



Summary of Findings:  
Integrating Health Information  
Exchange into School-Based  
Behavioral Health  
September 2025

In Partnership With



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## Executive Summary

In Michigan, school-based behavioral health providers support students' needs, yet they often lack access to critical health information available to other providers across the state. In an innovative collaboration, the Michigan Department of Education (MDE), Monroe County Intermediate School District (Monroe County ISD), Michigan Health Information Network Shared Services (MiHIN), and mdlogix—home to bhworks student mental health software—partnered on a five-month pilot project to explore the feasibility and value of enabling school-based behavioral health providers to access healthcare data through the statewide health information exchange (HIE). The pilot marked the first time such providers in Michigan could view students' comprehensive health information via MiHIN's MIGateway® tool.

### Purpose and Participants

The pilot aimed to evaluate whether access to MIGateway and the healthcare data contained within could improve school-based provider workflows, quality of care planning and accuracy of student care coordination. Nine providers from Monroe County ISD participated and had access to MIGateway from January to May 2025. In this role, Monroe County ISD served as the first school district in Michigan to determine the feasibility of technical and legal onboarding and be willing to test the usefulness of information contained in MIGateway when caring for student behavioral health needs.

### Key Findings

- **Improved Access to Data:** Pilot participants reported significantly improved access to accurate health care data, particularly hospital visits and medication information, which enhanced their ability to deliver timely, informed, and coordinated care.
- **Workflow Integration:** Pilot participants reported that MIGateway was easy to access and noted further training and practice would lead to deeper integration into daily routines.
- **Ethical Considerations:** Pilot participants highlighted the importance of transparent, informed consent and role-based access to protect student privacy and maintain trust with families.

### Opportunities and Next Steps

This pilot laid the groundwork for broader expansion to other school-based care teams as refinements to the technology and training occur. To expand HIE access for school-based providers, it's necessary to identify sustainable funding sources. The pilot successfully demonstrated that school-based behavioral health providers can effectively use HIE data to improve student care. With thoughtful implementation and continued collaboration, this model offers a promising path forward for integrating HIE to better support Michigan's students.

# The Pilot

## Introduction

In Michigan, school-based behavioral health providers identified a lack of access to healthcare data produced in other environments (e.g., primary care offices, hospitals, etc.) as creating inefficiencies and potentially inaccuracies in developing treatment plans and coordinating care for students. The purpose of this pilot was to establish access to and evaluate the value of patient health information via MiHIN for the first time for school-based behavioral health providers.

## Pilot Participants

**Michigan Health Information Network (MiHIN):** MiHIN is the state-designated entity for health information exchange in Michigan, creating the technology and providing the resources needed to facilitate the legal and secure sharing of patient information between authorized healthcare providers. Its mission is to improve healthcare quality, efficiency, and patient safety by ensuring the right health information is available at the right time. MiHIN represents a growing network of over 5,000 public and private organizations working to overcome data sharing barriers, reduce costs, and ultimately advance the health of Michigan's population.

**mdlogix:** mdlogix is the parent company that developed a K-12 student mental and behavioral health care coordination platform called bhworks. This coordination platform is used by most of the Michigan Intermediate School Districts (ISDs). Many providers operating through the ISDs use bhworks to document and coordinate behavioral care for students.

**Monroe County Intermediate School District:** Monroe County ISD serves as the regional educational agency for the southwest corner of Michigan bordering Ohio and encompasses nine public school districts, two charter schools, and 15 non-public schools. Notably, Monroe County ISD was the first in Michigan to complete MiHIN's legal onboarding process. As a pioneer in this effort, Monroe County ISD played a foundational role in establishing the legal and technical pathways for ISD participation in the HIE, setting a precedent for other districts statewide.

**Michigan Department of Education (MDE):** MDE was the project sponsor of the pilot work. MDE conceived the innovative idea of utilizing HIE in school-based care settings. During the pilot, MDE was responsible for ensuring its ongoing alignment and viability of the project while clearing a path to success.

## School-Based Providers

Nine school-based providers participated in the pilot. One provider is a Mental Health Coordinator, while the other eight providers have the title of Mental Health Consultant. Eight of the providers are Licensed Master Social Workers (LMSW). One professional is a Master's Limited License Psychologist (MA LLP). On average, each school-based provider has 20-30 students on their caseload that they meet with weekly, and these students span grades K-12.

