

School Health Hubs: Advancing Collaborative Child and Youth Health Care in Schools

June 25, 2026 | 6:30-8:00pm PT



THE UNIVERSITY OF BRITISH COLUMBIA

Continuing Professional Development

Faculty of Medicine

TERRITORIAL ACKNOWLEDGMENT

We acknowledge that UBC CPD offices are located on the traditional, ancestral and unceded territory of the Skwxwú7mesh (Squamish), x^wməθkwəy̓əm (Musqueam), and Səlílwətaʔ/Selilwitulh (Tseil-Waututh) Nations.



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What is your relationship to the territory or the land that you're on?

FUNDING ACKNOWLEDGEMENT

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LEARNING OBJECTIVES

1. Examine the unique benefits and value of school health hubs in improving access, prevention, and outcomes for children and youth.
2. Evaluate the importance of team-based care in school settings.
3. Identify key considerations and available resources to support the development of a school health hub in your community.



DISCLOSURES

Speakers

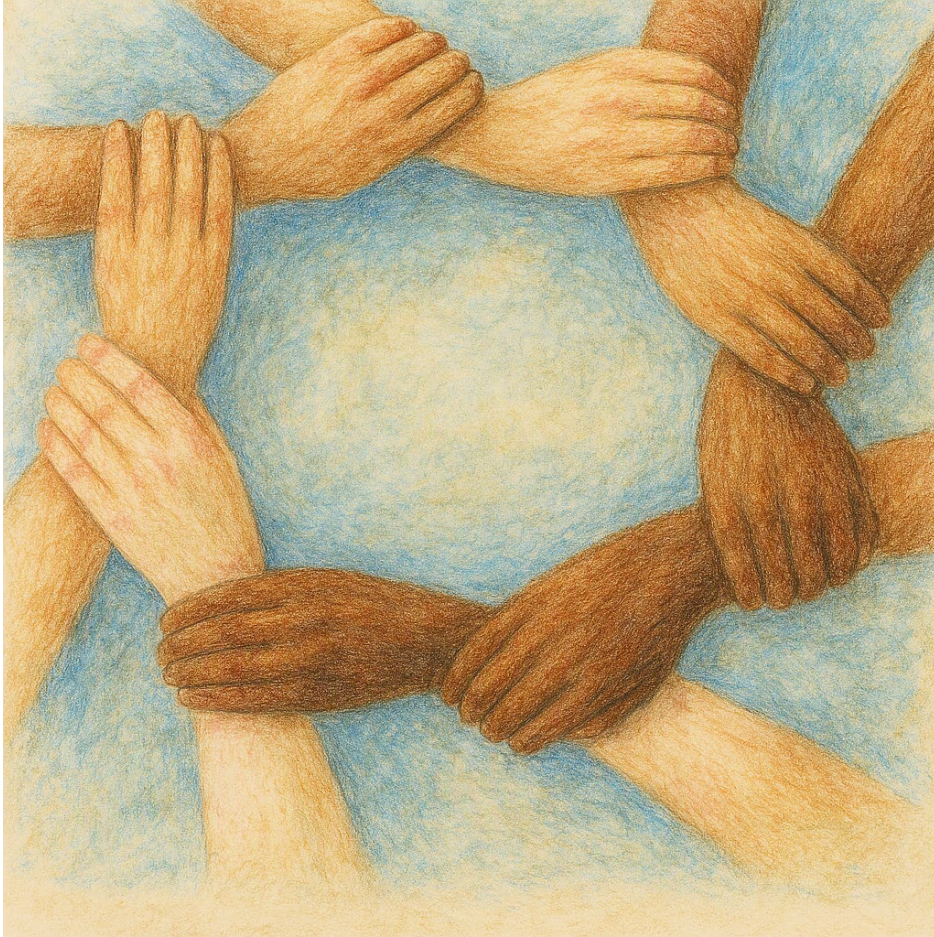
- **Wilma Arruda, Kyle Deleurme, Rob Lehman (moderator), Janice McLaughlin, Holly Robertson, Kerri Steel:** Nothing to disclose



Planning Team

- **Stephanie Din, Madison Estrella, Caldon Saunders:** Are employees of UBC CPD.
- **Bruce Hobson:** Has received payments from UBC CPD, Doctors of BC, PHSA, PainBC, Cowichan Division of Family Practice and Qathet Division of Family Practice. *This funding has not influenced the webinar content.*
- **Shirley Sze:** Has received payments from Shared Care Committees, Joint Collaborative Committees, UBC CPD, PHSA, ChildHealthBC, and the Thompson Region Division of Family Practice. *This funding has not influenced the webinar content.*

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School Health Hubs:

Integrated, team-based care as a model to support children, youth, and families with mental health concerns

Presenter:

