Building Stronger MTSS:

Data-Driven Mental & Behavioral Health Supports

BIMAS 2



Welcome!



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Data-Driven Mental & Behavioral Health Supports Series

- Session 1 Learning Objective:
  - Support school teams in developing strategies to strengthen and enhance Tier 1 programming and supports using multiple data sources
- Session 2 Learning Objective:
  - Establish a data protocol to identify students in need of Tier II and III interventions and resource map available services.
- Session 3 Learning Objective:
  - Develop a protocol for progress monitoring, defining exit criteria, and incorporating community resources into student support services.



Session 1 Recap
Strengthening Tier 1 Through Data-Based Decision-Making



- Importance of robust, **proactive** Tier 1 interventions to support all students.
- Identifying and utilizing **multiple data sources** (ODRs, attendance, SEL screeners, etc.) to enhance Tier 1 supports.
- Reviewed importance of interpreting data **objectively** and without bias (Ladder of Inference)

Session 2 Recap
Tier II and III interventions and resources



- **Mapped current Tier II and Tier III** interventions to clarify supports available and identify resource gaps.
- Established **baseline metrics and thresholds**, using schoolwide data to guide student support decisions.
- Engaged in a **TIPS protocol case study**, applying a structured, team-based approach to problem-solving for Tier II planning.

Session 3:
Progress Monitoring Data and Leveraging Community Resources



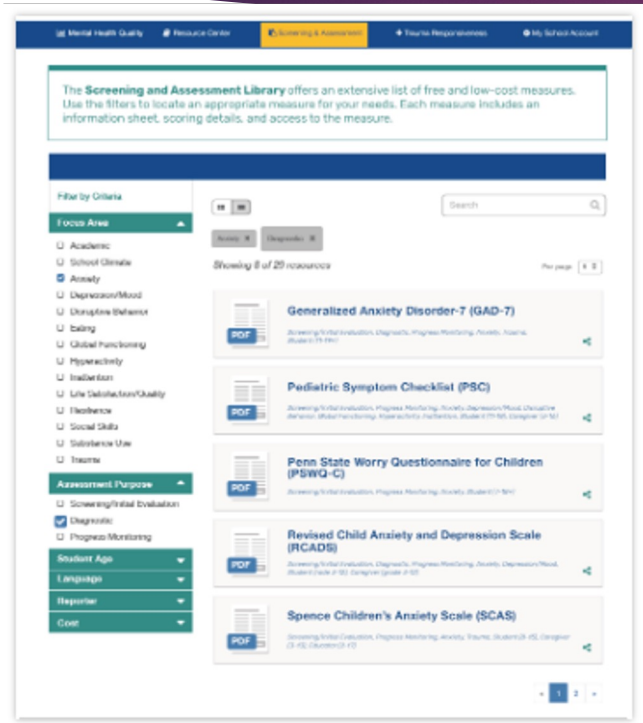
Why Progress Monitoring is Critical to Tier II/III Success

- Ensures interventions are effective and responsive
- Helps teams make data-informed decisions about fading, intensifying, or exiting supports
- Prevents students from being "stuck" in Tier II/III without clear purpose or benefit
- Promotes equitable outcomes through consistent criteria

Progress Monitoring

- Mental health screeners (BIMAS-2)
- Individual goal monitoring (e.g. CICO, daily report card, observational data)
- Mental health rating scales (e.g. GAD-7, RCADS)
- Attendance, behavioral, academic data

SHAPE School Health Assessment and Performance Evaluation System



The Shape System Screening and Assessment Library (link)

Provides information and links to free assessment measures that can be used within school mental health. Users can filter measures based on focus area, assessment purpose, student age, language, reporter, and cost.