Within Monroe County ISD, the mental health coordinators and consultants address students' social, emotional, and behavioral needs to improve academic performance and overall well-being. They act as a bridge between home, school, and community resources, providing support that enables students to succeed both in and out of the classroom. These providers conduct student assessments, develop intervention strategies, provide counseling, respond to crisis situations, collaborate with parents and external providers, and assist with resource navigation.

## Legal Framework

Monroe County ISD has completed both the legal and technical onboarding with MiHIN, establishing the necessary data-sharing agreements and infrastructure to join the Health Information Exchange (HIE) network. A key part of this process involves creating Active Care Relationship Service® (ACRS®). This means that students receiving behavioral health care through the school system have designated providers assigned to their care. Identifying which patients (students) are paired with which providers form the foundation for determining who has access to healthcare data under the Health Insurance Portability and Accountability (HIPAA), Family Educational Rights and Privacy Act (FERPA), and other applicable laws and regulations, regardless of the care setting.

To establish these relationships for school-based behavioral health providers and students, bhworks submits a file to MiHIN containing the patient-provider roster. This roster designates the providers as part of the student's care team and confirms the Declared ACR (ACR), which can then be referenced by the data systems. Once a provider is listed as part of the student's care team, they gain access to relevant health data via MI Gateway for that specific student.

Additionally, students and/or their legal guardians must consent to share data with the MiHIN network and the providers on their active care team. This consent is obtained at the point of care where the data is collected. For example, if a student visits an emergency department, the consent to share that visit information is captured at the emergency room. This "opt-in" process ensures that only the data the student or guardian has agreed to share is included in the network. Importantly, MiHIN only contains data from patients who have explicitly consented to share their information with their care team members. This overall framework is known as the Legal Chain of Trust.

## Technology

**MIGateway®:** MIGateway is MiHIN's secure, web-based platform utilized by pilot providers to access students' health information sourced by the network throughout the state. Through MIGateway, providers can view comprehensive patient records—including medication lists, admission-discharge-transfer (ADT) notifications, care plans, and more—consolidated from all organizations connected to the MiHIN network. Providers search for students on their caseload using demographic information and use the returned records in assessing, care planning and coordinating care for students.

For this pilot, providers were directly routed to the Transitions of Care™ (TOC™) Viewer module. Here, providers were able to quickly find information about students' recent hospitalizations. Moving forward, school-based providers will also have access to the longitudinal record module within MIGateway, which provides a more comprehensive view of a patient's medical history beyond hospitalizations.

**bhworks:** bhworks is a secure, web-based, K-12 student mental and behavioral health care coordination platform. It is being used by most of the Michigan ISDs. Many providers operating through the ISDs use bhworks to document and coordinate behavioral care for students, including managing referrals, completing screenings and assessments, tracking episodes of care and case/group notes, conducting telehealth sessions, billing, nursing, indirect services, attendance referrals, and other projects.

**Single-Sign-On (SSO):** As part of the pilot, MiHIN and mdlogix collaborated to establish a Single Sign-On (SSO) connection between the bhworks software platform and MIGateway. bhworks users access the MIGateway system via the "MIGateway button" within bhworks on the student profile. The button only displays to the user (i.e. Provider) if they have an ACR with the student and there is an associated record within MIGateway. When the provider clicks the button, they are taken to MIGateway.

Generally, SSO connections reduce workflow barriers for individuals operating between two different systems of record by creating a seamless link that allows individuals to navigate between the systems without multiple logins. While the SSO connection was not used by end users in the pilot directly, the "MIGateway button" within bhworks was used to easily navigate users to MIGateway's login page. The plan is to implement the SSO connection now that the pilot is completed, streamlining access further for end users.

## Pilot Goals

This pilot was initiated to cultivate a greater understanding of the following:

- The feasibility of and value in accessing view-only student healthcare data
- How access to healthcare records outside of the school setting impacts school-based provider workflows and student care
- Best practices, barriers, necessary resources for success, and potential next steps identified during the pilot
- The level of effort and complexity involved for ISDs in completing legal data-sharing agreements that enable access to student health records, informing future expansion efforts
- Effective strategies for MiHIN to engage with school-based behavioral healthcare teams
- Legal barriers to data access that may impact implementation or scale

## Timeline

### **Pre-Pilot: January 2024 – December 2024**

- Offer education to Michigan ISDs and providers on MiHIN
- Complete the legal onboarding and registration within the MiHIN Legal Portal
- Provide MIGateway demonstrations, training, and Q&A sessions
- Provide MIGateway usernames and passwords to the providers

*Note: the timeline for pre-pilot activities included school breaks and unanticipated technology delays that set back the pilot start date, limiting the timeframe during which providers had access to MIGateway.*

### **Pilot: January 2025 – May 2025**

- Use MIGateway in everyday school-based provider workflows
- Hold a monthly workgroup to identify challenges faced by the providers and support the process changes needed to ensure full participation in the pilot

### **Post-Pilot: May – August 2025**

- Collect qualitative and quantitative data from pilot providers on their experience
- Create a summary of findings
- Identify next steps to expand access to MIGateway for school-based care team members

## Findings

At the conclusion of the pilot, MiHIN gathered feedback from school-based providers through two methods: a live evaluation session and an anonymous survey.

