

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?

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 bhii.ksc@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.



MODULE	TEAM	ADMINISTRATION	FACILITATOR
Behavioral Health Integration	<p>Relevant District-Community Leadership Team (DCLT) members, school-based Advanced Tier team members, and partnering mental health agency staff</p> <p>At minimum, this team should include member(s) from the DCLT who are knowledgeable about existing partnership(s) with their community mental health agency (CMHA); CMHA administrator(s) and clinicians; school behavioral health lead(s); and the behavioral health liaison (if this position exists).</p>	<p>Annually to support annual strategic/action planning using the NH MTSS-B Action Planning Tools</p> <p>Optional: one additional administration mid-year to gauge ongoing progress</p>	Internal or external MTSS-B coach

Scoring

Each item on the NH-MFI describes a MTSS-B ideal/gold standard. The relevant team should work through the items one by one, in order. First, each team member – independently – considers the degree to which an item/gold standard is currently in place: not at all, a little, somewhat, considerably, or completely – and what evidence they could cite to support that rating. Then, team members share their individual ratings with the team along with an explanation of any evidence supporting those ratings. Especially with teams that are newer to the NH-MFI, the MTSS-B coach can then offer a score (e.g., that sounds like a “2”), inviting the team to agree or disagree and discusses any discrepancies - ultimately generating a single, agreed-upon consensus score for each item. As a general rule, teams should err on the side of being conservative in their scoring – if you’re not sure which response option fits best, or think reality falls right in between two possible response options, choose the lower one. See below for further guidance on what each response option represents in visual/symbolic and quantitative terms.

RESPONSE OPTIONS	SYMBOL	SCORE	PERCENT IMPLEMENTED
Not at all in place		0	~0% in place
A little in place		1	~25% in place
Somewhat in place		2	~50% in place
Considerably in place		3	~75% in place
Completely in place		4	~100% in place

Sources and acknowledgments

Development of the NH-MFI was supported by the Office of Social and Emotional Wellness, Bureau of Student Wellness, New Hampshire Department of Education; Midwest PBIS Network; Northeast PBIS Network; Institute on Disability, University of New Hampshire; and the New Hampshire Center for Effective Behavioral Interventions and Supports, Southeastern Regional Education Service Center. The NH-MFI was inspired by and drew from the following tools:

- Algozzine, B., Barrett, S., Eber, L., George, H., Horner, R., Lewis, T., Putnam, B., Swain-Bradway, J., McIntosh, K., & Sugai, G (2019). *School-wide PBIS Tiered Fidelity Inventory*. OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. Retrieved from: www.pbis.org.
- Splett, J. W., Perales, K. & Weist, M. D. (2019). *Interconnected Systems Framework – Implementation Inventory (ISF-II), Version 3*. Unpublished instrument. Gainesville, FL: University of Florida. Retrieved from: <http://www.midwestpbis.org/interconnected-systems-framework/tools>
- Center on Positive Behavioral Interventions and Supports (2019). *Positive Behavioral Interventions and Supports District Systems Fidelity Inventory (DSFI) – Pilot version 0.1*. Eugene, OR: University of Oregon. Retrieved from: <https://www.pbis.org/resource/pbis-district-systems-fidelity-inventory-dsfi-pilot-version-v0-1>



