SCHOOL-BASED HEALTH ALLIANCE
The National Voice for School-Based Health Care

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F7: Opening the Door to Collaborative Care:

Introducing CoCM in School-Based Health Centers

June 25, 2026 12:15pm-1:30pm

Continuing Education Credits

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About the Center of Excellence for Integrated Health Solutions

(CoE-IHS)

The National Council for Mental Wellbeing, through the National Center of Excellence for Integrated Health Solutions grant award from the Substance Abuse and Mental Health Administration (SAMHSA), is home to the newest **evidence-based resources, tools and support for organizations working to integrate primary and behavioral health care.**

The CoE-IHS advances **bidirectional primary and behavioral health care integration by providing high quality, evidence-informed training and technical assistance (TTA) to a national audience, including a specific focus on the collaborative care model**. The CoE-IHS supports the improvement of integrated care models and provides training and technical assistance to health systems, health care providers and members of the public.

Photo Credit: SBHA,2016

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Transforming Health Care for Students

Our **Focus**

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

Policy	Standards	Data	Training
Establishes and advocates for national policy priorities	Promotes high-quality clinical practices and standards, including for telehealth	Supports data collection and reporting, evaluation, and research	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.

Today's Presenters

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Learning Objectives

1. Describe the core components of the Collaborative Care Model (CoCM), an integrated health care model.

2. Discuss opportunities for school-based health centers to implement a framework that integrates behavioral health into primary care setting, including the CoCM model.

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Where are we starting?
A quick pulse on your familiarity with CoCM

Question 1: How familiar are you with the Collaborative Care Model?

Please log on to Menti.com and enter code:

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Where are we starting?
You may be closer to CoCM than you think.

Question 2: Which CoCM-aligned activity is your setting already doing in some form?

Please log on to Menti.com and enter code:

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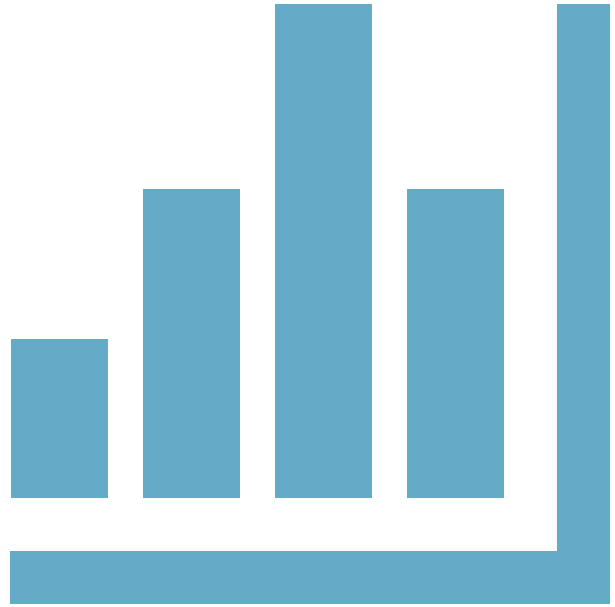

Why Collaborative Care?

Behavioral health need is high, access to specialty care is limited, and primary care teams often need more support.

The need is growing

- Many young people experience behavioral health concerns
- 1 in 5 children ages 3–17 with a mental, emotional , developmental, or behavioral disorder

Access is constrained

- Specialty mental health care is often difficult to access
- Families often encounter long waits or insurance barriers

Integrated care helps

- Behavioral health supports can be embedded in settings young people already receive care (schools, school-based health centers (SBHCs))
- A natural fit for SBHCs and a strong foundation for CoCM

CoCM adds structure: a defined population, proactive tracking, regular psychiatric consultation, and accountability for improvement.

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(American Academy of Child and Adolescent Psychiatry, 2022; Child and Adolescent Health Measurement Initiative, 2022-2023)

What is CoCM?

