



The Burrow Blueprint

*Advancing Primary Care Mental Health in
Schools*

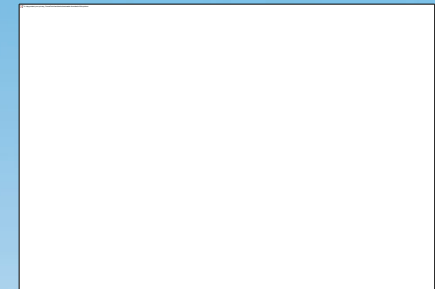


Continuing Education Credits

In support of improving patient care, this activity has been planned and implemented by School-Based Health Alliance and Moses/Weitzman Health System, Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

This series is intended for Dentists, Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Psychologists, Registered Dietitians, and Social Workers.

Please complete the survey and claim your post-session certificate on the Weitzman Education Platform after today's session. **Please note:** Pharmacists must claim credits within two week's following today's session or we will not be able to award ACPE credits.



Disclosures

- With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between speakers (or other activity planners) and any ineligible company in the past 24 months which would be considered a relevant financial relationship.
- The views expressed in this presentation are those of the speakers and may not reflect official policy of Moses/Weitzman Health System.
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Why this Matters

Nearly half of children with a behavioral health condition do not receive treatment¹



¹Walter, H. J., et. al. (2018). Enhancing Pediatricians' Behavioral Health Competencies Through Child Psychiatry Consultation and Education. *Clinical pediatrics*, 57(8), 958–969.



Why is primary care critical to meeting the demand for mental health services?



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Our Story

What Was:

- A mismatch between growing behavioral health needs and the knowledge, skills, and confidence to address them
- Repeated visits to the school-based clinic for the same complaints
- No safe spaces to discuss behavioral health topics or to receive treatment guidance

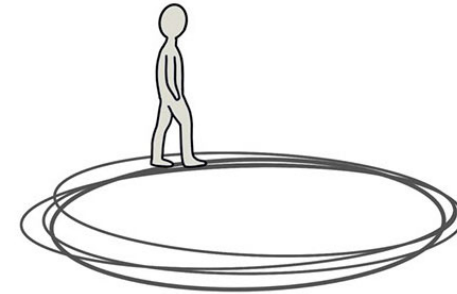


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Our Story

²Ilipilla, G. (2024, October). *School-Based Partnering Increases Access to Evidence-Based Mental Health Care* [Poster presentation]. AACAP Annual Meeting, Seattle, WA.

³Ilipilla, G. (2023, October). *Providing Integrated Care in School-Based Health Clinics* [Poster presentation]. AACAP Annual Meeting, New York, NY.

What We Envisioned:

- An expanded scope of practice, with more services offered on-site by a trusted provider
- Students have their needs met, increasing the likelihood for better health and education outcomes

A Promising Start:



Decreased referrals to specialty care—97% of patients with a behavioral health concern were managed in the SBHC²



Wait times for specialty care reduced by 50%, from more than of 85 days to an average of 40³