Entry & Exit Criteria Overview

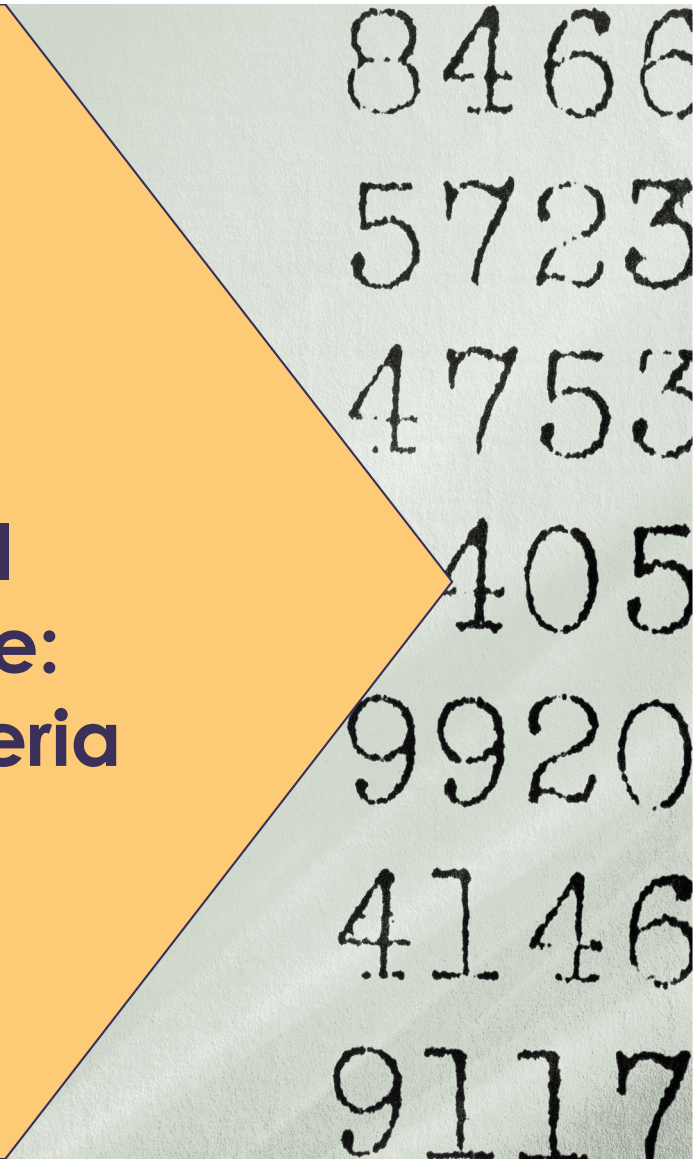
- Thresholds for identifying students to review and determine if services are needed
- If the student needs services, the next step is to align the needs/data that qualified them for services with the services on our resource map
- Each service should have a data source identified and then entry criteria as it relates to that service's expected outcomes/target skills
- Some services may share entry criteria and having some starting entry for defining tier II and III can be a good starting place
- Let’s walk through this process

Entry & Exit Criteria Overview

- Why clear criteria matter (equity, sustainability, student movement across tiers)
- Define entry (e.g., universal screener cutoffs, referral thresholds)
- Define exit (e.g., % progress on goals, reduced risk level, consistent attendance)
- Where to go to learn more:
  - SHAPE (NCSMH)
  - MTSS Tier 2 Toolkit for Behavior
  - TIPS Meeting Minutes Template

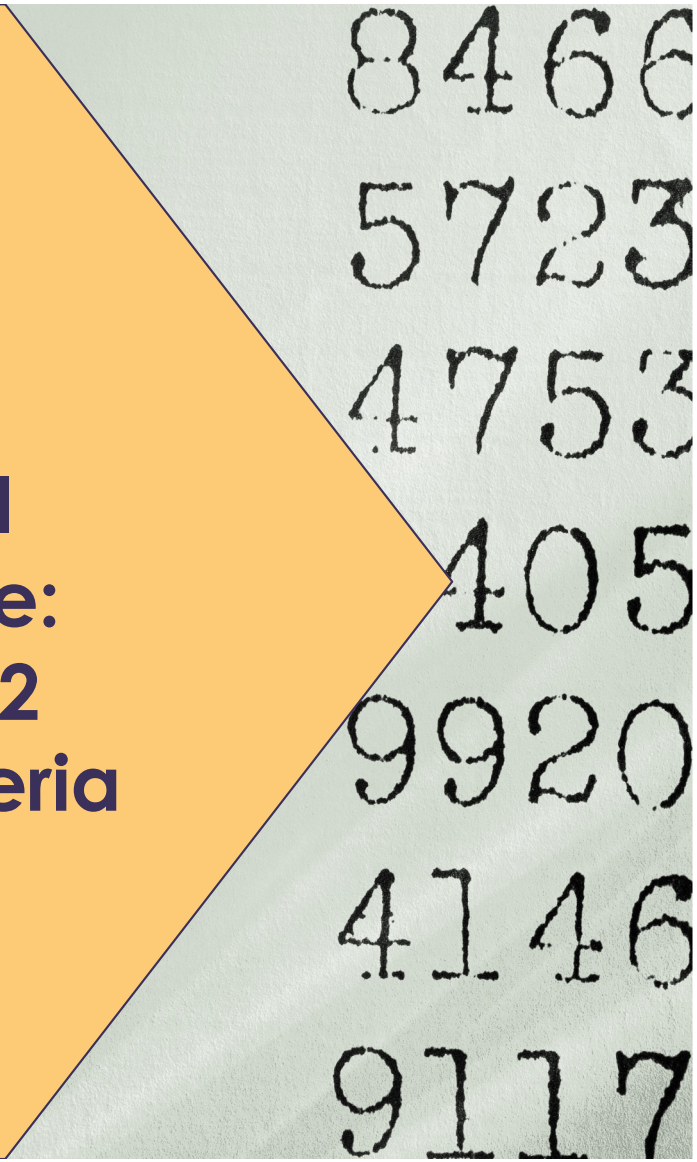
	A	B	C	D	E	F	G	H	I	J
1	**Tier**	**Intervention/Resource**	**District/Agency**	**Referral Process**	**Mandatory Pre-Referral?**	**Position Responsible**	**Grades/Schools Available**	**Data Tracking**	**Criteria for Success**	**Target Outomes**
2	Tier 1	TRAILS to Wellness (SEL Curriculum)	District	Universal	No	Teachers or SACs (ideally teachers)	PK - 12	BIMAS, SWIS	BIMAS: "typical" or "strength" for all 5 SEL competencies for 80%+ of students	Developmentally appropriate SEL competencies
3	Tier 1	Explicit teaching & modeling of school-wide expectations	District	Universal	No	Teachers	PK - 12	BIMAS, SWIS	BIMAS: "typical" or "strength" for all 5 SEL competencies for 80%+ of students; 70%+ of students having 0-1 SWIS referral per month, 70%+ of students reciting all behavioral expectations via TFI	Increased use of expected behaviors

