

# **Social-Emotional & Behavioral Tiered Supports**

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# AGENDA

1.

## Purpose

Reasons for multi-tiered systems of support

2.

## Relevance

Why MTSS is relevant to educational leaders and how it connects to the Aspiring Leaders competencies

3.


## Proposed Plan

A structure for implementation of social-emotional and behavioral MTSS

4.

## Case Study

Seeing the plan in action



**01**



**Purpose**

# Purpose of MTSS



## WHOLE CHILD

academic, social,  
emotional, and  
behavioral



## SKILL BUILDING

early intervention to  
improve outcomes



## APPROPRIATE LEVEL OF SUPPORT

fluidity among tiers



## BUILD CAPACITY

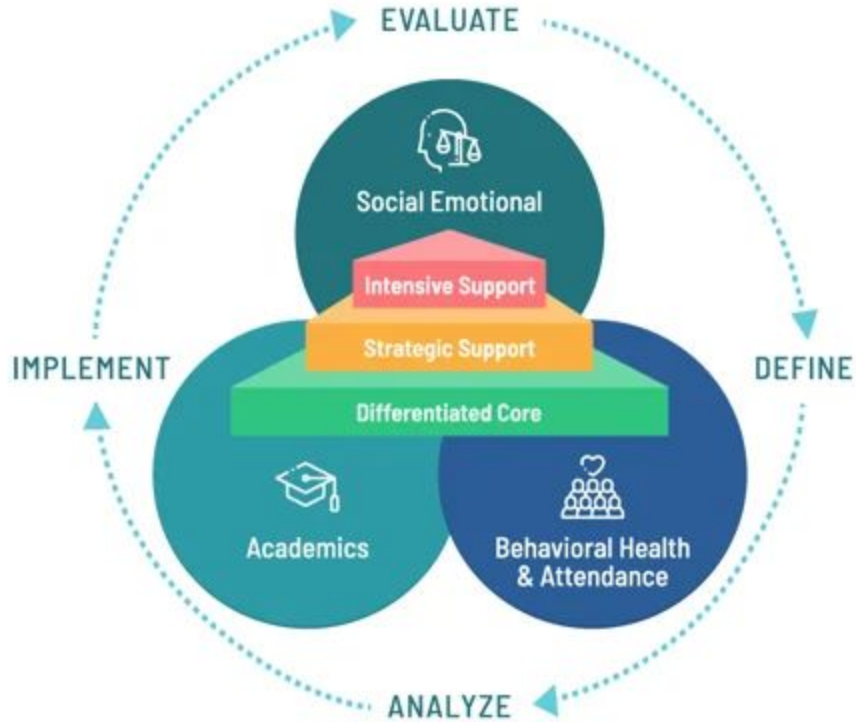
of general education  
team



## EFFECTIVE USE OF RESOURCES

mental health/clinical  
staff availability

# MTSS



**Relevance**

**02**

# CONNECTION TO COMPETENCIES

## 3: Managing Operations & Resources

Objectives 3.2 and 3.8



