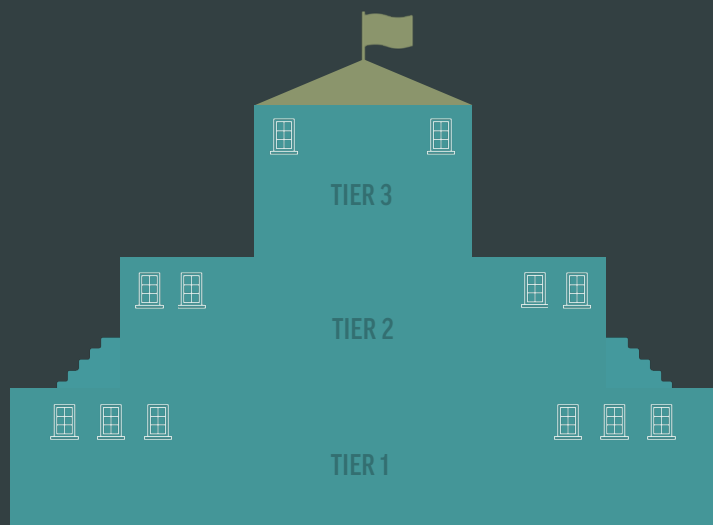


NH's Multi-Tiered System of Supports for Behavioral Health and Wellness

MTSS-B Coaching, Technical Assistance, and Evaluation Summary

SFY 2023-24

August 2024



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 Office of Social and Emotional Wellness (OSEW) and the Behavioral Health Improvement Institute (BHII) at Keene State College. The MTSS-B TA Center offers training, technical assistance, coaching, and a comprehensive MTSS-B Toolkit to support statewide implementation and dissemination of NH's Multi-Tiered System of Supports for Behavioral Health and Wellness (MTSS-B) framework. Originally developed with federal grant funds through OSEW, and with coaching now supported by NH state funds, all of the TA Center's technical assistance is provided at no cost to NH districts and schools.

See the NH MTSS-B TA Center website at nhmtssb.org to learn more.

NH MTSS-B
TECHNICAL ASSISTANCE CENTER

New Hampshire
**Department of
Education** 

Behavioral
Health
Improvement
Institute | **Keene**
STATE COLLEGE

Citation: Phillips, M. (2024). *MTSS-B Coaching, Technical Assistance, and Evaluation Summary*. Behavioral Health Improvement Institute, Keene State College.

Why MTSS-B matters

Addressing an unmet need

NH's Multi-Tiered System of Supports for Behavioral Health and Wellness (MTSS-B) is a comprehensive system of social, emotional, and behavioral supports to promote student wellness and improve engagement in learning. When implemented well, MTSS-B improves school climate, reduces student disciplinary events, increases student attendance and on-task instructional time, and improves overall academic success.^{1,2,3}

MTSS-B's universal programming offers all students an opportunity to develop foundational social emotional competencies. School behavioral health programs help overcome logistical barriers and decrease stigma associated with seeking help, leading to improvements in access to care for those with higher needs.⁴ Of the small fraction of youth who receive services for a mental health issue, 70-80% do so in school.⁵ MTSS-B benefits all students, not just those in need of targeted interventions.

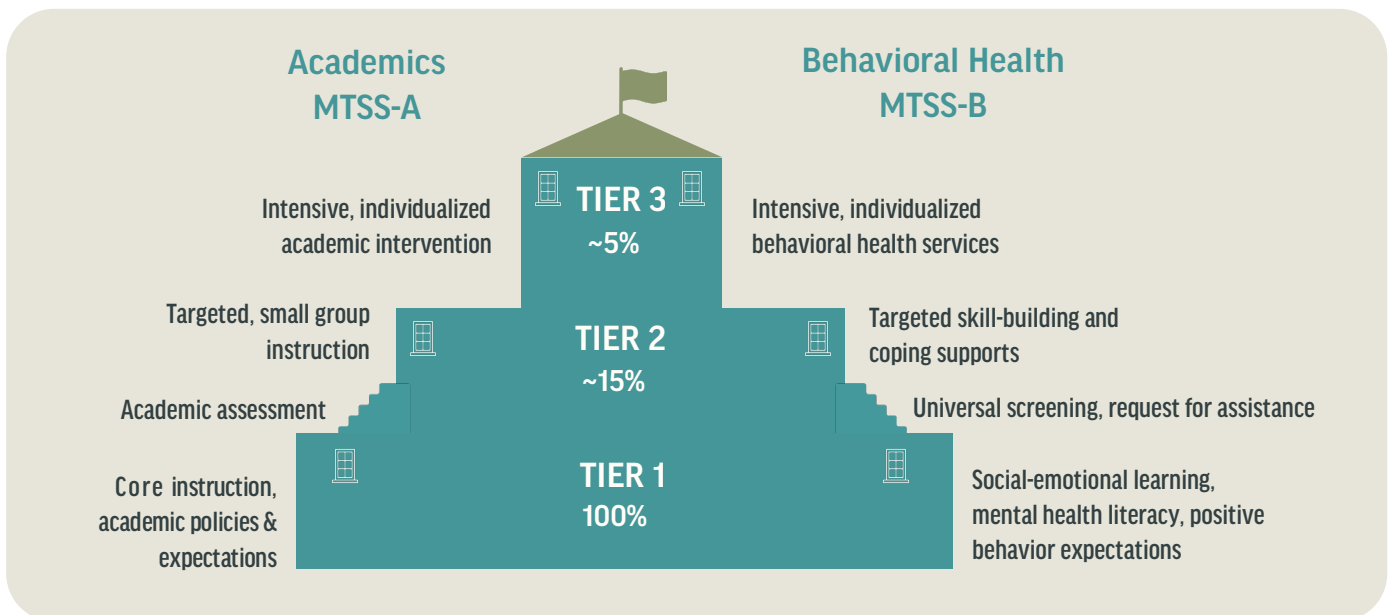
Youth are
6x
more likely to engage
in behavioral health
care in school than in
the community⁵