School Example: Entry Criteria



- Data set: 500 students, 1 month of data
- School-wide average (mean): 0.7 referrals/student
- Standard deviation: 1.2
- Outlier threshold (1 SD above mean): 1.9 referrals
- Data + Meaning
- Entry Criteria: What might you set your entry for this data point?
  - Tier 2: 3-6 referrals/month
  - Tier 3 average: 8-25 referrals/month

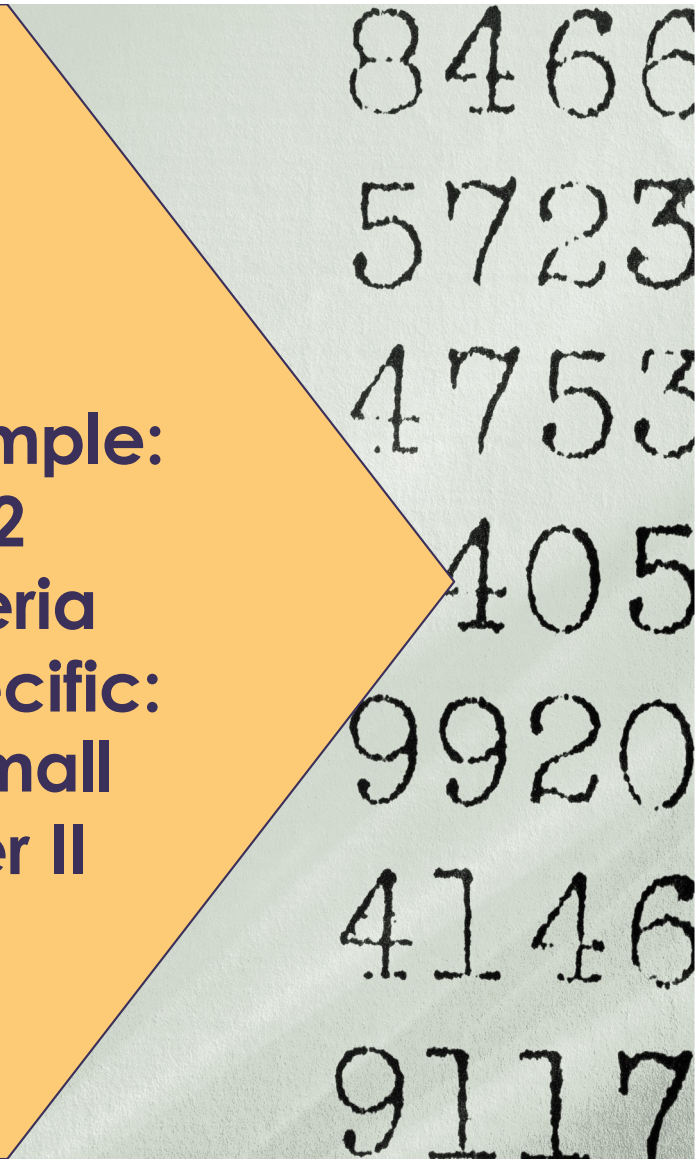
School Example: BIMAS-2 Entry Criteria



BIMAS-2 screening data

- Tier II
  - Falling in the high risk range on one scale and some risk on two scales
  - Or
  - Falling in the high risk range for Neg Affect
  - Has fallen in the high risk range on one scale for two screening periods in a row
- Tier III
  - Falling in the high risk range on 2 or more scales
  - OR
  - Not meeting exit criteria following tier II supports

School Example: BIMAS-2 Entry Criteria Service Specific: Anxiety Small Group Tier II



