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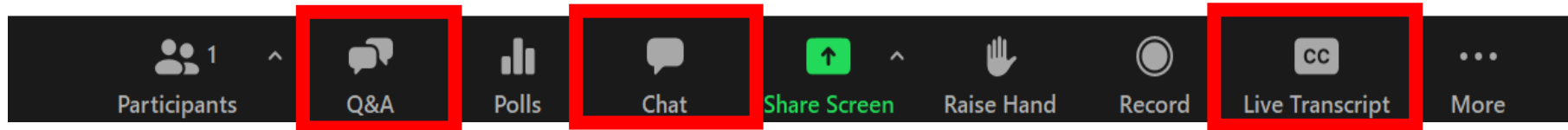
## Integrating Minds and Models: Exploring the Comprehensive Health Integration (CHI) Framework in School-Based Health Centers (SBHCs)

*Tuesday, June 3, 2025*

*3:00-4:00pm ET*

# Questions, Comments & Closed Captioning

Type in a **comment** in the **chat box**



Type in a **question** in the **Q&A box**



Click **Live Transcript** and then select  
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# Polls



## 1) Which best describes your agency/organization?

- ❖ Mental health provider organization
- ❖ Substance use provider organization
- ❖ Primary care provider organization
- ❖ Government (federal, state, island area, local)
- ❖ Education or research institute
- ❖ Association, coalition, or network-for-advocacy, professionals, or individuals
- ❖ Business (health management, insurer, or other industry)
- ❖ Other

## 2) Are you a Promoting the Integration of Primary and Behavioral Health Care (PIPBHC) recipient or provider organization?

- ❖ Yes, I am a current PIPBHC: Collaborative Care Model (CoCM) recipient
- ❖ Yes, I am a current PIPBHC: Collaborative Care Model (CoCM) provider organization
- ❖ Yes, I am a current PIPBHC: States recipient
- ❖ Yes, I am a current PIPBHC: States provider organization
- ❖ Yes, I am a former PIPBHC recipient or provider organization
- ❖ No
- ❖ I don't know



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# Speaker Introduction



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*Director*  
*School-Based Health Alliance*



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*Program Associate*  
*School-Based Health Alliance*



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*Senior Consultant*  
*National Council for Mental Wellbeing*

# Agenda

- Welcome & Learning Objectives
- Overview of the Comprehensive Health Integration (CHI) Framework
- Adapting the CHI Framework for School-Based Health Centers
- Implementation Considerations
- Conclusion and Next Steps



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# School-Based Health Alliance

*Transforming Health Care for Students*

## Our **Focus**

The School-Based Health Alliance Works to Support & Grow SBHCs

### Policy



Establishes and advocates for national policy priorities

### Standards



Promotes high-quality clinical practices and standards, including for telehealth

### Data



Supports data collection and reporting, evaluation, and research

### Training



Provides training, technical assistance, and consultation

We support the improvement of students' health via school-based health care by supporting and creating community and school partnerships [www.sbh4all.org](http://www.sbh4all.org)



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# Learning Objectives

1. **Describe** the key elements of the National Council's **Comprehensive Health Integration (CHI) Framework** and its relevance to school-based health care.
2. **Explore** innovative ideas and considerations for applying the framework within School-Based Health Centers, recognizing this as an emerging area of practice.
3. **Identify** opportunities, partnerships, and resources that can support integrated mental health planning in school-based settings.