MTSS-B is a way of doing business

MTSS-B is a systematic process. It activates integrated district/school-community teams to use behavioral health and risk and protective data for action planning. Action plans drive strategies for identifying student needs and matching students to appropriate supports through the tiers – universal supports for all, targeted supports for those at risk, and more intensive supports for students with higher needs. Teams use data to monitor progress at system and student levels and make adjustments as needed. MTSS-B is designed for efficiency, using implementation science principles to coordinate existing school behavioral health efforts, leading to more proactive and effective ways of working.

It's already happening

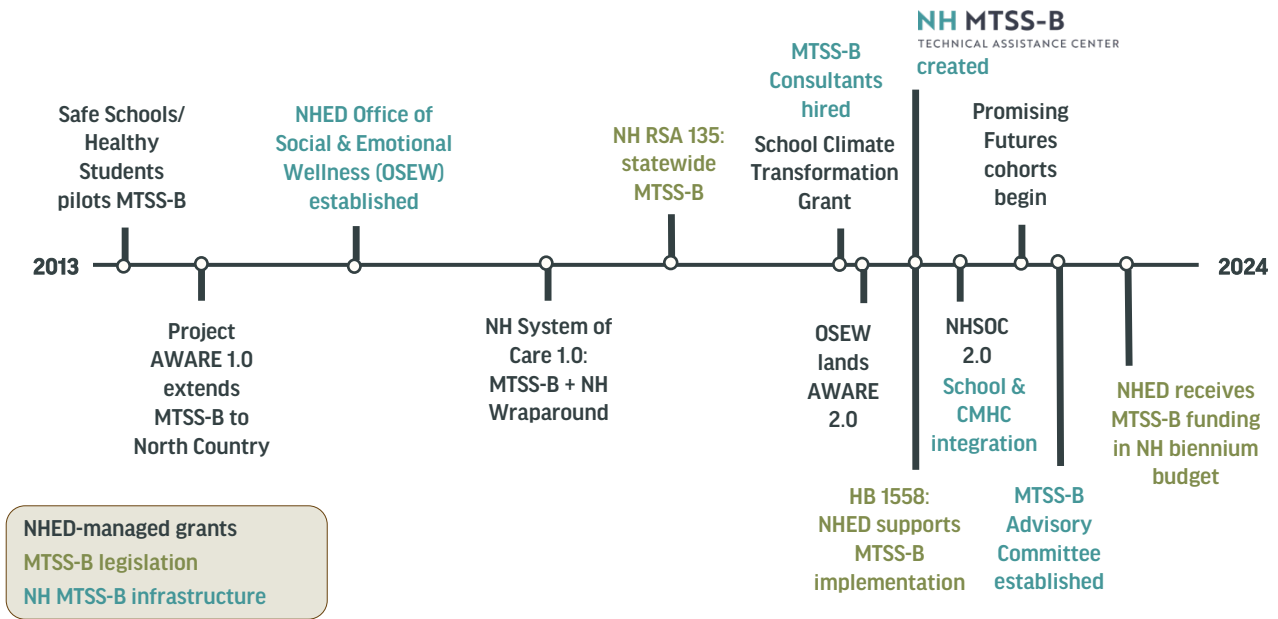
MTSS-B isn't a passing educational initiative. Schools are already providing behavioral health supports, and many are using academic MTSS-A frameworks to address academic needs with tiered supports. MTSS-B brings social-emotional and behavioral health into the tiered prevention frameworks often already in use.



NH's MTSS-B state infrastructure

Tiered behavior prevention frameworks like MTSS-B are not new in NH; schools throughout the state have been implementing forerunners of NH MTSS-B such as Positive Behavioral Interventions and Supports (PBIS) on their own and with the support of external coaching for decades. With NH Department of Education's (NHED) receipt of a federal Safe Schools/Healthy Students (SS/HS) grant in 2013, "MTSS-B" was coined with a re-envisioned focus on an integrated approach that calls on community mental health partners to collaborate with school districts to address the social-emotional and behavioral health needs underlying student behavior. In 2020, NHED contracted with the Behavioral Health Improvement Institute (BHII) at Keene State College to help develop and host the NH MTSS-B Technical Assistance (TA) Center. The timeline below summarizes state-level MTSS-B-related efforts since NHED's receipt of SS/HS in 2013.