Kyle Deleurme, Director
CYMH Operational Enhancement

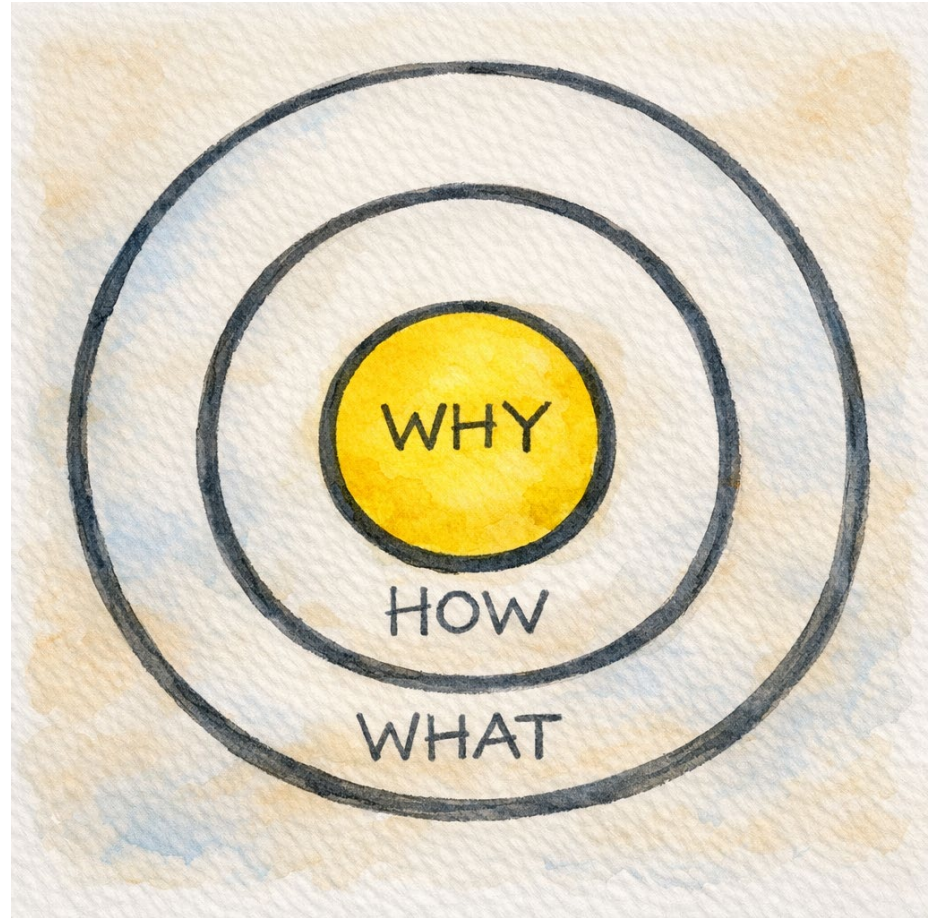
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Start with Why

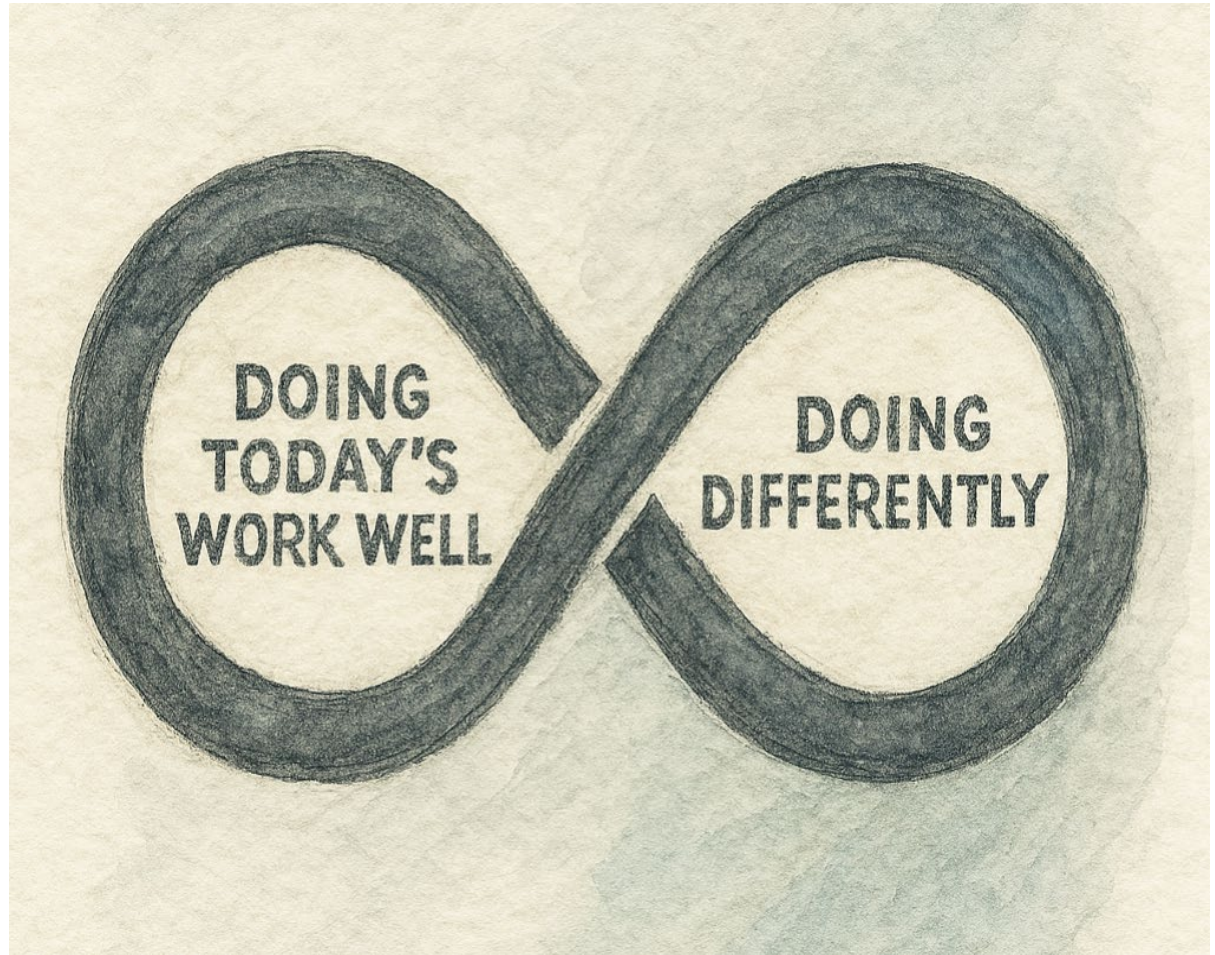
Children and youth need responsive mental health services

Each service provider delivers critical service no other part of the system provides

Integration leads to better care and outcomes for children and youth



What's called for...