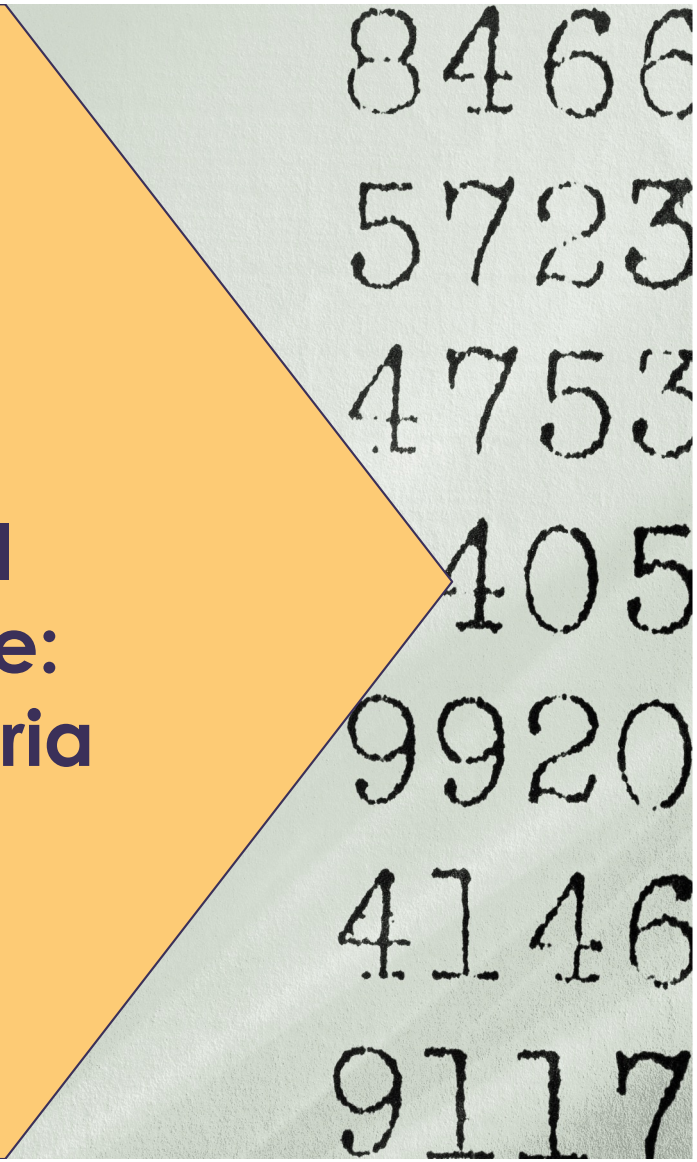
BIMAS-2 screening data

- Tier II
  - Falling in the high risk range on one scale and some risk on two scales
  - Falling in the high risk range for Neg Affect
  - Has fallen in the high risk range on one scale for two screening periods in a row
- Service Specific
  - Falling in the high risk range on Negative Affect and some risk on Social
  - Items within Negative Affect related to anxiety/worry are endorsed at high risk level for two or more rating periods
  - Items within Negative Affect related to anxiety/worry are endorsed at high risk level and the social scale is in at least the some risk range

Data without context is just numbers. Effective thresholds are grounded in real student experiences.

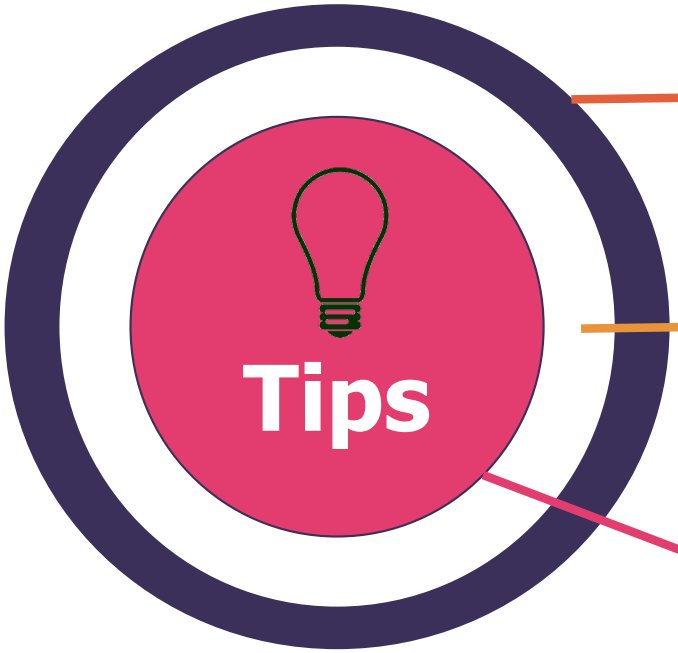


School Example: Exit Criteria



- CICO 7th grade student
- Entry data:
  - Teacher Rating Conduct: HR
  - Self Report: HR on items: conduct and regulation
- Week 1 (baseline) earned 60% of points
- What might be the goal of percentage of points earned before fading support? Other measures we might look at?
- What would fading support look like?

Exit Criteria



1. Criteria should be set at the start of the intervention
2. Blend quantitative goals (80%) and functional outcomes (student utilizing coping skills card)
3. Build a monitoring bridge to fade services

Fading

Plan a Gradual Release

- **Reduce frequency** of the intervention (e.g., from 4x/week to 2x/week).
- Shift to **progress monitoring only** for a period (e.g., 4–6 weeks).
- Move to **self-monitoring** (e.g. Track their own emotions or triggers with tools like mood meters, journals, or apps)
- **Change group size** or setting (e.g., from 1:1 to small group).
- Keep the student on a **watch list** for quick re-entry if needed.