# Importance of Integration in Schools & SBHCs



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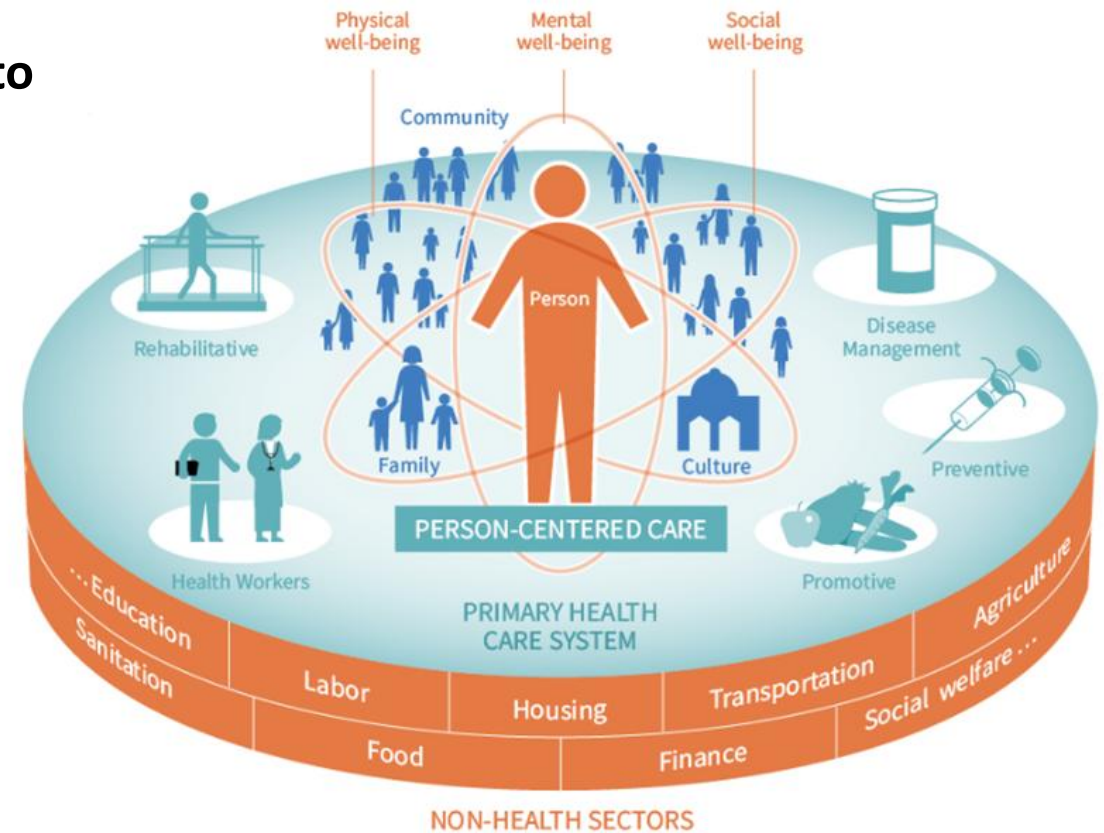


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# What is the CHI Framework?

The CHI Framework provides guidance on implementing the integration of physical health and behavioral health to help providers, payers and population managers:

- Demonstrate the value produced by progress in integrated service delivery
- Provide initial and sustainable financing for integrated service delivery
- Take integrated services to scale in a large network or system of care
- Measure progress and facilitate improvement in organizing delivery of integrated services (“integratedness”)



Source: National Council for Mental Wellbeing. (2025, February 13). *The Comprehensive Health Integration Framework*. <https://www.thenationalcouncil.org/resources/the-comprehensive-health-integration-framework/>.



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## Integrated Services

- The provision and coordination by the treatment team of appropriately matched interventions for both PH and BH conditions in the setting in which the person is most naturally engaged.

## Integratedness

- The degree to which programs or practices are organized to deliver integrated PH and BH prevention and treatment services to individuals or populations.
- A measure of both structural components (e.g., staffing) and care processes (e.g., screening) that support the extent to which “integrated services” in PH or BH settings are directly experienced by people served and delivered by service providers.

# Eight Domains of Integration



Screening, Referral,  
and Follow-up



Prevention and  
Treatment of Common  
Conditions



Continuing Care  
Management



Self-Management  
Support



Inter-Disciplinary  
Teamwork



Systematic  
Measurement and  
Quality Improvement



Linkage with  
Community and  
Social Services



Administrative and  
Financial  
Sustainability



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# The Three Integration Stages

## Integration Stage 1: Screening and Enhanced Referral

- Optimizes screening and “enhanced” referral processes
- Does not require significant investment
- Best practice for smaller practices/programs with fewer resources

## Integration Stage 2: Care Management and Consultation

- Includes robust program commitment to a set of screening and tracking processes with associated on-site care coordination and care management

## Integration Stage 3: Comprehensive Treatment and Population Management

- Typically requires comprehensive PH and BH staffing in a single organization (hospital, independent clinical practice, FQHC, etc.)
- Measures improved health outcomes along the Domains

*Note: A program would identify as Stage 0 if they have no or limited integration for a domain or subdomain also known as historical practice.*



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# How CHI Domains Connect to Common Integrated Care Practices

## Domain 1: Screening & Referrals

- Includes PHQ9, BMI, Screening, Brief Intervention, and Referral to Treatment (SBIRT), Adverse Childhood Experiences (ACEs) Screening, Risk Stratification