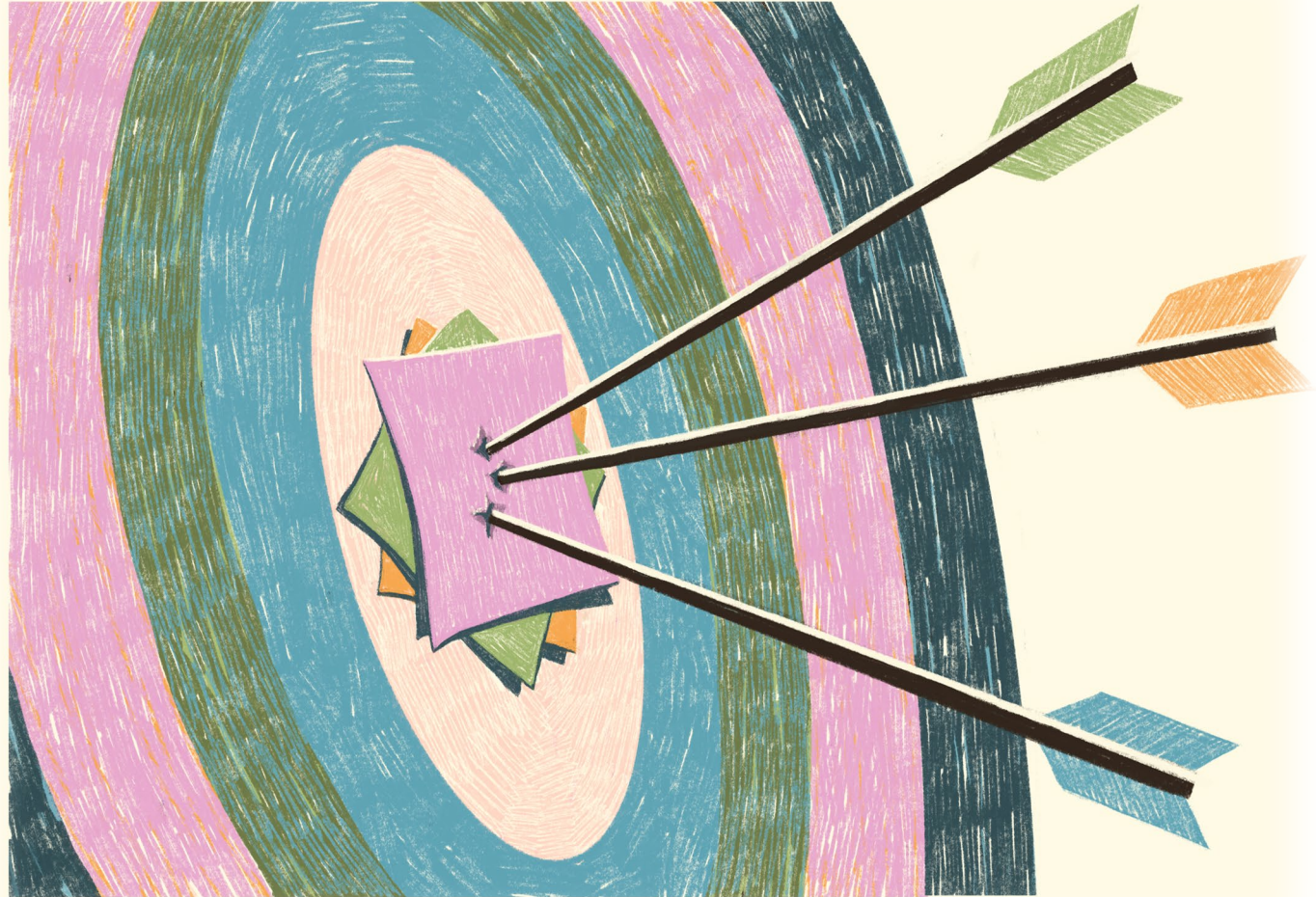


Doing Differently: Partnerships & Integration



- Increasing system capacity through shared treatment planning and coordinated care.
- Tightening the links between physical and mental health care service.
- Integrating schools and community-based organizations.
- Enhanced continuity of care and collaboration.
- Improved information sharing between professionals in a child/youth's life.

Why
this
matters



The Impact

Two Sites in Sunshine Coast

Clients seen annually **increased by 48%**

Waitlist times **reduced by 50%**

Done without increase in CYMH staffing numbers, workload, or changes to policy.