Document!

- Include the timeline, who is responsible, and what data will be collected.
- Set a **review date** (2–4 weeks post-fade) to determine if fading is successful.

Fidelity Across Tiers



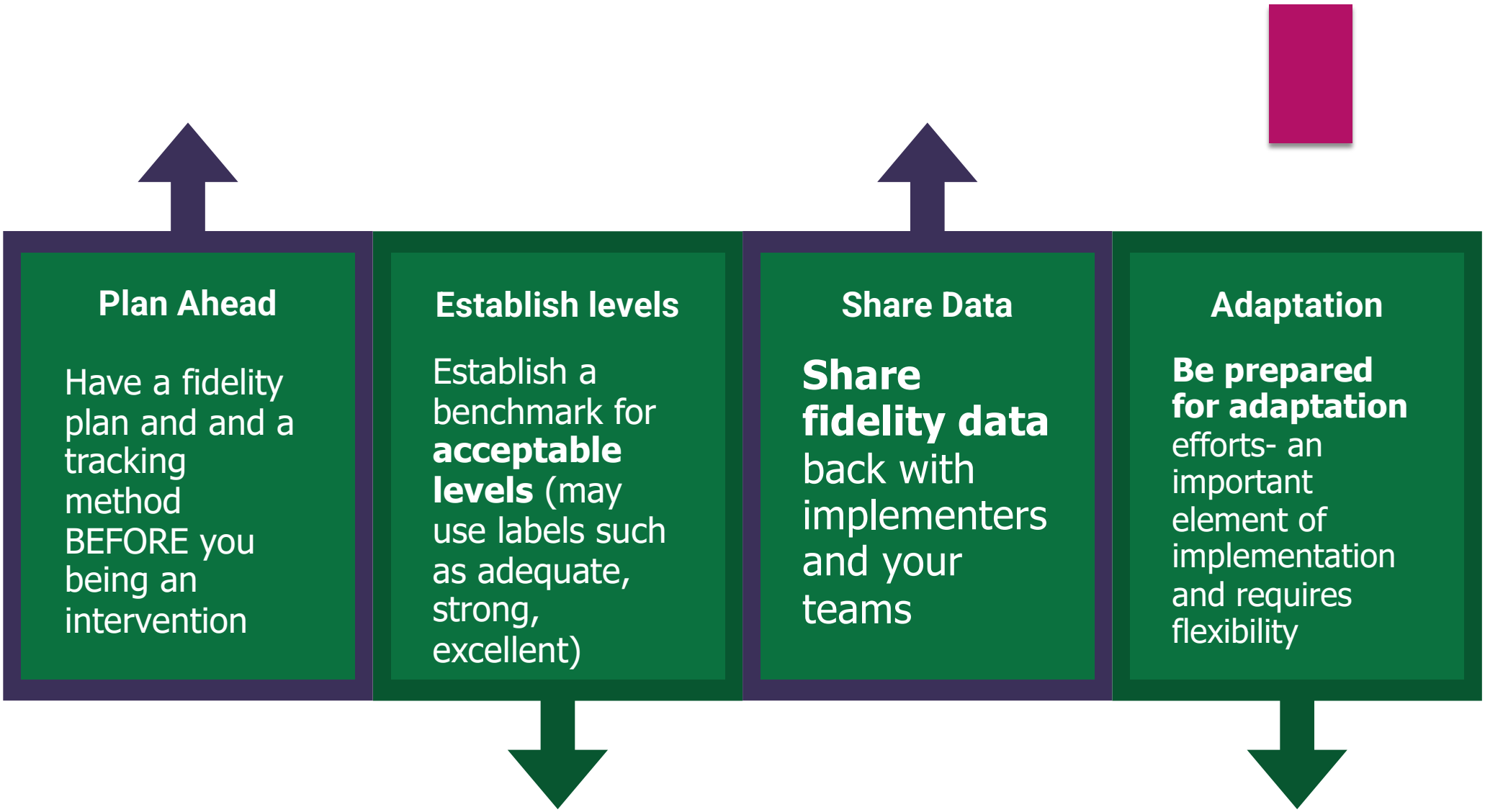
- What is fidelity monitoring? A system to measure the degree to which an intervention is implemented to plan- Are we REALLY doing it?
- Tier 1: Is the whole-school SEL curriculum taught weekly?
- Tier 2: Are check in/check out checklists completed daily?
- Tier 3: Are CBT sessions following the agreed protocol?


Without
fidelity, even
the best
intervention is
just a hope.

