



# School Mental Health Professionals' Roles within MTSS: Practice Brief and Discussion Guide

School Mental Health  
 COLLABORATIVE

*A joint initiative between:*



UC SANTA BARBARA



UNIVERSITY OF  
SOUTH FLORIDA  
A PREEMINENT RESEARCH UNIVERSITY

**IOWA**  
Scanlan Center for  
School Mental Health

# Introduction

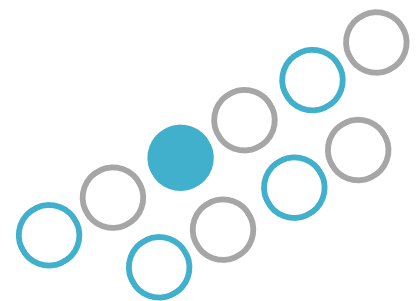
It is important that school mental health professionals understand how to operate within a continuum of services for students in schools. Schools are increasingly adopting multi-tiered systems of support (MTSS) to structure and align a continuum of services for students. Services are structured by tier, with each successive tier offering increasingly intensive services to meet students with greater need:

- **Tier 1:** School-wide supports are provided to all students to promote student functioning and prevent the development of concerns.
- **Tier 2:** Targeted supports are provided to students with early signs of difficulty, in addition to Tier 1 supports. Tier 2 supports are intended to prevent the further development of concerns and return student functioning to a level that will respond to Tier 1 supports alone.
- **Tier 3:** Intensive supports are provided to students exhibiting more significant concerns, in addition to Tier 1 and possibly Tier 2 supports. Tier 3 supports are individualized to student needs and delivered as part of a comprehensive plan.

Well-known school-based MTSS frameworks include Response to Intervention (RTI), which aims to promote academic achievement across multiple domains (e.g., reading, writing, and mathematics), and Positive Behavioral Interventions and Supports (PBIS), which seeks to promote prosocial behavior while reducing behavioral challenges. Although these frameworks are valuable for schools in making decisions about needs in those domains, they typically do not provide sufficient focus on the mental health needs of students. This practice review, written for school mental health providers (SMHP), starts by outlining a new MTSS approach specifically designed to enhance student mental health.



Image credit: Canva





# Framework for Multi-Tiered Systems of Support for School Mental Health

MTSS frameworks provide structures for SMHP to plan, monitor, and deliver services to support students' mental health in schools. Schools use MTSS frameworks to do this by structuring services across three tiers: universal (Tier 1), targeted (Tier 2), and intensive (Tier 3). All students in a school building access low-level preventative services at Tier 1, and far fewer students receive intensive individualized services at Tier 3. Decisions about which students receive services at each tier are guided by assessment. We refer to MTSS structures designed to promote student mental health as MTSS-school mental health (MTSS-SMH).

Multiple founding principles guide MTSS-SMH, including the framework's overall structure and individual components. Though MTSS-SMH is similar in some ways to other MTSS frameworks, these founding principles informed its individuation.

1. MTSS-SMH is founded upon the dual-factor model of mental health (Suldo & Shaffer, 2008). Per this model, MTSS-SMH includes practices that both (a) promote positive indicators of student mental health, including subjective well-being, and (b) reduce negative indicators of student mental health, including externalizing and internalizing challenges.
2. MTSS-SMH is also ecologically oriented, such that student challenges are defined as the discrepancy between a student's needs and what the environment provides. When faced with challenges across the school, within classrooms, or with individual students, one consideration is how environments might be adjusted to improve outcomes. Blame is not placed on individuals, as their challenges are a result of the interaction between their biology and their environmental circumstances. SMHPs can exert control over only one of these two contributing factors (i.e., environment), so they change students' circumstances through environmental adjustments to meet student needs. SMHP can teach or reteach essential skills, and optimize environments to promote skill use by prompting and acknowledging skills and positive behaviors. Finally, SMHP can build trusting relationships between students and staff, increasing student perceptions of support and belonging.