## Domain 2: Prevention & Treatment

- Includes tracking routine prevention (developmental screening, colonoscopies) Motivational Interviewing, Problem Solving Treatment (Rx), HBAI, BH or PH meds, Medication Assisted Treatment (MAT), Behavioral Activation and brief interventions delivered by trained providers

## Domain 3: Care Coordination

- Includes diabetes registry, Collaborative Care Model (CoCM) Registry, High and Low Touch Care Management

## Domain 4: Self-Management Support

- Includes Patient Education Materials, Patient activation and goal-setting care plans, and collaborative, person-centered planning

## Domain 5: Teamwork

- Includes Warm Handoffs, Interdisciplinary Collaboration, BHCs, and RN Care Coordinators as team members

## Domains 6–8: QI, SDOH, and Sustainability

- Includes tools (metrics; cost management; billing) to strengthen, improve, evaluate, and sustain integration in any setting



# Resources for Implementing the CHI

Revised White Paper	CHI Framework + Trackers	CHI Self-assessment Guide	Definitions and Examples Handbook
The narrative description of the CHI Framework defining its components (domains, stages, metrics, value, financing) and its application for states, providers and payers.	The CHI Framework self-assessment tool and accompanying CHI Trackers allow users to document their baseline and plan and measure progress.	The Guide provides step-by-step instructions to support interdisciplinary teams in using the CHI Framework self-assessment, ensuring consistent scoring and goal alignment.	The Handbook provides definitions and context-tailored examples to ensure consistent language and understanding of CHI process.



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# What Are School Health Services?

**School health services include, but are not limited to:**



**School nurses**



**School  
psychologists**



**School  
counselors**



**School social  
workers**



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# What Is School-Based Health Care?

School-based health care is healthcare provided to students at school by a community healthcare organization in collaboration with school administration and health services staff.

**This care includes, but is not limited to:**



**Primary care**



**Mental health**



**Oral health**



**Vision services**

**School-based health centers (SBHCs)** offer the most comprehensive type of school-based health care. An SBHC is a collaborative effort among school administration, school health service staff, community-based healthcare organizations, and community members to make health services (at a minimum, primary care) available to students at school in a consistent location on a consistent schedule.



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SBHCs

# What is an SBHC?

SBHCs are a collaboration and shared commitment among a school, health care organizations, and a community



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# SBHCs Reduce Barriers For Students And Their Families



**Transportation**



**Time**



**Language**



**Financial**

SBHCs are planned and implemented via partnerships at the local level to meet the specific needs of the students, families, schools, and communities they serve.



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# How Do School-Based Health Centers Support Students?

Includes, but is not limited to, medical care, mental, oral health, vision, etc.

## Provide care that is:

- youth-centered
- coordinated with families
- coordinated with community providers
- supported by and coordinated with educational and community-based partners
- age-appropriate
- within applicable laws and provisions
- convenient and timely
- available to all students regardless of ability to pay



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# SBHCs are a Unique Model Of Care

## SBHC providers need ...

- Desire, skills, and time for relationship-building with students, families, school staff, and community partners
- Flexibility/comfort with including parents in visits virtually; completing follow-up with parents as necessary
- Ability to navigate HIPAA and FERPA

## Keep in mind ...

- SBHC provider role may include more consultation, crisis intervention, school-wellness related activities, and building partnerships with school staff
- Productivity and sustainability may be different than sponsor org
- Additional considerations for engaging parents/guardians in care



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# SBHC Delivery Models

	Traditional SBHCs	School-Linked SBHCs	Mobile SBHCs	100% Telehealth SBHCs
<b>Location where <u>patient accesses care</u></b>	A fixed site on school campus	A fixed site near school campus	Mobile van parked on or near school campus	A fixed site on school campus
<b>Location where <u>providers deliver care</u></b>	Physically onsite, and remotely for some services	Physically onsite, and remotely for some services	Physically onsite, and remotely for some services	Remotely for all services
<b>2021-22</b>	<b>92%</b>	<b>4%</b>	<b>3%</b>	<b>2%</b>

Total responses to this question: n=1,518



[Soleimanpour S, Cushing K, Christensen J, Ng S, Yang J, Saphir M, Geierstanger S, Even M, Brey L. \(2023\). Findings from the 2022 National Census of School-Based Health Centers. Washington, DC: School-Based Health Alliance.](#)



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# Mental Health in SBHCs: What We Know

- Mental Health services provided in school can vary greatly. Every SBHC has different modalities, positions, resources, and relationships.
- Co-locating behavioral health care services within the primary care SBHC services can help lower barriers to care access.
- Annual Current Procedural Terminology (CPT) and International Classification of Diseases code updates, as well as staff training, will need to be done to ensure that MH/BH services are being reimbursed properly.
  - Outreach may be required to get state Medicaid office to activate/turn on substance use services codes.
  - Some state Medicaid programs have opened **collaborative care model codes (CoCM)** for nonclinical staff billing under credentialed providers.