An updated history of NH MTSS-B

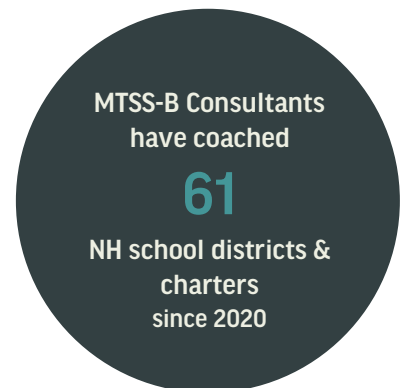


MTSS-B professional development

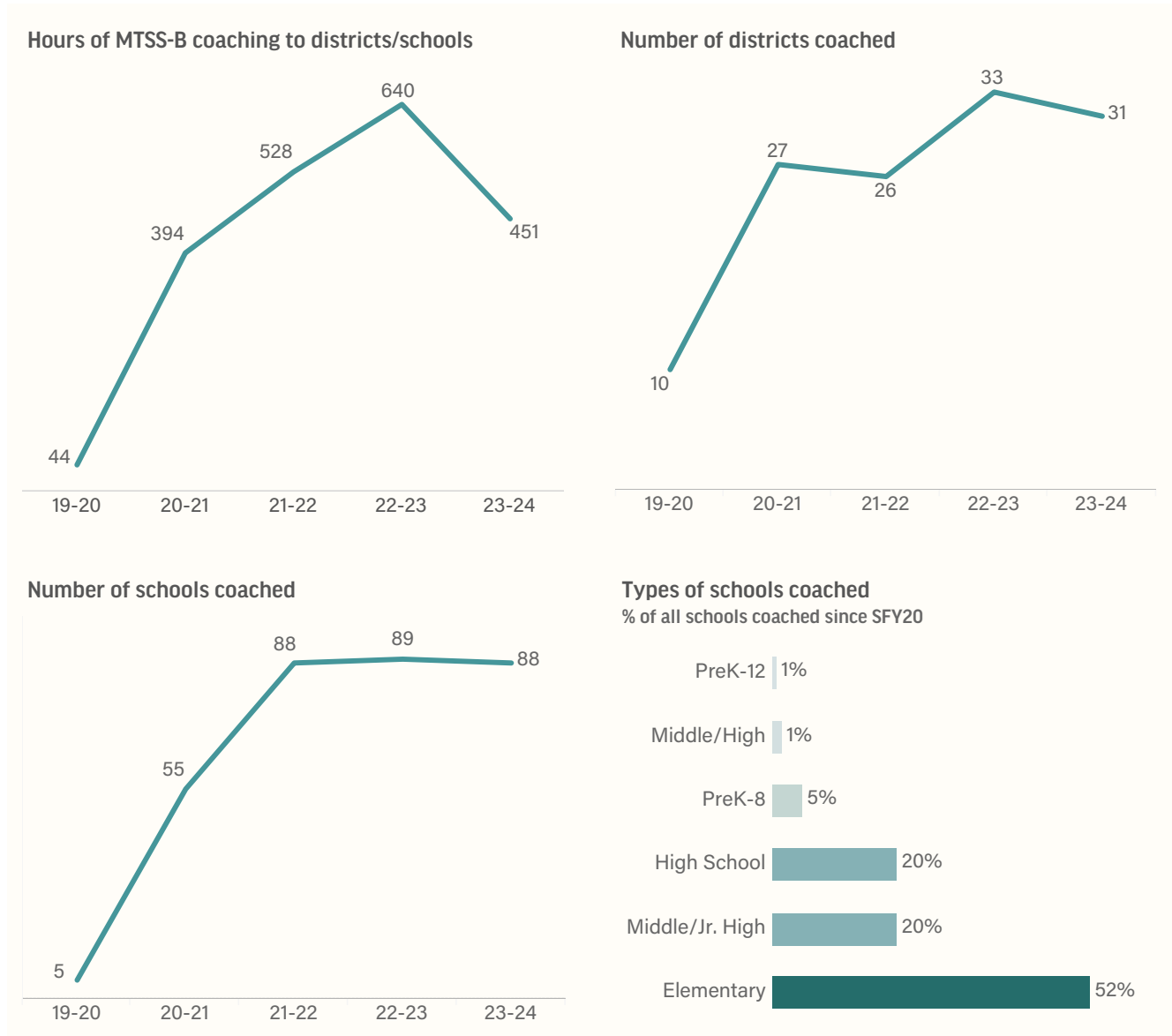
In addition to comprehensive MTSS-B resources located on the TA Center [website](#) and [MTSS-B Toolkit](#), regional MTSS-B Consultants housed at NHED's Office of Social and Emotional Wellness (OSEW) provide training, coaching, and technical assistance to any NH school district or youth-serving community partner seeking MTSS-B implementation support. The majority of this professional development is offered through ongoing coaching relationships with NH districts and schools.