3. MTSS-SMH is partnership driven, such that it is grounded in partnerships that allow for coordinated work. Such work can be between multiple agencies, including schools, community agencies (e.g., YMCA, Boys & Girls Clubs of America), and mental health agencies. Partnerships can also exist between schools and families (Garbacz et al., 2020), permitting schools to identify resources with families and communities to improve relevance and effectiveness.

Below, we outline the practices specific to each tier of MTSS-SMH. These include the prevention and intervention services intended to promote positive student mental health, as well as the assessments that can inform the delivery of those services. We then finish by outlining the systems that schools can install to support the implementation and sustainment of these practices.

### Tier 1: Universal

**Assessment:** Assessment at Tier 1 involves collecting data from all students within a school to evaluate each student’s mental health. These data can correspond to one or more aspects of mental health, including the positive and negative indicators mentioned above. Tier 1 assessment data can be used for multiple purposes. First, Tier 1 assessment data can be used to identify students who have not responded to Tier 1 support and thus need additional support at advanced tiers to promote their mental health. Second, schools can use Tier 1 assessment data to evaluate school system health. School staff can do this by examining the prevalence of mental health concerns across the student population. There is no ideal prevalence – several factors can contribute to higher prevalence (e.g., local poverty rates) or lower prevalence (e.g., availability of school- and community-based services). However, if MTSS-SMH is effective and delivered with fidelity, it should reduce rates of mental health concerns over time. Third, schools can use Tier 1 assessment data to inform resource allocation. School staff might find that mental health concern prevalence rates differ across settings and environments. For instance, some classrooms or grades might evidence a higher prevalence than others. Staff might then dedicate more resources to these grades or classrooms to meet higher rates of need.



Tier 1 assessment is founded on three foundational practices, which together should support intermittent and ongoing evaluations of system health and student functioning in a partnership-centered manner with school professionals, families, and students.

- **Universal screening measures:** Completion of brief rating scales to identify students needing additional support due to challenges or lagging skills. Screenings are completed regularly (e.g., three times per year) and are administered to all students. In accordance with the dual-factor model of mental health, screeners can tap into aspects of mental health concerns and/or well-being.
- **Record data:** School record data (e.g., office referrals, attendance, nurse visits) are collected and compiled for all students on an ongoing basis to identify those experiencing concerns. Decision rules are created to ensure schools can be responsive in a consistent manner, assigning students to a level and type of support that is aligned with their needs.
- **Referral systems (ongoing):** Schools establish mechanisms by which individuals (e.g., caregivers, educators, peers) can refer a student experiencing challenges at any time. The referral systems should be widely available, and community members should know how to access them. The system should be standardized to increase the likelihood that information that is relevant to the referral is collected consistently.





**Prevention:** Tier 1 universal supports serve multiple purposes. First, the strategies should support well-being and competence by promoting skills that students can use to regulate their behavior and navigate social and academic situations. Second, Tier 1 supports should help students to understand behavioral expectations at school. This understanding should be grounded in recognition of similarities and differences in expectations between school, home, and community settings. Third, Tier 1 supports should help students to understand mental health, including indicators of both well-being and challenges.

- **Teach:** Many students benefit from explicit instruction to build skills and knowledge that will promote their social and academic success. Educators should teach students behavioral skills that enable them to regulate their behavior (e.g., coping skills) and form and maintain relationships with adults and peers (e.g., social awareness). Educators should also explicitly teach students the behavioral expectations of students in school. Instruction should emphasize how meeting expectations can increase social and academic success, while also promoting well-being. Finally, educators should promote student mental health literacy. This instruction should acknowledge the continuum of mental health, cover common symptoms of mental health challenges, and normalize mental health challenges and the pursuit of support.