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# Common MH/BH Services in SBHCs\*

*\*services available in SBHCs varies greatly throughout the country*

- Individual, group, and family therapy
- Substance use prevention, intervention, and treatment
- Crisis response and intervention
- Case management
- Classroom health education
- Universal screening (in and out of the SBHC)
- Psychiatric evaluation and medication management



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# Alignment Between SBHCs & the CHI Framework



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CHI framework supports core SBHC practices (e.g. prevention, early intervention and care coordination)

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SBHCs rely on interdisciplinary teamwork—a foundational element of the CHI framework

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SBHCs offer a strong platform to apply CHI principles in real-time

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Both emphasize comprehensive, integrated care

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Both designed to deliver accessible, student-centered services in familiar, trusted environments.



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# Menti Question

How can SBHCs and Certified Community Behavioral Health Clinics (CCBHCs) collaborate to strengthen behavioral health access and coordination for students?



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## Domain 1: Screening, Referrals, & Follow Up

# Domain 1: Screening, Referrals, & Follow Up

## 1.1 Systematic screening for co-occurring conditions and risk factors

- Risk assessment and history (ACE Questionnaire, PEARLs, Bright Futures, HEADS, etc.)
- Mental health screening (PHQ-2/9, GAD-7, etc.)
- Social influences on health (e.g., PRAPARE, I-HELP, etc.)
- Strengths (SDQ, CYRM-28, etc.)

## 1.2 Systematic facilitation of referrals and follow-up

- Community Health Workers (CHW), Care Coordinators, BH/PH Providers
- Internal referrals (within SBHC)
- Internal referrals (within larger health system)
- External referrals (outside of SBHC and health system)



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## Domain 2: Integrated Prevention & Treatment

# Domain 2: Integrated Prevention & Treatment

## 2.1 Use of evidence-based guidelines or protocols for prevention/risk mitigation related to co-occurring conditions

- Universal screening for substance use and depression during well-child visits
- Incorporating psychoeducation around emotional regulation, sleep hygiene, substance avoidance, etc.

## 2.2 Use of evidence-based guidelines/protocols for nonpharmacologic treatment for co-occurring conditions

- Cognitive Behavioral Therapy (CBT) interventions for depression/anxiety
- Motivational interviewing and Brief treatment for substance use



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# Domain 2: Integrated Prevention & Treatment

## 2.3 Use of evidence-based guidelines/protocols for pharmacologic treatments for co-occurring conditions

- Following pediatric guidelines
- Med Management & Psychiatric Evaluations
- e.g. Psych providers, psych consult (pediatric mental health care access programs)

## 2.4 Implementation of trauma and resilience-informed practices

- All staff trauma training
- Policies & Procedures align with trauma-informed framework
- Promotion of resilience and utilization of strengths



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## Domain 3: Ongoing Care Coordination



# Domain 3: Ongoing Care Coordination

- 3.1 Ongoing care coordination for monitoring progress in the prevention of and intervention for co-occurring conditions
  - Example: An SBHC identifies a student with symptoms of depression and risky alcohol use during a well-visit using PHQ-9 and CRAFFT screenings. A brief intervention is delivered using motivational interviewing, and the student is referred to the in-house behavioral health provider for follow-up
    - PH/BH provider conduct regular team huddles to review shared student cases
    - Shared care plan developed and updated collaboratively
    - Follow-up contacts are scheduled weekly-care coordinator; bi-weekly BH provider; monthly-school counselor (with consent)
    - Utilization of a tracking tool to monitor service utilization and screening scores



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## Domain 4: Personalized Self- Management Support

# Domain 4: Personalized Self-Management Support

## 4.1 Use of personalized educational materials and skill-teaching interventions for people receiving services and their families.