### **Overall, these main themes emerged:**

- Without connectivity to a state HIE, it is an immense challenge to gather timely, accurate, and comprehensive health information about the students which school based behavioral health providers care for. This impacts efficient and effective care.
- Hospital admittances and medication information are the most valuable data pieces for school-based providers.
- Providers stated there can be ethical concerns with their ability to see all information on a patient, and it's important for them to engage families in an informed consent process to ensure trust, transparency, and therapeutic relationships are maintained.

The following information expands on these themes. The insights below were derived from both post-pilot data collection methods.

## Challenges Accessing Health Data Prior to MiHIN

- In the initial evaluation of the current state, pilot participants reported that obtaining health information about their students could be challenging, time-consuming, and result in gaps or inaccuracies. Much of the available information comes from students or parents doing their best to recall and share complex medical history, which can be difficult to do comprehensively. This is very similar to concerns raised in more traditional medical care environments prior to engaging in HIE. HIE helps supplement these accounts with accurate and up-to-date clinical data to support more informed care. The care environment is fragmented, particularly when students move between districts or have hospital visits that are not communicated to schools.
- In the absence of medical records, providers sometimes rely on Individualized Education Programs (IEPs) to infer diagnoses and treatment information, but insight derived from this source is limited.

## Consent and Ethical Concerns

- There were concerns that families might not fully understand what they are consenting to when signing consent forms for data sharing in other healthcare settings, ultimately impacting the true nature of informed consent. School providers noted that their consent processes are typically more thorough and clearer than those used in many clinical settings.
- Providers emphasized the importance of walking families through the consent process to ensure they understand what information school-based providers can access in MIGateway and how it is used to support student care. They stressed the need for transparency, protecting student privacy, and ensuring truly informed consent. Providers expressed concern that accessing sensitive information without clear communication could harm trust—which underlies the therapeutic relationship—between families and the school.
- Some providers felt uncomfortable accessing sensitive information, such as reproductive health data, especially in contexts where it may not be relevant to their work.
- There was a clear call for ethics training, particularly concerning appropriate access to student records and patient privacy. This training may come from a vendor or from an ISD.

## Training and Workflow Integration

- Providers expressed a strong desire for a practice environment with mock data to gain hands-on experience with MIGateway before using it in real-world scenarios. If that is not possible, at minimum, users should have access to MIGateway before a live training session begins so the users can follow along with the live training.
- Providers found MIGateway easy to access using either a bookmarked link or via a hyperlink embedded within bhworks, and they appreciated the tool's general usability.



- Despite positive feedback on access, many providers admitted that MIGateway has not yet become a regular part of their daily workflows, but that use would increase as familiarity with the tool grew. Despite needing to form new habits, the actual process of logging in and accessing data was described as quick and convenient.
- Pilot providers found it helpful to be routed directly to the Transition of Care (TOC) Viewer within MIGateway, as it offered comprehensive information on recent student hospitalizations which was of high value for providers. In the future, providers using the SSO interface may instead be routed to the longitudinal record, though it's not yet clear which module offers the greatest value. As with any new tool introduced into a care environment, there is a learning curve—time is needed for users to become familiar with navigation and to integrate the tool into daily workflows. However, longer-term use in other care settings has shown that these initial challenges can be overcome, and the tool can become a reliable source of health information for care teams.

## Value and Limitations of Available Data

- Providers found it most valuable to confirm hospital admittances, access discharge summaries, and see medication information through MIGateway. They mentioned that MIGateway was especially useful when students were hospitalized, and the care team needed to be quickly informed for follow-up planning.
- The behavioral health care providers participating in the pilot emphasized the challenges of relying on students, parents, and caregivers to communicate details of complex medical and behavioral health care. Having a clear and complete picture of the individual is essential to developing effective, person-centered treatment plans that lead to better outcomes.
- Some pilot participants found information like Continuity of Care Documents (CCDs) difficult to interpret without additional support or training.
- Providers noted that key information such as primary care provider notes, complete medication lists, and care received in a neighboring state was often missing or inaccessible. Medication information in general is highly valued in a behavioral healthcare setting.

