



NH MTSS-B Bright Spots

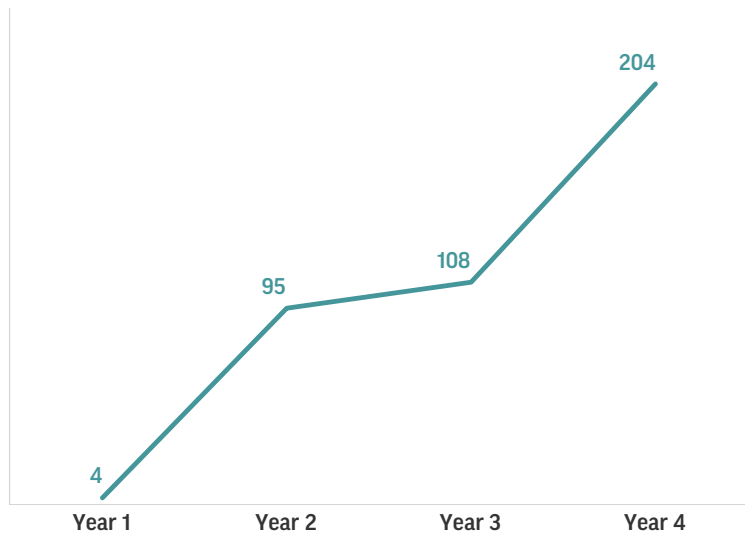
Grant-funded external evaluation in school districts over the last decade has revealed many local bright spots in MTSS-B implementation – a few of which are shared below to inspire your journey.

Screening efficiency and value improves

In a MTSS-B project spanning several school districts, implementation of universal social-emotional screening was a game changer for efficiency in determining student needs. Districts moved from sole reliance on team review of a few risk indicators in Year 1 (e.g., office discipline referrals, attendance, academics) to screening the entire school population in one fell swoop. Between Years 2 and 4, two districts implemented a universal teacher-rated screening measure that identified students at risk for social, emotional, and behavioral concerns – resulting in a **10x increase** in the number of students screened over **80% fewer** screening events. One district used their screening data to plan an array of Tier 2 supports, ensuring fit of services to student need.

Efficiency of screening events increases over time

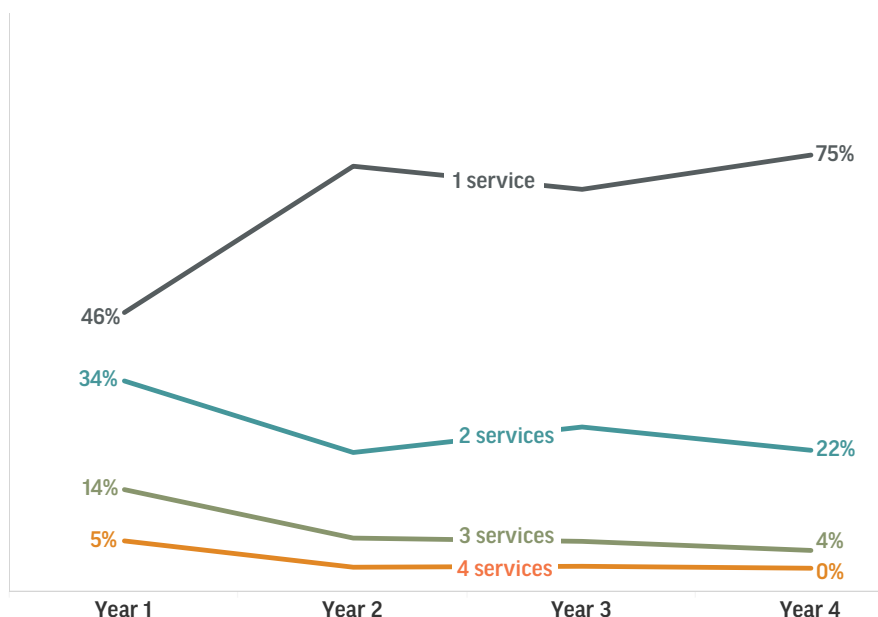
Average # students screened per screening event



