

## OHIO DEPARTMENT OF HEALTH SUBRECIPIENT REQUEST FOR PROPOSAL (RFP)

The Ohio Department of Health (ODH) is soliciting proposals for professional services.

### 1. **PROJECT INFORMATION:**

- 1.1 **Project Title:** Planning and Implementation of New SBHCs
- 1.2 **Solicitation Posting Date:** Monday, February 5, 2024
- 1.3 **Inquiry Start Date:** Monday, February 5, 2024
- 1.4 **Inquiry End Date:** Monday, February 26, 2024, by 4 p.m. All questions must be submitted via email to [Procurement@odh.ohio.gov](mailto:Procurement@odh.ohio.gov) by, Monday, February 19, 2024, at 4 p.m. Questions received after this date will not receive a response.
- 1.5 **Solicitation End Date:** Monday, March 4, 2024, by 4 p.m. All required application components must be received by March 4, 2024, at 4 p.m. Applications should be submitted via email to [Procurement@odh.ohio.gov](mailto:Procurement@odh.ohio.gov). Each application component must be clearly labeled.
- 1.6 **Project Background:**

Ohio is committed to improving health and educational outcomes for all students. One strategy to accomplishing that commitment is through the support of School-Based Health Centers (SBHCs). Research has shown that SBHCs can be a strong component to ensuring that a student is healthy and well positioned for academic success. SBHCs that are integrated into school buildings and/or on grounds allow easy access to meeting basic health needs of students while minimizing the loss of academic time. SBHCs offer a range of services that extend beyond physical health, encompassing behavioral health as well as emotional and social wellbeing. SBHCs support the entire school community by creating a positive school climate while addressing the needs of the whole child.

Successful SBHCs are those with committed health care and educational partners who agree on a shared mission and a strategic plan to serve students, staff, families and in some instances whole communities. SBHCs that can effectively identify the needs of the school community and develop a service plan to meet those needs have a high likelihood of success and sustainability.

In March of 2022, the Ohio Department of Health in partnership with the Ohio Department of Education and Workforce used a combination of federal and state dollars totaling 25.9 million dollars to support the development of and continuation of SBHCs throughout the state. During the last year this partnership funded 14 health care providers that aided in the development and expansion of access to healthcare services for over 77,000 students at 165 sites across 18 counties.

To continue this work, the Ohio Department of Health is pleased to announce additional funding made available through House Bill 33 Ohio's biennial Budget for FY 24-25. The availability of these funds will enable Ohio to support the continuation of the SBHC work and allow for expansion of new SBHCs in areas where there are no SBHC currently operating.

- 1.7 Project Objective and Purpose: The project objective is to expand the number of health care providers who will partner with schools that have no SBHCs currently operating in their District. This envisaged project could potentially be awarded into an initial planning phase and a subsequent implementation phase.

The purpose of planning funds is to encourage additional health care providers new to providing health services in schools to become involved in delivering clinical services in schools where there is high need and no existing SBHC. Funding is available to support planning and development of new SBHCs in collaboration with local schools, public health departments, medical organizations and community-based organizations that provide health services.

Priority will be given to health care providers with no previous SBHC experience and who have a committed school district partner willing to find space in or on school grounds to accommodate a SBHC Clinic.

Planning project activities within this RFP should include (but are not limited to) projects that organize, convene, and engage community partners to begin the planning process for a new school-based health center, or continue a planning process that has begun.

Planning applicants must identify school district and community interest as well as any engagement with key stakeholders and potential partners. Letters of support from the partnering school district are required.

The planning phase will last for a 6-month planning period. Planning grants are not guaranteed implementation funding. At the end of planning, applicants must submit a well-defined business plan to be considered for awards of implementation funds. Applicants with highest scored business plans and have the ability to provide health services to students before June 30, 2025, will be awarded implementation funding.

There are a variety of reasons that a SBHC would benefit a community. Applicants must describe the needs of the community that their SBHC would address. This should include data from a variety of sources to illustrate community needs. Data indicators that should be considered include, but are not limited to:

- Including health professional shortage areas, medically underserved areas, areas with long wait lists for health care services, and areas that are geographically isolated.
- Health care services for young people.
- Educational outcomes, such as chronic absenteeism, graduation rates, and percentage of students on free and reduced lunch.

Other student indicators such as, but not limited to:

- Students who identify as Black, Indigenous, or Persons of Color.
- Students with disabilities.
- Students receiving English Language Learner services.
- Students who are migratory.
- Students experiencing homelessness.
- Students in foster care.
- Students receiving special education services.
- Students living in geographic areas with low access to health care services.
- Consider examining local data from Ohio Healthy Student Profiles. The profiles are a data resource for educators, community health partners and other stakeholders who fill a role in helping students overcome obstacles to learning. In particular, the profiles can inform the following:
  - The One Needs Assessment and planning for continuous improvement.
  - Targeting the usage of Disadvantaged Pupil Impact Aid, Base Cost Student Wellness and Success Funding, and prevention education funds.
  - Implementation of Positive Behavioral Interventions and Supports (PBIS).
  - Exploring options for school-based health care partnerships.

Educational Data can be found at the following sites:

- <https://education.ohio.gov/Topics/Student-Supports/School-Wellness/Healthy-Students-Profiles>
- Results of community and school needs assessment (ex. Community Health Assessment, local youth surveys such as Youth Risk Behavior Survey / Youth Tobacco Survey (YRBS/YTS) or Ohio Healthy Youth Environment Survey (OHYES).
- Barriers to accessing healthcare within the community, including health professional shortage areas (review these areas in the above provided link).
- Consider using the Ohio Health Improvement Zones Dashboard to determine or refine your priority service areas. The dashboard was created to support and aid efforts to reach Ohioans living in communities that may experience barriers to health. The dashboard quantifies specific factors that affect the resilience of individuals and communities to achieve optimal health and overcome a disaster like COVID-19.

- Interactive maps, census tract information and more can be found on the Ohio Health Improvement Zones Dashboard, here:
  - <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones>.
- Consider using the Community Wellbeing: Social Determinants of Health Dashboard. The Social Determinants of Health dashboard provides greater insight into the condition that impacts Ohioans' ability to live a healthy lifestyle. The dashboard can be filtered by five (5) domains and over 100 attributes/metrics that impact health, including Economic Vitality, Neighborhood and Physical Environment, Healthcare Access and Quality, Education Access, and Quality, and Social and Community Environment. Data is utilized from the Census Bureau, the Centers for Disease Control and Prevention, and American Community Survey at the census tract level which helps to understand what programming would be most beneficial for a specific community.
  - <https://data.ohio.gov/wps/portal/gov/data/view/social-determinants-of-health>

1.8 Project Budget: ODH has a total of \$2.2 million available for planning and implementation funds for new SBHCs. The prospective project budget could be awarded in two phases.