## 4: Leading with Others

Objectives 4.5 and 4.6



## 5: Leading Learning

Objectives 5.6 and 5.8



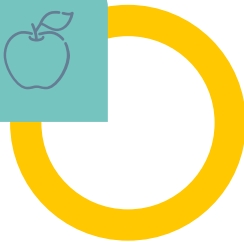
## 6: Leading Results

Objectives 6.2 and 6.3

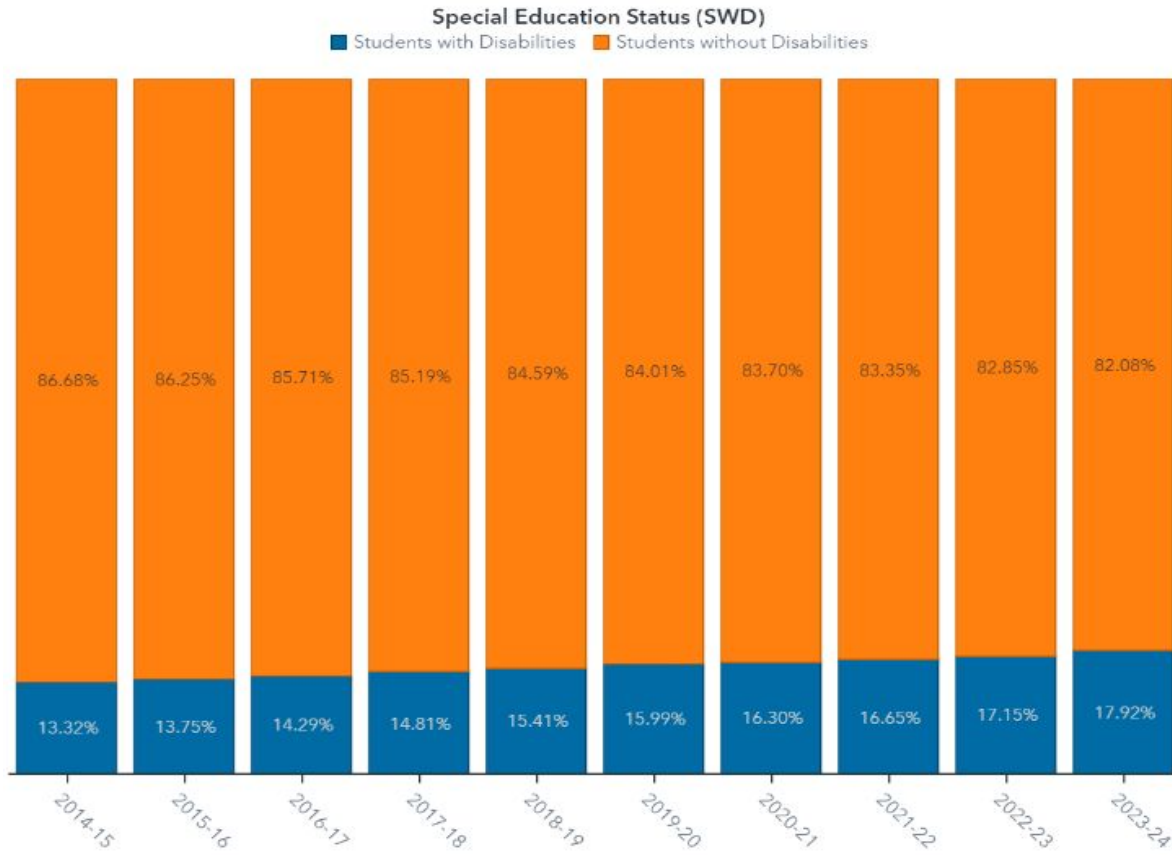


## 7: Leading Change

Objectives 7.1 and 7.6



# Connecticut Special Education Trends



CT Edsight data indicates a steady increase of special education identification.



# Mental Health Trends in the U.S.

- There is a delay between the onset of mental health symptoms and access to treatment - with an average of 11 years (NAMI, 2024).
- Following the Covid-19 pandemic there was a 31% increase in mental health-related emergency department visits for U.S. youth ages 12-17 (NAMI, 2024).
- Research indicates that youth whose health care needs not adequately addressed are more likely to experience disciplinary problems, to be chronically absent from school, and to stop attending school prior to completion. (Love et al., 2019).