“Working out of a schools creates a space for collaborative youth support. With consent, CYMH can then be part of the conversations that can help the youth self-advocate with their school-based team to create strength-based intervention plans that support their growth and well-being. “

“The ‘Docs in Schools’ program creates a low barrier connection for youth who may want to connect with mental health resources but do not know how or where.
“

The Impact

“We are finally able to get to see those slippery youth when we are in schools working with school staff and the physician”

“The Docs in Schools program has facilitated a collaborative, wrap-around support for students who really need it. As a clinician, I feel more connected to the school and the community as a result of my work in the Docs in Schools program.”

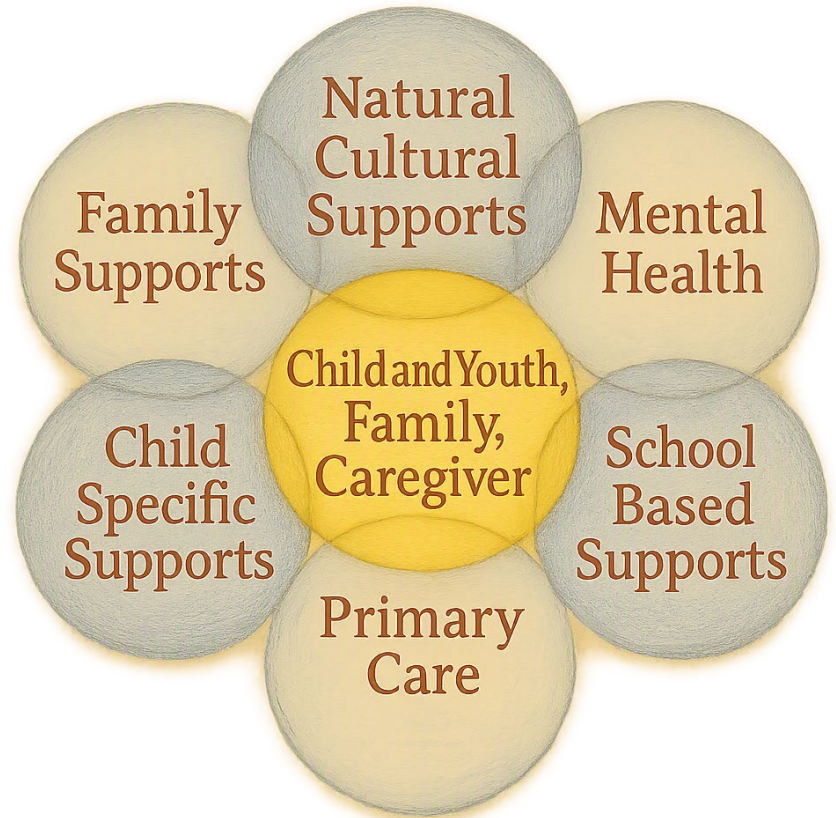
“As a CYMH clinician working in the Docs in Schools program, I have enjoyed providing low barrier intake appointments, at the school, for students who were referred by the Docs in Schools GP”

In Summary

Integration leads to increased collaboration, continuity of care, and improved information sharing.

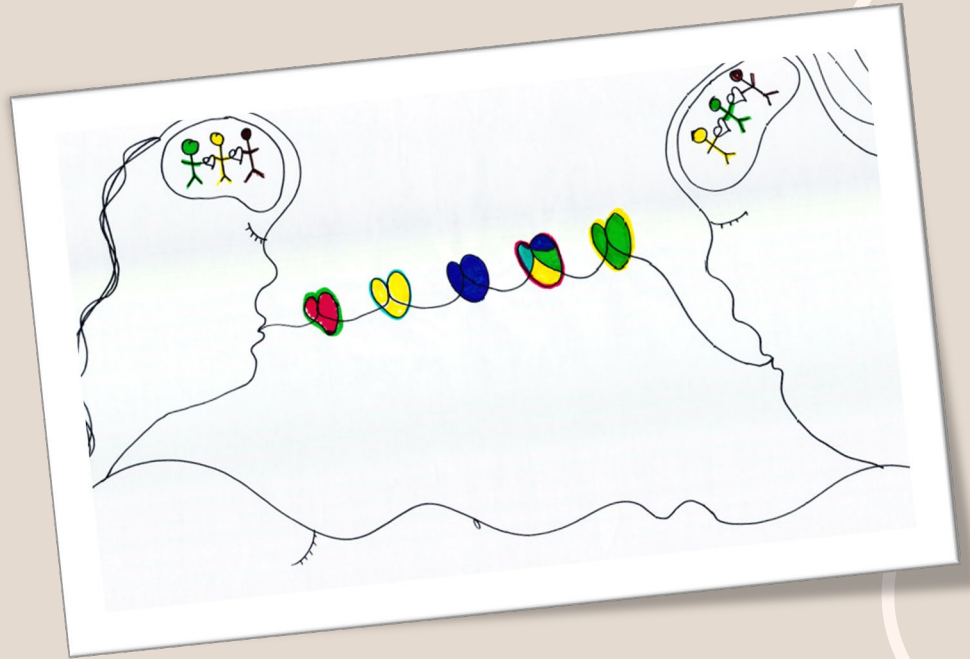
Increased efficiency from doing the work differently, may be more sustainable than simply trying to do more.

School Health Hubs provide an opportunity for team-based care in a setting with minimal stigma and barriers than government mental health settings.



