

Clearing A Path

*Improving
K-12 Student
Mental Health
Outcomes*

**MTSS
Recommendations
for
K-12 Schools,
Districts, and
States**



**A MULTI-STATE
COLLABORATIVE
GUIDE**

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INTRODUCTION



Schools, districts, and states are experiencing overwhelming student mental health needs. According to the 2023 Youth Risk Behavior Survey, four out of 10 high school students experienced persistent feelings of sadness and hopelessness. Two in 10 students seriously considered attempting suicide and one in ten students attempted suicide. Knowing this, education agencies are implementing, expanding, and enhancing school-based mental health care services, programs, and policies.

When a student has access to mental health supports and interventions in school, they are six times more likely to receive the interventions they need to thrive. Schools offer a more accessible, less stigmatizing setting than traditional community-based mental health settings.

Team [bhworks](#) by mdlogix engages and collaborates with leading school, district, and state leaders and staff to identify and support best available practices for improving student mental health outcomes leveraging Multi-Tiered System of Supports (MTSS). Creating systems that rely on data-driven decision making, ongoing progress monitoring, and outcome-oriented interventions is critical to the mental health success of students. We enable, enhance, and connect prevention, early intervention, and treatment efforts.

This approach focuses on strategies and practices that encourage progress monitoring of and with the student as they access mental health interventions and supports across the tiers. In the spirit of shared learning and storytelling, we have compiled example programmatic practices from the spectrum of implementers at state, district, and school levels.

NOTE: Collaborators' institutions are listed but that does not imply endorsement of these considerations or bhworks software.

MULTI-TIERED SYSTEM OF SUPPORTS (MTSS)

Multi Tiered System of Supports (MTSS) is a framework used by many schools and districts to coordinate systems and services to address students' academic, behavioral, mental health, and social and emotional needs. It uses a public health approach to promote student wellbeing by identifying three tiers of prevention, early intervention, and treatment to support the needs of the entire school population.

The MTSS framework is built on key theories that drive both the educational and psychological fields, including;

- Response to Intervention (RTI)
- Positive Behavioral Interventions and Supports (PBIS)
- Universal Design for Learning (UDL), and
- Whole Child, Whole School, Whole Community Model (WSCC)

Schools often have existing MTSS Frameworks in place to address students' academic needs, which would allow for integration into mental, behavioral, and emotional health prevention and intervention processes.

These recommendations can align with schools' existing MTSS framework to enhance the student support services schools have already established or provide examples of innovative strategies.

Tier I:

Promotion of positive social, emotional, and behavioral skills, and overall well-being for students and staff.

Core Elements:

- *Whole Child Development*
- *Systemic Approach*
- *SEL Core Tier I Supports*
- *Data-Based Decision Making*
- *Social-Emotional-Competency Strength-based Screeners*

Considerations at Tier I

- *Identify areas of need (and potential duplication) to streamline and prioritize evidence-based programs and practices*
- *Increase fidelity of current, evidence-based practices and monitor student outcomes*
- *When adding a new practice, choose options that intentionally address prevention of a commonly occurring need at higher tiers among your students*
- *Select screening tools that will capture targeted areas for your student body to enable staff to intervene before problems become crises*
- *Strength-based assessment to guide curriculum selection and evaluation*
- *Data sources include school climate surveys, office referrals, universal screening, attendance, etc.*

UNIVERSAL SCREENING



The purpose of this work was to focus on universal screening strategies at Tier 1. Universal screening conducted at Tier 1 identifies students who have additional risk factors. Screening for and early identification of potential problems are crucial first steps in promoting social-emotional-behavioral health.

The gold standard is to universally screen ALL students for behavioral, mental, and emotional areas of need and to ensure key school personnel know how to recognize early signs and symptoms of behavioral health concerns.

Conducting a universal screener 2–3 times a year provides aggregate data to assess if supports and interventions have been successful and identify if an additional support or intervention should be added.

Universal screening occurs after Tier I school-wide prevention supports have been implemented with fidelity, and resources exist at advanced tiers to support students who may need supplementary support or intervention.