TH1



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Slide 7

TH1

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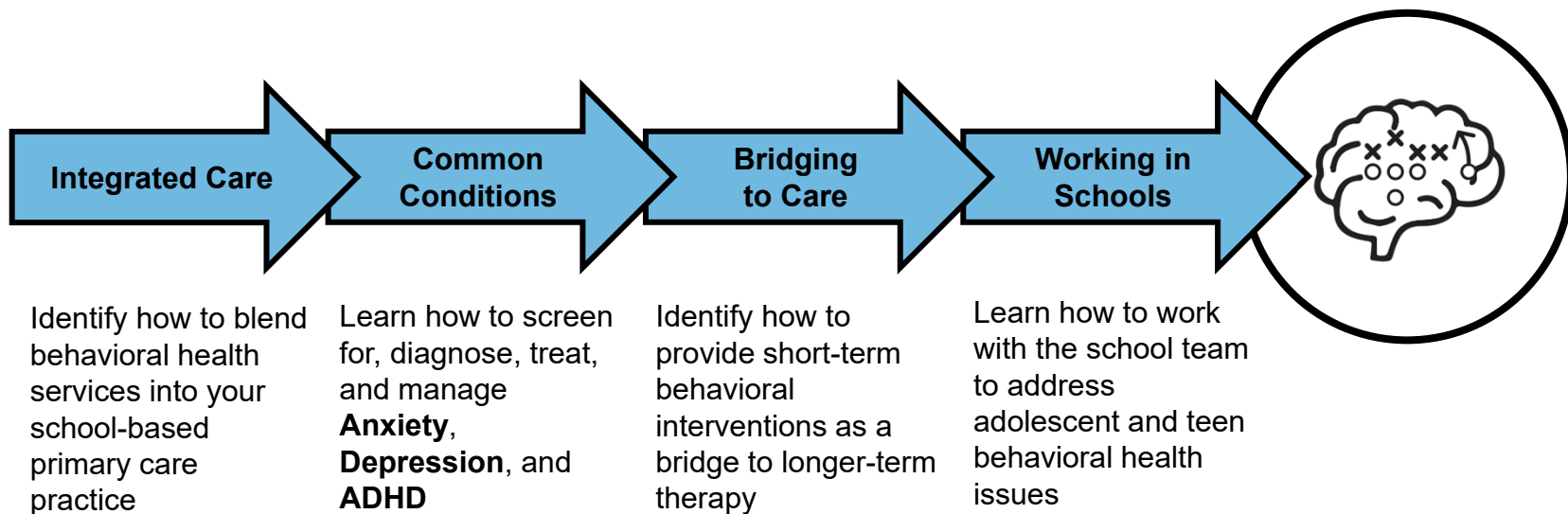


**What can we do to position school-based
providers to offer this care?**



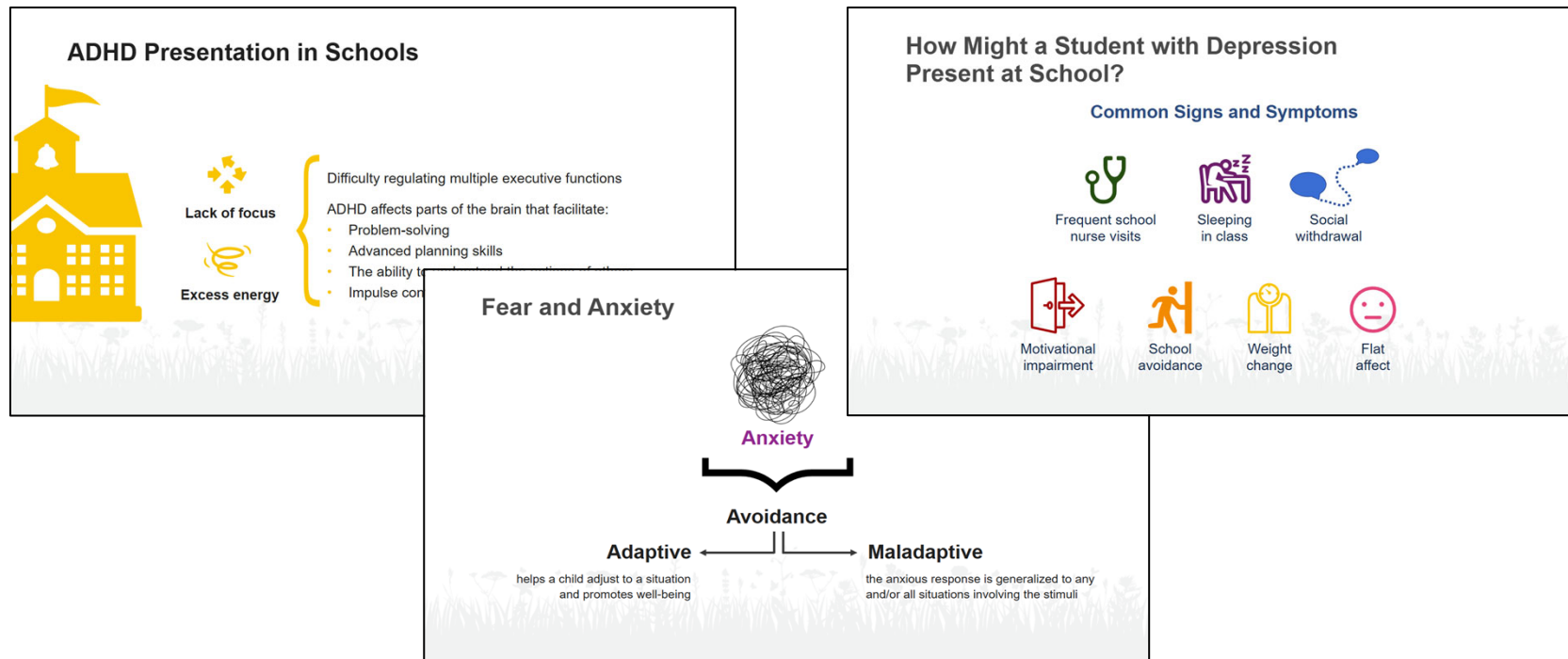
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Asynchronous eLearning