Connecting Care

Collaborative
Support of Student
Well-being



Kerri Steel
Director of Instruction
Nanaimo Ladysmith Public Schools

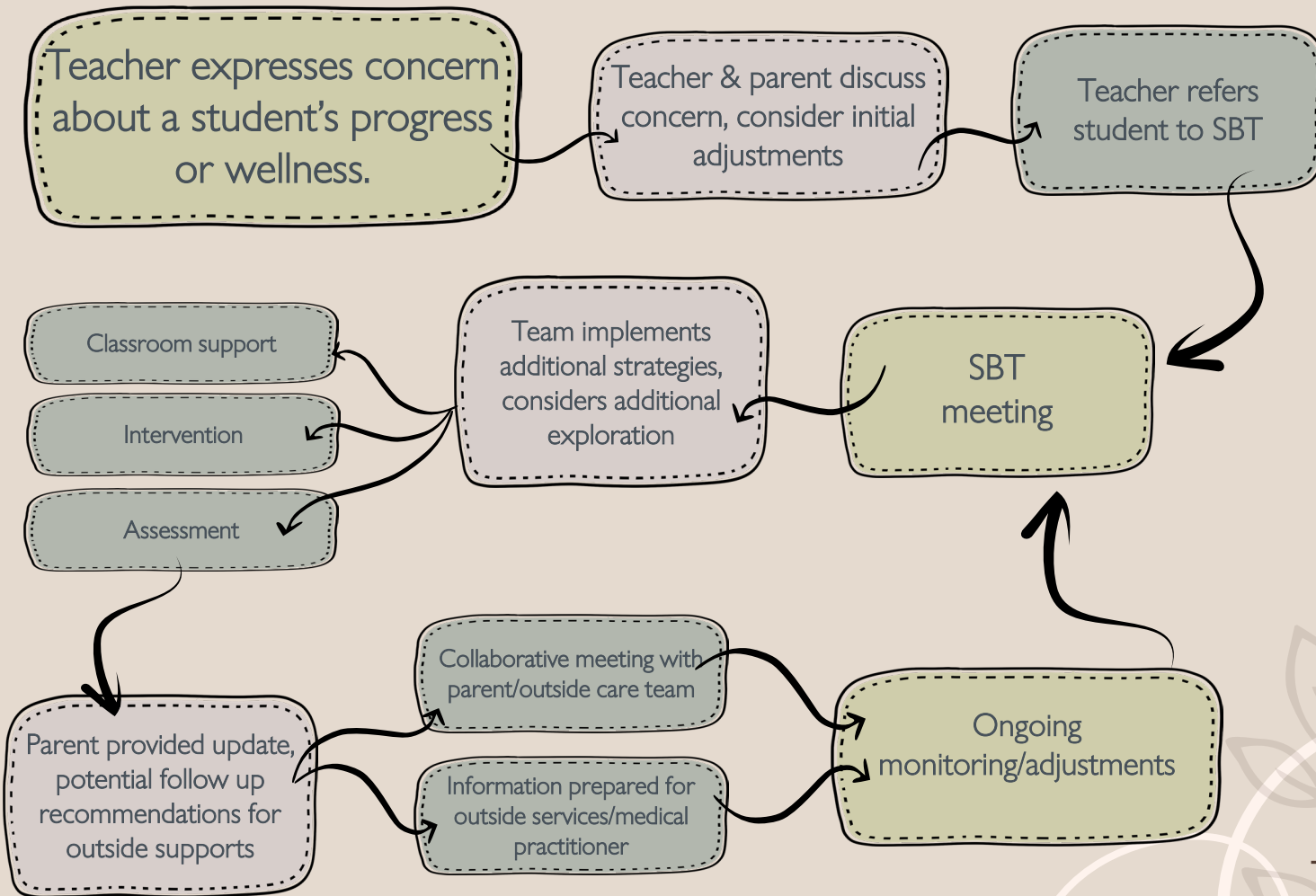
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Multi-Disciplinary School Based Teams

- Principal or Vice-Principal
 - Classroom Teacher
 - Inclusion Support Teacher
 - School Counsellor
 - School Psychologist
 - Speech-Language Pathologist (elementary)
 - Occupational Therapist and/or Physiotherapist
 - Child, Youth and Family Support Worker
 - Indigenous School and Cultural Support Worker
 - Community Inclusion Youth Worker
-

School Based Team



Partnership with a local pediatrician:

A primary student experiencing ongoing dysregulation, is eloping from the school property daily, and is only able to attending school for two hours a day

- School collects observational data
- pediatric visit at school
- referral to BCCAN for assessment.

A youth with refugee experience has a complex medical history, and the family does not speak English or have BC MSP.

- School team arranges interpreter
- Pediatric visit at school with follow up visits in clinic
- Ongoing collaboration with doctor, community OT and school team

A family with a significant trauma history and transiency newly arrives in district. Student has a history of mental health support needs is struggling at the school.

- School assessment history provided to pediatrician
- Pediatric visit at school
- Pediatrician assists with re-referral for in-patient assessment

Benefits of a Health Hub:

- Support for families unattached to care
- Diagnosis verification for newcomer and out-of-province families
- Reciprocal sharing of observational data and strategies that have already been explored
- Stabilization of educational programming for students struggling in the school environment



A bit of data...