03

# Proposed Plan

# Components of Tier 1



**SEL Systems  
and Curricula**

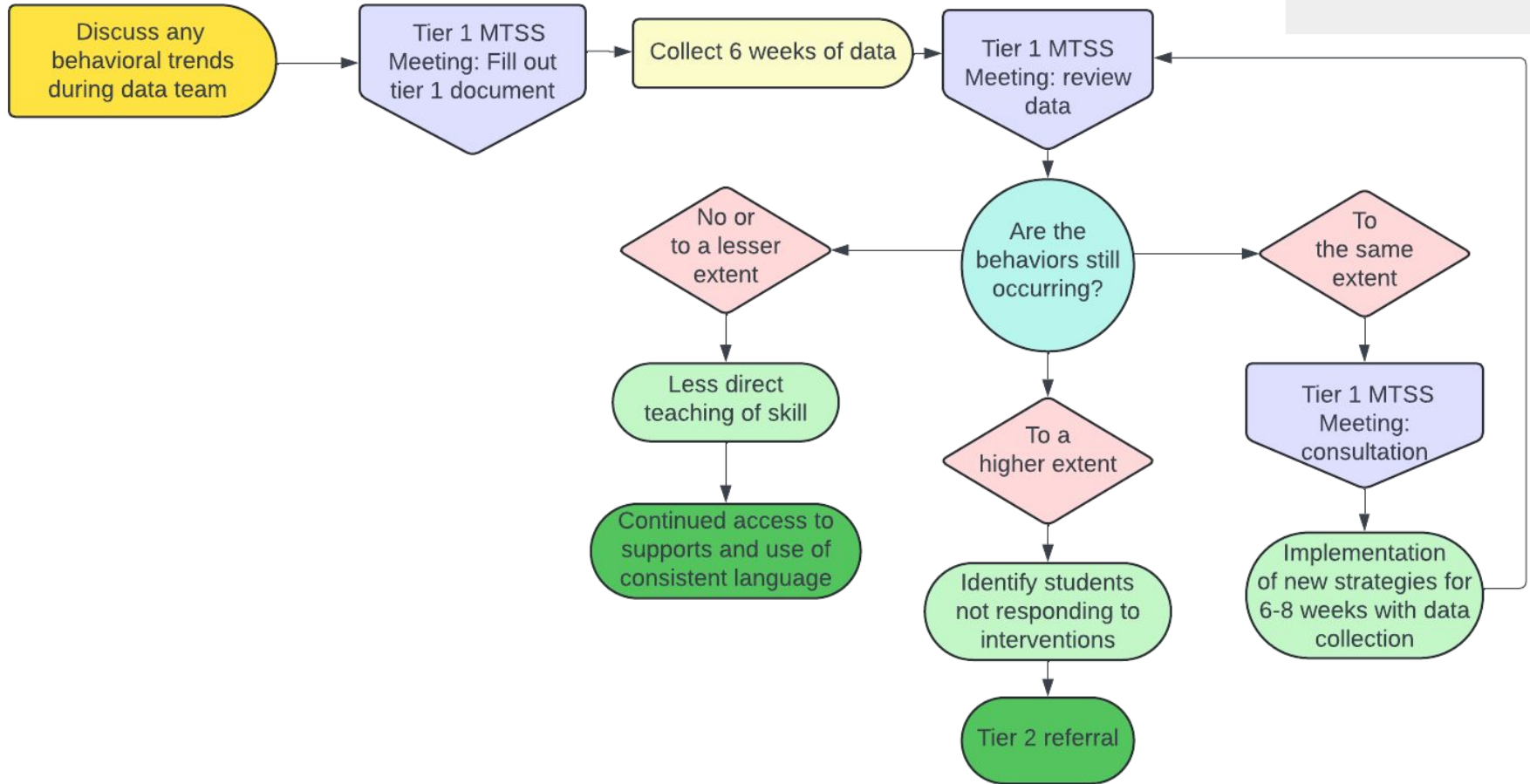


**MTSS Meetings**



**Data Collection  
and Review**

# Tier 1



# Components of Tier 2



**Targeted  
Support**

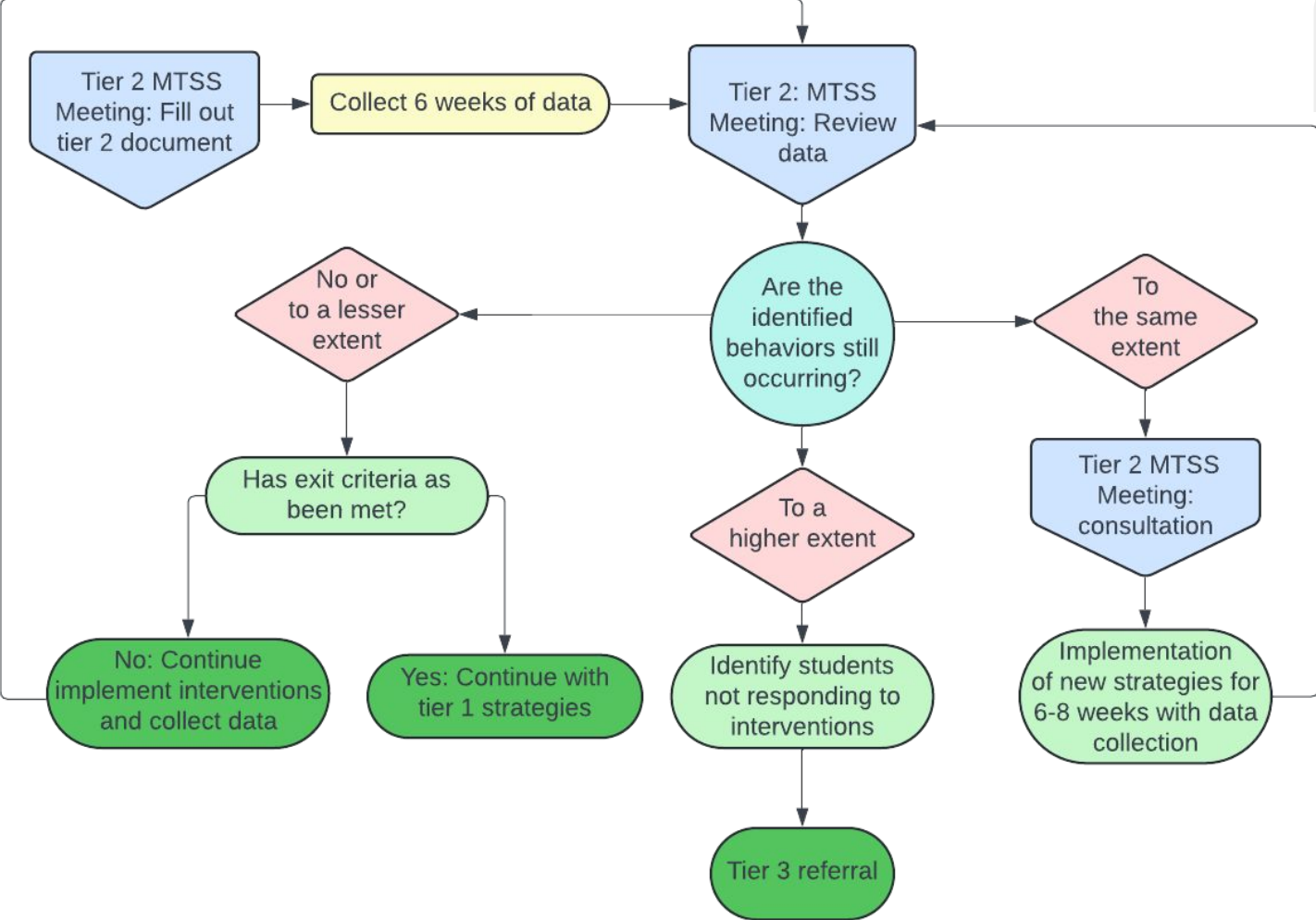


**MTSS Meetings**



**Data Collection  
and Review**

# Tier 2



# Components of Tier 3



**Direct  
Instruction**

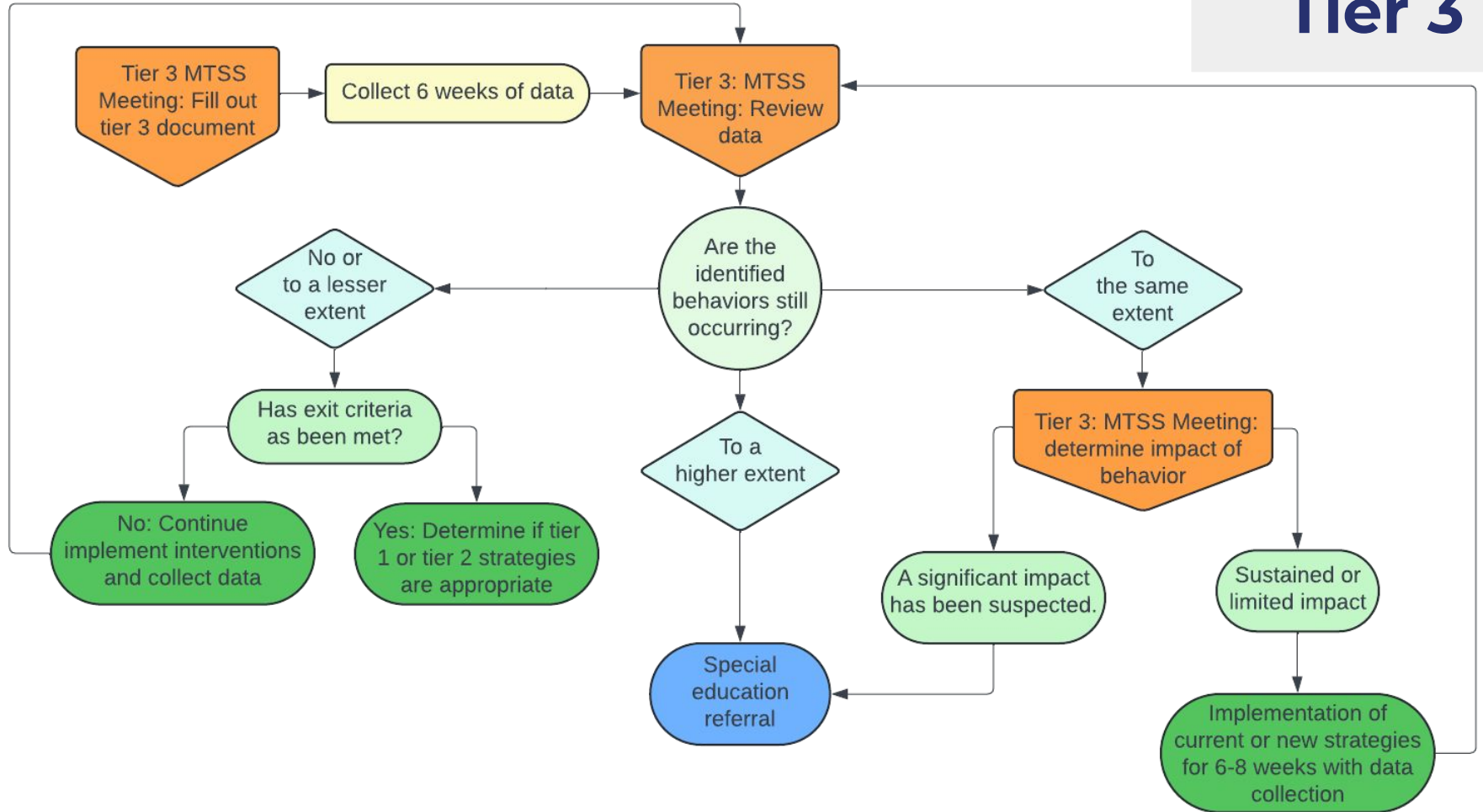


**MTSS Meetings**



**Data Collection  
and Review**

# Tier 3





# When a Referral is Made Outside of MTSS Process



1.

## HISTORICAL DATA

past intervention, services, discipline records, grades, attendance, etc.

2.

## REFERRAL PPT MEETING

reason for referral and assessment questions, if evaluations recommended

3.

## MTSS MEETING

determine tier and develop plan

4.

## COLLECT DATA

to inform MTSS and/or initial evaluation process



# Case Study

Mr. Smith's 1st Grade Classroom

# TIER 1



## Classroom

- Strategies provided to address issues affecting classroom (multiple students leaving designated areas and limited work production)