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eLearning: Engaging Content



eLearning: Case-Based Instruction

Case 2: Social Anxiety Disorder

Background

- 10-year-old male
 - Referred to SBHC by school counselor – anxiety and peer relation problems
 - Doesn't interact with peers or adults
 - Rarely speaks
 - Sits by himself

Treatment



Nurse
Practitioner



Guardian



SB
Therapist



Staff

Develop a shared treatment plan

- Providers allowed to discuss treatment, goals, progress



Nurse
Practitioner



SB
Therapist

CBT and medication management

- Meet weekly
- SSRI
- Increase SSRI



Nurse
Practitioner



SB
Therapist



Patient &
Guardian



Teachers

Support treatment plan

- Identify and cope with stressors



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eLearning: Clinical Resources

Assessment of Depression: Screening Instruments



- Short two-question screener
- May miss more mild presentations
- If positive- follow up with PHQ-9



- Does not have screening question for suicide



- Has suicide screening question

Patient Health Questionnaire (2, 8, 9)



Center for Epidemiological Studies – Depression Scale

- Longer tool: 22 questions
- Simple yes/no questions



Ask Suicide Questionnaire

- Suicide-specific screening instrument
- Typically used in conjunction with the PHQ-8

Treatment of Mild Depression

Active support and monitoring for 6 to 8 weeks (every 1 to 2 weeks)^a

If persistent

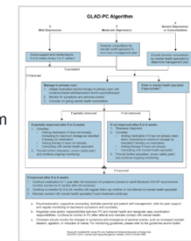
Follow algorithm for moderate depression