Coaching

OSEW's MTSS-B Consultants provided 451 hours of coaching to 42 NH school districts (including charters) and 88 schools in SFY24. In combination with coaching provided since the TA Center's start, 61 NH school districts/charters and 142 schools have received MTSS-B coaching from OSEW Consultants. Coaching delivery decreased slightly in SFY24, likely due to staffing changes as two OSEW Consultants transferred into full or partial administrative roles. Most schools

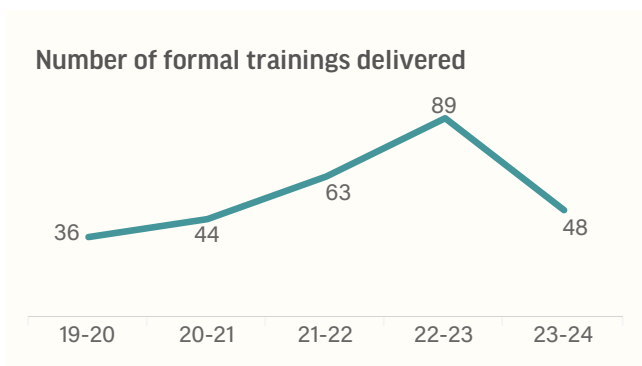


receiving school-level coaching over time have been elementary schools (51%), with middle and high schools about equal at 20%. Overall, OSEW coaching efforts have increased by almost 500% since inception of the TA Center in 2020.



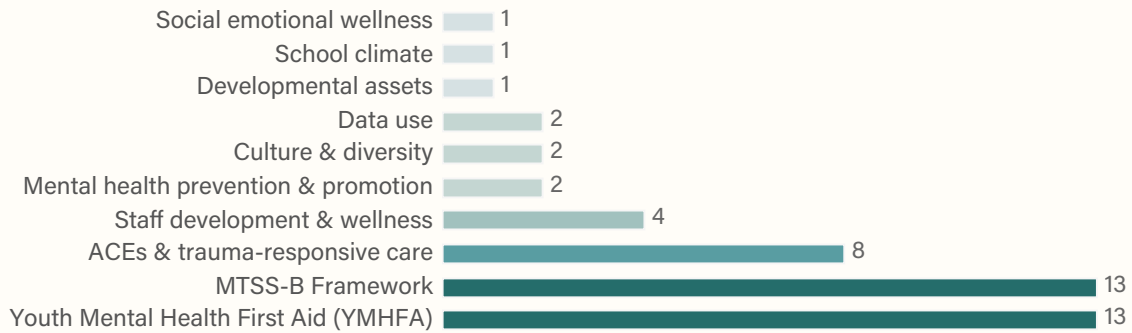
Training and technical assistance

In addition to ongoing coaching, OSEW delivered 222 hours of formal training across 48 events to 1,259 recipients in SFY24. Training follows a similar trend as coaching, with steady growth until SFY24 when OSEW experienced reduced Consultant capacity. Training audiences consisted of district and school administrators, school counselors, teachers, nurses, other school behavioral health specialists, and a wide range of youth-serving community partners (e.g., Boys & Girls Club, ACROSS NH, YMCAs, public health regions, youth camps, and parents/caregivers, to name a few).



SFY24 training topics are summarized in the chart below. MTSS-B Framework and Youth Mental Health First Aid (YMHFA) continued to be a primary focus of training in SFY24; other topics included trauma-responsive practices, staff development and wellness, mental health prevention, data use, and culture and diversity, among others.

Top 10 formal training topics
SFY24



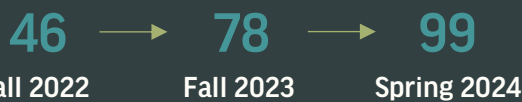
In addition, OSEW provided additional technical assistance (TA) across 34 sessions in SFY24. TA typically consists of one-time or limited time frame consultations on MTSS-B-related topics for districts, schools, state agencies, and community partners.

Spotlight on annual MTSS-B Framework Training

The TA Center has focused on refinement of annual, in-person MTSS-B Framework Training for districts and schools over the past several years. Attendance at these larger-scale trainings has more than doubled over time, reflecting statewide interest and need.



Annual MTSS-B Framework Training participants



In response to training feedback, TA Center staff have adjusted the training to include facilitated planning time to support school teams' MTSS-B implementation. Participants have responded positively to the format shift, with 88% survey respondents describing the Spring 2024 training as very/extremely useful and 84% indicating they would be very/extremely likely to take concrete steps in MTSS-B implementation after the training. When asked what would facilitate next steps, participants cited planning time, administrator involvement, and MTSS-B buy-in from all staff.

