



The Center for Rural Pennsylvania

Public Hearing on Rural Health Transformation in Pennsylvania:
Rural Access and Care Delivery

*Expanding Access through Community-Based Care Models:
School-Based Health Centers and Community Partnerships
May 6, 2026*

Good afternoon and thank you for the opportunity to share my organization's experiences as a provider of school-based health care.

My name is Jenny Englerth, and I am the president and CEO of Family First Health, a Federally Qualified Health Center headquartered in York, Pennsylvania with 10 locations throughout Adams, Lancaster, Lebanon, and York counties. Family First Health provides accessible, high-quality primary medical and dental care, optometry, podiatry, integrated behavioral health and substance use treatment services, and a wide range of community health programs, as well as a pharmacy.

I am honored to share our experience as an FQHC delivering care through school-based models, and to highlight how these approaches expand access, strengthen continuity of care, and better connect patients, especially children and families, to the broader system of healthcare.

At Family First Health, we currently operate two school-based health centers in the School District of the City of York and a mobile school dentistry program in more than 14 school districts across our service area. We also embed valuable behavioral health supports in schools. The lessons we have learned are directly applicable and critical in rural communities.

At the most basic level, school-based care meets patients where they are. For children, the optimal location is in schools. Transportation barriers and caregiver work schedules can prevent families from accessing medical care in the community. In rural areas, those barriers are amplified by distance and limited provider availability.

By placing care directly in schools, we remove those barriers. Students can receive preventive services, acute care, behavioral health support, and dental care without leaving campus. From a health perspective, this translates into earlier intervention, fewer missed appointments, and reduced reliance on emergency departments for non-emergent needs.

But access alone is not enough. What makes school-based models particularly powerful is how they support continuity of care.



Our school-based health centers are not standalone programs. They are fully integrated extensions of our larger health center system. That means every student we serve has a connection to a comprehensive primary care home. If a student needs follow-up beyond what can be provided through the school-based health center, they are seamlessly referred into our broader network.

This continuity is especially important for managing chronic conditions like asthma, diabetes, or behavioral health needs. In a school setting, we can monitor students more consistently, intervene earlier when issues arise, and ensure that care plans work well for students.

Our behavioral health model is a strong example of this. We have Behavioral Health Consultants in each of our school-based health centers who are equipped to support students who can benefit from brief intervention for medical and behavioral health needs. Outside of our school-based health centers, we embed Behavioral Health Associates directly in schools to support students throughout the day. These team members facilitate group sessions, provide one-on-one support, and operate “reset rooms,” which are safe spaces where students can de-escalate, regulate, and return to class ready to learn.

This kind of real-time support is transformative. It reduces classroom disruptions, decreases the likelihood that behavioral health needs escalate into crises, and improves student well-being. Importantly, these services also create a bridge to higher levels of care when needed. Students who require therapy or psychiatric services are already connected to our system, making referrals smoother and more effective.

Part of our success is due Family First Health’s long-standing, strong collaborative partnership with the School District of the City of York that allows our model to provide the care students and families need through our school-based health centers. Written testimony from Dr. Andrea Berry-Brown, Superintendent of the School District of the City of York, has been provided. Her testimony shares about the importance of the school-based health centers, the mobile school dentistry program, and other school-based health supports provided by Family First Health and how they positively impact students in the district.

Family First Health’s mobile school dentistry program offers another critical piece of the puzzle. Oral health is one of the most common unmet needs among children, particularly in underserved communities and dental caries or cavities are the number one chronic condition impacting children in this country today.

By bringing dental services directly to schools, we provide screenings, preventive care, such as cleanings, X-rays, and sealants, and early treatment which often leads to identifying issues before they become painful or costly emergencies.

Currently, our mobile school dentistry program serves schools in various communities, from urban to rural, including schools in Gettysburg and southern York County.

Taken together, these school-based strategies do not just deliver isolated services; they create an ecosystem of care. They connect students and families to primary care, behavioral health, and dental services in a coordinated, accessible way.



For rural communities, this model offers a particularly promising path forward. Rural areas face well-documented challenges: provider shortages, hospital closures, long travel distances, and higher rates of chronic disease. Schools, however, remain one of the most stable and trusted institutions in these communities. Leveraging schools as hubs for care allows us to build on existing infrastructure and relationships.

Expanding school-based health models in rural areas can:

- Extend the reach of limited healthcare workforces
- Reduce transportation and geographic barriers
- Strengthen early identification and intervention
- Improve health and educational outcomes simultaneously

Importantly, these models also support whole-family engagement. When a child receives care through a school-based program, it often becomes an entry point for connecting parents and siblings to services. This ripple effect strengthens the overall health of the community.

From a policy perspective, there are several opportunities to support this work:

First, sustainable funding mechanisms are essential. School-based services must be adequately reimbursed across medical, behavioral, and dental care to ensure long-term viability.

Second, workforce flexibility is key. Models that allow for interdisciplinary teams including community health workers, behavioral health associates, and dental professionals are critical to meeting diverse needs.

Third, partnerships matter. Strong collaboration between healthcare providers, school districts, and community organizations is foundational to success and should be supported at the state level.

Finally, infrastructure investments, particularly in mobile care, can further extend the reach of school-based models in rural areas.

In closing, school-based health care is not just a convenient alternative to traditional care. It is a proven, effective strategy for expanding access, improving continuity, strengthening connections across the healthcare system, and improving health outcomes for students.

We are confident in our model's ability to deliver equitable impact in rural communities. With the necessary support, we would welcome the opportunity to expand this work and partner with more rural school districts to bring comprehensive, community-based care to where it is needed most. Thank you for your time and for your commitment to improving access to care for all communities.

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