Image credit: Canva

- **Optimize:** It should not be on students alone to promote their mental health. Educators, caregivers, and community members should optimize environments to support student use of the knowledge and skills they are taught. Optimization is achieved via multiple approaches. First, educators should prompt students to apply behavioral skills and adhere to school-wide expectations. Prompts can include visual cues displayed throughout the school and ongoing verbal cues. Second, educators should acknowledge students who use behavioral skills and meet behavioral expectations, such as through positive reinforcement or praise. Third, educators should work to establish positive and trusting relationships with families and students. This can be done via several intentional strategies, including those applied through the establish-maintain-restore (EMR) method (Cook et al., 2018). Fourth, educators should collaborate with families to identify behavioral skills and behavioral expectations that are consistent with family values.
- **Adapt:** A crucial part of the MTSS-SMH adoption and installation process is designing procedures and materials that are compatible with the local context and student needs. A Planning Team comprised of administrators, educators, caregivers, students, and community members should engage in various activities to improve the responsiveness of Tier 1 practices.

## Tier 2: Targeted

**Assessment:** Assessment at Tier 2 involves collecting data at the level of the individual student to inform intervention selection and monitor students' response to intervention. These data can correspond to one or more aspects of mental health, including the positive and negative indicators mentioned above. Tier 2 assessment data are used for two main purposes. First, Tier 2 assessment data can be used to engage in problem analysis, which is an assessment designed to provide information to better understand a student's needs, thereby leading to the selection of an appropriate intervention. Second, Tier 2 assessment data can be used to progress monitor student outcomes, which is the process of regular and repeated evaluation of student mental health to evaluate the effectiveness of Tier 2 services on individual student outcomes (von der Embse et al., 2022). Both assessments occur at the level of the individual student.



Tier 2 assessment is grounded in two foundational practices, which together should support intervention selection and outcome monitoring. This allows school mental health professionals to match individual students to the most appropriate interventions and make decisions about whether those interventions are having the intended effect on student mental health.

- **Problem Analysis:** The purpose of problem analysis is to provide information to better understand a student’s needs, thereby leading to the selection of appropriate intervention strategies. Problem analysis should be implemented by a team at Tier 2, which may include SMHPs and other school staff members, such as the student’s teacher or other related service providers. Additionally, the student’s caregiver(s) should participate as collaborators. Two of the most common problem analysis assessments include (a) functional behavior assessment, which is intended to identify the antecedents and consequences that exacerbate challenging behavior and a lack of progress towards goals; and (b) skills assessment, which is meant to identify student skills that would benefit from additional refinement.
- **Progress Monitoring:** This process involves the continuous collection of data before and throughout intervention implementation to evaluate a student’s response to services. Progress monitoring data provide evidence needed to determine whether an intervention is working. These data are often collected weekly or more frequently using assessments that are sensitive enough to detect small changes. An ideal progress monitoring assessment is repeatable and efficient, meaning it can be administered regularly without concern of practice effects. It should also be defensible and sensitive to change, meaning it measures the outcomes we expect to change as a result of Tier 2 service delivery while minimizing measurement error (Christ et al., 2009). Examples of common progress monitor assessments for student mental health outcomes include (Dart et al., 2019) direct behavior ratings (DBR), brief rating scales (e.g., Behavior and Feelings Survey; Weisz et al., 2020), and systematic direct observation





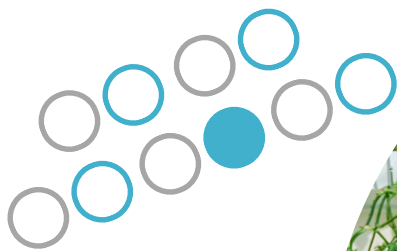
**Intervention:** Tier 2 interventions allow for the teaching of key skills and the optimization of students' environment to support skill display, engagement in positive behaviors, and mental health and wellness. Some interventions will only address one of these aspects. Others are integrated interventions that incorporate both instruction and environmental optimization. Tier 2 interventions should also align with the content and strategies delivered at Tier 1, providing students with additional structured opportunities to encounter the support offered at Tier 1. Finally, Tier 2 interventions are adaptable and can be modified based on student responsiveness.