If improved

If improved after 6 to 8 weeks

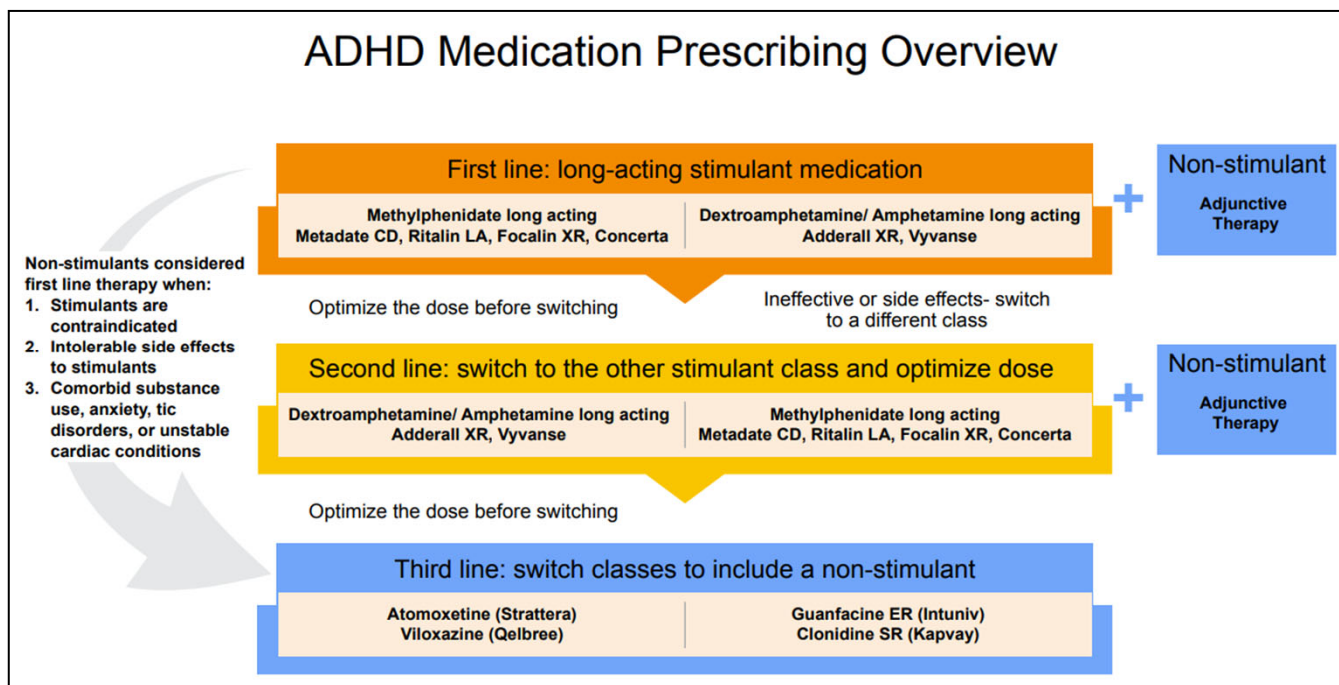
1. Continue to monitor for 6 to 24 months with regular follow-up whether or not referred to mental health specialist
2. Maintain contact with mental health specialist if such treatment continues

a. Psychoeducation, supportive counseling, facilitate parental and patient self-management, refer for peer support, and regular monitoring of depressive symptoms and suicidality.



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eLearning: Clinical Resources