Fidelity Check Resources

- SHAPE Quality Inventory Tool (log in required) Offers fidelity rubrics for school mental health practices at Tier 1, 2, and 3.
- SHAPE TIER 2 & 3 Services and Support Guide Tier ⅔ Services and Supports Guide has a section on Fidelity with a checklist
- PBIS.org
  - TIPS Fidelity Checklist
  - Video: Focus on Fidelity
  - School Climate and PBIS Fidelity
  - Tiered Fidelity Inventory 3
  - PBIS Tiered Fidelity Inventory
  - TIPS Fidelity Checklist Tier 2- Brief




Plan Ahead
Have a fidelity plan and and a tracking method BEFORE you being an intervention
Establish levels
Establish a benchmark for **acceptable levels** (may use labels such as adequate, strong, excellent)
Share Data
Share fidelity data back with implementers and your teams
Adaptation
Be prepared for adaptation efforts- an important element of implementation and requires flexibility



When Fidelity Isn't Enough: Knowing When to Adapt

WHEN STUDENTS DON'T RESPOND TO INTERVENTION, IT'S NOT ABOUT DOING MORE OF THE SAME. IT'S ABOUT DOING BETTER, WITH PURPOSE

Adapting Interventions with Purpose

What was changed (e.g., dosage, delivery format)

Why it was changed (e.g., lack of progress, scheduling barrier)

Whether core components were maintained

- Theories, Models, & Frameworks – Implementation Science at UW This link provides guidance on how to document and assess adaptations to interventions while preserving core components.
- Adaptation Resources | The F.A.S.T. Lab | Stanford Medicine This resource page provides tools and materials related to the FRAME framework, including codebooks and decision aids.
- Iterative Decision-making for Evaluation of Adaptations (IDEA): A decision tree for balancing adaptation, fidelity, and intervention impact
- The Model for Adaptation Design and Impact (MADI): A Solution for Practical Implementation This article discusses the MADI framework, which helps in understanding the impact of adaptations on implementation outcomes.

Example Case: 3 Weeks in Update

- 7th grade, CICO- 3 weeks
- CICO data: Earning 60-65%, not upward trend (baseline was 60%)

Self reporting items using weekly flex progress: monitoring:

"Felt angry" (Item 2) Rating mean: 3.7 / baseline response: 4

"Lost my temper when I was upset" (Item 21) Rating mean: 3.9 / Baseline 4

"Acted without thinking" (Item 14) Rating mean: 4 / Baseline 4

"Fought with others" (Item 13) Rating mean: 3.1 / Baseline 3

"Was sent to an authority for discipline" (Item 31) Rating mean: 4 / Baseline 4

Felt relaxed interacting with others" (Item 15) Rating mean: 0 / Baseline 1

"Worked out problems with others" (Item 23) Rating mean: 1 / Baseline 2

Adapting/Modifying When Progress Stalls

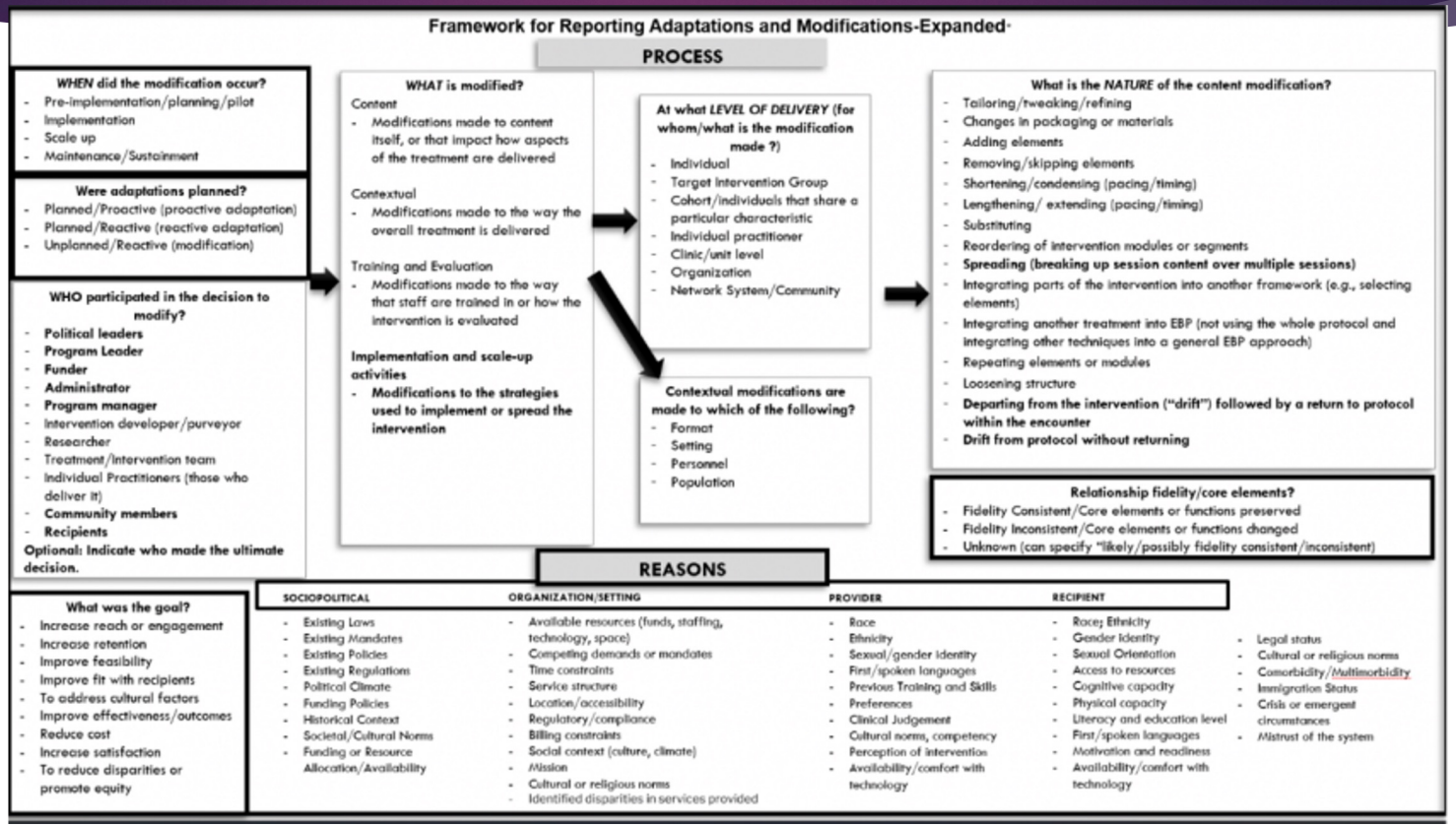
- Identify the Focus of the adaptation
  - Student is not responding to the CICO, feeling punitive
- Recognize the Reason for the adaptation
  - Observation and Student Interview: poor relationships with morning check in staff, student reports "It feels like I start the day in trouble."
- Assess what the core components are for the intervention and ensure they are maintained
  - Core = daily adult feedback, goal-setting, reinforcement loop.
- Make the adaptation
  - Change check-in staff to a trusted para the student connects with in lunchroom