Purposes of Universal Screening

Early Identification: Detects students at risk for social-emotional-behavioral challenges before issues escalate

Prevention: Allows schools to implement universal programming and prevention programming to support wellbeing

Data-Driven Decisions: Provides schools with actionable data to allocate resources effectively

Promoting Equity: Identifies needs across diverse populations based on a standardized measurement of risk

OUTCOMES OF UNIVERSAL SCREENING:

- Identify distribution of risk (low, moderate, high) across school population
- Identify a baseline for data triangulation
- Identify which students may need targeted screening
- Obtain active consent to administer targeted screening
- Determine the types of targeted screeners needed
- Reduce mental health stigma



SUCCESS STORY: PENNSYLVANIA

The “Suicide Prevention in Pennsylvania Schools and Colleges Initiative” from 2014–2019 implemented suicide prevention and early intervention strategies for youth ages 10 to 24 across the commonwealth. During those years, 13,000 Pennsylvania students were screened and identified 4,300 youth with some level of suicidal ideation. Pennsylvania did this using a software platform that allowed us to obtain electronic consent, identify and screen students, and gather real-time data to identify resource needs over time. It had the ability to connect the Student Assistance Program (SAP) agencies across the state using the software for data collection and outcome measures. The software accomplished our “systems-level” change and provided a new statewide infrastructure.



Over the years, the software platform has evolved, and SAP agencies benefited each year from enhanced referral management for documenting attended services, a BHS child version, SAP assessment file; interactive dashboards for screening and assessment data; the launch of a case notes module, [a telehealth module](#), and an indirect services module; and a BHS Spanish version. Using this software technology increased the identification of youth at risk for suicide in the targeted population from 8% to 33% and has offered us a way to measure behavioral health across demographics, regions, and shared risk factors.

[One-hour mdlogix webinar on Screening Students with Confidence – Kirsten Johnson, Dover Schools](#)

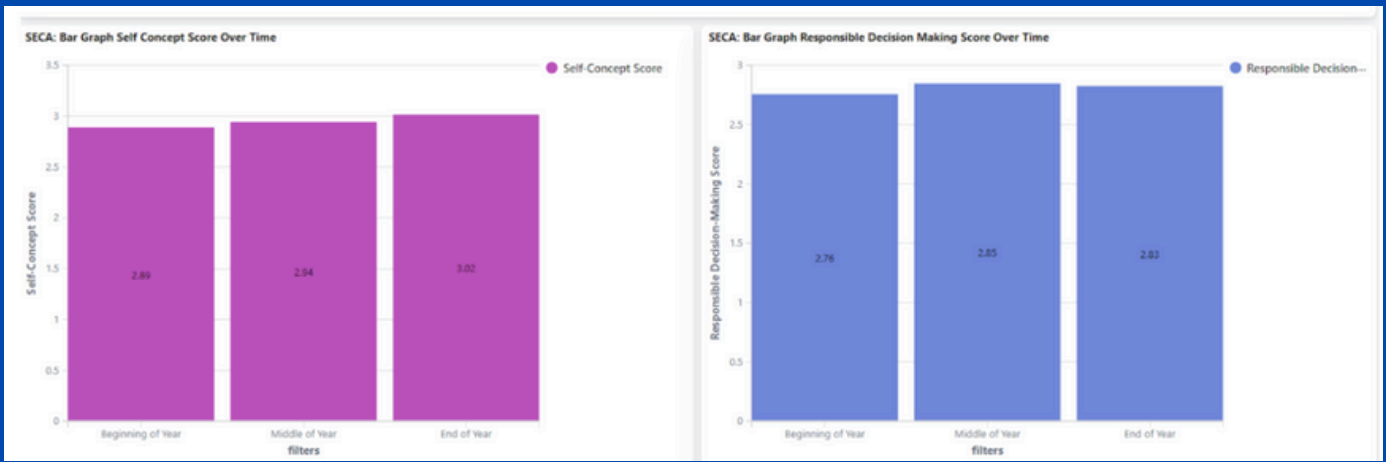
SUCCESS STORY: MICHIGAN

Delta-Schoolcraft Intermediate School District began screening for social emotional competency skills in 2022 using the Social Emotional Competency Assessment (SECA) short form as a universal screener electronically administered three times a year (fall, winter, spring) by classroom teachers.

The SECA was selected by the school team because it is aligned with the Collaborative for Academic and Social Emotional Learning (CASEL) core competencies, allows self-rating, is brief, and can be used to inform instruction/intervention.

SECA screening and tracking offers an evidence-based and proactive method for selecting and monitoring universal (Tier I) interventions. Measuring student response can facilitate early identification of students who may need targeted intervention. With a multi-tiered approach, students are more likely to learn core social-emotional skills and may have potential mental health needs addressed before they emerge. Addressing needs on a universal level will increase access for all students.

The bar graphs below display scores from the SECA across a school year, alongside the implementation of SEL curriculum—noting that each domain (Self Concept, Responsible Decision Making) improved.