- 319/ 953 incoming kindergarten students do not have a family doctor
- Dr. Arruda supported 26 learners in our schools in the 2025-2026 school year
- 70 elementary-aged students attending part time due to developmental complexities

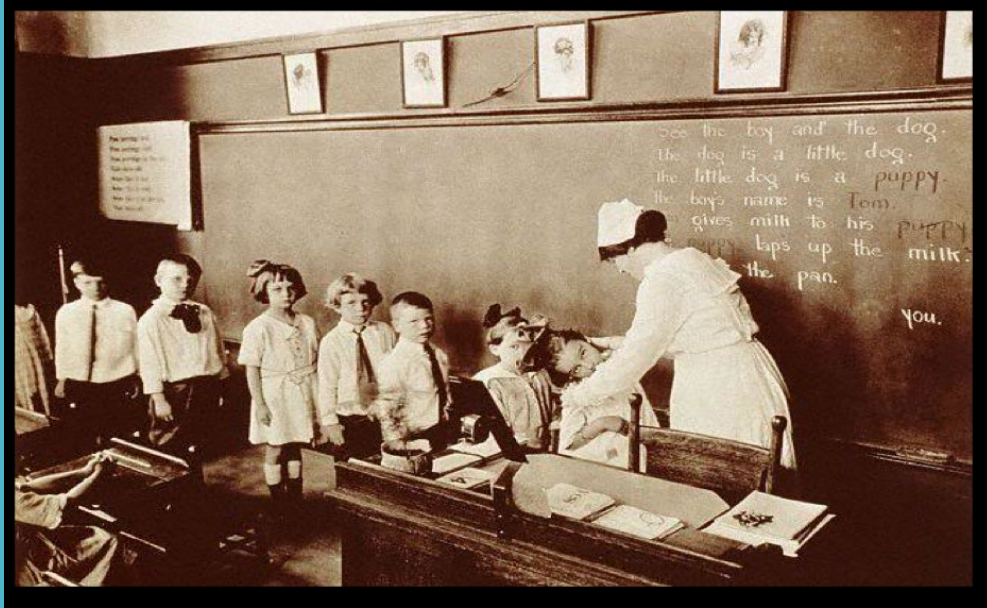
In summary...

Complex learners with unmet medical needs struggle greatly in school.

It is not possible to solve medical questions with educational strategies.

We need to work together.

Nanaimo School Based Wellness



Dr. Wilma Arruda

Founder of the

Pediatric Consult Service and
the John Barsby Wellness
Centre

June 25, 2026

Why office-based practice does not work.

- Vulnerable families
- Difficulty navigating health system
- Distrust of medical system
- Difficulty with access
- No primary care practitioner

Why not bring health to them.

- Safe
- Supported
- Easy access
- Early intervention
- Team based
- Physical health issues and mental health
- Learn that accessing health care can be a good thing

Elementary School Pediatric Consult Service
Nanaimo and Parksville
Over 700 students seen

What is the Pediatric Consult Service?

- Consultation and short-term stabilization.
- No need for referral from physician.
- Child and family seen at the school with the school staff support (team).

John Barsby Wellness Centre
Primary Care Clinic in JBSS
Supports 15-20 students/week

JBWC



JBWC

- Full time Nurse
- Full time MOA
- Full time SW
- Part time Doctor

John Barsby Wellness Centre

Vision:

Empowered, Healthy, and Resilient Youth

Mission Statement:

Provide low-barrier, seamlessly integrated health and wellness services which are responsive to, and co-designed by, students at John Barsby Community School.

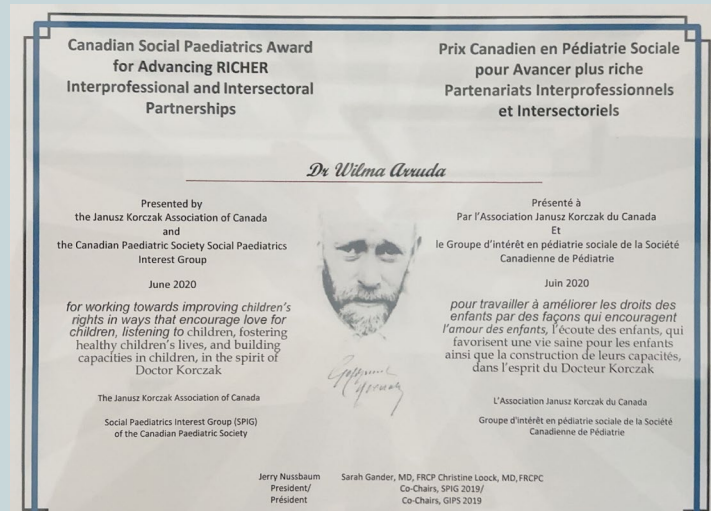


Recognition

John Barsby Wellness Centre was the first multidisciplinary health centre located in a Vancouver Island high school, providing preventative services, treatments, and mental health to students