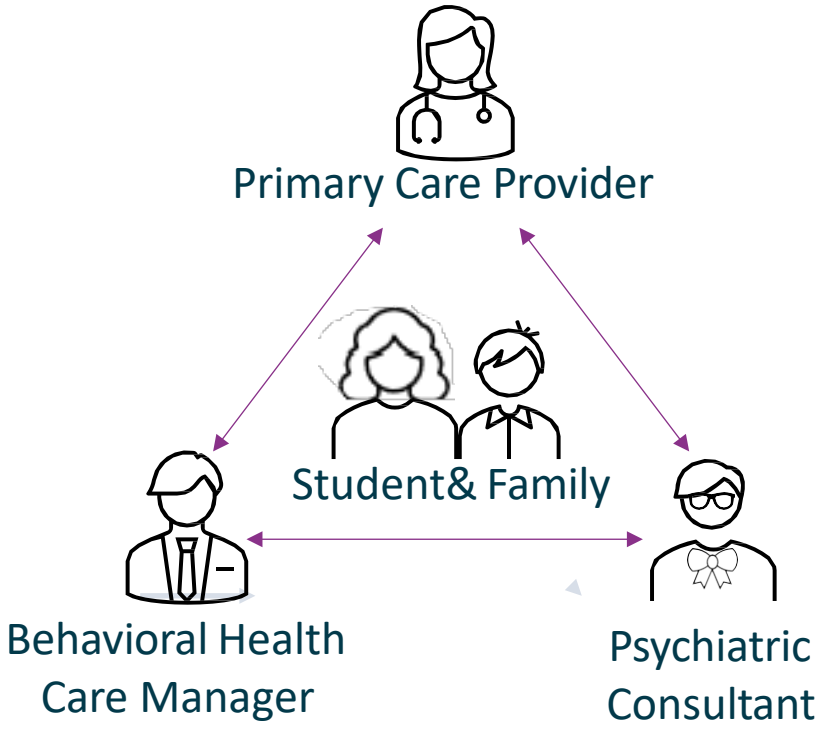
A specific integrated care model, not simply “having behavioral health nearby.”

Collaborative Care is…

A team-based model for delivering behavioral health (BH) treatment in a primary care setting where patients already receive care.

It combines clinical care + care coordination + measurement + psychiatric consultation.

Its goal is not just access—it is measurable improvement over time.



(American Academy of Child and Adolescent Psychiatry, 2022; Child and Adolescent Health Measurement Initiative, 2022-2023; Meadows Mental Health Policy Institute, 2023)

How CoCM Differs from other Integrated Care Approaches

CoCM has the largest evidence base and a more defined operating structure.

Co-located BH

Behavioral health clinician is physically or virtually available near primary care. Often referral- or warm handoff-driven.

Access

Integrated Care

Medical and behavioral health teams communicate and coordinate care more intentionally.

Coordination

Child Psychiatry Access

Regional child psychiatry teams offer consultation, education, and care coordination to primary care providers (PCPs).

Consultation

Collaborative Care

Defined population + BH care manager (BHCM) + registry + measurement + systematic psychiatric caseload review + treatment adjustment.

Accountability

(American Psychiatric Association, n.d.; Magellan Healthcare, 2025)

The Five Core Principles of CoCM

1 Patient-centered team	Student/family + PCP + BHCM + psychiatric consultant; in pediatrics, schools and community partners may be important supports.
2 Population-based	Systematic identification, defined caseload, registry tracking, and stepped care/referral options.
3 Measurement-based treatment to target	Ongoing symptom monitoring and treatment adjustment when students are not improving.
4 Evidence-based treatment	Brief behavioral interventions, psychoeducation, and medication support when appropriate, matched to pediatric needs.
5 Accountable	Program metrics, quality improvement, and sustainment planning.

(American Psychiatric Association, n.d.; Magellan Healthcare, 2025)

Link to White Paper: Collaborative Care Management: Transforming pediatric mental healthcare

Link to APA: Collaborative Care

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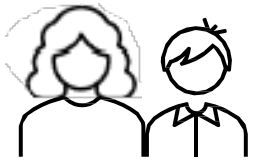
Who is on the CoCM Team?