Success Story: Massachusetts

Methuen School District (MSD) is in Year 10 of universal screening K-12 students, screening across multiple domains of functioning and health, including anxiety, depression, SEL competence, etc.). Screeners used PHQ9, UCLA Brief Trauma Screen, GAD 7, CRAFFT 2.1, Closed Gap (Mood Screeners)

MSD collects passive consent annually, with less than a 1% rate of opt out and utilizes the information to measure student wellness, customize mental health curriculum, develop class and student supports and interventions.

2024-2025: What do we screen for in Methuen?

Grade	Anxiety	Depression	Substance Use	Trauma	Global Functioning	Social Emotional Competence
K						
1						
2						
3						
4						
5	Yellow	Purple		Green		
6	Yellow	Purple		Green		
7	Yellow	Purple	Yellow	Green		
8	Yellow	Purple		Green		
9	Yellow	Purple	Yellow	Green		
10	Yellow	Purple		Green		
11	Yellow	Purple		Green		
12	Yellow	Purple		Green		

Closegap
Generalized Anxiety Disorder (GAD-7)
Patient Health Questionnaire (PHQ-9)
CRAFFT Substance Abuse Screener
UCLA Brief Trauma Screen
Social Emotional Learning Indicator System (SELIS)

TIER II

Tier II: Supports and early interventions for students identified through universal screening, school referral systems, and standardized data review.

Screening, referral, and early intervention activities for students identified through a needs assessment may include activities conducted by the school mental health team in partnership with educators, youth, families, and community partners.

Examples: small group-level interventions; mentoring; brief individualized interventions; and low-intensity classroom-based supports. Targeted screeners, student self assessment, and staff documentation are some measurement-based tools that can monitor individual and group Tier II interventions and supports.

CORE ELEMENTS:

Evidence-Based Targeted Interventions • Progress Monitoring • Brief Individualized Interventions (Motivational Interviewing, problems solving, etc.,) • Mentoring • Classroom-Based Supports • Self Regulation and Social Skills

Considerations at Tier II

- Identify commonly arising needs and assess work as a team to identify Tier II supports that can be implemented with multiple students, such as evidence-based programs for small group work.
- When starting to offer Tier II services, choose one intervention, with entry and exit criteria clearly defined to pilot at a time that matches the needs of your population.
- Start with Tier II interventions and supports that intervene earlier in areas of common crisis scenarios. For example, suppose a school mental health provider (SMHP) spends significant time intervening with conflict. In that case, Tier II groups focusing on proactive communication and cooperation skills will reduce the number of conflict intervention services needed and free SMHP to provide more comprehensive services at Tier III.
- Data sources include targeted screeners and review of student outcomes (SSRI-E, BHS, PHQ-9, Trauma Screener, PHQ-9, GAD 7, Revised child and adolescent scale, UCLA Brief Trauma Screen, etc.

Success Story: Arizona

Glendale Union High in Maricopa School District in Phoenix, Arizona identified the need to root a multi-tiered systems approach in a foundation of shared language. SMHPs had various understandings of what Tier II supports meant when providing behavioral, mental, and emotional interventions for students. As such, year 3 of the AZ Project AWARE grant was spent first identifying what Tier II supports meant and then by working through case examples during monthly team meetings. This allowed for the SMHPs to gain a stronger understanding of what Tier II levels of support meant for their community and which Tier II supports were most beneficial for students.

The outcome of this work allowed for streamline services and delineation of Tier I and Tier II levels of support on a school district level.



Success Story: Massachusetts

Methuen School District expanded Tier II services by piloting a group therapy program using a universal screener to identify a student in need and continuously monitor during group participation. The school team utilized the Generalized Anxiety Disorder-7 (GAD-7) and several other Evidence-Based (EVB) screeners to universally screen students three times a year.