<https://bcpsqc.ca/quality-awards/2017-quality-awards/staying-healthy>



The Wellness Centres Evaluation Framework Initiative

Implementation Evaluation

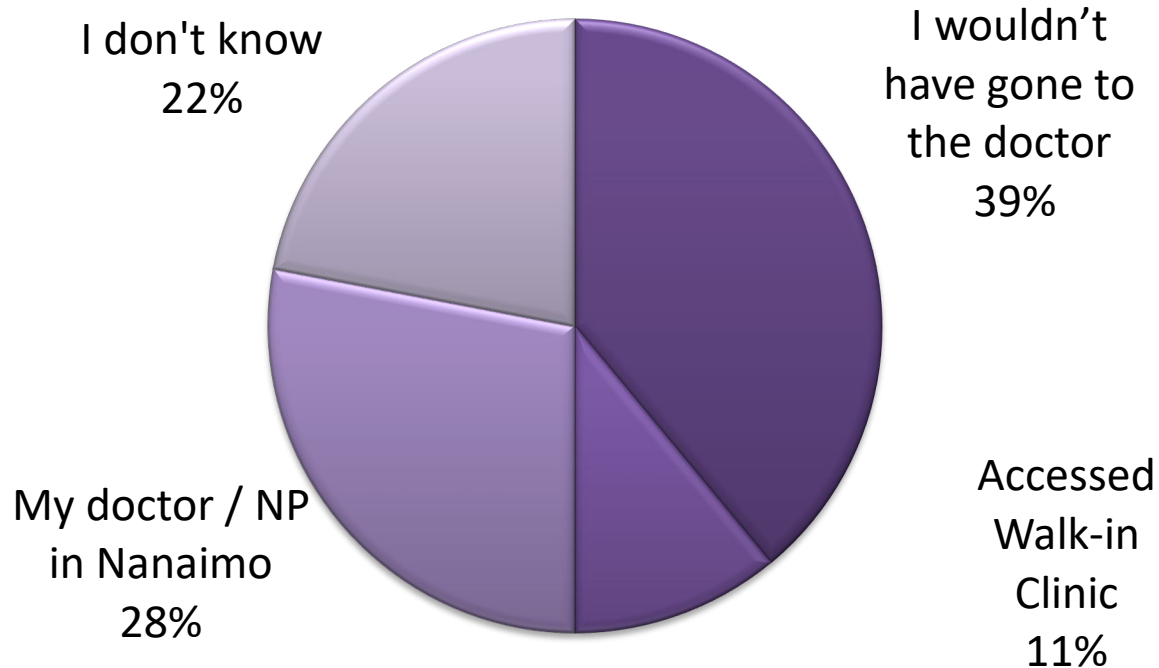
Final Report

October 2018



Prepared for the Institute for Health System Transformation and Sustainability
by Jeanne Legare and Associates

How the students would access services if the Centre wasn't there:



STUDENT REPORTED IMPACTS

Table: Student Self-Reported Impacts, by School

	2018		
	Barsby	Nanaimo DSS	Belmont
Improved physical health ✓	19%	20%	23%
Improved mental health ✓	17%	13%	20%
Improved knowledge of health/wellness concerns and management ✓	25%	19%	23%
Improved confidence to manage health/wellness ✓	30%	24%	31%
Made positive desired behaviour change ✓	19%	17%	23%
Improved school work ✓	6%	5%	13%

SOCIAL RETURN ON INVESTMENT (SROI)

For every **\$1**
in staff costs
per year

At least **\$8.31**
of social value
is created



Value of School Based Health Services

- Team Based Care
- Professionally rewarding
- Improved health outcomes
- Improved health equity
- Reduced emergency department visits
- Improved educational engagement
- Increased graduation rates
- Human capital

If you can change the trajectory of one student, it is worth it!