- Planning Funds - An applicant can be initially awarded \$50,000.00 per award.
- Implementation Funds – An applicant can be subsequently awarded up to \$500,000.00 per award.

1.9 Project Award: ODH expects to fund up to four (4) new SBHCs to expand the number of health care providers offering comprehensive medical care, priority will be given to health care entities with less than one year of experience in developing and/or operating a SBHC. The prospective project budget could be awarded into the following two phases:

- Planning Funds – Applicants will potentially be awarded a one-time total of \$50,000 per award for the planning phase, which will last the first six months of the project.
  - Applicants will submit the business plan deliverable at the end of the 6-month planning period to be evaluated to determine if they are awarded implementation funds.
  - Receiving a planning award does not guarantee that the recipients will be awarded implementation funds.
- Implementation Funds - Applicants who move onto the implementation phase can request up to \$500,000 additional funds for the implementation phase, which will last until June 30, 2025.

1.10 Project Period: The project period could be potentially broken into two following periods:

- Planning Phase Period: 4/1/2024 - 10/31/2024.
- Implementation Phase Period: 11/1/2024 - 6/30/2025.

ODH reserves the right to execute multiple agreements with awarded provider to fulfill the entire project period, subject to and contingent on the discretionary decision of the Ohio General Assembly to appropriate funds (if

needed) for the biennium, satisfactory performance of the awarded providers and the needs of the Ohio Department of Health.

1.11 Agreement Term: The agreement period could be potentially broken into two following periods:

- Planning Phase Period: 4/1/2024 - 10/31/2024.
- Implementation Phase Period: 11/1/2024 - 6/30/2025.

1.12 Renewal Terms: 24-month optional renewal period.

At the sole option of ODH, ODH may extend this Contract past the initial Agreement Term for a period of ninety (90) days. Renewal terms may be exercised by mutual agreement between the Contractor and ODH. The cumulative time of all mutual renewals may not exceed two (2) additional years and are subject to and contingent upon the discretionary decision of the Ohio General Assembly to appropriate funds for this project in each new biennium. If any renewal is exercised, a new contract will be issued at the beginning of the new biennium. ODH may evaluate whether a renewal is appropriate considering the satisfactory performance of the Contractor and the future and continuing needs of ODH's Programs

## 2. PROJECT REQUIREMENTS:

**A. Project Narrative (should not exceed 10 pages): Applicants for planning awards will be evaluated and scored based upon information provided in the project narrative. Be as specific as possible when discussing the need for planning funds, and where possible provide data to support your request.**

- Executive Summary
  - The opening of Project Narrative should include organization name, a description of the health system, including years in business, geographic reach, patient base, and name of school district interested in partnering with applicant to provide primary care services and/or comprehensive services in their school.
  - Applicants must include a letter of support from the School District Superintendent for which the SBHC site is intended.
  - Describe how planning funds will be used.
- Description and data of population to be served.
  - Should include data from priority population section above and address need within community.
- Community Engagement - Partnerships
  - Describe current community outreach efforts.
  - What partnerships have been developed or plan to develop.
  - Discuss how the SBHCs will engage families and/or care givers.
  - Explain the relationship with the school district(s) served or plan to serve. Provide examples of coordination and partnerships that would increase sustainability (e.g. leverage funds, sharing resources etc.)

- Preparing to Develop a Business Plan
  - Describe planning process you will take to develop your business plan.
    - The planning process to develop your business plan will be due at the time of the proposal.
      - The purpose of this of submitting a planning process is applicants to discuss the process they will use to gather information to develop a business plan.
    - See Appendix F to review the components of the business plan.
      - Submitting a business plan will be deliverable due at the end of the 6-month planning period. A specific due date for the business plan will be sent once a contract has been issued.
      - The business plan will be evaluated and scored to determine if applicant's plan represents a successful approach to opening and operating a SBHC.
      - Those with the highest scores will be awarded funds to move onto the implementation phase of the contract.
      - The business plan will serve as the application for the implementation award.
        - If an applicant has a successful business plan a follow-up contract for implementation award will follow.
      - Keep in mind that the business plan should include projected costs to fully implement a SBHC.
      - Applicants who receive an implementation award must be able to provide health services to students prior to June 30, 2025.

## B. Budget

- Provide detailed budget include separate budget narrative explaining costs and how planning funds will be used (Use templates provided in Appendix A and Appendix B).

### Restrictions that must be considered while planning the programs and writing the budget are:

- Allowable Costs: **Planning Funds** must be used to develop a business plan and other foundational activities that will lead to successful implementation of a SBHC.
- Examples of activities planning funds can support include:
- This list is adapted from Planning Checklist [www.sbh4all.org](http://www.sbh4all.org) | (202) 638-5872 | 1010 Vermont Ave. NW #816, Washington, DC 20005.
  - Reimbursement to chosen school district for staff time/expenses to assist with planning.
  - Establish SBHC planning committee Orient SBHC planning committee to the SBHC model.
  - Establish SBHC advisory group (e.g. principal, other school leadership, school social worker, students, parents/guardians, school nurse, sponsor organization member, and others.)
  - Conduct community readiness assessment
  - Conduct SBHC needs assessment.
  - Develop marketing and engagement plan for target audiences and gatekeepers.
  - Identify potential SBHC location(s).
  - Select a well-considered location for the SBHC based on readiness assessment, needs assessment, site visit(s), and needed construction/ renovation.

- Obtain construction quotes for capital costs.
- Determine appropriate staffing.
- Develop narrative business plan.
- Complete a financial plan that shows the projected cash flow, net revenues, or taxes expected to determine funding needs and potential revenue.
- Plans to Solicit capital and operational funding from variety of sources.
- Develop necessary agreements and procedures to bill commercial and public insurance.
- Draft and execute a memorandum of understanding among SBHC partners (e.g. school district, medical sponsor organization, behavioral health, oral health, local department of health.)
- Develop comprehensive SBHC consent form that includes bi-directional information sharing to promote continuum of care (e.g. school nurse, school counselor, PCP, dentist, parent/guardian.)
- Engage students to ensure SBHC space is student friendly.
- Ensure appropriate technology access in collaboration with school.
- Unallowable Costs (Planning Awards):
  - Capital improvements.
  - Medical supplies
  - Technology supplies
- Allowable Costs (Implementation Awards):
  - Subcontracts with school district to assist with staff time and expenses.
  - Staffing
  - Supplies
  - Equipment/technology
  - Furniture
  - Capital improvements (capped at \$250,000 and must be preapproved by ODH contract manager)
  - Community engagement activities, including food and stipends, to obtain input on the implementation of the SBHC.
  - Training as required by ODH.
  - Marketing
  - Telehealth or portable equipment (not including mobile vans/RVs) to add services or extend reach of SBHC.
  - Travel expenses including registration/conference fees for National and state conferences.
  - Youth engagement activities
  - Mileage must be preapproved by ODH.

