

Application: School-Based Health Center Success & Sustainability Community of Practice (2025-26)

Thank you for your interest in our School-Based Health Center (SBHC) Success & Sustainability Community of Practice! This opportunity is designed for teams planning to open an SBHC by the 2026-2027 school year, as well as teams with existing SBHCs who feel they would benefit from revisiting SBHC basics. It is free and open to school-based health center teams, with a focus on Health Center Program and Look-Alike health sponsors. Other health sponsor types are also welcome to apply.

Each team should include staff from the health sponsor (the healthcare organization that will operate the SBHC) and staff from the school. Each team should include a minimum of two health sponsor staff members and one school staff member/champion:

1. Health sponsor staff member with the ability to make decisions related to SBHC planning and implementation.
2. Health sponsor staff member who will perform the day-to-day work of planning and implementing the SBHC. This may be a clinical person or an operations person.
3. School staff member who leads the SBHC planning or implementation process on the school side.

Additional team members are also welcome to participate!

If your organization would like multiple planning or implementation teams to participate in the community of practice, please email Emily Baldi at ebaldi@sbh4all.org before completing an application.

Each applicant and their supervisor must read the Program Description before completing the application. Please complete and submit the application online via this form by Oct. 10, 2025.

Note that we require signatures from each applicant and their supervisor. Additional details about the signature process can be found at the end of this application.

Applicant Information

- Health sponsor name
- Health sponsor address
- School name
- School address
- Application contact name
- Application contact email address
- Application contact organization and role
- Is the health sponsor a Federally Qualified Health Center/H80 recipient/participant in HRSA's Health Center program, or a Health Center Lookalike?
 - a. Yes/No

Please indicate which of the following statements describes your team. If your team does not meet these criteria, but would like to participate, please email Emily Baldi at ebaldi@sbh4all.org.

- ☐ The health sponsor and the school have both committed to planning and opening an SBHC by the beginning of school year 2026-2027 or sooner.
- ☐ The health sponsor and the school plan to participate in this community of practice to support improvement of an existing, operational school-based health center.

Team Member Information

Each team should include a minimum of two health sponsor staff members and one school staff member/champion:

1. Health sponsor staff member with the ability to make decisions related to school-based health center planning and implementation (health sponsor administrator).
2. Health sponsor staff member who will implement the school-based health center (“boots on the ground”). This may be a clinical person or an operations person (health sponsor SBHC planning or implementation lead).
3. School staff member who leads the SBHC planning or implementation process on the school side (school champion).

Additional participants are welcome to join!

Health sponsor administrator

- First Name:
- Last Name:
- Job Title:
- Credentials (e.g., NP, LCSW, etc.):
- Email Address:
- Work Phone:

Health sponsor SBHC planning or operations lead

- First Name:
- Last Name:
- Job Title:
- Credentials (e.g., NP, LCSW, etc.):
- Email Address:
- Work Phone:

School champion

- First Name:
- Last Name:
- Job Title:
- Credentials (e.g., NP, LCSW, etc.):
- Email Address:
- Work Phone:

Additional Participant(s) (e.g., community health worker, provider, medical assistant, nurse clinic coordinator, health educator)

- First Name:
- Last Name:
- Job Title:
- Credentials (e.g., NP, LCSW, etc.):
- Email Address:
- Work Phone:

How did you hear about this community of practice?

- School-Based Health Alliance Website
- School-Based Health Alliance Digest
- School-Based Health Alliance LinkedIn

- School-Based Health Alliance Instagram
- School-Based Health Alliance Facebook
- School-Based Health Alliance X (formerly Twitter)
- School-Based Health Alliance Email Announcement and Communications (e.g., email from an SBHA staff member, Basecamp post, etc.).
- School-Based Health Alliance Fall Series
- Bureau of Primary Health Care Digest Email
- Health Center Resource Clearinghouse Website
- Word of Mouth
- State Affiliate School-Based Health Alliance
- Primary Care Association
- State Program Office for School-Based Health
- Partner (please specify): _____
- Other (please specify): _____

About the SBHC

Does your organization have **existing SBHCs**? If yes, how many SBHCs?

Please provide information about your organization's existing school-based health centers including services provided, service delivery, consent rates, populations served, and staffing models.