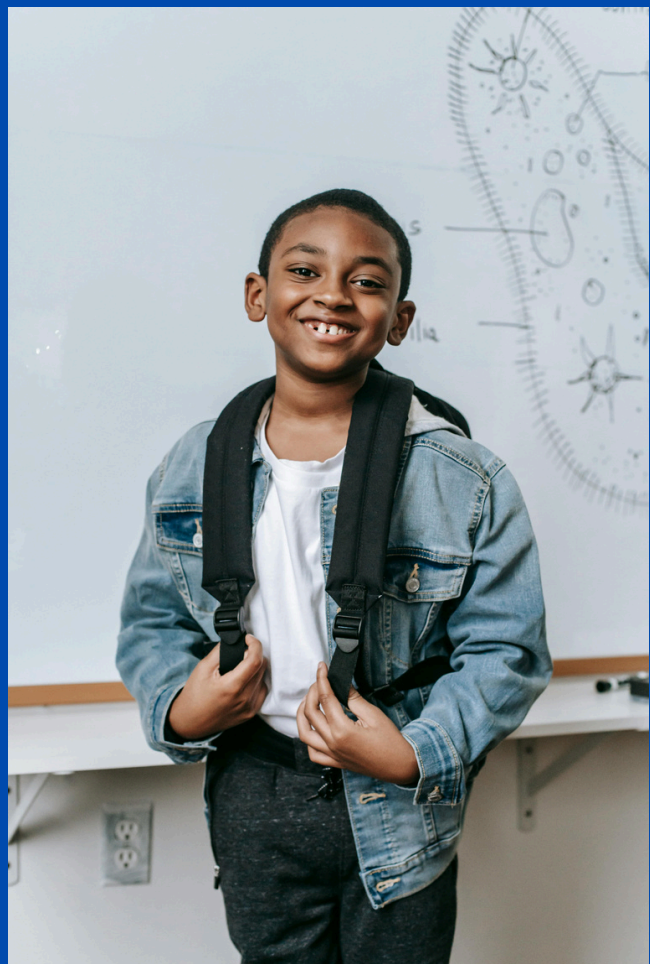
A school counselor identifies a student to enter the Tier II Anxiety Group and uses a script to build rapport and encourage engagement:

The guidance department is developing a group counseling program focusing on anxiety. In working with you, I have considered your potential involvement in the group. Do you feel comfortable with me asking a few questions to determine your potential involvement?

- 1. In a group, all members are required to talk and share their experiences. Is this something you are willing to do?*
- 2. Everything that you hear in a group is confidential and what you hear from other group members should not be shared with anyone. Would you have a problem with this?*
- 3. The purpose of the group is to support one another experiencing similar issues. Would you be willing to help others that are in the group?*
- 4. We plan to meet 8-10 times and you are expected to be present and on time to all group meetings. Is this something you are willing to comply with?*

If students respond yes to all questions, administer the GAD-7 (pre-group data). Provide Tier II Cognitive-Behavioral Therapy for 6-8 sessions. In the last session, re-administer GAD-7, assessing for improvement in anxiety and need for group continuation or higher level of intervention.

Methuen School District identified several areas to improve upon in Tier 2 measurement-based practices— some tools can be too vague and not individualized, can be too checklist and need for more active student voice in progress monitoring.



Success Story: Nevada

Nevada PBIS-TA Center worked to develop progress monitoring strategies with specific tiered interventions, encouraging partnering LEAs to identify 2–3 EVB interventions to implement. One example:

Tier II Intervention	Description	Example Entry Criteria	Data to Progress Monitor	Example Exit Criteria
* Bounce Back 5-11 years	10 sessions in group format. Teaching of coping skills & healing through games & activities structured in the Bounce Back manual.	Universal Screening Score: Moderate/High risk for internalizing concerns or moderate risk for externalizing concerns + Handle with Care or Save-voice tip(s) OR teacher/family referral + risk for trauma identified on	Weekly Progress Report that measures utilization of the following skills: Feeling identification, use of coping skills, problem solving skills, use of relaxation exercises	Reduction in risk on trauma-specific supplemental screening tool + increase in the use of skills that are measured by the WPR

Tier III: Targeted Mental Health Interventions

Treatment and support for students who need individualized interventions for significant distress, family or community crisis, and functional impairment. Examples: individual, group, or family therapy for students who have been identified, and often diagnosed, with social, emotional, and/or behavioral health needs. The progress monitoring tool identified by the school or mental health provider should align with the provided intervention, for example using periodic targeted screeners for depression while providing clinical intervention for depression.

Core Elements: Individual, Group or Family Counseling/Therapy During School Day • Re-entry Programs • Crisis Response/Safety Plans

Considerations at Tier III

- For students presenting with serious concerns or who are not responding at Tier II, seek parent and caregiver permission to assess and refer to clinical intervention and treatment.
- Data sources include individualized assessments, repeated screeners, and student outcomes (stabilization in distressing symptoms). Use data decision rules to determine when interventions and services are appropriate.
- Progress monitor interventions at Tier III (weekly, bi-weekly, monthly)
- Fidelity with Flexibility



Success Story: Massachusetts

Methuen School District provides comprehensive school-based clinical interventions focused on providing evidence-based services and interventions to students requiring intensive supports. Programs such as the [bryt Model](#), a tier III general education programmatic intervention, supports students with transitioning back to school following a mental health disruption, oftentimes an inpatient hospitalization. The model supports the establishment of continuity of care, shared re-entry plans between community mental health providers and school-based mental health providers, a clinical care plan, academic coordination, and family engagement support.