- Unallowable Costs (Implementation Awards):
  - health care professional licenses
  - mobile units

2.1 Candidate Expertise Requirement: All Applicants must be an appropriately licensed and fully operational health care organization providing medical care to patients of all ages.

2.3 Notice of Award Requirements: The preference of this planning solicitation will be given to Health Care Providers with less than one year of experience in operating an SBHC. ODH wants to give the opportunity to providers to focus on partnerships with new SBHC sites and other providers. Applicants must have an existing partnership with a school district who is willing to allow comprehensive clinical services to be provided on site or on grounds of school.

- If funds are available, applicants with more than one year's experience may apply if they are expanding SBHC services to a school district with no SBHC.

2.4 Mandatory Licenses &/or Certifications Required: Appropriate medical licensure and certifications for health care organization and medical staff.

### 3. **SCOPE OF WORK AND DELIVERABLES:**

- This section has been separated into Planning and Implementation.
- Only applicants with approved business plans will move onto Implementation Phase.

#### 3.1 Planning Scope of Work:

SCOPE OF WORK – PLANNING	
3.1.1	<p><b>Offerors must develop a Work Plan</b></p> <p>The Work Plan must include the following (Please review Appendix D -Work Plan Template to use as a guide):</p> <ul style="list-style-type: none"> <li>• Describe community re-assessment process.</li> <li>• Describe planning activities and strategic priorities (sample work plan template included)</li> <li>• Describe community and school collaboration process.</li> <li>• Staffing structure that will be used to accomplish planning work (i.e., Identify project manager, administrative oversight etc.)</li> <li>• Establish timelines and staff responsible for accomplishing activities</li> </ul>
3.1.2	<p><b>Offerors must conduct assessments of community and student health.</b></p> <ul style="list-style-type: none"> <li>• Must identify areas that need additional resources for newly developed SBHC sites.</li> </ul>
3.1.3	<p><b>Offerors must develop a Community Engagement Process.</b></p>



	<ul style="list-style-type: none"> <li>Must include a list of existing and potential partners/collaborators and outreach plan.</li> </ul>
3.1.4	<p><b>Offerors must attend and participate in Monthly Check-in Meetings.</b></p> <ul style="list-style-type: none"> <li>Develop agenda for each monthly check-in meeting.</li> <li>Provide monthly updates via virtual meetings with ODH project coordinator.</li> </ul>
3.1.5	<p><b>Offerors must attend Professional Development and Trainings as offered by ODH for staff on topics:</b></p> <ul style="list-style-type: none"> <li>Trauma informed care.</li> <li>Effectively working with communities</li> <li>Billing</li> <li>Insurance practices, etc.</li> </ul>
3.1.6	<p><b>Offerors must develop and submit a budget that reflects appropriate staffing and expense plans to facilitate accomplishment of planning phase.</b></p> <ul style="list-style-type: none"> <li>Must submit budget expenses by using a monthly tracking form (please review Appendix E as a guide).</li> <li>Must submit monthly equipment/supply expenses form (please review Appendix E as a guide).</li> </ul>
3.1.7	<p><b>Offeror must develop and submit a Business Plan</b></p> <p>The Business Plan must include the following (please review Appendix F – Business Plan Template to use as a guide):</p> <ul style="list-style-type: none"> <li>Must document strategic priorities and document how a new SBHC site will respond to the unmet healthcare or access needs of the target community that are not otherwise addressed by other health care facilities.</li> </ul> <p>Must include a financial and sustainability strategy.</p>

### 3.2 Planning Deliverables and Due Dates:

DELIVERABLES - PLANNING		DUE DATE
3.2.1	Offerors must submit work plan.	30 days after award
3.2.2	Offerors must submit a final assessment form.	60 days after award
3.2.3	Offerors must submit results of needs assessment.	6/1/2024
3.2.4	Offerors must submit a community engagement plan	6/1/2024

3.2.5	Offerors must attend in monthly calls with ODH	Monthly
3.2.6	Offerors must provide a summary of staff attendance at PD trainings	Each Training Occurrence
3.2.7	Offerors must submit monthly staffing expenses forms.	Monthly
3.2.8	Offerors must submit monthly equipment/supply expenses forms.	Monthly
3.2.9	Offerors must submit a final Business Plan	Due 6 months from execution of contract. Specific date due will be provided at a later date.

### 3.3 Implementation Scope of Work:

- Applicants with the highest ranked business plans will be offered Implementation award.
- Applicants may request up to \$500,000 with the commitment to initiate open and operate the new SBHC site by June 30, 2025.
- Capital costs are capped at \$250,000.
- Budgets developed within the business plan will be considered the requested amount for the award.

#### SCOPE OF WORK – IMPLEMENTATION

3.3.1	<b>Offerors will develop plans for capital costs by developing construction plans and securing bids.</b> <ul style="list-style-type: none"> <li>• Must include quotes and a timeline.</li> </ul>
3.3.2	<b>Offerors must finalize agreements with organizations or sub-contractors providing:</b> <ul style="list-style-type: none"> <li>• Ancillary SBHC services and support including, but not limited to,</li> <li>• The partnering school district for staff time and assistance.</li> </ul>
3.3.3	<b>Offerors must develop an Operating Plan including:</b> <ul style="list-style-type: none"> <li>• Hours of operation</li> <li>• Staffing details</li> <li>• Process to obtaining consent forms</li> </ul>
3.3.4	Offerors must implement the community engagement and outreach plan to enroll children and youth at the new SBHC site.
3.3.5	<b>Offerors must establish data collection process.</b> <ul style="list-style-type: none"> <li>• Offeror(s) must create a Data Collection Plan that collects academic metrics such as seat time saved. The data needs to include the following data measures:</li> </ul>