- SBHC name(s)
- What year did the SBHC open?
- In addition to the school(s) where your SBHC is located, are there other schools that had access to the SBHC services during the 2024-2025 school year?
 - All other schools in the district
 - Some other schools have access
 - No other schools have access
- School name(s) and school population size(s)
- Which of the following services does the SBHC provide?
 - Primary care
 - Behavioral health
 - Oral health
 - Vision
 - Health education
 - Youth development
- Which of the following best describes the SBHC's delivery of primary care?
 - School-based in-person only (patients access primary care in a fixed facility on campus)
 - School-based hybrid (patients access primary care in a fixed facility on a school campus; other services may be provided in-person or via telehealth)
 - School-linked (patients access primary care in a fixed facility near a school campus; other services may be provided in-person or via telehealth)
 - Mobile (patients access primary care in a specially equipped van or bus parked on or near a school campus; other services may be provided in-person or via telehealth)

- Telehealth exclusive (patients access primary care in a designated space at the school EXCLUSIVELY via telehealth; other services may be provided in-person or via telehealth)
- Does the SBHC serve individuals other than students enrolled in the main school(s) served by your SBHC?
 - Students enrolled at school site
 - Students from other schools
 - Siblings of students
 - Students' family members
 - School staff
 - Other community members
- What is the SBHC consent rate? *Percentage of students in the school that have returned a consent form for the school-based health center*
- Does the SBHC bill insurance?
- Grades Served (Please select the group(s) that most closely applies to your SBHC)
 - Pre-K through 5th grade
 - 6th through 8th grade
 - 9th through 12th grade
 - Other
- Please describe your staffing models at each of your school-based health centers
- Please describe strengths and opportunities for improvement

Is your organization **planning** to open a **new SBHC**? If yes, please share:

- Name of the school where the SBHC will be physically located
- Size of school population where the SBHC will be physically located
- Will the SBHC serve multiple schools? If yes, please list the schools
- Does the SBHC serve individuals other than students enrolled in the main school(s) served by your SBHC?
 - Students enrolled at school site
 - Students from other schools
 - Siblings of students
 - Students' family members
 - School staff
 - Other community members
- Which of the following best describes the SBHC's delivery of primary care?
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 - Telehealth exclusive (patients access primary care in a designated space at the school EXCLUSIVELY via telehealth; other services may be provided in-person or via telehealth)
- Which of the following services does the SBHC provide?
 - Primary care



**SCHOOL-BASED
HEALTH ALLIANCE**

The National Voice for School-Based Health Care

- Behavioral health
 - Oral health
 - Vision
 - Health education
 - Youth development
- Grades Served (Please select the group(s) that most closely applies to your SBHC)
 - Pre-K through 5th grade
 - 6th through 8th grade
 - 9th through 12th grade
 - Other
- Will the SBHC bill insurance?
- Please describe your planned staffing model
- Please describe your successes and challenges in the planning process so far

For Reference Only.
Please Submit as Instructed.
Do Not Distribute.

Related to the SBHC whose team is participating in this community of practice, to what extent has your team implemented any of the following strategies?
Applicants at all levels are welcome to participate in this community of practice - you do NOT need to have the following processes in place to be eligible to participate. Your responses to these questions will help us understand your strengths and needs so we can modify our training plan to be as responsive as possible.

	<i>Have not implemented strategies at this time</i>	<i>Considering implementing strategies within the next six months</i>	<i>Making plans to implement strategies within the next month</i>	<i>Actively implementing one or more strategies for less than six months</i>	<i>Fully implemented one or more strategies for at least six months</i>
Strong communication and coordination/ collaboration exist between healthcare staff and school/district staff.					
Health sponsor and school meet regularly for planning.					
There is an SBHC planning group or advisory committee consisting of school staff, healthcare staff, parents/families, students as age appropriate, and community members to assist with program planning and implementation, ensure that the services meet the health needs of the youth served by the SBHC, and coordinate across partners.					
SBHC planning team has communicated with community-based pediatric healthcare providers to discuss how to coordinate care.					
School and health sponsor have collaborated to conduct a needs assessment, including feedback from families and students.					
School and health sponsor have executed a Memorandum of Understanding outlining individual and shared roles and responsibilities related to the school-based health center.					
Health sponsor has completed financial projections (e.g., a Pro Forma) for the school-based health center.					
Health sponsor has developed policies and procedures for the school-based health center.					
Health sponsor and school partner have collaborated to develop a consent form.					

	<i>Have not implemented strategies at this time</i>	<i>Considering implementing strategies within the next six months</i>	<i>Making plans to implement strategies within the next month</i>	<i>Actively implementing one or more strategies for less than six months</i>	<i>Fully implemented one or more strategies for at least six months</i>
Health sponsor and school partner have identified priority metrics for the SBHC.					
Health sponsor and school partner have collaborated to conduct outreach to students and families regarding SBHC services and enrollment.					

Goals

Related to this community of practice, what are your expectations/what do you hope to achieve?

Is there anything else you would like us to know?

Thank you for applying for the School-Based Health Center Success & Sustainability Community of Practice. The final step in your application is to complete and return the Applicant/Supervisor Signature Page. Please fully complete the signature page and email it to Emily Baldi at ebaldi@sbh4all.org by October 10, 2025.

We will contact you regarding your application soon. If you have any questions, please email Emily Baldi at ebaldi@sbh4all.org. Thank you!