools should identify 3-5 positively stated and easy-to-remember expectations. While these might vary from school to school, an underlying district-level theme can be helpful. Expectations need to be taught across school and classroom contexts so that students can easily describe them – a process which can be designed and guided by the Tier 1 team. Teachers can help students translate schoolwide expectations into classroom-level routines.

Common aspects of a positive behavioral expectation system include agreements about how students will be recognized for appropriate behaviors. This might include a token system as well as specific praise. All recognition systems should map onto schoolwide expectations, be used across settings and classrooms, be used universally by all staff, and be available to the entire student body.

Discipline policies should map onto the schoolwide expectations and include very specific definitions of the types of behaviors that interfere with teaching and learning, as well as specific and predictable policies and procedures for both classroom management and office discipline referrals. Making sure all staff are on the same page with procedures for addressing classroom-managed versus office-managed behaviors is vital to consistent Tier 1 implementation and meaningful data-based decision making.²

See [Establishing Schoolwide Positive Behavior Expectations](#) for more detailed guidance.

¹ Selected content adapted from Eber, L., Barrett, S., Perales, K., Jeffrey-Pearsall, J., Pohlman, K., Putnam, R., Splett, J., & Weist, M.D. (2019). *Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS, Volume 2: An Implementation Guide*. 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.

² <https://www.pbis.org/pbis/tier-1>



Implementing a universal social-emotional learning curriculum

Social-emotional learning (SEL) includes skill development in emotion regulation, concern and caring for others, developing positive relationships, responsible decision-making, and problem-solving in the face of challenges.³ SEL has a host of research evidence supporting its effectiveness and clearly promotes the healthy development and academic achievement of students.⁴ When teachers integrate SEL with academic information, student understanding of the subject matter improves and problem behaviors decrease. SEL programming improves test scores while decreasing emotional distress, disruptive behavior, and substance use.⁵ Students who participate in SEL programs fare better than their peers – up to 18 years later – in terms of social, emotional, and mental health.⁶

Best practices include teacher modeling of explicit SEL skills in the classroom setting within a safe and supportive learning environment. The addition of a universal SEL curricula aids both teachers and student alike in learning the SEL skills necessary to succeed in their shared learning environment. Specific social and emotional competencies should be explicitly tied to schoolwide positive behavior expectations, and an SEL curriculum can provide opportunities for students to practice such behaviors, receive feedback, and apply their SEL skills within academic content areas and across the school setting.⁷

See [Selecting a Universal Social-Emotional Learning Curriculum](#) for more detailed guidance.

Developing a universal screening system

Universal school-based social-emotional screening is the systematic but brief assessment of social-emotional risk of all students. The purpose of screening is to identify students who may require additional social, emotional, and behavioral supports to improve readiness for learning and increase well-being. Universal screening can support data-based decision making to identify needs and gaps in MTSS-B implementation and support action planning. Screening tends to identify students with unmet needs who might otherwise be overlooked if referrals are made only by teacher/staff nomination.

Regular review of screening data can help school staff and administrators better understand the needs of individual students as well as the overall school population so they can provide appropriate tiered supports and track student progress over time. Schools should ensure that advanced tier interventions are being implemented with fidelity before conducting universal screening, so that they are prepared to respond to student needs.

See the [Universal Screening Overview](#) and the [Universal Screeners Review](#) for more detailed guidance on identifying screening data sources and choosing and implementing a social-emotional screening process.

Establishing a request for assistance process

Typically, more intentional screening will lead to increased identification of students who would benefit from social-emotional and mental health supports. School teams will need to be prepared to respond quickly to the identified needs of students, which may be a major change for schools with unstructured procedures for matching students with interventions. To ensure prompt response within a streamlined system, the DCLT can provide school teams with a protocol for connecting students to a continuum of social-emotional and mental health supports.

Ideally, a request for assistance process will identify one team responsible for processing all requests for behavioral, social-emotional, and mental health supports. This departs from a co-located model in which community mental health providers, contracted to work on school grounds, handle all their own referrals and caseload. In the streamlined request process, all referrals for Tier 2 and Tier 3 services are made to the identified team, which then makes decisions (using data) about matching students with appropriate supports, including possible facilitated referrals for intensive, specialized Tier 3 supports in the community that exceed the capacity of services offered on school grounds.