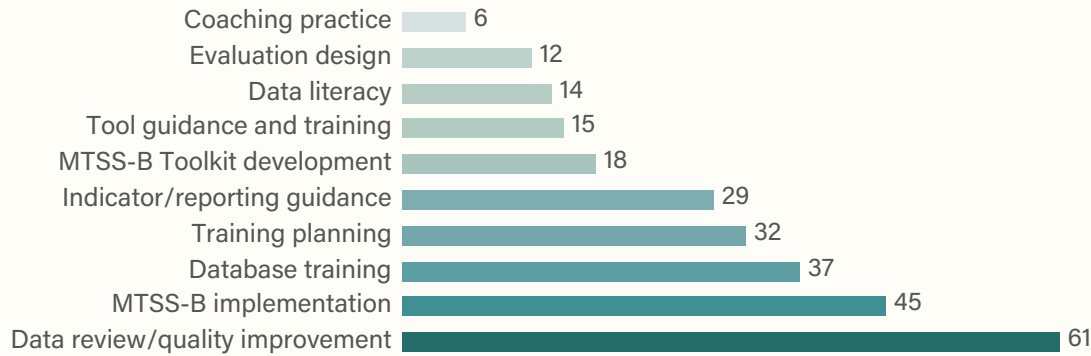
That said, fewer (66%) felt the training was adequately balanced between didactic and facilitated planning time. There is room for continued improvement in training format; recent TA Center planning includes introducing a conference-type format with participants choosing between didactic sessions that best fit their MTSS-B experience and needs.

Evaluation-related technical assistance

In addition to providing MTSS-B TA to OSEW, BHII has served as evaluator for OSEW's MTSS-B federal grants since 2014. In SFY24, BHII provided MTSS-B content and evaluation TA to OSEW Consultants and twelve NH school districts to support implementation, data-based decision making, and quality improvement.

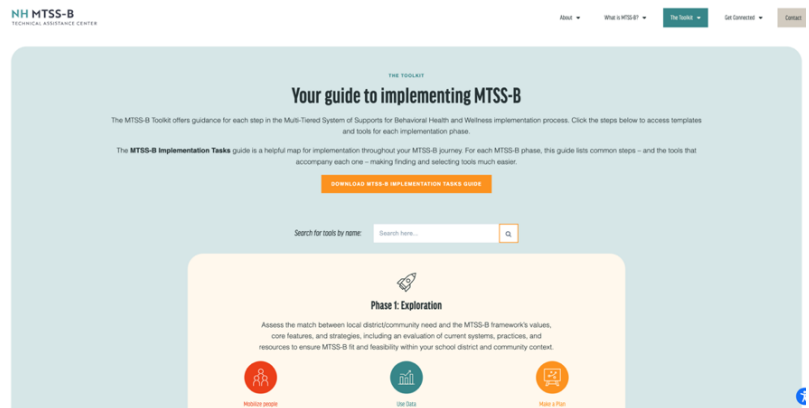
BHII technical assistance sessions

SFY24; sessions could focus on multiple topics



The NH MTSS-B Toolkit

The [MTSS-B Toolkit](#) is publicly available on the MTSS-B TA Center website and contains 70 guidance documents and tools to support implementation. Newly added tools and guidance in SFY24 include a **Tier 1 Data Tracker, MTSS-B and the Pyramid Model, Substance Misuse Prevention in MTSS-B, and the NH Substance Misuse Prevention Fidelity Tool**. A new **MTSS-B Communications Toolkit** will soon be released, which distills MTSS-B concepts into concise messages for varied audiences. These communications tools are designed to promote shared understanding of MTSS-B among school and district staff, youth-serving community partners, families, school boards, state or legislative agencies and groups, funders, and more.



MTSS-B Community of Practice

The NH MTSS-B Community of Practice (CoP) convenes NH stakeholders interested in improvement and expansion of MTSS-B through both a listserv and quarterly virtual meetings. Members include district and school staff, youth-serving community partners, and coaches and TA providers throughout the state. Members discuss lessons learned, address implementation barriers, share resources, and identify exemplar implementation sites—supporting transmission and expansion of MTSS-B knowledge and expertise throughout NH. There were over 400 visits to the MTSS-B CoP webpage in SFY24, indicating considerable interest in connecting to the NH MTSS-B community. 52 new members joined the CoP in SFY24, bringing the total membership to 154.



MTSS-B Advisory Committee

The NH MTSS-B TA Center is informed by a multi-sector, state-level NH MTSS-B Advisory Committee (MAC). The MAC provides input on strategies and planning and supports awareness and dissemination of MTSS-B throughout NH schools and communities. The committee has included representation from school districts, community mental health centers, MTSS-B Consultants and coaches, DHHS Bureau of Children’s Behavioral Health, mental health education and advocacy groups, OSEW, and BHII. While the MAC benefitted from participation from a public high school student in its first year, since then family and youth participation and voice on the committee has been lacking—and should be revisited for the future.

The MAC has provided valuable input to the TA Center on a variety of state-level initiatives, including prioritization of TA Center objectives, district/school and community mental health collaboration, development of a MTSS-B Communications Toolkit, and sustainability planning. In December 2023, the MAC generated recommendations for MTSS-B efforts from a state-level system assessment focused on critical implementation drivers, including leadership and facilitative policies, workforce capacity, professional development, data and evaluation, and fiscal support. Results of this system assessment are included in the Considerations section at the end of this report.