Student & Family

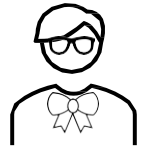
Role: *set goals, discuss preferences, report symptoms, engage with care team, relapse-prevention planning*

Primary Care Provider

Role: *identifies students, endorses the model, initiates/adjusts treatment, and stays connected to the plan*

Behavioral Health Care Manager

Role: *engages students and families, tracks caseload, provides brief interventions, coordinates care, prepares cases for review*

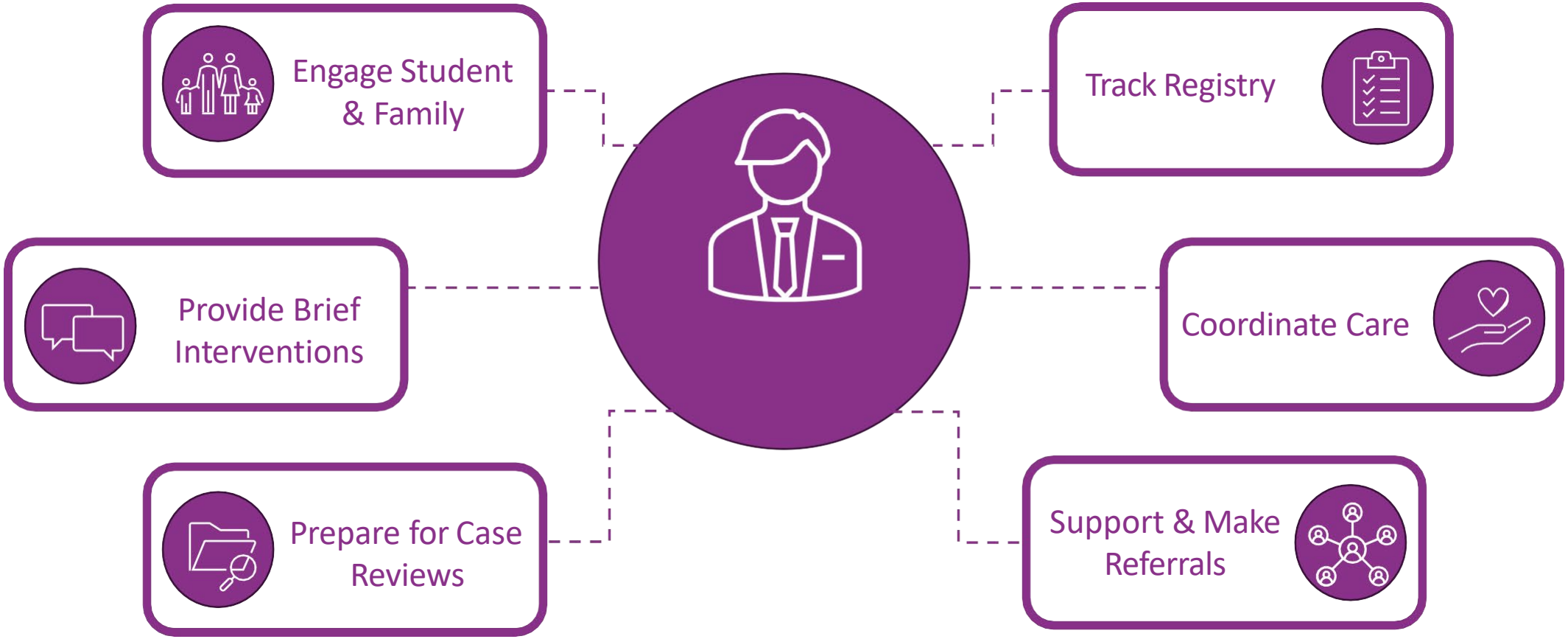


Psychiatric Consultant

Role: *supports the BHCM and PCP through systematic caseload review, diagnostic input, treatment planning, and medication recommendations rather than directly seeing every student*

(American Psychiatric Association, n.d.; Magellan Healthcare, 2025)

The Behavioral Health Care Manager is the Connector



(American Psychiatric Association, n.d.; Magellan Healthcare, 2025)

CoCM Workflow: Proactive Care, not "Refer and Hope"

The team identifies, tracks, reviews, and adjusts care over time.