	<ul style="list-style-type: none"> <li>○ Date of visit:</li> <li>○ Time in/out:</li> <li>○ Reason for the visit:</li> <li>○ Client disposition: (what happened to the client after each visit)</li> <li>• Method to Collect Data <ul style="list-style-type: none"> <li>○ Explain what process subrecipient will create using the awards provided in this solicitation.</li> </ul> </li> <li>• Data Training <ul style="list-style-type: none"> <li>○ Offeror(s) must agree to attend a minimum of one data training arranged by ODH.</li> </ul> </li> <li>• Data Reporting <ul style="list-style-type: none"> <li>○ Meet monthly to report on progress.</li> <li>○ Submit monthly data reports (data template to be created once awards are distributed)</li> </ul> </li> </ul>
3.3.6	<b>Offerors must implement billing process and where needed assist families with insurance enrollment process.</b>
3.3.7	<b>Offerors must submit an Implementation Business Budget Plan.</b> <ul style="list-style-type: none"> <li>• Budget Narrative</li> <li>• Include a one-year budget that reflects the appropriate staffing for the Implementation Phase.</li> <li>• Equipment and other expenses to successfully operate a SBHC.</li> </ul>
3.3.8	<b>Offeror must attend Professional Development and trainings as offered by ODH for staff on topics:</b> <ul style="list-style-type: none"> <li>• Trauma informed care.</li> <li>• Effectively working with communities.</li> <li>• Billing and insurance practices, etc.</li> <li>• Include a report of staff attending any professional development and/or quarterly trainings</li> </ul>
3.3.9	<b>Offeror must obtain signed MOU from partnering school district.</b>

#### 3.4 Implementation Deliverables and Due Dates:

DELIVERABLES - IMPLEMENTATION		DUE DATE
3.4.1	Offerors submit Construction Plans	30 days after award
3.4.2	Offerors must submit Operational Plan	30 days after award
3.4.3	Offerors must submit signed MOU from School District.	30 days after award

3.4.4	Offerors must submit a copy of consent form.	30 days after award
3.4.5	Offerors must submit quarterly data reports.	Monthly
3.4.6	Offerors must submit an Implementation Budget Plan	30 days after award
3.4.7	Offerors must submit monthly staffing cost expenses forms.	Monthly
3.4.8	Offerors must submit monthly equipment/supply expenses forms.	Monthly
3.4.9	Offerors must submit an Implementation Business Budget Plan	30 days after award
3.4.10	Offerors must submit Professional Training Development Attendance Report	Quarterly

#### 4. **TECHNICAL EVALUATION CRITERION:**

SUBRECIPIENT PROFILE		WEIGHT
4.1	Offeror is a licensed health care entity providing comprehensive clinical health services.	5
4.2	Offeror demonstrates experience serving pediatric population.	10
4.3	Offeror has less than one year of experience providing services in SBHC.	10
4.4	Offeror has provided a letter of support from partnering school district interested in housing a SBHC.	5
4.5	Offeror has described the community and/or geographic area to be served using data to demonstrate need for SBHC.	10

STAFFING PLAN (PERSONNEL PROFILE)		WEIGHT
4.4	Offeror identifies project staff and project manager to oversee planning work.	10
4.5	Offeror identifies staff member from partnering school to assist with planning process.	5
4.6	Offeror identifies past experience partnering with community organizations.	5

PROJECT PLAN -NARRATIVE		WEIGHT
4.7	Offeror has provided a project plan that details activities, timeline, and staff that can accomplish the work in a timely manner.	10
4.8	Offeror provided a budget of allowable and reasonable costs to accomplish planning work.	10
4.9	Offeror described the process of developing the business plan that was data driven (use of needs assessment), informed by stakeholders (i.e., school, family, and community partners,) and provided budget projections for first year of operation.	20

<b>TOTAL</b>	<b>100</b>
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## 5. PROPOSAL SCORING

CRITERIA	MAXIMUM ALLOWABLE POINTS
Technical Proposal	500
Cost Proposal	200
Total	700

## 6. INSTRUCTIONS

- 6.1. Scope of Work and Specifications. ODH is authorized to prepare scope of work and specifications to obtain supplies and services. The purpose of the scope of work or deliverables is to describe the supplies or services to be purchased and will serve as a basis for comparison of proposal responses.
- 6.2. Technical Proposal Format. Subrecipient's technical proposal shall address all items in the scope of work and deliverables and be submitted as the "Technical Proposal". Failure to sufficiently address each item may result in ODH's determination that the Proposal does not provide sufficient detail to adequately evaluate the Proposal and is, therefore, incomplete, and nonresponsive. If the Proposal contains elements that exceed the requirements of the RFP, the Proposal should state the degree to which the requirement will be exceeded and how this will be accomplished. Proposals should be prepared simply and economically, providing a straightforward, concise, and complete description of the Subrecipient's proposal and capabilities to perform the Agreement. Emphasis should be on completeness, specificity, and clarity of content.
  - 6.2.1. Company Narrative. Responses to the RFP shall include a short narrative describing the following:
    - 6.2.1.1. Description of the Subrecipient's experience and expertise conducting projects of similar size and scope.
    - 6.2.1.2. Subrecipient's ability to meet minimum requirements.
    - 6.2.1.3. Subrecipient's capacity to provide the services required.
    - 6.2.1.4. Documentation of Subrecipient's soundness and financial capability to perform the work.
    - 6.2.1.5. List of three (3) references for whom the Subrecipient has performed similar services and deliverables. ODH may, but is under no obligation to, contact the references.

6.2.2. Project Narrative. Responses to the RFP shall include a detailed project narrative describing the following:

- 6.2.2.1. Identification of the objectives, strategies, methodology, services, and deliverables that Subrecipient proposes to provide.
- 6.2.2.2. Use of evidence-based practices, if applicable.
- 6.2.2.3. Timeline for completion of services and deliverables.
- 6.2.2.4. Ability and experience of key project personnel intended to work on the project and their responsibilities to the project. Include resumes.
- 6.2.2.5. Identification and description of any proposed Subcontractors. Subrecipient may not subcontract any work or services of the type described in project scope of work and deliverables without ODH prior written approval.

6.2.3 Project Work Plan. Responses to the RFP shall include a detailed project implementation plan describing the following:

- 6.2.3.1. Clearly identify and discuss with specificity how the Subrecipient will perform the requirements specific to this project, including each item under Scope of Work and Deliverables.
- 6.2.3.2. Description of the location and principal office from which the work is to be performed.
- 6.2.3.3. Identification of the amount of time that lead, and key project personnel will be expected to work on the project.
- 6.2.3.4. Description of contingency plans for completing the project, should the lead or key project personnel become unavailable for any reason.
- 6.2.3.5. Identification of any anticipated difficulties in meeting the project specifications and a description of proposed solutions to these difficulties.

6.3. Subrecipient's Compensation. Subrecipient's proposed compensation by deliverable shall be submitted as the "Cost Proposal". If in the event an Agreement ensues as a result of this RFP, the Subrecipient will be required to fulfill the Agreement obligations at the amount proposed. The proposed cost must include all costs associated with performing the work, including travel, shipping, overhead, etc.