- Simple data collection system created to track effectiveness without overwhelming Mr. Smith



Mr. Smith's data collection showed a reduction in the number of students leaving their spaces throughout the day. Becky, Anna, and John responded well to the movement breaks, increased built-in time for socialization, alternate seating options, and quicker transitions between tasks.

# TIER 2



## Small Group

- Targeted supports for students showing increased rates of leaving designated area
- Data collection includes use of strategy, in addition to incidence of target behavior
- Exit criteria



“I need help” cards, classroom jobs, and the development of a calming corner were implemented in the classroom, with the school psychologist providing coaching to Mr. Smith on the use of each strategy. Mateo and Brendan responded well to these interventions, evidenced by reduced calls for support and use of the strategies an average of three times a week (documented by data collection).

# TIER 3



## Individual Student

- Continued access to classroom supports
- Direct instruction from clinical staff
- Specific reinforcement plan with detailed check-in/check-out system
- Exit criteria

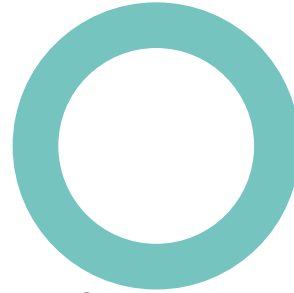


**The reality is that well-behaved students aren't behaving themselves because of the school discipline program. They're behaving themselves because they have the skills to handle life's challenges in an adaptive fashion.**

**—Dr. Ross Greene**



# References



*Enrollment Dashboard.* (n.d.). CT.gov.

[https://public-edsight.ct.gov/students/enrollment-dashboard?language=en\\_US](https://public-edsight.ct.gov/students/enrollment-dashboard?language=en_US)

Love, H. E., Schlitt, J., Soleimanpour, S., Panchal, N., & Behr, C. (2019). Twenty years of School-Based Health Care growth and Expansion. *Health Affairs*, 38(5), 755–764.

<https://doi.org/10.1377/hlthaff.2018.05472>

*Mental health by the numbers.* NAMI. (2024, May 16).

<https://www.nami.org/about-mental-illness/mental-health-by-the-numbers/>

Novak Education Consulting, (n.d.). *MULTI-TIERED SYSTEM OF SUPPORT: a blueprint for Massachusetts educators.* <https://www.doe.mass.edu/sfss/mtss/blueprint.pdf>