MTSS-B Advisory Committee cross-sector representation

- NH Department of Education Office of Social and Emotional Wellness
- Behavioral Health Improvement Institute at Keene State College
- NH DHHS Bureau for Children’s Behavioral Health
- UNH Institute on Disability
- Reaching Higher NH
- Hillsborough-Deering School District
- Franklin School District
- Manchester School District
- Merrimack School District
- Riverbend Community Mental Health
- Greater Nashua Mental Health Center
- HealthFirst Family Care Center
- Southeastern Regional Education Service Center
- Constellations Behavioral Services
- Strafford Learning Center
- New Futures

Bright spots from MTSS-B evaluation

BHII has served as the external evaluator for OSEW's federally funded MTSS-B grants since 2014. Recent evaluation data comes from the 2019-24 Project AWARE/System of Care 2.0 cohort implementing MTSS-B across 7 NH school districts, and highlights several bright spots in statewide MTSS-B implementation.

OSEW MTSS-B coaching highly valued

In their SFY24 qualitative interviews with BHII, the cohort's District Project Managers expressed pronounced gratitude for the support of their OSEW MTSS-B Consultants, who provided frequent problem-solving sessions, facilitated team work groups and fidelity assessments, helped build and support District-Community Leadership Teams, and offered endless connections to resources through the MTSS-B TA Center. Respondents expressed hope that this coaching support would continue after the end of the grants, along with periodic MTSS-B Framework Training utilizing the newer team planning format and networking with other schools and districts implementing MTSS-B.

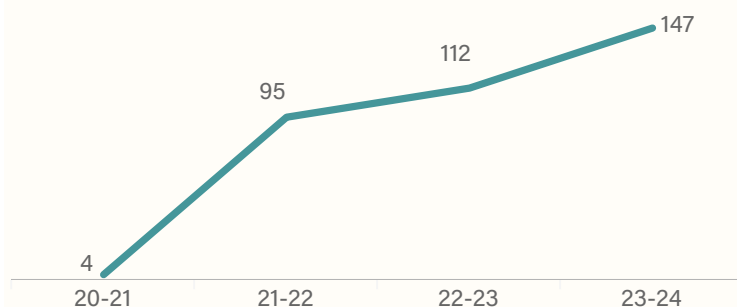
Systems grow more efficient over time

While about 80% of students will have their needs met by Tier 1 programs, another 15% will need targeted Tier 2 supports to help them develop social-emotional and behavioral competencies. Up to 5% of students with higher needs will require more intensive, individualized Tier 3 services.⁶ To properly meet these needs, schools need to design efficient systems that accurately identify student need and match each student to the appropriate tier and service, ultimately reducing the load on highly resource-dependent Tier 3 systems.

Universal screening

A universal screening process is critical to accurate identification of students with need—especially for those students with primarily internalizing behaviors less visible to staff. Screening can include team review of extant data such as office discipline referrals, attendance, and grades. It can also include use of a teacher-rated, validated screening measure for the entire school population that considers every day, observable student behaviors such as self-regulation in the classroom, interactions with teachers and peers, and academic engagement.