6.4. Proposal Submittal. Subrecipient must submit both a "Technical Proposal" and a "Cost Proposal" as a part of its proposal package. These are two separate components which shall be submitted as separate electronic documents, clearly identified as either "Technical Proposal" or "Cost Proposal" and the RFP number.

6.5. **When Proposals May Be Emailed.** ODH must receive proposals via email by no later than 4:00 p.m., the day the proposals are scheduled to be due. Proposals received after 4:00 p.m. on the scheduled opening date will not be opened.

6.6. **Where Proposals Must Be Emailed.** Proposals must be emailed (no fax, mailed or hand delivered proposals will be accepted) to the following email address: [procurement@odh.ohio.gov](mailto:procurement@odh.ohio.gov).

6.7. Proposals are a Public Record. Once proposals have been reviewed, they will be forwarded to the ODH Project Evaluation Committee to begin the evaluation process. After proposals are opened, they are public records as defined in Ohio Revised Code Section 149.43 and are subject to all laws appurtenant thereto. Subrecipient may request that certain information, such as trade secrets or proprietary data, be designated as confidential and not considered as public records. Pricing is not considered confidential. The decision as to whether such trade secrets or proprietary data shall be disclosed shall rest solely with ODH.

6.8. Withdrawal of Proposal Prior to Scheduled Opening. Subrecipient may withdraw a proposal by written request any time after ODH receives the proposal and before scheduled opening.

6.9. Withdrawal of Proposal After Scheduled Opening. Subrecipient may by written request withdraw its proposal after scheduled opening if there is reasonable proof that an inadvertent mistake was made, and the correction cannot be determined with reasonable certainty.

- 6.10. Correction of Proposal Before Scheduled Opening. If a Subrecipient withdraws its proposal and resubmits it with revisions, the revisions should be clearly identified and initialed by the Subrecipient. Any corrections must be completed off the ODH premises.
- 6.11. Correction after Scheduled Opening. ODH may permit a Subrecipient alleging an inadvertent error to correct its proposal after opening, only if the mistake and the correction are clearly evident from the proposal and correction does not affect the amount of the proposal or otherwise give the Subrecipient an unfair competitive advantage.
- 6.12. Proposals are Firm for 90 Days. Unless stated otherwise, once opened all proposals are irrevocable for ninety (90) days. Beyond ninety (90) days, the Subrecipient will have the option to honor their proposal or make a written request to withdraw their proposal from consideration.
- 6.13. Rejected Proposals. ODH may reject any proposal in whole or in part, if any of the following circumstances are true:
- 6.13.1. Proposals are not in compliance with the required format stated in the RFP.
  - 6.13.2. Proposals do not address all the requirements of the RFP.
  - 6.13.3. The price is excessive in comparison with market conditions or with the available funds of the Agency.
  - 6.13.4. ODH determines that awarding any item is not in the best interest of the Agency.
- 6.14. Alternative Proposals. A Subrecipient may desire to submit an alternative proposal that achieves the purpose, specifications, and scope of ODH's request. A Subrecipient submitting an alternative proposal shall clearly identify and quantify the advantages of the alternative.
- 6.15. Proposal Preparation. ODH assumes no responsibility for costs incurred by the Subrecipient prior to the award of the Agreement resulting from this RFP. Proposals may not include any amounts attributable to its preparation.
- 6.16. Subrecipient May Request Clarification. If a Subrecipient discovers an inconsistency, error or omission in this RFP, the Subrecipient should request clarification from ODH Office of Procurement Services. Such clarification may be made only through email. No other form of clarification is acceptable. Failure of Subrecipient to comply may result in the Subrecipient being deemed not responsive.
- 6.17. Communication Prior to the Response Due Date. From the Release Date of this RFP until the date of the Agreement award, there shall be no communications concerning this RFP between any Subrecipient who may ultimately submit a Proposal and any employee of ODH involved in the issuing of the RFP, or any other state employee who is in any way involved in the ODH project, except as follows:
- An ODH employee may send communications to potential Subrecipients with a link to ODH's RFP announcement after the Release Date to encourage a diversity of Subrecipients to submit a Proposal.
- 6.18. ODH Modifications to the RFP. When it is necessary to modify an RFP prior to the RFP opening, ODH does so by written addendum only. Revisions to an RFP, after the RFP opening, shall be distributed to only those Subrecipients that submitted a proposal. A Subrecipient may elect to withdraw the proposal, provided that the Subrecipient files a written request within ten (10) calendar days of DOH's distribution of the addendum.
- 6.19. Unit Costs. Subrecipients shall not insert a unit cost of more than two (2) digits to the right of the decimal point. Digits beyond the two (2) will be dropped and not used in the evaluation of the proposal.
- 6.20. Responsive Subrecipient. A Subrecipient is responsive if its proposal responds to the RFP completely and contains no irregularities or deviations from the RFP that would affect the proposal or otherwise give the Subrecipient an unfair advantage.
- 6.21. Responsible Subrecipient. ODH will determine if a Subrecipient is responsible using the following factors:
- 6.21.1. Experience of the Subrecipient.
  - 6.21.2. Subrecipient's financial condition.
  - 6.21.3. Subrecipient's conduct and performance on previous Agreement.
  - 6.21.4. Subrecipient's facilities.
  - 6.21.5. Subrecipient's management skills.

6.21.6. Subrecipient's ability to execute the Agreement properly.

6.21.7. Review of Federal and State debarment lists.

- 6.22. Information Requested. ODH may request additional information to evaluate a Subrecipient's responsiveness to the RFP or to evaluate a Subrecipient's responsibility. If a Subrecipient does not provide the requested information, it may adversely impact ODH evaluation of the Subrecipient's responsiveness or responsibility.
- 6.23. Samples. ODH may require Subrecipients to provide samples or examples of work, at the Subrecipient's expense. Samples must be clearly identified by the Subrecipient, the RFP number, and the item the sample represents. ODH will return samples that are not destroyed in testing, at the Subrecipient's expense, upon the Subrecipient's timely request. ODH may keep the samples of the Subrecipient awarded the Agreement until the completion of the Agreement.
- 6.24. Estimated Usage. Unless otherwise stated, the usage indicated for each item(s), if applicable, are to be considered as estimates only and should be considered as information relative to potential purchases that may be made from the Agreement. ODH makes no representation or guarantee as to the actual amount of the item(s) to be purchased.
- 6.25. Technical Proposal Evaluation. Proposals submitted by Subrecipients that do not meet the minimum requirements will not be evaluated. Proposals determined by ODH to lack completeness, specificity or clarity of content may be deemed nonresponsive and, therefore, will not be evaluated. The remaining proposals will be evaluated, scored, and ranked by a committee of selected staff. Proposals will be evaluated by the technical review criteria.