³ <https://www.casel.org/wp-content/uploads/2016/08/PDF-10-social-and-emotional-learning-and-positive-behavioral-interventions-and-supports.pdf>

⁴ Payton, J. W., Graczyk, P., Wardlaw, D., Bloodworth, M., Tompsett, C., & Weissberg, R. (2000). *Social and emotional learning: A framework for promoting mental health and reducing risk behavior in children and youth*. *Journal of School Health*, 70, 179–185.

⁵ Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D. & Schellinger, K. B. (2011). *The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions*. *Child Development*, 82(1): 405–432.

⁶ *The collaborative for academic, social, and emotional learning*; www.casel.org

⁷ <https://www.casel.org/wp-content/uploads/2016/08/PDF-10-social-and-emotional-learning-and-positive-behavioral-interventions-and-supports.pdf>



The DCLT may consider providing guidelines for managing social-emotional and mental health requests for assistance across schools to ensure a streamlined system and best use of teams, while allowing for flexibility due to unique school needs. A sample guideline may be that each school designates a request for assistance coordinator – such as a Tier 2 team leader – who manages requests between team meetings to ensure rapid response to student needs. Another expectation could be that each school-based team establishes entrance and exit criteria for Tier 2 and Tier 3 supports, while teams can individually determine their local specific criteria.

See [Request for Assistance Guidance](#) for more details.

Selecting practices and interventions

After completing a district-wide initiative inventory, the DCLT should establish some guiding principles for the selection of practices and interventions to be implemented at the school level. For some districts, it may make sense for the DCLT to select a “menu” of practices – from Tier 1 universal supports (e.g., social emotional learning curriculum; behavior expectations/discipline policy), to Tier 2 small group/targeted interventions (e.g., social skills group, Check In/Check Out, etc.), to Tier 3 intensive, individualized interventions (e.g., cognitive-behavioral therapy, MATCH, etc.) – that schools can choose from depending on their local needs. In the absence of a formalized menu of practices, the DCLT should still provide guidelines for how schools should evaluate and select practices to meet their unique needs.

This process involves (1) identifying service/practice gaps or needs, (2) identifying potential practices that could effectively meet those gaps/needs, and then (3) selecting the practices with the highest probability of feasibility and effectiveness in meeting those needs within specific school contexts. The DCLT is also responsible for deploying resources (e.g., funding, staff, coaching supports) to support implementation of chosen practices.

See the [Selecting Practices](#) template for specific guidance detailing these three steps.

Monitoring fidelity and outcomes

Interventions and practices that are selected and implemented under the MTSS-B framework need to be monitored and evaluated for two things in order to be effective: (1) fidelity and (2) outcomes.

Fidelity has to do with intervention integrity – the degree to which a practice is implemented in a way that is faithful to the guiding model. Measuring fidelity involves articulating and monitoring implementation of the critical components of a practice/intervention in your local environment. Some evidence-based practices come packaged with well-established fidelity measures. Others either do not have established fidelity tools, or they are too cumbersome for routine deployment in typical school environments. In such cases, the MTSS-B Toolkit offers two options: 1) the [Advanced Tier Intervention Fidelity Template](#), which guides you through the process of creating an intervention-specific fidelity tool and 2) the [Advanced Tier Intervention Quality Tool](#), which provides a method for tracking implementation quality across your entire MTSS-B intervention portfolio, by using key implementation science indicators as a proxy for fidelity.

See [MTSS-B Intervention Fidelity Guidance](#) for more information on using these tools.

Close monitoring of outcomes of interventions is also a vital part of the MTSS-B tracking process. Even a carefully chosen evidence-based practice is unlikely to result in positive outcomes without close attention to several variables/implementation drivers that influence effectiveness (was the setting/population appropriate? Was there adequate training and coaching in the intervention model? Was the intervention implemented with fidelity? Etc.)

The DCLT should consider establishing expectations for monitoring and evaluation of outcomes that can be adapted flexibly at the school level, including (a) identifying entrance criteria into an intervention, (b) progress monitoring during the intervention, and (c) criteria for exiting an intervention. The DCLT can play a huge role in influencing schools to use data in making these types of decisions, providing sample decision rules (e.g., three visits to the nurse or two office discipline referrals is entrance criteria for a Tier 2 intervention) and securing coaching resources to ensure ongoing progress monitoring for students engaged in Tier 2 and Tier 3 interventions. Additionally, the impact of interventions at the school-level should be aggregated and reported at least annually to inform district-level action planning over time.

See [Advanced Tier Intervention Tracker](#) for a template for tracking the fidelity and outcomes of your MTSS-B interventions. The [Daily Progress Report](#) can be used to monitor the progress of individual students, and adapted to be used at a daily, weekly, or monthly frequency.