Identify
screening, visit, referral

Engage
warm connection

Assess
needs + goals

Treat
brief interventions + meds

Track
measures + registry

Review
case review with psychiatry

Adjust
change plan if not improving

Step up/down
transition or close episode

Key distinction: Care changes when the student is not improving.
The model does not stop at referral, screening, or a single warm handoff.

(American Psychiatric Association, n.d.; Magellan Healthcare, 2025)

When is a Student Added to the CoCM Caseload?

Students may be considered for CoCM through:

- Positive behavioral health risk screening
- SBHC provider concern
- Student self-referral
- Family/caregiver concern
- School referral, when appropriate
- Follow-up after a warm connection or behavioral health visit

Students are typically added to CoCM tracker when:

- They meet the program's eligibility criteria
- CoCM is the appropriate level of care
- Consent/confidentiality requirements are addressed
- The team will actively track symptoms, follow up, review, and adjust care

Key Point:
A screening score may trigger review, but the tracker represents the active CoCM caseload

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(American Psychiatric Association, n.d.; Magellan Healthcare, 2025)

Measurement-based Treatment to Target

CoCM uses data to decide whether care is working and what to do next.

Measure

Use validated symptom tools over time, not only at intake. For youth, frequency may vary by age, developmental level, caregiver involvement, and tool.

Review

BHCM and psychiatric consultant use measures plus clinical information during systematic caseload review.

Adjust

If the student is not improving, the team adjusts treatment, increases supports, or steps up to specialty/higher-level care.

Treatment to target = the team has a measurable goal and a plan to change course when progress stalls

(American Psychiatric Association, n.d.; Magellan Healthcare, 2025)

Registry: What does it do? What does it look like?

A registry helps the team know who is in care, who is improving, and who needs attention.

What it Supports

- Caseload management
- Outreach and follow-up
- Symptom tracking
- Prioritizing systematic case reviews (SCR)
- Program-level metrics

Keep it Usable

- Several ways to track: AIMS Caseload Tracker, EHRs, REDCap, Access, or Excel.
- The point is active clinical use, not a perfect platform.

(American Psychiatric Association, n.d.; Magellan Healthcare, 2025)

Systematic Caseload Review: Where Consultation Becomes Action

The psychiatric consultant and BHCM review the active caseload and prioritize students who are not improving.

Before Systematic Case Review (SCR)

BHCM prepares cases using registry data, symptom measures, student/family goals, clinical notes, and PCP input.

Priority: *new, complex, safety concerns, not improving, disengaged, or ready for step-down.*

During SCR

Psychiatric consultant + BHCM review the caseload and generate recommendations.

Typically structured, scheduled, and data-informed.

After SCR

Recommendations inform follow-up, treatment changes, medication support, referral decisions, and communication with the care team.

Care keeps moving.

(American Psychiatric Association, n.d.; Magellan Healthcare, 2025)

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Bridge to Blue Ridge: What to Listen For

Team roles
Who is doing which part of the work?

Workflow
How does a student move through care?

Measurement
What is tracked and how is it used?

Consultation
How does psychiatry support the team?

Adaptation
What changes when moving from pediatrics to SBHCs?

SBHCs may already be doing pieces of CoCM. The opportunity is to make those pieces more systematic, measurable, and connected.