The evaluation committee will assign a numerical rating to each technical competency in the above section 7 table of the RFP based upon a review of that Subrecipient's Proposal. The ratings are to be awarded as follows:

0 Points	Does Not Meet	Proposal does not comply with the requirements.
1 Point	Weak	Response does not substantially meet the requirements.
2 Points	Moderate	Proposal meets most of the requirements but is weak in some areas.
3 Points	Meets	Proposal meets all requirements.
4 Points	Strong	Proposal substantially exceeds requirements.
5 Points	Greatly Exceeds	Proposal significantly exceeds requirements.

The value assigned to each criterion is only a value used to determine which Proposal is the most advantageous to the Agency in relation to the other Proposals that ODH received.

The evaluation committee will evaluate each proposal and award up to the maximum amount specified for each criterion. A proposal must receive a total technical score of at least 300 points (60 percent of the maximum total technical score of 500) for ODH to consider awarding an Agreement for that proposal.

- 6.26. Presentations and Interviews. ODH may require top Subrecipients to be interviewed. Such interviews will provide a Subrecipient with an opportunity to present its Proposal and to ensure a mutual understanding of the Proposal's content. This will also allow ODH an opportunity to test or probe the professionalism, qualifications, skills, and work knowledge of the proposed candidates. The interviews will be scheduled at the convenience and discretion of ODH. ODH may record any presentations and interviews. The one (1) to three (3) highest scoring Subrecipients; but no more than the top three (3) may be required to participate. Interviews will be scheduled to be held in Columbus, Ohio at the subrecipient's expense, if applicable.
- 6.27. Cost Proposal Evaluation. The cost proposal will be subject to a thorough review by ODH, but it will not be assigned a scoring value. Evaluation will focus on the completeness, accuracy, and reasonableness of the proposed cost that is required to be outlined in the budgetary forms in Appendix F and Appendix G to ensure alignment with the project requirements.



These evaluation elements will include the following:

- Are the budgetary forms contained in Appendix A & B completed? (Yes / No)
- Is the Cost Proposal detailed and reasonable for the amount of work as described in the Technical Proposal? (Yes/ No)

6.28. Final Stages of Evaluation. Subrecipient with the highest point total from all phases of the evaluation will be recommended for the next phase of the evaluation.

If ODH finds that one or more Proposals should be given further consideration, ODH may select one or more of the highest-ranking Proposals to move to the next phase. ODH may alternatively choose to bypass any or all subsequent phases and make an award based solely on the Proposal Evaluation Phase.

6.29. Clarifications & Corrections. During the evaluation process, ODH may request clarifications from any potential Subrecipient under active consideration and may give any Subrecipient the opportunity to correct defects in its Proposal if ODH believes doing so does not result in an unfair advantage for the Subrecipient and it is in ODH's best interests. Any clarification response that is broader in scope than what ODH has requested may result in the Subrecipient's proposal being disqualified.

6.30. Agreement Negotiation. It is at the discretion of DOH whether to permit negotiations. A Subrecipient must not submit a proposal assuming there will be an opportunity to negotiate any aspects of the RFP. When it has been determined that it is in the Agency's best interest to conduct negotiations, ODH may request a submission of the best and final quotation.

6.31. Agreement Award. The ODH Project Committee evaluating the Proposals and, if applicable, the Presentations will recommend to the Director of Health the award of an Agreement based upon the total Subrecipient score and whether awarding an Agreement will result in obtaining the best value and advantage to ODH. The Director's award of an Agreement will be identified by the Director's signature on the Agreement. The Director's award is final and not appealable. ODH at any time may determine that award of an Agreement is not in the best interest of ODH and may reject, cancel, or re-issue this RFP in whole or in part.

6.32. Agreement Contents. If this RFP results in an Agreement award, the Agreement will consist of this RFP, along with attachments, addenda, purchase orders, change orders, and terms and conditions. ODH reserves the right to award multiple Agreement under this RFP.

6.33. Subrecipient Start Date. ODH expects the Subrecipient to commence work upon Agreement execution. If the Subrecipient is unable or unwilling to commence work, ODH reserves the right to cancel the award and resume the evaluation process with the next most advantageous proposal.

6.34. Non-Collusion Certification. The Subrecipient certifies that he/she is (sole owner, partner, president, secretary, etc.) of the party making the forgoing proposal, that such proposal is genuine and not collusive or sham; that Subrecipient has not colluded, conspired or agreed, directly or indirectly, with any Subrecipient or person, to submit a sham proposal; or colluded or conspired to have another not proposal; and has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference, with any person to fix the proposal price of its proposal or any other Subrecipient, or to fix any overhead, profit or cost element of the proposal price, or of that of any other Subrecipient, to secure any advantage against any Subrecipient or any person or persons interested in the Agreement and that all statements contained in the proposal are true; and further, that the Subrecipient has not, directly or indirectly, submitted this proposal, or the contents thereof, or divulged any related information or data to any association or to any member or agent of any association.

- 6.35. ODH Withdrawal of the RFP. ODH reserves the right to withdraw the RFP at any time prior to the award the Agreement.
- 6.36. Damages Arising from RFP Specifications. A Subrecipient may not be compensated for damages arising from inaccurate or incomplete information in the RFP, specifications or from inaccurate assumptions based upon the specifications.
- 6.37. Protests. Objections to the Agreement award may be filed through a protest. Such protest must comply with the following information:
- 6.37.1. The protest must be filed by a prospective or actual Subrecipient objecting to the award of an Agreement resulting from this RFP. The protest must be in writing and contain the following information:
- 6.37.1.1. Name, address, and telephone number of the protester.
  - 6.37.1.2. Name and number of the RFP being protested.
  - 6.37.1.3. Detailed statement of the legal and factual grounds for the protest, including copies of any relevant document.
  - 6.37.1.4. Request for a ruling by ODH.
  - 6.37.1.5. Statement as to the form of relief requested from ODH; and
  - 6.37.1.6. Any other information the protester believes to be essential to the determination of the factual and legal questions at issue in the written request.
- 6.37.2. A timely protest will be considered within the following periods:
- 6.37.2.1. A protest based on alleged improprieties in the issuance of the RFP, or any other event preceding the closing date for receipt of Proposals which are apparent or should be apparent prior to the closing date for receipt of Proposals, must be filed not later than five (5) business days prior to the Proposal due date.
  - 6.37.2.2. If the protest relates to the recommendation of the evaluation committee for an award of the Agreement, the protest must be filed within fifteen (15) business days of the award communication.
- 6.37.3 All protests must be filed at the following location:
- Ohio Department of Health  
Office of Procurement Services, 4<sup>th</sup> Floor  
Attention: Frederick Miller  
246 North High Street
- 6.38. Minority Business Enterprise Program. ODH is committed to making more Agreement and opportunities available to minority business enterprises (MBE) certified by the Ohio Department of Administrative Services pursuant to Section 122.921 of the Ohio Revised Code and Rule 164-1-32 of the Ohio Administrative Code. This RFP contains a sheltered solicitation requirement, which encourages the Subrecipient to seek and set aside a portion of the work to be exclusively performed by Ohio certified MBE businesses. For more information regarding Ohio MBE certification requirements, including a list of Ohio certified MBE businesses, visit the Ohio Department of Development (DEV), Minority Business Development Division (MBDD) website at: <https://development.my.site.com/ODSA/s/mbddcertifications>.
- To search for Ohio certified MBE businesses, utilize the following search routine published on the DAS Equal Opportunity Division website.
- 6.38.1 Select "Locate MBE-Certified Providers and Download Certifications" as the "MBDD Search Area"
  - 6.36.2 Select "Search"; and
  - 6.36.3 A list of Ohio MBE Certified Service Providers will be displayed.
- 6.39. MBE Set-Aside. ODH has included in the Evaluation Scoring Formula of this RFP, a provision for the Subrecipient to seek and set aside work for MBE subcontractors. In seeking proposals, the Subrecipient must:
- 6.39.1 Utilize a competitive process to which only Ohio certified MBEs may respond.
  - 6.39.2 Have established criteria by which prospective MBEs will be evaluated including business ability and specific experience related to the work requirements.

