

Interprofessional Behavioral Health Training for Integrated Primary Care Practice

Statement of Problem

Surveys estimate that mental health conditions occur among at least [20 percent](#) of children and adolescents, yet less than [20 percent](#) of children with significant mental health needs receive services. Additionally, children from racial and ethnic minority groups are about [half as likely](#) to access outpatient mental health services than non-Hispanic white children. On average, there is a [delay of 8 to 10 years](#) between the first signs of symptoms and engagement in treatment; children experience worsening conditions during crucial, developing years. Since the onset of the COVID-19 pandemic, need for mental health services has increased among youth, and access challenges have worsened, particularly in high need/high demand areas. Access to mental health care is a particular challenge in Philadelphia with only [22 percent](#) of adolescents with a mental health disorder between ages 13 and 18 receiving mental health services.

With these statistics in mind, prevention and intervention efforts are extremely valuable for curbing this epidemic. For many youth, mental health problems first present in childhood and last into adulthood if left untreated; therefore, intervening when signs of risk first emerge as mild problems is much more likely to effectively mitigate their impact than responding to crises or treating severe issues. Nonetheless, although prevention efforts for children, who account for about [23 percent](#) of the U.S. population, can be much more cost-effective than interventions, only about [10 percent](#) of national health spending is dedicated to children. Furthermore, the mental health services typically offered in primary care are inadequate even as the field shifts away from outpatient mental health clinics toward an integration into primary care practices. While this integration has been broadly identified as a valuable practice, there is still a severe shortage of mental health providers qualified to practice in primary care, particularly in high need/high demand areas.

Description

This project is designed to provide interprofessional training to psychology interns, child and adolescent psychiatry fellows, and social work trainees to address the behavioral health needs of youth in high need/high demand areas. The target population is children and adolescents ages 2-18 years residing in low-income, urban settings, focusing on integrating medical and behavioral health service delivery in pediatric primary care settings.

To bolster training on interprofessional teams, trainees will also have experiences in schools and medical subspecialty clinics. The project includes a newly developed partnership with the University of Pennsylvania [School of Social Policy and Practice](#) to increase the number of professionals in the social work workforce who are prepared to practice in integrated primary care settings. The expansion to include master's degree level social work trainees is critical, as social workers currently provide [approximately 60%](#) of all behavioral health services in the United States.

The aims of this training initiative are for psychology interns and social work trainees to complete 300 hours and psychiatry fellows to complete 150 hours of experiential training in integrated primary care (IPC) at Children's Hospital of Philadelphia (CHOP) primary care practices in Philadelphia. Additionally, psychology interns, child psychiatry fellows, and social work trainees will complete 15 hours of didactic training focused on IPC competencies, cultural humility, telehealth and digital health literacy, trauma-informed care, collaboration between primary care and schools, dyadic leadership between administrators and clinical leaders, and program development and advocacy. Eventually, these professionals will hopefully demonstrate their ability to care for patients with minimal supervision, therefore expanding the capacity to meet kids' behavioral health needs in primary care practices.

Next Steps

CHOP has been engaged in discussions with leaders from the Department of Behavioral Health and Intellectual Disabilities (DBHIDS). DBHIDS has a substantial investment in developing integrated services in primary care and has clearly articulated that providing integrated services to children in primary care is a major goal. The researchers on this project will continue to partner with them to implement a sustainability plan whereby clinical services rendered by trainees in the Karabots, Cobbs Creek, South Philadelphia, CHOP Main Campus, and Norristown Primary Care Centers can generate revenue to offset the costs of training.

This project page was last updated in December 2025.

Suggested Citation

Children's Hospital of Philadelphia, PolicyLab. *Interprofessional Behavioral Health Training for Integrated Primary Care Practice* [Online]. Available at: <http://www.policylab.chop.edu> [Accessed: plug in date accessed here].

PolicyLab Leads

Jennifer Mautone PhD, ABPP

Faculty Member

Jennifer Mautone (she/her) is a faculty member at PolicyLab at Children's Hospital of Philadelphia (CHOP) and associate director of the Pediatric Research Consortium (PeRC) at CHOP. Dr. Mautone also supports primary care-based research for the Department of Child & Adolescent Psychiatry & Behavioral Sciences.

Dr. Mautone is a school psychologist with particular expertise in psychosocial interventions for treating ADHD and disruptive behavior disorders. She focuses on family-school-health system collaboration and integration of behavioral health services into pediatric primary care practices and schools. She also has a

special interest in increasing access to high-quality, culturally responsive care for underserved children and families.

Dr. Mautone has served as co-principal investigator for a clinical trial funded by the Institute of Education Sciences to evaluate the effectiveness of an organizational skills treatment program in schools. She is also dual principal investigator for a comparative effectiveness trial funded by the Patient-Centered Outcomes Research Institute to further evaluate the Partnering to Achieve School Success program, an enhanced behavioral intervention for children with ADHD offered in primary care practices serving publicly insured children in Philadelphia. Additionally, Dr. Mautone serves as the program director for a Health Resources and Services Administration (HRSA) funded Behavioral Health Workforce Education and Training program grant designed to provide interprofessional training in integrated primary care to build the work force of behavioral health clinicians prepared to address the behavioral health needs of children in high need/high demand areas. She is also part of the team working on implementation and evaluation of HealthySteps in primary care at CHOP.

She joined CHOP in 2007 and the faculty at the Perelman School of Medicine in 2014 and has been involved in research, teaching and clinical practice throughout her time at CHOP. Dr. Mautone received her PhD in pediatric school psychology from Lehigh University and completed a post-doctoral fellowship in clinical child psychology at the CHOP Center for Management of ADHD.



Jennifer Mautone

PhD, ABPP

Email: MAUTONE@chop.edu

Team

Candace Killian Farrell, PhD, LCSW

Abigail Ross, LICSW, MPH, PhD

Steve Soffer, PhD

Kimberly Miller, PhD

Maria Golden, PhD

Molly Seltzer, PhD

Kelly Rodriguez, PhD

Brie Dorian, LCSW

Funders of Project

Health Resources and Services Administration (HRSA)

Project Contact

Jennifer Mautone

Mautone@email.chop.edu

Related Tools & Publications

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[Variations in Mental Health Diagnosis and Prescribing Across Pediatric Primary Care Practices](#)
[Article](#)

Apr 2016

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[Beyond Mental Health Crisis Stabilization in Emergency Departments and Acute Care Hospitals](#)
[Article](#)

Apr 2018

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[Integrating Behavioral Health Services Into Medical Hospital Care for Children](#)
[Policy Briefs](#)

Feb 2019

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[Catching up to the Crisis: Opportunities for Pediatric Hospitals to Improve Children's Access to Mental Health Services](#)
[Article](#)

Feb 2019

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[Behavioral Health Webinar Series](#)
[Webinars](#)

Apr 2019

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[Behavioral Health: A Snapshot of a PolicyLab Research Portfolio](#)
[Tools and Memos](#)

Aug 2025

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[Future Directions for Psychosocial Interventions for Children and Adolescents with ADHD](#)
[Article](#)

Jan 2020

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[Behavioral Health Screening: Validation of a Strength-based Approach
Article](#)

Jun 2020

Related Projects

[Mental Health Conditions Among Hospitalized Children
Behavioral Health](#)

[Improving Developmental and Behavioral Screening for Spanish-speaking Children
Behavioral Health](#)