Average number of students screened per screening event
Fall screenings only

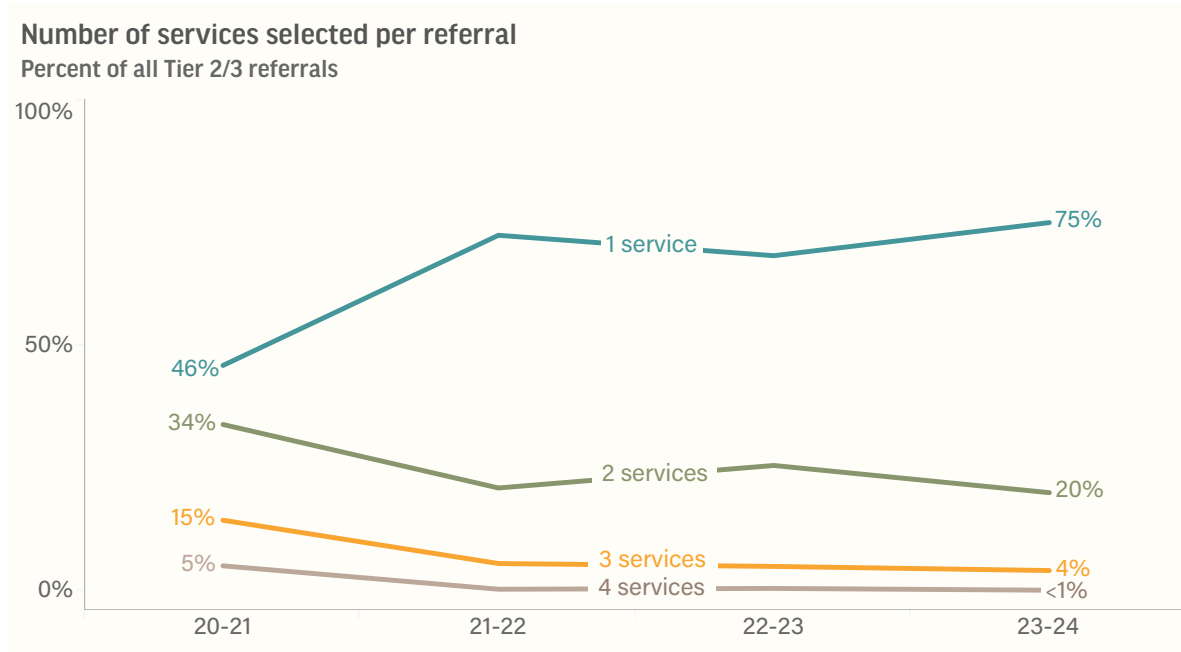


Screening efforts in the AWARE/SOC 2.0 cohort have grown increasingly more efficient over time. While screenings were limited to review of data for a handful of students of concern during team meetings early in the project, four districts adopted a universal screening tool during the project, so that the average number of students screened per event increased by almost 370% by the end of the project—a testament to intentional, data-based, and efficient system growth.

Referral to tiered supports and services

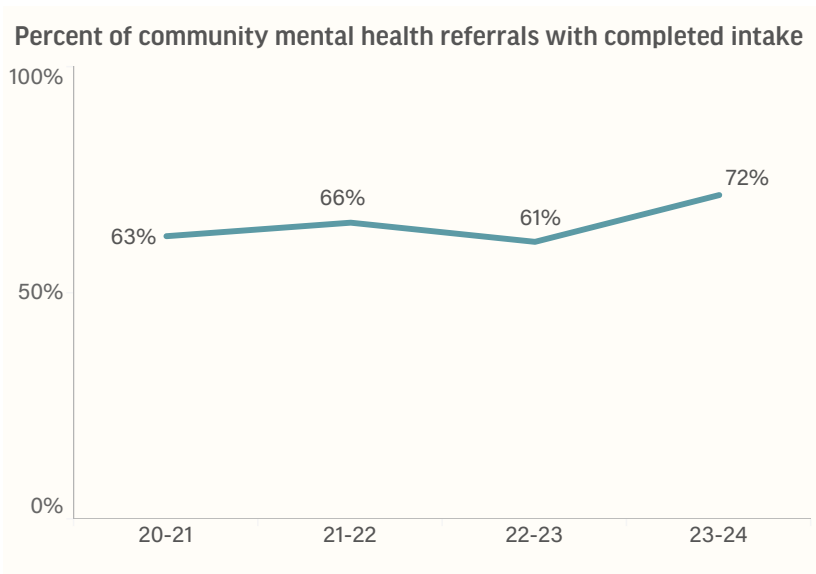
Appropriate matching of students to MTSS-B tiers and interventions is critical to an effective—and efficient—MTSS-B system. The chart below illustrates how the cohort has adjusted Tier 2/3 referral practices over time to better reflect the needs of students and minimize delivery of duplicative, or possibly ineffective or unnecessary, services. The chart below details the percent of Tier 2/3 referrals in which students were referred to one or more different tiered services (at the time of initial referral).

At the start of the project, a third of student referrals were to two different services, 15% to three services, and 5% to four services at the time of referral. Fewer than half were for one targeted service. While an understandable approach for schools looking to help students who may be in urgent need of support, it's also a strategy that unnecessarily taxes Advanced Tier system resources. Over time, trends in referrals have shifted, so that 75% of referrals are now to only one targeted service, and referrals to two or more services have decreased correspondingly. These data reflect the marked improvement in efficiency—and likely effectiveness for students—of these district's MTSS-B systems over time.



Access to community mental health

The success rate of school referrals to community mental health services represents another bright spot for the cohort. Through the development of facilitated referral procedures supported by collaboration between districts and their regional Community Mental Health Centers (CMHC), the percentage of facilitated referrals to CMHCs that resulted in completed intakes—a figure that can run as low as 30% in community settings⁷—has exceeded project targets. Referral success has exceeded 60% in all years, with a notable increase to 72% in the last year of the project, when school-CMHC relationships were most seasoned.



Considerations for strengthening statewide MTSS-B

The following recommendations for strengthening statewide MTSS-B are a compilation of the MAC's SFY24 state-level system assessment, BHII's qualitative and quantitative evaluation findings, and experiences of MTSS-B TA Center staff and partners in the field. NHED will be fully absorbing the infrastructure and functions of the MTSS-B TA Center early in SFY25 as their contract with BHII ends. The next step is for OSEW to turn the recommendations below into a concrete action plan with the assistance of the MAC.



Enhance leadership support and a facilitating environment

The credibility of statewide MTSS-B has been elevated by introduction of MTSS-B into state legislation and recent funding appropriations to NHED. The establishment of the OSEW office within NHED's Bureau of Student Wellness years back lends legitimacy to MTSS-B and implementation efforts of NH schools. OSEW-supported coaches give districts confidence they are headed down an effective path by adopting MTSS-B.