Suggested Tier III Progress Monitoring Strategies

Variety of Assessment Methods – Uses a variety of informal and formal assessments methods, including common interim assessments, to measure students' learning, growth, and progress toward achieving state/local standards.

Adjustments to Practice – Analyzes results from a variety of assessments to determine progress toward intended outcomes and uses these findings to adjust practice and identify and/or implement differentiated interventions and enhancements for students.

Analysis and Conclusions – Draws appropriate conclusions from a thorough analysis of a wide range of assessment data to inform instructional decisions and improve student learning.

Sharing Conclusions With Students – Based on assessment data, provides descriptive feedback to students, engages them in constructive conversation, and seeks feedback that focuses on how students can improve their performance.

Reflective Practice – Regularly reflects on the effectiveness of lessons, units, and interactions with students, both individually and with colleagues, and uses insights gained to improve practice and student learning.

Success Story: Nevada

MTSS coaches support school districts in identifying interventions and supports at each Tier, creating golden threads for clinical intervention. District-Community Leadership Teams (DCLTs) engage in an annual initiative audit practice each year to examine what interventions are being provided across the tiers, who is implementing them, levels of student access, and intervention efficacy. That annual review helps school districts to refine interventions within their continuum of evidence-based practices (EBPs) to continuously improve their MTSS system.

For students that are accessing tier III individualized interventions, it is recognized that those youth accessed the intervention based on explicit data decision rules (DDR) to ensure an appropriate match between the treatment and the person-centered need(s) of the student. Prior to tier III treatment, an individualized assessment is conducted to ensure that the treatment, or support plan goals are individualized to the needs of that unique youth.

In addition to providing training to providers on EBPs, a significant emphasis is placed on coaching districts and providers to enhance progress monitoring of individual treatment/support plan goals. Within the MTSS team structure, the student-specific tier III support team will engage in ongoing review of that specific youth's progress monitoring data and the systems-focused MTSS team will aggregate student performance data to progress monitor the efficacy of various tier III interventions as well. Each quarter the District-Community Leadership Teams will review a) what interventions are currently underway across the tiers, b) what proportion of students are accessing each intervention, and c) what proportion of students are making progress in each specific intervention.

This feedback loop allows for continuous improvement of the MTSS system and may direct the team to enhance the training or capacity of providers, engage in more frequent fidelity checks, selection of new interventions that are poised to respond to unmet needs, or abandonment of EPBs that may not be contextually successful within a specific community.

Nevada Example of Entry and Exit Criteria for Tier III Intervention

<p>*CBITS (Cognitive Behavior Intervention for Trauma in Schools)</p> <p>8-15 years</p>	<p>10 group sessions + 1-3 individualized sessions, two caregiver meetings and optional school staff information session. Behavior Skills Training lessons that focus on thoughts, feelings and behaviors for students who have experienced significant trauma and are suffering from related emotional or behavioral problems particularly symptoms of PTSD.</p>	<p>Universal Screening Score: Moderate/High risk for internalizing concerns or moderate risk for externalizing concerns</p> <p>+ Handle with Care or SafeVoice Tip(s)</p> <p>+ Student/teacher/family referral</p> <p>Additional Info + Forms</p>	<p>WPR that facilitates assessments on skills regarding: Self Awareness, Coping Strategies, Problem Solving</p>	<p>Reduction in risk screening score internalizing</p> <p>+ Reduction in symptoms related to trauma</p> <p>+ Increase use in skills that are measured by the weekly progress report</p>
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SUCCESS STORY: MICHIGAN

Michigan Department of Education is partnering with the state Department of Health and Human Services to develop recommendations for school-based providers on evidence-based interventions at Tier III. The cross departmental team is developing a system to track school-based providers trained and credentialed in identified EVB clinical interventions.

Refer to the electronic version of this document for active links

References:

[YRBS](#)

Resources:

[Evidence for Essa](#)

[What Works Clearinghouse \(WWC\)](#)

[TEAMS: Training, Education, Assistance, Mentorship and Support to Enhance School Health Services](#)

[SHAPE – School Health Assessment and Performance Evaluation](#)

[bryt – The Brookline Center](#)

REFERENCES & RESOURCES

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