**How can peers support and accelerate the
adoption of new clinical practices?**



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Peer Support

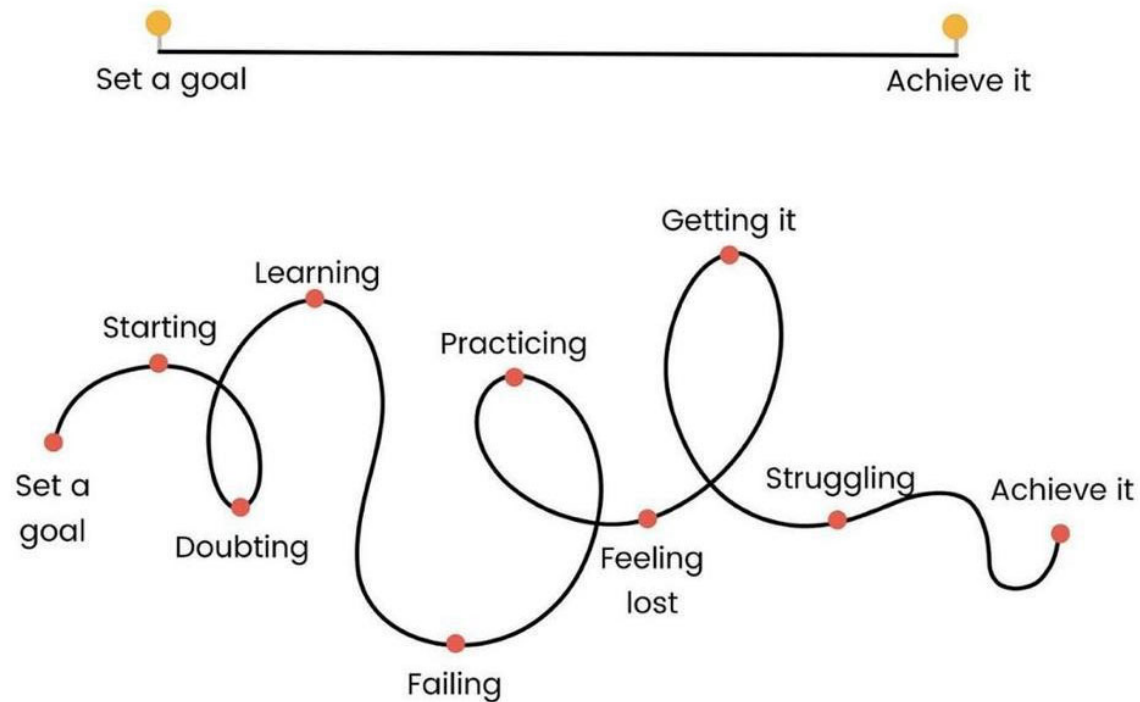


Image: Mounika. [@mounika.studio]. (2023, October 24). "Only 2 months to go." [Illustration]. Instagram.
<https://www.instagram.com/mounika.studio/p/Cyytu6pPIXu/>

Peer Support



Explore

Deepen understanding of common conditions and discuss current best practice and emerging treatment options



Ask

Confirm or clarify diagnoses, and gather advice on education, therapy, and medication



Improve

Learn from peers in other school-based primary care practices, while also receiving treatment recommendations and care-related feedback



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Provider Perspective

“

*I have to say **WOW!** This was an amazing wealth of knowledge. I was new to school health when I took this job, I was new to treating BH issues, and I did not have a school-based social worker or behavioral health clinician in our clinic. This education was so impactful for me. I feel as though I can now comfortably expand BH into my practice with this knowledge. I love that I can go back and refresh myself with the information whenever I need. I also like the resources tab to access important documents.*

”

Teachers and school administration view me as someone they can go to for help with students' mental health, not just physical concerns, which has improved collaboration and trust. But one of the biggest advantages has been the existing rapport I've already built with students and families through their primary care. Because they already trust me with their physical health, they're more likely to open-up about emotional or behavioral concerns. That relationship creates a natural entry point for sensitive conversations, reduces stigma, and often allows me to detect concerns earlier.





**Why not go it alone?
What does experience add?**



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Practice Support

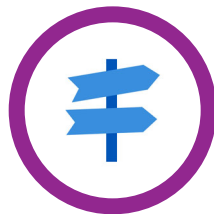
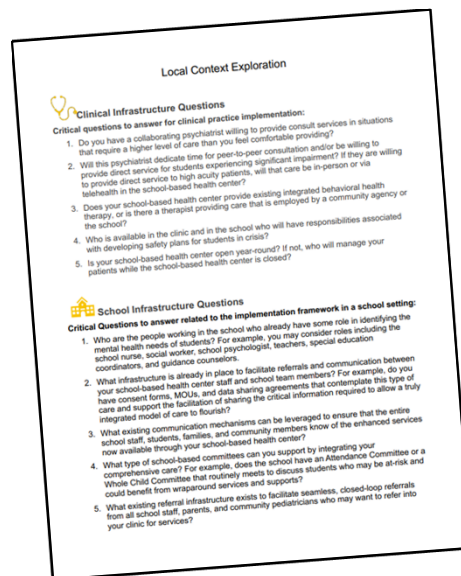
Noise / Uncertainty / Patterns / Insights

Clarity / Focus



Image: Newman, Damien. (n.d.). "The Process of Design Squiggle."
Modification: Design process text cropped from image. [Illustration].
www.thedesignsquiggle.com

Practice Support



Technical Assistance

Tailored support to address operational challenges, increase utilization, and improve the delivery of services



System Support

Assistance navigating conversations with local partners to design and implement local systems to better serve patients



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What are we working towards?