At the same time, MTSS-B efforts across NH still remain fractured, and more collaboration at the state-level could strengthen and add coherence to dissemination. Additional roles in the leadership sphere could be called upon to educate the legislature about the importance of MTSS-B. Superintendents might be activated to have a stronger voice in this regard, and the School Psychologists Association and other behavioral health professional associations could be invited to join alignment efforts. Other MTSS-B TA providers (e.g., the UNH Institute on Disability) could collaborate on training to reach a broad audience with cohesive MTSS-B messaging. The Children's Behavioral Resource Center could also be an important partner in expanding MTSS-B leadership structures.

Development of the MTSS-B TA Center and MAC have been critical steps toward increasing a shared understanding of MTSS-B at the state level. However, state-level administrators and legislators need to more fully understand the framework for widespread implementation to thrive. While some are clearly supportive and have fought for MTSS-B's inclusion in legislation and funding appropriations, additional effort to educate and develop partnerships with lawmakers would further legitimize MTSS-B. The support of advocacy groups such as New Futures has been critical in this regard. Partners should continue to fill in knowledge gaps about the importance of social-emotional learning, how behavioral health services are structured in schools, and how increasing access to high-quality behavioral health in schools supports readiness for learning. Current misconceptions about MTSS-B need to be addressed by top-level leadership, with NHED driving the effort.



Increase workforce capacity

Inadequate workforce is a major limiting factor to high-quality school-based behavioral health services. Along with financial incentives (e.g., raised Medicaid reimbursement rates) to support CMHCs' ability to attract qualified staff, incentives for higher education programs to focus on school-based care in their preparation of the rising workforce is critical. Graduate students also need expanded opportunities for internships and practica in the school setting.

Federally Qualified Health Centers (FQHCs), which offer care to underserved and underinsured populations, may be an overlooked resource for schools. While many schools rely on CMHCs to provide co-located services, FQHCs may be able to help. In NHED's first Project AWARE grant cohort, at least two funded districts successfully partnered with their local FQHC to offer specialized behavioral health services and fill large gaps in access to care.

Even with adequate workforce, the school setting presents a unique challenge given the packed curricula and school day, introducing constraints on the frequency and duration of services. Summers off mean a lack of continuity for students who need ongoing support. Academic pressures can force schools into either/or

decisions about their role: stick to academics or broaden their scope to support student wellbeing and ensure students are ready to learn? The roles of behavioral health providers in schools can also be misunderstood by members of the public who do not have an accurate understanding of MTSS-B or the types of supports schools offer. Widespread education about how to properly message MTSS-B to family and community is critical to widespread dissemination. The new MTSS-B Communications Toolkit may be helpful in that regard.



Invest in high-quality professional development

Annual MTSS-B Framework Training offered by the MTSS-B TA Center provides a no-cost way for school teams to increase their understanding of MTSS-B and put that knowledge into practice via live, facilitated planning sessions. Over the past several years, MTSS-B-related content has also become more aligned between TA providers from different agencies through resources like the MTSS-B Toolkit and the MAC.

Implementation science teaches us that adequate professional development consists not only of up-front training, but also ongoing coaching at the point of practice. In addition to the services offered by other TA agencies throughout the state, NHED's ability to offer free coaching to NH districts helps to keep MTSS-B implementation moving when it might otherwise stall. In addition, the installation of internal coaching positions within districts and schools (e.g., student wellness coordinators, social-emotional learning coordinators), is critical to development of district and school capacity to sustain the effort required for high-fidelity MTSS-B. Ideally, these roles would be established at the administrative level, allowing for the decision-making power and influence needed to move MTSS-B along.



Strengthen data and evaluation infrastructure

In their qualitative interviews with BHII, AWARE/SOC 2.0 cohort members recognized the importance of continuing to monitor student service delivery in a centralized manner after the close of the grant and loss of the project evaluator. While student discipline and attendance data are effective tools for identifying behavioral health problems in schools, school teams use service access and reach data to identify gaps in services and set priorities for implementing new programs to better meet student needs. Behavioral health providers want better tools for monitoring student progress and evaluating the effectiveness of their programs and services.

The unreliable nature of competitive grants limits what the MTSS-B TA Center can do to support districts that want to commit to data-based decision making and progress monitoring. Systematic collection of fidelity and outcome data is challenging without a centralized database and evaluation expertise. The TA Center, with enough resources, could build infrastructure to support MTSS-B data collection in districts—such as a platform for tracking fidelity—to sustain statewide progress monitoring and quality improvement.

Coaching is clearly a critical piece of high-quality MTSS-B implementation; many districts and schools find themselves at a loss for where to start without the support of external coaches. To ensure the highest quality technical assistance, OSEW's MTSS-B coaching practices and other TA Center functions will require rigorous monitoring and evaluation to ensure continuous quality improvement in state-level MTSS-B expertise, infrastructure, and capacity.



Sustain fiscal support

It goes without saying that none of this is possible without reliable and sustainable funding for statewide MTSS-B. While the appropriation of state funds for NHED's MTSS-B coaches is a move in the right direction, OSEW will need more robust support to keep the NH MTSS-B TA Center functioning at a highly effective level, as well as access to behavioral health consultation and expertise. Institutions of higher education are valuable partners in this regard.

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