- **Teach:** At Tier 2, students receive instruction in skills that are aligned with those taught at the Tier 1 level and are critical for student success, such as behavioral skills. Teaching takes place using evidence-based instructional methods such as behavioral skills teaching (BST), which includes verbal instruction, modeling, opportunities to role-play skills, and performance feedback. Manualized interventions are common at Tier 2 to standardize intervention services. Examples of common Tier 2 teaching programs include Social Skills Groups (e.g., Skillstreaming) and Cognitive Behavioral Therapy Groups (e.g., Brief Coping Cat).
- **Optimize:** Environmental optimization involves making changes to the school environment in two ways. First, antecedent modifications are designed to prompt students to engage in positive behaviors and remind them to exhibit skills they have learned in teaching groups. Second, consequent modifications are designed to provide response-contingent reinforcement when students exhibit positive behavior and to withhold reinforcement when students exhibit challenging behavior. At Tier 2, these modifications are often standardized to reduce intervention planning time. Check In/Check Out (CICO; Hawken & Breen, 2017) is a common Tier 2 intervention that incorporates environmental optimization.
- **Adapt:** The intervention process at Tier 2 should be adaptive and responsive to the individual student, balancing individualization with feasibility. Information gathered during the problem analysis process can be used to identify and select intervention strategies that are functionally relevant and tailored to the student's specific needs. Additionally, regular reviews of progress monitoring data may reveal that a Tier 2 intervention is not effective for a particular student, prompting additional assessments to inform further adaptations to Tier 2 strategies or the need for Tier 3 strategies.

### Tier 3: Intensive

**Assessment:** Assessment at Tier 3 involves collecting data at the level of the individual student to guide comprehensive intervention development and monitor a student's response to intervention. Using the dual-factor model, these data can correspond to one or more aspects of mental health, including the positive and negative indicators mentioned above. Tier 3 assessment data are used for three primary purposes. First, Tier 3 assessment data can be used to engage in problem identification, which involves gathering rich assessment data to clearly specify the current mental health needs of an individual student. Second, Tier 3 assessment data can be used to engage in problem analysis, which can provide information to better understand how a student's needs should be best addressed, leading to the selection of an appropriate intervention. Third, Tier 3 assessment data can be used to progress monitor student outcomes, similar to the progress monitoring process that occurred at Tier 2.

Problem identification and problem analysis should be implemented by a team at Tier 3. This team may include school mental health professionals, the student's caregiver(s), and other school staff members such as the student's teacher or other related service providers. Ideally, the progress monitoring process will continue uninterrupted between Tier 2 and Tier 3 using the same assessments, provided they are still relevant to the student's needs. In this way, changes in student mental health can be attributed to a change in intervention intensity rather than a change in assessment.





- **Problem Identification and Analysis:** At Tier 3, the assessment process in problem identification and analysis serves the same purpose as it did at Tier 2; however, it is more comprehensive, as it will inform the development of a completely individualized intervention for the student. Like at Tier 2, functional behavior assessment and skill assessment are commonly administered during the problem identification and problem analysis process at Tier 3. Additional assessment types include (a) strengths assessment, which identifies family, student, and teacher strengths, which can be used to promote progress towards goals; and (b) relationship assessment, which involves discussions of the extent to which caregiver(s) and school staff members trust each other and communicate effectively.
- **Progress Monitoring:** Progress monitoring at Tier 3 involves the same core processes that were involved at Tier 2; however, they may be administered more frequently or with a greater degree of individualization. The Tier 3 team should work together to select or design progress monitoring tools that are directly aligned with the goals of the intervention plan. The continuous stream of data can be used to make decisions about whether to continue, modify, or intensify the intervention plan.

