**Appendix C**

**Application Template**

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| **Question** | **Response** |
| **Eligibility** |  |
| Are you a healthcare provider who is able to provide comprehensive primary care to youth? | Yes  No |
| 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  No |
| **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 problem(s) 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? |  |
| Please describe your experience and history of working with SBHCs. If currently operating a SBHC, include the following information:   * Number of students served in past year, number of adults served in past year, and percentage of student body that had permission forms on file in the past year. * Number of SBHC clinics run by your agency, number of school districts your agency collaborates with for SBHCs, and if your SBHC(s) serves community members as well as students.   If applying for planning or start-up funds and have no history of operating an SBHC, describe your agency’s experience in working with pediatric and adolescent populations and provide number of children 0-18 served and types of services provided in previous year. |  |
| What is your organization’s experience managing ODH grants? Has your agency been previously funded by an ODH SBHC grant? |  |
| Briefly describe your collaborating partners for opening, operating or expanding a SBHC. Include names and contact information for partnering school or district staff responsible for collaboration activities. Be sure not to forget to include a letter of support from superintendent, governing authority or school board. |  |
| Do you anticipate any barriers or challenges working with your school partner or community? |  |
| **Problem/need** |  |
| Utilize data to describe the need for this SBHC project using sources such as the Health Professional Shortage Areas (HPSAs), Ohio Health Improvement Zones (OHIZ), Youth  Wellbeing dashboard, Ohio Healthy Students Profiles and/or other available local or community data described above. |  |
| What geographic area is being served? Please describe the county and school district. How many students are in this service area? Please provide demographic data for the population you will be serving. |  |
| **Methodology** |  |
| Identify program (Specific, Measurable, Achievable, Reasonable, Time-Bound, Inclusive and Equitable) SMART-IE goals. |  |
| Describe your needs assessment results and identify any unmet needs, gaps or barriers and explain how having a SBHC in this community would address these gaps. If you are applying for planning funds, describe your plan for your needs assessment process. |  |
| Describe the SBHC/proposed SBHC. Please include:   * The proximity of the SBHC to the students served. * How you will serve students from other buildings inside the district (if applicable). * Does your plan include a transportation model? If yes, please describe how transportation model will function and how it will be funded. * The days and hours of clinic operation. Will clinics be open over summer and during school breaks?   The services that will be provided.   * How you will ensure 24/7 healthcare access for students (ex: referral line linkage, or on call provider coverage). |  |
| How do you plan to engage with the school district administration, staff, school nurse, students and families? |  |
| Describe your electronic health record (EHR) and describe how you collect data for SBHC clients. Include: the type of information you collect; any data sharing agreements or processes in place with the school districts you serve; any academic data indicators you collect or utilize; and how you utilize data for quality improvement processes. |  |
| Describe how you will staff the SBHC. Please include staff credentials. |  |
| Briefly describe your community engagement plan. |  |
| Describe your process for caregiver consent. Will it be electronic or paper forms? How long are your consents good for? |  |
| Describe communication plan between school (including school nurse if applicable), family, and medical home. |  |
| Does the school you are partnering with or plan to partner with have a school nurse? If so, how is the school nurse involved in the planning process? |  |
| Please describe your partnership and communication process with the school district. Do you know how the district’s Wellness and Success funds are used? |  |
| **Budget** |  |
| How much funding are your requesting? Are you applying for planning, start-up or expansion funding? |  |
| Include a budget breakdown using the budget template provided in the RFP. |  |
| (**Optional) Data Deliverable** |  |
| If applying for funds for the Optional Academic Data Deliverable, describe:   * Academic indicators to be collected (classroom saved seat time is required at a minimum – see more information here: <https://tools.sbh4all.org/test-measures-toolkit/classroom-seat-time-saved/>). * Sites/students/delivery models that will be included in the project. * How this project will impact your SBHC operations, improve services for students, and any other outcomes you are expecting. * How your agency plans to use the funds to embed the collection and utilization of saved seat time and other academic indicators into your SBHC operations, including how you will: * Adjust/change the electronic health record system to collect the information. * Adjust the workflow for the SBHC and providers to collect this information. * Analyze, review and utilize the data once received (who/how). * Share the information back to partnering school districts (and others if applicable). |  |
| **(Optional) Behavioral Health Pediatric Mental Health Care Access Quality Improvement Project** |  |
| If applying for funds for the Optional PMHCA Quality Improvement project, describe:   * How your SBHC will benefit from individual psychiatric consultation, educational materials or community behavioral health resource navigation.   Include a plan to incorporate the QI project in the workplan and updates in monthly reports.   * Include brief draft of QI plan or potential workflow of OPPAL utilization. |  |