## Suggested Improvements

- Providers expressed value in a “fact sheet” or generated summary view tailored to their role that would allow providers to see the most pertinent information as quickly as possible. They prefer succinct, high-priority insights rather than full, unfiltered records. Additionally, providers noted it would be beneficial to receive an alert when new data is available within a patient's record.
- Providers discussed the potential value of role-based access to protect patient privacy and limit what providers can see on a patient, although providers could not definitively say which types of information are necessary and which are unnecessary, as each student's needs are unique.

- Providers suggested it would be beneficial to have some sort of alert feature asking users to confirm proceeding with viewing patient information to safeguard against casual or inappropriate access to sensitive data.

## Survey Data

Seven out of the nine providers completed the distributed survey post pilot.

- *How accurate was student information prior to MiHIN?*  
Average: 5.5/10
- *How accurate was student information post access to MiHIN?*  
Average: 8/10
- *How often do you check the MiHIN tool?*  
All indicated between 1-3 times a week
- *How would you rate the reliability of the data in the MiHIN tool?*  
Average: 8.4/10
- *How satisfied are you with the MiHIN tool overall?*  
Average: 6.4/10

*Note: Some survey questions results have not been included in this summary of findings, as it was discovered that a significant number of respondents misunderstood the questions, so the results were inaccurate. Respondents did not retake the survey.*

## Opportunities for Expansion

Several opportunities for expansion have emerged from this pilot. The following outlines possible next steps:

- **Implementation of the SSO Connection within the bhworks Provider Workflow.** While the SSO connection was developed as part of the pilot work, it was not implemented into the care team workflow. Deploying the SSO connection aligns to known best practices.
- **Expansion to Other ISD Roles.** Given the early value of HIE data articulated by pilot participants and expressed interest by school nursing staff, expanding access to other roles within the ISDs is a logical next step. Roles are already outlined in the bhworks platform and providing access could be accomplished simply through adding care team members to the Active Care Relationship Service (ACRS) file submitted for each ISD.
- **Enhanced Training.** As expansion is considered, special attention should be given to the ethical use of data and ensuring providers receive appropriate training around transparency and informed consent with families. Training options were a high priority request from pilot participants and could be either offered through ISD staff or in combined effort with MiHIN.
- **Larger Scale Evaluations of HIE Impact.** There is a need for larger-scale evaluations that assess the return on investment (ROI) of HIE data in care environments. While it's broadly accepted that long-term use of HIE data improves care efficiency and, when removed, causes prior inefficiencies to return, studies accurately capturing ROI remain scarce. A

comprehensive evaluation that captures ROI across different care settings, especially school-based care, could provide valuable data to support ongoing HIE initiatives. School-based care offers a unique opportunity to assess how HIE data can improve health outcomes, reduce administrative burden, and enhance communication between schools and community healthcare providers. This broader evaluation could help justify continued investment in HIE systems and connection to non-traditional medical care environments.

## Conclusion

This pilot marked an important step forward in bridging the gap between school-based behavioral health providers and the broader healthcare ecosystem. By enabling access to critical health information through MiHIN's MIGateway tool and embedding a link to the tool within the bhworks platform, providers were better equipped to deliver timely, informed, and coordinated care to their students. In this short pilot, providers have already reported encouraging benefits. Similar to what healthcare teams have experienced and reported, when HIE data becomes integrated into daily workflows, it becomes an invaluable tool. A common occurrence is it's often only after organizations switch to using MIGateway in their daily workflow—and then experience a period of disruption in its use—that care team members fully recognize and articulate the essential value of the data it provides.

The pilot demonstrated that, while challenges remain, the foundational elements for success are in place. Providers found value in hospital and medication data, did not find the process of logging into an external site to be a barrier, and appreciated the potential for improved care coordination. The pilot also surfaced important considerations around ethics, consent, and training, highlighting the need for thoughtful implementation as data access expands.

As Michigan continues to explore the future of behavioral health care in schools, this pilot underscores the importance of sustaining and scaling efforts that make vital health data securely and ethically accessible to school-based care teams. With further refinement, stakeholder collaboration, and funding support, initiatives like this can serve as a blueprint for meaningful, long-term improvements in student health and educational outcomes.