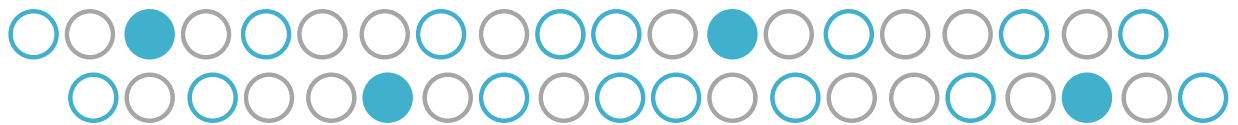


Image credit: Canva



**Intervention:** Tier 3 interventions use the same core components as those used at Tier 2; however, they are implemented at the individual level and will be tailored to each student’s specific mental health needs. The Tier 3 team should work together to develop a comprehensive intervention package that includes intensified teaching, environmental optimization, and plans for adaptation. Rather than implementing a manualized program, the team should select empirically supported intervention components and then adapt them to meet the unique needs of the student.

- **Teach:** At Tier 3, students receive individualized instruction in specific skills that will allow them to be successful across school contexts. It is common to teach students functionally equivalent replacement behaviors (FERBs; Morgan & Vasquez, 2006) at Tier 3 to provide them with appropriate alternatives to contact reinforcement otherwise accessed through challenging behavior. Other behaviors, such as those involved in progressive muscle relaxation or mindfulness skills, are common as well.
- **Optimize:** Environmental optimization at Tier 3 is similar in principle to Tier 2; however, modifications are designed to elicit and reinforce specific skills taught as part of the individualized behavior intervention plan. Intervention paradigms like differential reinforcement (e.g., Cooper et al., 2019) are common, as are packages combining teaching and optimization elements such as functional communication training (FCT; Walker et al., 2018).



- **Adapt:** Tier 3 is dynamic and adaptive by nature, and it is common to continuously modify the intervention to the individual student’s needs based on problem identification, problem analysis, and progress monitoring data. This data-based, problem-solving cycle drives individualization and ensures the plan remains responsive and effective over time.



# Roles for School Mental Health Providers in MTSS

SMHPs play a critical role in the MTSS-SMH framework. What follows is a brief summary of the various roles SMHPs may take to support MTSS-SMH work from design and installation through implementation and sustainment.

·Supporting MTSS Design and Installation: SMHPs can be members of planning teams that design MTSS-SMH frameworks and prepare for their installation and implementation. The planning team should be comprised of administrators, educators, community members (including community mental health providers), family members, and students. SMHPs play a crucial role, contributing their knowledge and expertise related to effective service delivery models, effective and efficient interventions, and defensible assessments. They can also advocate for partnerships that raise the voices of community members, parents, and other caregivers in the MTSS-SMH design process.

- **Participating on Teams that Review Data to Inform Service Delivery and Continuous Improvement:** Some teams within MTSS-SMH frameworks are responsible for reviewing data to identify students for intervention, determine student tiered support needs, and evaluate student progress in response to intervention. Many SMHPs receive graduate training and professional development in assessment and data-based decision making, making them highly qualified to serve on and even lead these teams.
- **Delivering Professional Development and Technical Assistance:** Many educators indicate that they feel unprepared to support student mental health and would like additional training in this area (Reinke et al., 2025). SMHPs receive extensive training in mental health-related practices through their graduate training and ongoing professional development. SMHPs can design and lead professional development and provide ongoing technical assistance to individuals and teams aligned with their school's needs.