Think Through Adaptation Options

✓ Change check-in staff to one with stronger rapport
✓ Simplify or customize the point card (but still track all target behaviors)
✓ Provide weekly data summaries to student and family
✓ Adjust check-in time/location to reduce stress and increase access

✗ Drop the morning check-in to save time
→ *Loses half the feedback loop = core compromised*
✗ Double morning points
→ *Inflates data, skews progress monitoring*
✗ Add a big prize at the end of the week
→ *Shifts focus away from daily feedback loop; undermines immediacy*
✗ Push to reconnect with original morning staff immediately
→ Shifts focus away from intervention goal; relationship repair is not the target behavior and may distract from addressing referral-related behavior change

FRAME: Framework for Reporting Adaptations and Modifications – Expanded



What Was Modified?

Intervention: Check-In/Check-Out (CICO)
Modification: Changed the staff member who conducts the *morning check-in*

1

At What Level Was It Modified?

Level of Delivery: Individual student level
Applied for a single 7th grade student, not across the whole school or all CICO students



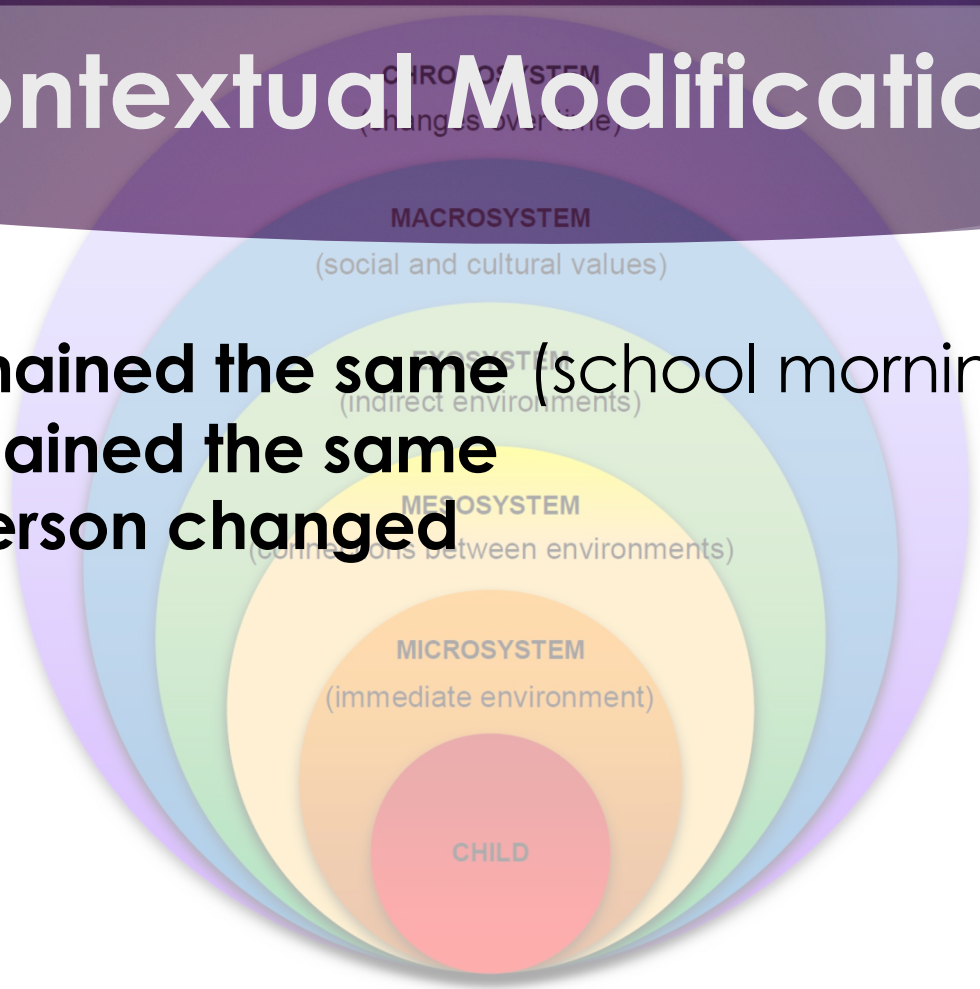
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Nature of the Content Modification