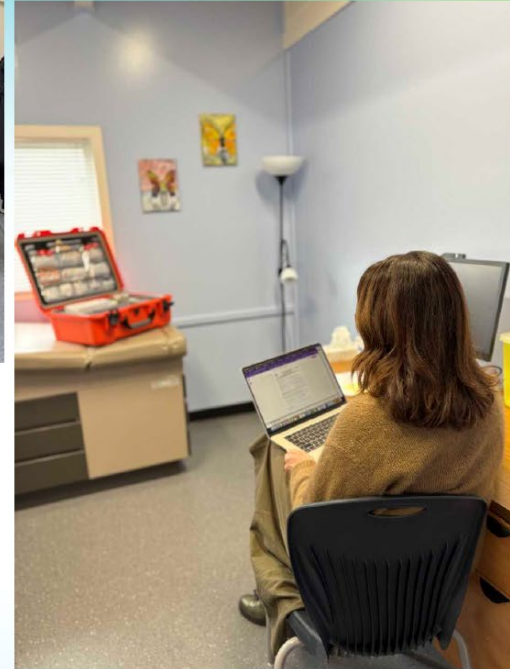
School Based Hubs

Start with people, not budgets

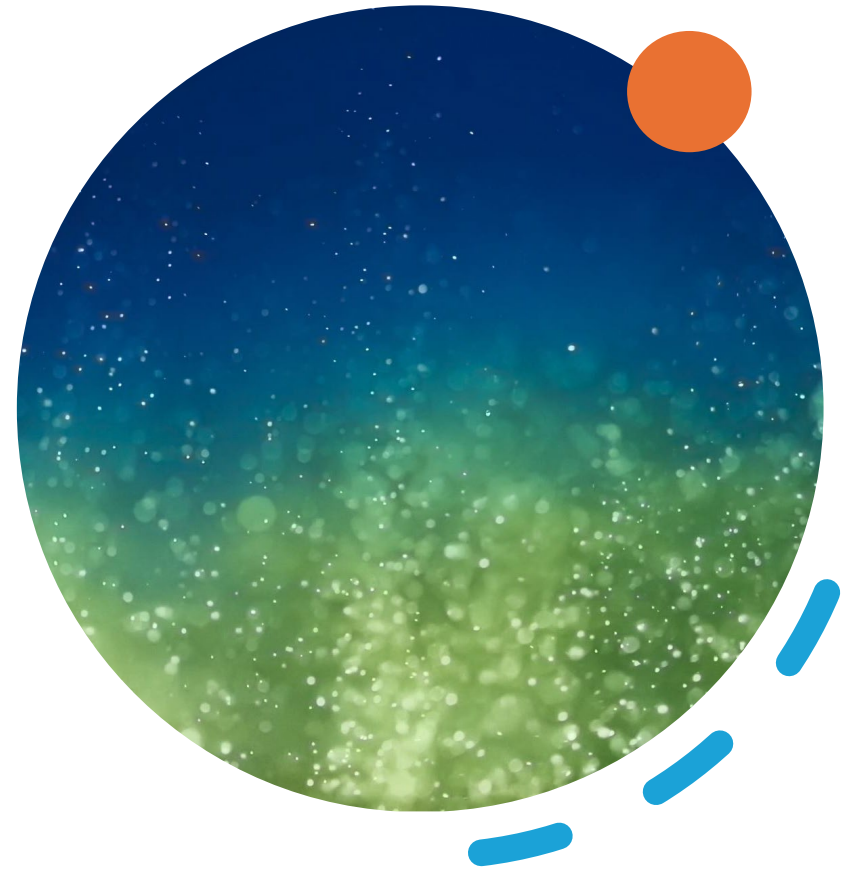
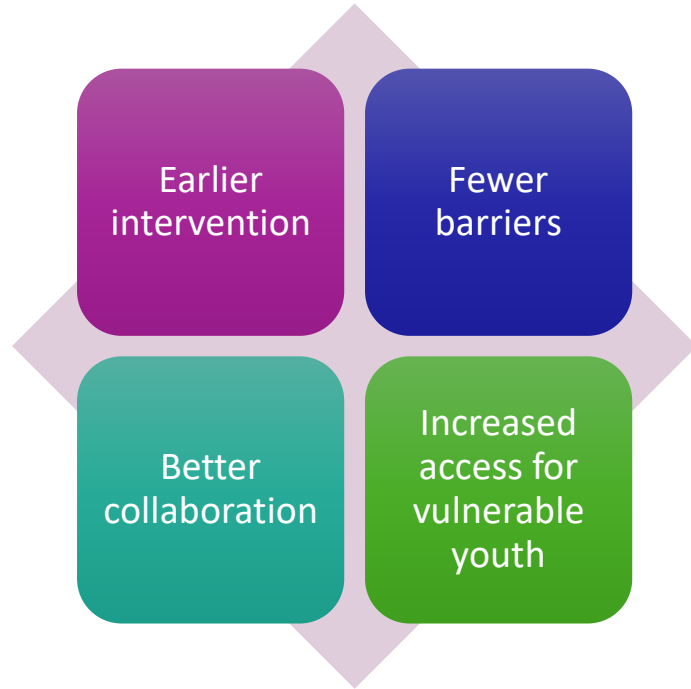


Showing up changes everything

- One morning a week
- Meeting with staff before clinic
- Relationships develop with youth and staff
- School becomes a place where healthcare happens




Small investments, big impact





An invitation to
think differently

What resources already exist
in your community?

- Existing clinicians, primary care providers
 - Existing schools
 - Existing youth workers
 - Existing community partnerships
 - Private funding opportunities
- 

School Based Health Clinics

Health Hub @ Shoreline (middle)

Health Hub @ George Jay
(elementary)

Holly Robertson
Program Coordinator
Island Health

Initiation

Health Hub @ Shoreline

- Superintendent → Peds
“We need help with behaviour in schools”
- School District identified 2 schools w/ high vulnerability index
- Peds agreed to offer in-service 1-2 days per week (MSP and sessions)
- School District made small reno to existing space
- Island Health offered MOA and NP time (within existing FTE)

Population.

Children in grade 8 or younger that attend identified schools. Student must be identified as having **behavioural, mental health, neurodevelopmental, learning or other medical needs** for which concerns have been present for greater than 6 months and no health care provider has been involved. Connection to primary care is inconsistent.

Needs.

Diagnostic clarification.
Medication management.
Referrals to other specialists.

Timeframe.

Patients followed for the equivalent of 1 school year, then discharged back to community primary care.
Pediatric waitlist is 1-3 months.

Goal.

Address behavioural health needs with *early diagnostic clarification to ensure appropriate use of resources*.
Improvement of long term educational and health outcomes.

Process.

School staff (teacher or SBT) identifies child who meets criteria that is not connected to medical care

School staff gathers consent from parents

Pediatricians meet with SBT: all eligible children are discussed at meeting—this allows pediatricians to triage children

Paperwork is handed over to HH@S office assistant for appointment booking

If referral is received from family GP, then peds appt is booked

If referral is required, then child is booked with NP for referral to peds.



Current State

Year 6 (Sept '24 – July '25)	NEW CONSULT APPTS	FOLLOW UP APPTS
NP	30	139
PEDS	30	217
	60	356
TOTAL APPTS	416	

- Health Hub @ Shoreline
 - Serves 4 total schools (2 elem, 2 middle) *and* their siblings
 - 1 day/wk of pediatrics
 - 1 day/wk of NP

- Health Hub @ George Jay opening Sept 2026
 - Serve 2 total schools (1 elem, 1 middle) *and* their siblings
 - Plan to expand to 4 schools in 2027

Take aways

- Elem/Middle school model is unique
 - Early intervention philosophy
- Relationships will carry your vision, partnerships will sustain it
- Find the champions within the School District
- Low investment, high reward
- Avenue to destigmatize health care for vulnerable populations