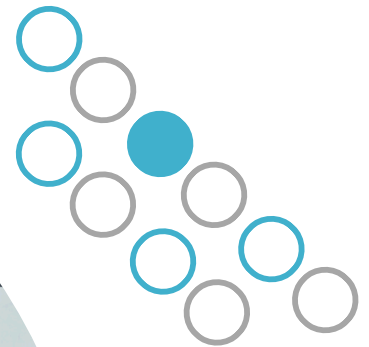




- **Conducting Assessments:** SMHPs often serve an important role in their school building's data-based decision-making framework by conducting universal screening assessments to identify students at-risk and evaluate the health of the Tier 1 environment. They may guide the selection and use of a universal screening measure as well as assist in data collection and analysis. At Tiers 2 and 3, SMHPs are often responsible for guiding problem identification and problem analysis assessments, such as functional behavior assessments, to inform intervention selection or development. SMHPs should also assist in the identification and use of technically adequate progress monitoring tools used to evaluate intervention effectiveness.
- **Implementing Prevention and Intervention Strategies:** SMHPs are best suited to select, adapt, and implement a continuum of evidence-based practices that form the core of the MTSS-SMH framework. At Tier 1, they can guide selection of a universal prevention curriculum as well as lead building-wide trainings to ensure consistency across school staff and promote a culture of school-wide well-being. For students requiring more support, SMHPs can deliver Tier 2 small-group interventions (e.g., CBT groups, social skills groups) and assist in the development and implementation of individualized Tier 3 interventions. A key function is to align interventions vertically across tiers and integrate horizontally with other supports, creating a cohesive system.



- **Supporting the Implementation and Sustainment of MTSS-SMH Practices:** SMHPs are also vital to the implementation and sustainment of MTSS-SMH practices. They should facilitate the development of multidisciplinary teams and assist in the establishment of protocols for data analysis, problem solving, and resource allocation. Additionally, SMHPs should lead efforts to build educators' capacity so they can implement interventions with fidelity.
- **Supporting the Development of Memoranda of Understanding with Outside Agencies:** A core component of MTSS-SMH involves establishing partnerships with outside agencies that will allow community-based psychologists to deliver services within schools and in coordination with educators. These partnerships allow for the expansion of mental health services, including the provision of more intensive services to students with the most significant needs. MHSPs can work with administrators to coordinate these services in tandem with school-based services to ensure the accurate, timely, and nonduplicative delivery of supports across all tiers.



# Resources

Note: One or more of the authors of this brief have a financial interest in some of the resources listed. These resources are denoted with an asterisk.

## Online Modules

- [Scanlan Center for School Mental Health](#)

## Free Resources

- [School Mental Health: Decision Support Tool](#)
- [Advancing Comprehensive School Mental Health Systems: MTSS](#)
- [Best Practices in Universal Social, Emotional, and Behavioral Screening: An Implementation Guide](#)

## Websites

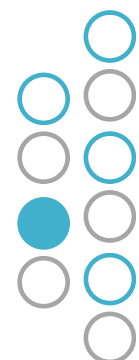
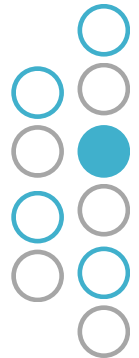
- [School Health Assessment and Performance Evaluation System \(SHAPE\)](#)

## Books

- \*von der Embse, N., Eklund, K., & Kilgus, S. (2022). *Conducting behavioral and social-emotional assessments in MTSS: Screen to Intervene*. Routledge.

## Articles

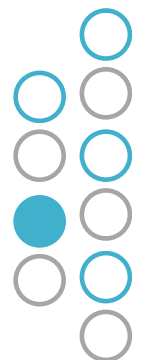
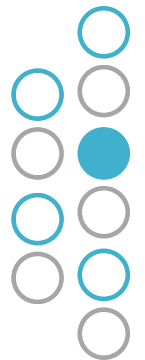
- Dart, E. H., Arora, P. G., Collins, T. A., & Doll, B. (2019). Progress monitoring measures for internalizing symptoms: A systematic review of the peer-reviewed literature. *School Mental Health*, 11(2), 265-275.
- Garbacz, S. A., Dart, E. H., Eklund, K., Kilgus, S. P., Suldo, S., & von der Embse, N. P. (2025). Strengthening tier 2 support for students at risk for social-emotional and behavioral difficulties. *Preventing School Failure: Alternative Education for Children and Youth*, 1-10.