(American Psychiatric Association, n.d.; Magellan Healthcare, 2025)

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Blue Ridge Health: Pediatric CoCM

- Planning began in late 2023 through a state-funded process and CoCM was implemented in 3rd quarter 2024 in Pediatrics Office:
  - 3 Pediatricians – *started with 1 provider as the champion during pilot*
  - 2 Pediatric Advance Practice Providers
  - Behavioral Health Counselors
- Pediatric Psychiatry Fellows (Residents) practice at site and utilized BRH Pediatric Psychiatrist
- Biggest challenges
  - Finding and hiring the ***right*** person as the Collaborative Care Manager
  - Narrowing focus, ensuring team training, and integrated care referral pathways
  - Standardization of screening tools

(Blue Ridge Health, n.d.)

CoCM Program Outcomes

- **Program Launch** – August 2024
- **Patients Served:** 85
- **Outcomes:**
  - Average number of CoCM sessions per enrollee: **7**
  - Average duration in the program: **11 weeks**
  - **GAD-7 (Anxiety):** 58% of patients experienced a **≥5-point reduction**
  - **PHQ-A (Depression):** 59% of patients experienced a **≥5-point reduction**
- The **vast majority** of enrolled and active patients**:**
  - Demonstrate significant functional gains
  - Meet or exceed individualized treatment goals

(Blue Ridge Health, n.d.)

What Translates Well to our SBHC Program?

BRH currently operates over 40 SBHC sites across 8 counties

- Team-based care
- Outcome measurements across service lines
- Utilize same EMR system (AthenaOne):
  - Unified registration
  - Data reporting
  - Screenings and referrals
  - Centralized billing
- Pediatric Psychiatry Fellows (Residents)
- Brief interventions and care coordination

(Blue Ridge Health, n.d.)

What Adaptations are Needed for SBHC?

- School Setting
- Confidentiality
- Family Engagement
- Communication with School Teams
- Scheduling
- Consent
- Referral Pathways
- Training

(Blue Ridge Health, n.d.)

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Next Steps for Blue Ridge Health

- Map current SBHC workflows to current Pediatric CoCM workflows
- Identify eligible student population(s)
- Select pilot SBHC program/school (one county/one school)
- Continue with Pediatric Psychiatry Fellow (Residents) in SBHC model
- CoCM training completed for SBHC site team selected for pilot
- Determine who will provide CoCM
- Communication strategies with schools and guardians
- Lessons learned – communication, billing, staffing
- Additional grant funding received to implement CoCM in multiple counties

(Blue Ridge Health, n.d.)

Participant Reflection

What would it take to make Collaborative Care work in your setting?

Group Activity

1 Discuss with your neighbors:

- Which CoCM components already exist in your setting?
- Which would require the most adaptation
- What is one realistic next step your team could take in the next 60-90 days

2 Capture your responses:

- Write notes to capture key ideas

3 Be prepared to share:

- One strength (something that already exists)
- One challenge (biggest area needing adaptation
- One next step (realistic action in 60-90 days

- Define care manager roles
- Screening and referral workflow
- Measurement-based follow-up
- Registry or caseload tracking
- Psychiatric consultation
- Family engagement workflow
- School-clinical communication process
- Step-up/step-down referral pathways

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Closing Synthesis

Bringing Collaborative Care into School-Based Settings

What We Learned

Understanding CoCM

- CoCm is a structured, team-based model and not simply co-location
- Core elements include care management, measurement-based care, psychiatric consultation, and systematic follow-up
- Many SBHCs already have key pieces in place

What This Means

Opportunities for SBHCs

- SBHCs are uniquely positioned to support integrated behavioral health care
- Existing workflows can become more systematic, measurable, and coordinated
- Consider confidentiality, communication, and referral considerations.

What Comes Next

Practical Next Steps

- Identify one workflow or process to strengthen
- Clarify team roles and communication pathways
- Focus on realistic, sustainable implementation steps

Consider Blue Ridge's process and workflow

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Tools and Additional Resources

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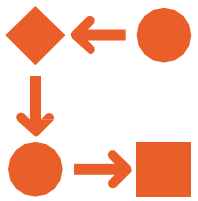

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