

# Role of the Community Mental Health Agency in MTSS-B



High-fidelity MTSS-B is reliant upon an intentional collaboration between school districts and their community mental health agency (CMHA) partners. The collaboration is intended to establish and/or strengthen the district-CMHA partnership in order to leverage resources, create common understandings, and increase access to high-quality mental health supports for those students and their families served within the district and CMHA regions. Below we offer several considerations and strategies to support district-CMHA collaboration. The MTSS-B Community Mental Health Agency MOU guidance document offers these same strategies in a sample template format, which may be helpful in the development of local MOUs/contracts.

## Establishing commitment for MTSS-B planning and implementation

A first step is to work closely with CMHA administrator(s) to educate them about MTSS-B's integrated, systems approach so they fully understand the expanded role of the CMHA within the framework compared to a more traditional co-located model of CMHA service delivery in schools. The CMHA should engage in the MTSS-B comprehensive planning process, with the goal of promoting the integration of school mental health systems through changes in policy and practice, infrastructure development, program monitoring and evaluation, and increased access to evidence-based services for all students. This includes evaluating data and current initiatives to determine needs and gaps in services, participating in annual MTSS-B fidelity assessments, supporting school-level MTSS-B implementation, and contributing to the development and implementation of an integrated plan of action for capacity building, professional development, coaching, and sustainability.

## District-Community Leadership Team participation

The CMHA should appoint a representative with mental health expertise and decision-making authority to participate on the District-Community Leadership Team (DCLT), which functions as the district-wide MTSS-B planning and action team. The CMHA representative should be able to consistently attend DCLT meetings.

## School-level team participation

CMHA clinicians who are providing clinical services in schools will need time to participate on advanced tier (Tier 2 and 3) school-level teams to help plan and implement a comprehensive array of services, as well as individual student support teams for students to whom they are providing clinical services. Typically, these functions are not billable to insurance; therefore, the district and the CMHA should work on creative strategies to make participation on teams feasible. This could include use of any grant or other district/school funds that may be available.

## Facilitated referrals

The district and CMHA should work together to develop policies and procedures that support a facilitated referral pathway for in-school and community-based services (e.g., those delivered at the CMHA). With appropriate authorization and consent, the CMHA should then share the outcome and disposition of facilitated referrals to the CMHA with relevant district/school staff.



## Provision of mental health services

The CMHA should provide licensed clinician(s) to provide mental health services to identified/referred students within the school setting. The district/school and CMHA should specify the amount of clinical service/FTE to be provided in a formal contract. The CMHA clinician(s) should provide evidence-based (whenever possible), individualized Tier 3 mental health services on school grounds for students with identified mental health concerns. These services may include individual therapy, psychodiagnostic assessment, risk assessment, behavior planning, etc.

If appropriate, CMHA clinician(s) may also provide Tier 2 counseling/psychosocial/psychoeducational groups designed to support students who have been identified as at risk for mental health concerns. If resources allow, CMHA clinician(s) may also contribute to the planning and delivery of universal Tier 1 supports: schoolwide, grade-level and/or classroom-level to promote positive social, emotional, and behavioral skills and wellbeing for all students. Examples include schoolwide behavior expectations, discipline practice/policies; universal social emotional curricula; other schoolwide/grade/classroom-level practices (e.g., mindfulness skills).

## Communication and confidentiality

In more traditional, co-located models of CMHA service delivery in schools, communication between CMHA and school staff is often either extremely limited or completely lacking. To ensure coordination of care to best support students within an integrated MTSS-B framework, we recommend that districts and CMHAs discuss and reach agreement – at the outset of their collaboration – about appropriate sharing of pertinent information about student needs, treatment plans, and response to services. The district and CMHA will need to establish communication and confidentiality protocols that ensure informed consent and adherence to HIPAA, FERPA, and all applicable ethical guidelines.

## Crisis response and management

The district and CMHA may also want to develop a system for coordinating and facilitating mental health crisis response for students on school grounds, specifying what staff will be responsible for crisis response, and under what circumstances. This may involve consideration or modification of CMHA procedures to seek parent/guardian consent for services in crisis situations. The CMHA and district staff and administration will also need to establish and follow a procedure to assist students and families access help outside of school hours during a mental health crisis.

## Progress monitoring

CMHA clinicians should participate in ongoing monitoring and evaluation of service implementation and outcomes at the aggregate/system and individual student level. This may include:

- Use of screening and other data in addition to direct referrals to determine the need for mental health intervention;
- Assessing the implementation fidelity of specific behavioral health services and supports;
- Regular review of advanced tier intervention data to inform ongoing decision-making and quality improvement (e.g., determining how students are responding to Tier 2/3 interventions).