# Discussion Guide

After reviewing the above information and the grantee spotlight that accompanies these materials, reflect on the following questions to deepen your learning and guide next steps in developing an action plan to identify, clarify, and strengthen your involvement in local MTSS initiatives. Consider discussing these questions with colleagues in settings such as professional learning communities or online discussion boards to further expand both your individual and collective understanding.

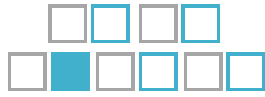
1. **How are school mental health professionals currently contributing to each tier in your school or district, and what opportunities exist to clarify or optimize their roles?**
2. **How effectively does your school or district support MTSS-SMH implementation and sustainment? What changes or improvements would enhance the work of school-based mental health professionals contributing to MTSS-SMH frameworks?**
3. **What types of data are your school or district using to assess student outcomes at each tier of service delivery? What changes or improvements would enhance the decisions made about student functioning and transitions across tiers?**
4. **What services are your school or district providing to students at each tier of service delivery to support their mental health? What changes or improvements would enhance the effectiveness of the services delivered to students across tiers?**
5. **What existing resources are your school or district currently using to support MTSS mental health practices, and what new or underutilized resources could be integrated to enhance professional capacity and student outcomes?**
6. **What are the most significant barriers your school or district faces in fully implementing or strengthening an MTSS-SMH framework to support student mental health? Who are the key people (e.g., administrators, families, community partners) whose engagement and collaboration might aid in overcoming these barriers?**





