

Ohio Department of Health School-Based Health Centers (SBHC) SB26

Bidder's Conference

LeAndra Capers, School-Based Health Center Consultant

Jen Casertano, Adolescent Health Manager

May 15, 2025

Welcome

- Today's bidders' conference is optional.
- Throughout the presentation, please submit questions in the chat.
- Questions will be answered in a Frequently Asked Questions (FAQ) document provided after this meeting.

Agenda

- Grant overview and history.
- Solicitation.
- Application.
- Wrap-up.

History

- ODH began funding SBHCs in 2022 with federal COVID-19 relief funding.
- Continued support through SFY24/25 General Revenue Funding (GRF) funding.
- Gov. Mike DeWine has proposed continued State funding in his SFY 26/27 Executive Budget (under consideration in the Ohio General Assembly).
- **ODH currently funds 19 SBHC projects in 26 counties.**
- **Since April 2024, ODH SBHCs have provided care to 22,943 students, including 7,050 well child visits.**

Eligible Applicants Must:

- Be a local public or nonprofit agency.
- Be able to provide comprehensive primary healthcare to youth.
- Have the capacity to accept an electronic funds transfer (EFT).
- Priority will be given to proposals that demonstrate the highest need for counties, school districts or schools where a SBHC does not currently operate.

Eligible Applicants Must:

- An SBHC operates in accordance with federal, state, and local laws and regulations, including those relating to licensure and certification, information sharing, and consent for treatment.
- Bill third parties, including Medicaid and/or other federal sources, for reimbursement of services.

Funding

- The grant program is contingent on ODH being allocated money in the Ohio General Revenue Fund.
- If the amount allocated allows, ODH will fund up to **32 grants**, with awards ranging from \$50,000 - \$500,000 per year. The award amount will depend on the deliverables selected and the type of project proposed.

	Year-One Funding (10/1/25-6/30/26)	Year-Two Funding (7/1/26-6/30/27)
Planning Grant	Up to \$50,000	Up to \$500,000 (up to \$250,000 in capital costs)
Start-Up Grant	Up to \$500,000 (up to \$250,000 in capital costs)	Up to \$100,000 for start-up support.
Operational/Expansion Grant	Up to \$500,000 (up to \$250,000 in capital costs)	Up to \$100,000 for operational support or SBHC expansion.

SBHC Project Types: Planning

- This funding is intended to support the planning of a **new** SBHC on or next to a school.
- The health partner must submit a **letter of support (LOS)** from the partnering school district with their application. Health partners who successfully complete the planning grant may apply for start-up funds in year two.
- The school-based health center common definition developed by the Ohio School-Based Health Alliance should be used.

SBHC Project Types: Start-Up

- This funding is intended to support **experienced** SBHC health partners.
- Health partners must have SBHC experience or have been previously funded by ODH through a SBHC planning contract.
- The health partner should have an existing **MOU with a school district** they plan to partner with.
- Health partners should have a **business plan** including a needs assessment, community engagement plan, **construction plan** (if requesting capital funds), and timeline for project.
- The school-based health center common definition developed by the Ohio School-Based Health Alliance should be used.

SBHC Project Types: Operational/Expansion Grants

- This funding is intended to support **experienced** SBHC health partners.
- Priority will be given to agencies expanding **dental, vision, behavioral health, or telehealth services**.
- Health partner **should currently operate a SBHC** and have a signed MOU with school district.
- Health partner should have a **business plan** including a needs assessment, community engagement plan, construction plan (if requesting capital funds) and timeline for project.
- Project may follow the school-based health center common definition developed by the Ohio School-Based Health Alliance or provide innovative school-based health care models including **telehealth, portable provider, mobile unit, school linked and hub and spoke**.

Deliverables (See Chart in RFP)

No. 1. Business Plan.

No. 2. Community Engagement.

No. 3. ODH Meetings.

No. 4. Program Reports.

No. 5. Staffing/Equipment.

No. 6. Data.

No. 7. Construction (Optional).

No. 8. Academic Data Deliverable (Optional).

No. 9. Behavioral Health Pediatric Mental Health Care Access Quality Improvement Project (Optional).

Unallowable Costs

- **Unallowable costs, funds cannot be used:**

- To pay for professional licenses.
- To provide contraceptive services and/or gender identity counseling.
- For the purchase, maintenance of mobile units, or mileage to clinics for mobile clinics.
- For transportation to SBHC center from other buildings.

*** Please see RFP for full list.**

Grants Management Information System Portal (GMISP)

- All the required components of a specific application must be completed and submitted in GMIS Portal by **June 23, 2025, 4 p.m.**
- **Training**
 - 01-GMIS Portal 101& Agency Registration.
 - 02-GMIS Portal Grant Application Submission.
- Requests for any additional information, or specific questions should be directed to grant.support@odh.ohio.gov.

Budget

- The budget justification and narrative should represent the resources needed to accomplish the proposed activities within the proposals for the period from Oct. 1, 2025 - June 30, 2026.
- Program period is Oct. 1, 2025 - June 30, 2027; a continuation budget would be required for second year of the project period.

Application Template Appendix C

Appendix C Application Template

Question	Response
Eligibility	
Are you a healthcare provider who is able to provide comprehensive primary care to youth?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please demonstrate that the majority of clients served by the SBHC or proposed SBHC will be students pre-k through grade 12.	
Does your application Includes a letter of support from superintendent, governing authority or school board.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Executive Summary	
Please provide an overview of the project including the name of the school and services that will be provided.	
Describe the public health problems that the program will address.	
Please describe why you chose this school/school district.	
Name the primary contact(s) for this project who will attend meetings with ODH. Please list 2 and include email addresses.	
Description of Applicant Agency	
What is your organization's history, current mission, and goals?	
What is your organization's administrative structure? Who will be responsible for the day-to-day operations? Who will be responsible for the financial reports?	

Next Steps

Applications due **June 23, 2025, by 4 p.m.**

FAQ document will be created and sent every Friday until June 13.



QUESTIONS?

ODH.OHIO.GOV

LeAndra Capers LeAndra.Capers@odh.ohio.gov

Jen Casertano Jennifer.Casertano@odh.ohio.gov



**Department of
Health**



**Department of
Health**