Behavioral Health Module

Leadership and Support		○	◐	◑	◒	●
BH1	<p>District/Community mental health agency partnership</p> <p>The District partners with at least one community mental health agency (CMHA) to collaborate on MTSS-B implementation, including development of a tiered, integrated, and coordinated continuum of school- and community-based behavioral health supports and services.</p>	0: Not at all in place	1: A little in place	2: Somewhat in place	3: Mostly in place	4: Completely in place
BH2	<p>Shared values</p> <p>District and partnering CMHA(s) work to develop an integrated behavioral health delivery system that embodies system of care values: family- and youth-driven, community-based, culturally and linguistically competent, and trauma-informed.</p>	0: Not at all in place	1: A little in place	2: Somewhat in place	3: Mostly in place	4: Completely in place
BH3	<p>CMHA leadership</p> <p>District and CMHA leaders with decision-making authority meet at least monthly to develop strategies and policies to advance their partnership and the integrated delivery system. At least one CMHA administrator with decision-making authority (e.g., Executive Director, Children’s Director) from each partnering agency consistently attends (>80% attendance) and actively participates in District-Community Leadership Team (DCLT) meetings.</p>	0: Not at all in place	1: A little in place	2: Somewhat in place	3: Mostly in place	4: Completely in place
BH4	<p>Behavioral health liaison</p> <p>At least one provider from each partnering CMHA serves as a school-based behavioral health liaison. The behavioral health liaison 1) spends at least 75% of their time embedded as a participating member of one or more schools; 2) actively participates (>80% attendance) in DCLT meetings; 3) provides behavioral health consultation as requested for administrators, teachers, staff, and students; 4) serves as an internal coach and support for school-based behavioral health staff; and 5) provides Tier 3 services on school grounds.</p>	0: Not at all in place	1: A little in place	2: Somewhat in place	3: Mostly in place	4: Completely in place



Systems						
BH5	<p>Information sharing</p> <p>District and partnering CMHA(s) develop and implement information sharing procedures for the purpose of coordinated student care between relevant behavioral providers and school staff. The procedures specify: 1) the types of student information to be regularly shared, by whom, under what circumstances, and with what frequency; and 2) the parent/caregiver information sharing consent process.</p>	0: Not at all in place	1: A little in place	2: Somewhat in place	3: Mostly in place	4: Completely in place
BH6	<p>System-level data use</p> <p>The District's advanced tier team reviews relevant CMHA data on the disposition and outcomes (e.g., % successful referrals, wait time, average length of treatment, frequency and types of services) of facilitated CMHA referrals with their partnering CMHA(s) at least twice per school year. The team uses these data to identify weaknesses and gaps in their advanced tier system(s) and improve their facilitated referral practices and procedures.</p>	0: Not at all in place	1: A little in place	2: Somewhat in place	3: Mostly in place	4: Completely in place
BH7	<p>Behavioral health crisis response protocol</p> <p>District and partnering CMHA(s) develop and implement a behavioral health crisis response protocol for students on school grounds that specifies: 1) crisis response team members and responsibilities, 2) a description of the types of events that constitute a crisis, 3) guidelines for responding to an immediate crisis (e.g., alerting crisis response team members, stabilizing the student, reaching out to caregiver(s), etc.), 4) guidelines for aftercare of student, staff, and response team members; and 5) guidelines for communication and documentation (e.g., communicating about the crisis with the community if appropriate, incident documentation, etc.).</p>	0: Not at all in place	1: A little in place	2: Somewhat in place	3: Mostly in place	4: Completely in place
BH8	<p>CMHA discharge procedure</p> <p>Pre- or immediately post-discharge from CMHA services, the partnering CMHA(s) will collaborate with the student's school-based support team to develop a transition plan. The plan identifies the family and school supports needed to sustain and extend the student's gains as a result of treatment. School-based supports commence within two weeks of discharge from the CHMA.</p>	0: Not at all in place	1: A little in place	2: Somewhat in place	3: Mostly in place	4: Completely in place



Services						
BH9	<p>Tier 3 service array</p> <p>District and partnering CMHA(s) develop an integrated service array accompanied by guidance that distinguishes between shorter, less intensive Tier 3 services that can be feasibly and effectively implemented on school grounds and longer-term, more intensive services appropriate for delivery at a specialty mental health setting.</p>	0: Not at all in place	1: A little in place	2: Somewhat in place	3: Mostly in place	4: Completely in place
BH10	<p>Access to CMHA services</p> <p>Partnering CMHA(s) ensure all students, regardless of health insurance status, have access to an intake within two weeks of referral to individual services at the CMHA. Necessary and appropriate services are initiated within four weeks after referral.</p>	0: Not at all in place	1: A little in place	2: Somewhat in place	3: Mostly in place	4: Completely in place