- 6.39.3 Require the MBE subcontractor to maintain their certification throughout the term of the Agreement, including any renewals; and,
- 6.39.4 Propose the awarded MBE as a subcontractor under this RFP.
- 6.39.5 The following chart details the participation ranges and values that would be awarded to the Subrecipient for MBE participation.

<b>MBE Participation Value Range</b>	
Percentage of Work Offered	Percentage of MBE Points Available
0%	0
1% - 5%	10 Points
6% - 10%	20 Points
11% - 15%	30 Points
16% - 24%	40 Points
25% or greater	50 Points

- 6.39.6 For this RFP Ohio certified MBEs that are the prime must subcontract with an Ohio certified MBE to meet the above requirement.
- 6.39.7 For purposes of calculating the MBE Set-aside points, the State will not award any points for proposed MBE services that are optional elements of the Scope of Work.
- 6.39.8 Please ensure that your MBE certification is current and submit your MBE Certification with your proposal.
- 6.40. MBE Reporting. After award of the RFP, the Subrecipient must submit a quarterly report to the Procurement Manager or designee documenting the work performed by and payments made to the MBE subcontractor. These reports must reflect the level of MBE commitment agreed to in the Agreement. The reports must be filed at a time and in a form prescribed by the Procurement Manager or designee.
- 6.41. Veteran-Friendly Business Enterprise (VBE) Program. The State of Ohio's Veteran-Friendly Business Enterprise (VBE) Procurement program provides preference to certified companies that compete to Agreement with the state to supply the goods or services it needs, including eligible construction services. To be eligible for certification, the applicant business must satisfy one of the following criteria:
- 6.41.1 At least ten percent of its employees are veterans or on active service.
- 6.41.2 At least fifty-one percent of the applicant business is owned by veterans or persons on active service.
- 6.41.3 If the applicant business is a corporation fifty-one percent of which is not owned by veterans or persons on active service, at least fifty-one percent of the board of directors are veterans or persons on active service; or
- 6.41.4 The business is certified by the United States Department of Veterans Affairs as a Service-Disabled Veteran-Owned Small Business or a Veteran-Owned Small Business and the owner(s) of the business meets the definition of veteran as defined in [Rule 109:2-1-02 of the Ohio Administrative Code](#). Information regarding how to obtain this Business Certification can be located at the following link [http: https://ohio.gov/business/resources/vbe](http://https://ohio.gov/business/resources/vbe) .



## Appendix A – Budget Narrative Template

### Budget Narrative

As part of your proposal submission, ODH requires a budget narrative to better understand the allocation of resources and the financial considerations associated with your proposal.

Please review the example.

Del #	Deliverable Title (Ex. Salary, Fringe, Supplies & Equipment, Contractual, Reporting) * Description and Explanation *	Project Period Budget 4/1/24 - 6/30/2025 *These costs are examples*
1	Work Plan * 20 hours of staff time @ \$15 per hour	\$ 300.00
2	Needs Assessments * Develop survey tool – 15 hours of staff time @\$20/hr. = \$300 * Print survey – 3000 copies @ .05 per copy = \$150 * Develop online survey tool – 10 hours staff @\$20/hr. = 52 * Mailing Costs @ 100 pieces x .52	\$ 502.00
3	Community Engagement Town Hall Meetings * Meeting Room Rental-\$500 * Informational Pamphlets-\$500	\$ 1,000.00
4	Attend Virtual Monthly Check-in ODH Meetings. * 2 staff @ 25 per hour for one hour x 6 months	\$ 1,500.00
5	Professional Development & Trainings offered by ODH * 2 staff @ 25 per hour per training	\$ 2,500.00
6	Submit Monthly Service & Staffing Plans  * Staffing Costs (Salary including Fringe (Provide detail on job duties, % of time on project etc. * 2 staff @ 50%FTE @ \$30/hr for 520 hrs+ 15% Fringe  * Contractual costs – Community Engagement Consultant  * Reimburse School District for staff member assisting with planning 100 hours @\$25/hr.  * Travel Costs- Mileage for staff travel to PD events or to visit sites- 2 staff @100 miles @ current state rate .52 for mileage(estimate).	\$ 15,000.00
7	Develop & Submit Business Plan	\$ 10,000.00
<b>Total Budget Amount</b>		<b>\$ 30,802.00</b>



**Appendix B – Budget Template**  
**Planning for New Implementation of SBHCs**  
**4/1/24 – 6/30/25**

<b>INSERT Applicant Name</b>	
<b>Expense Title</b>	<b>Total Amount</b>
Develop Work Plan	\$ -
Needs Assessment	\$ -
Community Engagement	\$ -
Monthly Check-in ODH Meetings (Virtual)	\$ -
Professional Development & Trainings	\$ -
Monthly Service & Staffing Plans	\$ -
Develop Business Plan	\$ -
<b>Grand Total</b>	<b>\$ -</b>



## Appendix C – Birth Control and Gender Identity Certification

### Ohio Department of Health

#### Certification That Appropriations Are Not Used for Distribution of Birth Control and Gender Identity Counselling or Therapy

By signing and dating this document, \_\_\_\_\_

(name of organization)

certifies that it will comply with the Ohio Department of Health stipulations regarding the use of these funds.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

# APPENDIX D - WORK PLAN

THIS FORM IS NOT REQUIRED FOR USE. IT IS OFFERED AS A SUGGESTION TO HELP ORGANIZE YOUR ACTIVITIES. FEEL FREE TO ADJUST FORM AS DESIRED.