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Our Vision

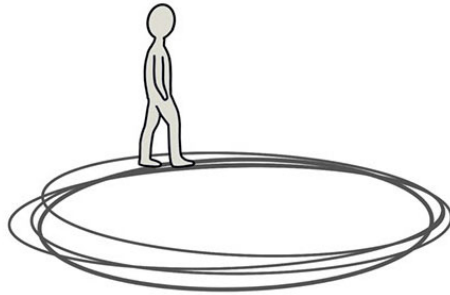


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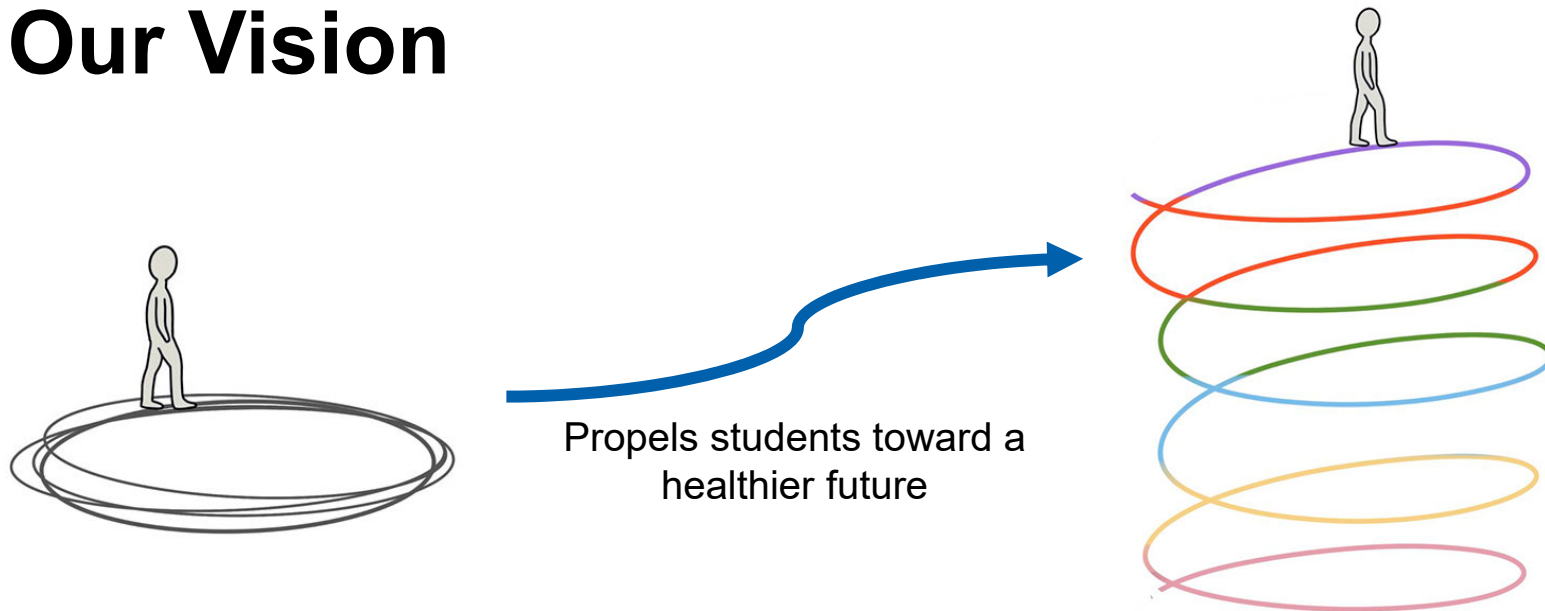
A tightly-knit interdisciplinary model of care that:

- Reimagines how school-based practices can meet the demand for behavioral health services
- Taps into and augments existing clinical capacity
- And...



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Our Vision



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<https://www.instagram.com/mounika.studio/p/CmslMjcBEal/>



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Call to Action

Start providing primary care mental health services in your school-based health centers

- If you are a **provider**, sign up to take the trainings
- If you **lead an organization** or **oversee a practice**, upskill your providers and guide implementation
- If you are a **state official** or **policymaker**, require school health grantees to take training and offer primary care mental health services



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To Learn More



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