# References

- Masten, A. S., Herbers, J. E., Cutuli, J. J., & LaFavor, T. L. (2008). Promoting competence and resilience in the school context. *Professional School Counseling, 12*(2), 76–84. <https://doi.org/10.1177/2156759X0801200213>
- Mellin, E. A., Anderson-Butcher, D., & Bronstein, L. (2011). Strengthening interprofessional team collaboration: Potential roles for school mental health professionals. *Advances in School Mental Health Promotion, 4*(2), 51–60. <https://doi.org/n9qd>
- Michaels, C. E., & Spector, P. E. (1982). Causes of employee turnover: A test of the Mobley, Griffeth, Hand, and Meglino model. *Journal of Applied Psychology, 67*(1), 53–59. <http://doi.org/10.1037/0021-9010.67.1.53>
- Mire, S. S., & Dunsmore, J. C. (2024). Schools as critical settings for mental and behavioral health efforts in the United States: Key initiatives for substantive impact. *Mental Health & Prevention, 33*, Article 200328, <https://doi.org/10.1016/j.mhp.2024.20032>
- National Association of School Psychologists (2020). *The professional standards of the National Association of School Psychologists*. <https://www.nasponline.org/standards-and-certification/nasp-2020-professional-standards-adopted>
- Powell, B. J., Beidas, R. S., Lewis, C. C., Aarons, G. A., McMillen, C., Proctor, E. K., & Mandell, D. S. (2017). Methods to improve the selection and tailoring of implementation strategies. *The Journal of Behavioral Health Services & Research, 44*, 177–194. <https://doi.org/10.1007/s11414-015-9475-6>
- Powell, B. J., Waltz, T. J., Chinman, M. J., Damschroder, L. J., Smith, J. L., Matthieu, M. M., Proctor, E. K., & Kirchner, J. E. (2015). A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project. *Implementation Science, 10*, Article 21. <https://doi.org/f635v6>
- Ross, S. W., Romer, N., & Horner, R. H. (2011). Teacher well-being and the implementation of school-wide positive behavior interventions and supports. *Journal of Positive Behavior Interventions, 14*(2), 118–128. <https://doi.org/10.1177/1098300711413820>
- Schaufeli, W., Desart, S., & De Witte, H. (2020). The Burnout Assessment Tool (BAT)–Development, validity and reliability. *International Journal of Environmental Research and Public Health, 17*(24), Article 9495. <https://doi.org/10.3390/ijerph17249495>
- Schiele, B. E., Weist, M. D., Youngstrom, E. A., Stephan, S. H., & Lever, N. A. (2014). Counseling self-efficacy, quality of services and knowledge of evidence-based practices in school mental health. *The Professional Counselor, 4*(5), 467–480. <https://tpcjournal.nbcc.org/volume-4-issue-4-articles/>
- Shernoff, E. S., Bearman, S. K., Kratochwill, T. R., & Eckert, T. (2017). Training the next generation of school psychologists to deliver evidence-based mental health practices: Current challenges and future directions. *School Psychology Review, 46*(2), 219–232. <https://doi.org/10.17105/SPR-2015-0118.v46-2>
- Spector, P. E. (2022). *Job satisfaction: From assessment to intervention*. Routledge.
- Spector, P. E., Dwyer, D. J., & Jex, S. M. (1988). Relation of job stressors to affective, health, and performance outcomes: A comparison of multiple data sources. *Journal of Applied Psychology, 73*(1), 11–19. <http://doi.org/10.1037/0021-9010.73.1.11>
- Spector, P. E., & Jex, S. M. (1998). Development of four self-report measures of job stressors and strain: Interpersonal conflict at work scale, organizational constraints scale, quantitative workload inventory, and physical symptoms inventory. *Journal of Occupational Health Psychology, 3*(4), 356–367. <https://doi.org/cng8cx>
- Stirman, S. W., Kimberly, J., Cook, N., Calloway, A., Castro, F., & Charns, M. (2012). The sustainability of new programs and innovations: A review of the empirical literature and recommendations for future research. *Implementation Science, 7*, Article 17. <https://doi.org/10.1186/1748-5908-7-17>
- Tan, K., & School Social Work Association of America (2024). National school social work practices model 2.0: A framework for 21st century school social work practice. *School Social Work Association of America*. <https://www.sswaa.org/ssw-model>
- Will, M. (2023). It's so overwhelming: Demands on school mental health workers are making them want to quit. *Education Week*. <https://www.edweek.org/leadership/its-so-overwhelming-demands-on-school-health-workers-are-making-them-want-to-quit/2023/06>
- Witte, A. L., Garbacz, S. A., & Sheridan, S. M. (2023). Preparing the school mental health workforce to engage in partnership approaches to address children's needs. In S. W. Evans, J. S. Owens, C. P. Bradshaw, & M. D. Weist (Eds), *Handbook of school mental health*. Springer.
- Young, E. L., Moulton, S. E., Julian, A., Smith, A., & Butler, R. (2020). Retention and job satisfaction of school psychologists. *Psychology in the Schools, 58*(3), 585–600. <https://doi.org/10.1002/pits.22465>
- Zabek, F., Lyons, M. D., Alwani, N., Taylor, J. V., Brown-Meredith, E., Cruz, M. A., & Southall, V. H. (2023). Roles and functions of school mental health professionals within comprehensive school mental health systems. *School Mental Health, 15*(1), 1–18. <https://doi.org/10.1007/s12310-022-09535-0>



This document was supported by funds provided by the Establishment of the Mental Health Evaluation, Training, Research, and Innovation Center for Schools cooperative grant supported by the Office of Safe and Supportive Schools (OSSS) and Office of Elementary and Secondary Education (OESE) of the U.S. Department of Education (S184U230011). The views expressed herein do not necessarily represent the positions or policies of the U.S. Department of Education. No official endorsement by the U.S. Department of Education of any product, commodity, or enterprise mentioned in this document is intended or should be inferred.

**Suggested Citation for this Publication**

Kilgus, S. P., Dart, E. H., Zaslofsky, A. F., Neibling, B. C., Garbacz, S. A., & Eklund, K. (2026). *School mental health professionals' roles within MTSS: Practice brief and discussion guide*. School Mental Health Collaborative. <https://smhcollaborative.org>