

## Application: School-Based Health Center Start-Up Learning Collaborative (2024-25)

Thank you for your interest in our School-Based Health Center (SBHC) Start-Up Learning Collaborative! This learning collaborative is free and open to school-based health center planning teams, with a focus on Health Center Program and Look-Alike health sponsors. Other health sponsor types are welcome to apply as well. “Health sponsor” refers to the healthcare organization whose staff will provide health services (primary care, behavioral health, etc.) in the SBHC. Teams with existing SBHCs who feel they would benefit from revisiting SBHC basics are also welcome to apply.

Each team should include staff from the health sponsor and staff from the school. To join the learning collaborative, the school and the health sponsor must both have committed to planning and opening an SBHC by the beginning of school year 2025-2026 or sooner. 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 process on the school side.

Additional team members are also welcome to participate!

If your organization is planning to open multiple school-based health centers and you would like multiple planning teams to participate in the learning collaborative, please email Emily Baldi at [ebaldi@sbh4all.org](mailto:ebaldi@sbh4all.org) before completing an application.

***Each applicant and their supervisor must read the Program Description before completing the application. Note that we require signatures from each applicant and their supervisor; signatures will be completed electronically through the application form. Please complete and submit the application online via [this form](#) by Sept. 17, 2024.***

### Applicant Information\*

- Health sponsor name
- Health sponsor address
- Is the health sponsor a federally qualified health center? (yes/no)
- School name
- School address
- Application contact name
- Application contact email address
- Application contact organization and role

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](mailto:ebaldi@sbh4all.org).

- The health sponsor and the school have both committed to planning and opening an SBHC by the beginning of school year 2025-2026 or sooner.
- The health sponsor and the school plan to participate in this learning collaborative 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 lead).
3. School staff member who leads the SBHC planning process on the school side (school champion).

Additional participants are welcome to join!

#### Health sponsor administrator\*

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

#### Health sponsor SBHC planning lead\*

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

School champion\*

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

### About the SBHC

Does your organization have **existing** SBHCs? If yes, please tell us about them. Include the following information:

- SBHC name(s)
- School name(s) and size(s)
- Delivery model(s)(e.g., brick-and-mortar, mobile, telehealth, hybrid, linked)
- Services available
- Grades served
- Staffing
- Consent rates for each school served (what percent of the student body has consented or enrolled in the SBHC?)
- Does the SBHC bill insurance?
- Does the SBHC serve non-students? If yes, please indicate who can receive care at the SBHC.
- How long has the SBHC been open?
- Strengths/opportunities for improvement

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



- Health sponsor name
- School name and size
- Delivery model (e.g., brick-and-mortar, mobile, telehealth, hybrid, linked)
- Services available
- Grades served
- Staffing
- Will the SBHC bill insurance?
- Will the SBHC serve non-students? If yes, please indicate who will be able to receive care at the SBHC.
- Successes/challenges in the planning process so far

**Related to the SBHC(s) whose team is participating in this LC,** to what extent has anyone on your team implemented any of the following strategies?\*

***Applicants at all levels are welcome to participate in this learning collaborative - 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.					

	<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>
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.					
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 learning collaborative, 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 Start-Up Learning Collaborative. We will contact you regarding your application soon. If you have any questions, please email Emily Baldi at [ebaldi@sbh4all.org](mailto:ebaldi@sbh4all.org).