- Equip students and families with tailored tools and skills to make informed and confident health decisions
- Customize educational materials for students and families (e.g., warning signs of depression, substance use)
- Match student language and literacy level to be inclusive of all students
- Provide families with resources, toolkits, and other information about various diagnoses



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## Domain 5: Interdisciplinary Teamwork

# Domain 5: Interdisciplinary Teamwork

## 5.1 Integrated care team composition

- Includes PH, BH, CHWs, and school-trained staff with dedicated roles
- Teams are oriented to school culture, priorities, and operational strategies for support

## 5.2 Integrated teamwork and sharing of clinical information

- Providers collaborate with school staff through shared events and case planning
- Follow procedures to exchange referrals and data while respecting confidentiality

## 5.3 Integrated care team training and competency development

- School-based providers receive role-specific and trauma-informed training
- Providers learn how school schedules, roles, and academic priorities can shape care delivery



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## Domain 6: Systematic Quality Improvement

# Domain 6: Systematic Quality Improvement

## 6.1 Use of quality metrics for improvement of integrated services

- Use of Plan-Do-Study-Act (PDSA) to test and refine care delivery
- Interventions are designed for student subgroups (language, background, trauma history)
- SBHCs monitor clinical and impact indicators like well-child visits and absenteeism



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## Domain 7: Community Interventions to Address Conditions that Affect Health and Well-Being

# Domain 7: Community Interventions to Address Social Determinants (Influencers) of Health

## 7.1 Leveraging community services to reduce SDOH impact on BH and PH

- Align screening tools with the most common social needs and referral capacity of community partners
- Build partnerships with schools and local organizations to deliver or connect students to essential supports (e.g., food, housing, counseling)
- Prioritize services for students experiencing high amounts of stress, adverse child experiences (ACEs), or unmet social needs that impact emotional well-being



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## Domain 8: Financial & Administrative Sustainability

# Domain 8: Financial and Administrative Stability

## 8.1 Financial Stability

- Use tools like pro formas and cost analyses to plan, track, and adjust budgets based on actual and projected utilization
- Monthly data review includes consent rates, insurance coverage and visit billing to support sustainability

## 8.2 Administrative Stability

- Maintain structured internal operations through consistent staff huddles, defined workflows, and routine reporting to support compliance and planning
- Establish ongoing communication and shared data review with partners to align on service goals, student needs, and sustainability measures



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# Adapting the Framework For School-Based Health Centers: What does it take?



Contextualization  
of Language and  
Concepts



Alignment with  
School Systems &  
Calendars



Integration of  
Educational and  
Health Roles



Data Sharing &  
Privacy  
Adjustments



Modified  
Assessment Tools



Inclusion of Youth  
Engagement as a  
Core Strategy



Flexible Funding  
and Sustainability  
Planning



Training & Capacity  
Building



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# Potential Challenges

## Structural and System-Level Barriers

- CHI Framework was designed for traditional into primary care and behavioral health systems
- Full range of integrated services may not be feasible for SBHCs

## Operational and Technical Challenges

- SBHC workflows may not align directly with the framework's domains
- Overlap between existing SBHC tools and the CHI framework

## Relationship and Engagement Barriers

- School and SBHC staff likely not familiar with CHI concepts
- Framework does not fully account for youth and family engagement

## Adaptation and Resource Limitations

- Time and staff capacity

# Resources to Explore

- [The Comprehensive Health Integration \(CHI\) Framework](#)
- [Partnering with Schools to Improve Youth Mental Health](#): A resource for Community Mental Health and Substance Use Care Organizations:
- [School-Based Health Alliance Toolkits](#):
  - Adolescent Substance Use Prevention in School-Based Health Centers
  - Emerging Models and Resources to Address Food Insecurity
  - Quality Counts: Clinical Performance Measures
  - Quality Counts: Sustainable Business Practices
  - Quality Counts: Test Measures



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# Questions and Discussion



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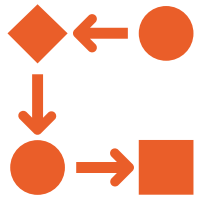
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# Upcoming Events & Helpful Links



June

9

2:00 – 3:00 pm ET

***CoE-IHS Webinar:***

Defining Workforce Needs  
and Planning Strategies  
for Integrated Care at the  
Provider Level

**[REGISTER](#)**

June

17

2:00 – 3:30 pm ET

***Learning Collaborative:***

Advancing Peer  
Workforce Best Practices  
in Integrated Care:  
Organizational Self-  
assessment for Peer  
Readiness (Session 1)

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# Questions?



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