Type: *Personnel substitution*
The adult conducting the check-in was changed to someone the student trusted
No changes were made to CICO goals, prompts, or materials

3

Contextual Modifications



- **Setting remained the same** (school morning routine)
- **Timing remained the same**
- **Delivery person changed**

4

Rationale for the Modification

Source: Student interview and observation and self report on screening progress monitoring data

Reason: Student perceived the morning staff as punitive and felt unsupported. When adult data and student perception both show stagnation, the intervention, not the student, becomes the focus.

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Who Participated in the Decision?

Decision made collaboratively by:

- Tier 2 team
- School counselor
- Classroom teacher
- Student (informally, through interview)



When Was the Modification Made?

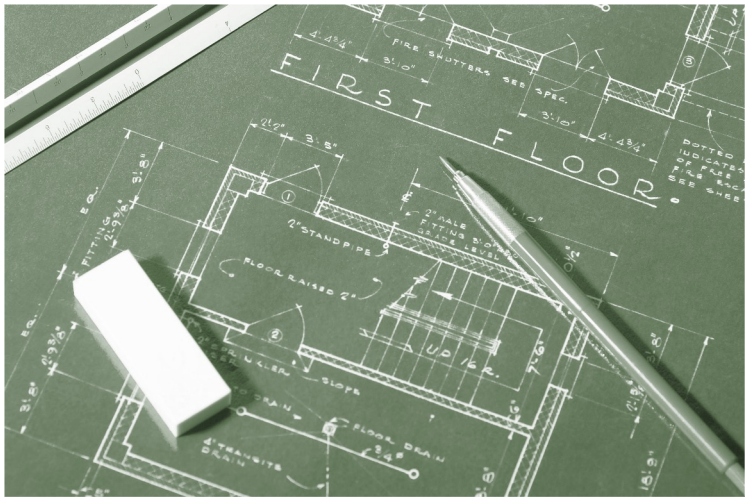
Timing: After 3 weeks of implementation without progress
Why now: Trend data showed no improvement; early intervention recommended

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Was It Planned or Unplanned?

Planned, data-informed adaptation

Discussed and approved at team meeting after progress review



8

Was It Fidelity-Consistent?

Yes – Maintained:

- Daily check-in/check-out
- Goal tracking
- Reinforcement system

Only delivery agent changed

Outcome Snapshot

Before Change: 60–65% daily points, no upward trend
After Change: 72%, then 78%; student reported: “I feel better in the morning now.”



Outcome Snapshot: Student Self Report Data

- **Before Change:**
  - Self reporting items using weekly flex progress: monitoring:
  - "Felt angry" (Item 2) Rating mean: 3.7 / baseline response: 4
  - "Lost my temper when I was upset" (Item 21) Rating mean: 3.9 / Baseline 4
  - Felt relaxed interacting with others" (Item 15) Rating mean: 0 / Baseline 1
  - "Worked out problems with others" (Item 23) Rating mean: 1 / Baseline 2
- **After Change:**
  - "Felt angry" Mean 2 (Sometimes) decrease
  - "Lost my temper" Mean 2 (Sometimes) decrease
  - "Felt relaxed interacting with others" Mean 3 (often) Increased
  - "Worked out problems with others" Mean 3 (often) increased

Leveraging Community Partnerships

- 🏫 Schools can't (and shouldn't) do it all alone.
- 🤝 Community partners offer specialized support (mental health, housing, crisis response, legal aid, parenting education, etc.).
- 🧩 Embedding partnerships into your Tiered system fills service gaps and increases equity.
- 🔁 Ongoing collaboration strengthens wraparound care and sustainability.
- 📍 Family Resource Centers (FRCs) across Massachusetts are key partners in this work. MA Family Resource Centers