Referrals are more intentional and targeted to student need

Number of services selected per referral grows more efficient over time

Percent of all referrals



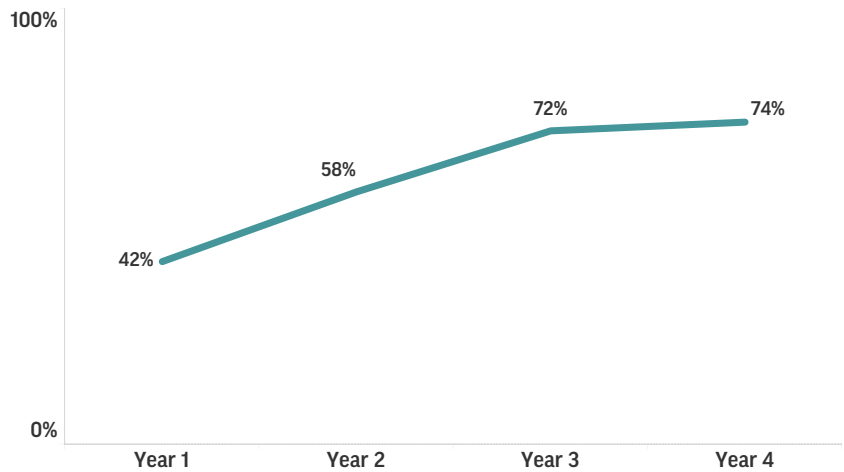
Across seven districts implementing MTSS-B, the number of services that students were referred to at the time of referral grew far more targeted over time. While schools were often referring students to 2, 3, and sometimes 4 different services across tiers at the start of MTSS-B implementation, practices such as review of student data and intentional selection of services matched to identified student need can result in more targeted referrals. After one year of implementation across districts, 75% of all referrals were to a singular targeted service. Schools appear to have moved away from what was a relatively haphazard approach toward a more efficient use of available resources.

Access to community mental health services improves where the partnership is strong

MTSS-B emphasizes facilitated “warm hand-offs” of students and their families to community-based services when indicated. Through intentional partnerships with local community mental health agencies (CMHAs), districts can vastly improve facilitated referral success rates for community-based services. Qualitative evaluation data highlight a grant-funded district where key stakeholders reported a particularly strong working relationship with their CMHA and embedded ‘School Liaison,’ characterized by mutual trust, open communication, and collaborative strategies and procedures that enhanced facilitated referral pathways. Over the course of three years, success rates for referrals to CMHA services increased from 42% to 74% - a notable increase in access to care.

Community MH referral success rate increases where collaboration is strong

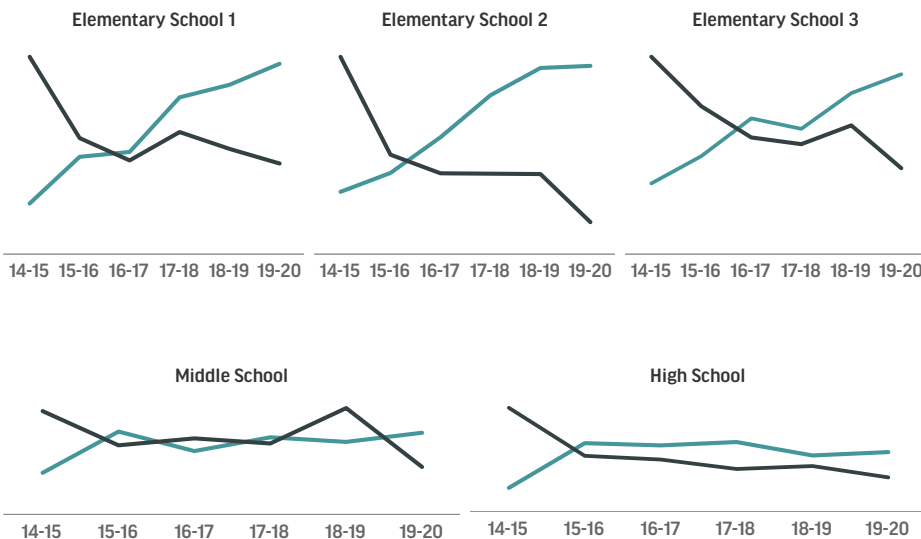
% of community MH referrals resulting in at least an intake



Student outcomes – prosocial behavior and learning time – improve with MTSS-B

The chart below provides a striking illustration of how high-fidelity MTSS-B can leverage student outcomes – specifically, reducing disruptive behaviors (and subsequent discipline referrals) by addressing student needs. In one NH district highly committed to MTSS-B, office discipline referrals (black lines) decreased in almost exact inverse proportion to increases in MTSS-B implementation fidelity (teal lines) over time. As MTSS-B improves, so does prosocial behavior and subsequent learning time.

Overall MTSS-B fidelity || Office discipline referrals per 100 students



MTSS-B recaptures **learning and administrative time** that would otherwise be lost to preventable student problem behaviors. This district recaptured **9,200 instructional & 6,900 administrative hours** due to **decreased office discipline referrals** over 5 years of high-fidelity MTSS-B implementation.