Objective: Conduct needs assessment with school and community

Strategy	Activities	Person Responsible	Timeline	Challenges/Barriers	Solutions to Barriers	Outcome / Accomplishments
1)Meet with school administrators	Discuss health care needs for students	Health Care Agency Administration	March 1, 2025	Multiple scheduling conflicts.	Meet before school day to accommodate school personnel	Understanding of needs and information gathered to help develop needs assessment survey
2)Meet with community leaders	Discuss health care needs for students and community at large	Health Care Agency Administration	March 10, 2025	None		More information collected to help develop needs assessment



## **Appendix E – Monthly Service & Staffing Plan Templates**

### **Planning for New Implementation of SBHCs**



Monthly Services Plan Template (SBHC Provider - Fill in Name)		
Equipment - Description of Item	Date of Purchase	Total Cost
Ex. Exam tables	5/1/2024	\$ 5,000.00
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
Total		\$ 5,000.00
Medical Supplies - Description of Item	Date of Purchase	Total Cost
Ex. Testing kits	5/3/2024	\$ 300.00
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
Total		\$ 300.00
IT/Telehealth Expense - Description of Item	Date of Purchase	Total Cost
Ex. Telehealth Visits	5/3/2024	\$ 10,000.00
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
Total		\$ 10,000.00
Other Expenses- Description of Item	Date of Purchase	Total Cost
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
Total		\$ -
Grand Total		\$ 15,300.00

**Monthly Staffing Plan Template (SBHC Site - Fill in name)**

**Service Providers**

Name	Title	Professional License	Hours worked/week	Total Cost
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>Total</b>				<b>\$ -</b>

**Administration Services**

Name	Title		Hours worked/week	Total Cost
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>Total</b>				<b>\$ -</b>

**Travel Expense**

Name	Title		Total Cost
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>Total</b>			<b>\$ -</b>
<b>Grand Total</b>			<b>\$ -</b>



## **Appendix F – Business Plan Sample Templates**

### **Planning for New Implementation of SBHCs**

# [INSERT SBHC NAME HERE] Business Plan\*

Date: [insert date here]

## Instructions

1. This Business Plan template is meant to help guide planning, start-up, and operations of a school-based health center (SBHC). The completed plan should be considered a living document that will evolve and can be used to gain buy-in from stakeholders, seek funding, guide project implementation, and provide a basis for ongoing SBHC monitoring and evaluation. Modify the format and content to suit your purposes.
2. The items in brown text are instructions and explanations for completing this Business Plan and should be deleted once this template has been personalized with your SBHC's information.
3. Text in blue indicates the areas in this business plan template where you should insert your SBHC's information.

\*This document was adapted by the Washington School-Based Health Alliance (WA SBHA) from various sources, including templates developed by the national School-Based Health Alliance and the New Mexico Alliance for School-Based Health Care. Key elements required by some SBHC funders in Washington have been incorporated.

## Table of Contents

- I. Executive Summary
- II. Community Need
  - A. Demographic, health, and education data
  - B. Community input
  - C. How SBHC addresses community need
- III. Business Overview
  - A. Partner descriptions & experience
  - B. SBHC history
  - C. SBHC vision, mission & core values
  - D. Program goals, objectives & expected outcomes
  - E. Monitoring & evaluation
- IV. Operations and Management Plans
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  - B. SBHC services
  - C. Management team, staffing & partnerships
  - D. Operating procedures
  - E. Community engagement
- V. Outreach & Marketing Strategies
  - A. Product
  - B. Service delivery
  - C. Pricing
  - D. Messaging
  - E. Outreach & advertising
- VI. Market Analysis & Opportunities for Collaboration
  - A. Other providers, collaboration & referral opportunities
  - B. Plans for collaboration and coordination of care
- VIII. Financial Projections
  - C. Key assumptions
  - D. Projected budgets, cashflow, and funding requirements
  - E. Best- and worst-case scenarios
  - F. Sustainability plan
  - G. Overall assessment
- IX. Risk Management
- X. Exit Strategy

## **I. Executive Summary**

Summarize your school-based health center (SBHC) business plan in a few paragraphs, no longer than one page.

Provide a synopsis of community need, how the SBHC will address the need, the location of the SBHC, the partners (healthcare sponsor, school / school district, and others) and their roles, what services the SBHC will provide and for whom, financial requirements and outlook, and a sustainability statement.

Complete this section after the content in all the other sections of this document has been finalized.

[insert your Executive Summary here]

## **II. Community Need**

Describe why the community and school/school district need an SBHC.

Explain why the SBHC is the best option for addressing this need vs. other possible solutions (other providers in the community, existing school resources, etc.).

Use demographic, health, and education data, as well as community input, to support your case.

Our community needs a SBHC because [insert your reasons here]

### *A. Demographic, Health & Education Data*

Explain the demographics of the community and the school / school district.

Community demographics may include data on population size, race / ethnicity, languages spoken at home, educational attainment, poverty, and those without insurance coverage.

School and school district demographics may include data about:

- Low-income (proxy for % of students who are Medicaid-eligible)
- Homeless
- Race / ethnicity
- English language learners
- Migrant
- Students with disabilities
- Attendance / absenteeism
- Graduation rate

Student health data might include immunization rates, adolescent birth rates, and results from Ohio's Healthy Youth Survey.

Other relevant information may include the accessibility and affordability of other healthcare services in the community, including providers that serve the uninsured or those on Medicaid, and public transportation options.

Our community is [\[describe your community here\]](#)

Our school / school district serves [\[insert school information here\]](#)

Our students' and families' alternatives for healthcare in the community are [\[insert information here\]](#)

### *B. Community Input*

It is important to seek community input and buy-in during the planning process.

This might happen through key informant interviews, community meetings, and surveys of school administration, staff, students, families, and community members.

Reach out intentionally to underserved populations such as low-income, those with unstable housing, English language learners, youth of color, LGBTQ, migrant, immigrant, and refugee.

- What does the community say they need?
- What does the community perceive as key barriers to student health and academic achievement, and how will the SBHC help to address them?
- Does the community have concerns about a SBHC, and how will you address these concerns?

Based on [\[...\]](#), the community has indicated a clear need / desire for [\[...\]](#). They have expressed concerns about [\[...\]](#), and we will address these concerns by [\[...\]](#).

### C. How SBHC Addresses Community Need

List some of the relevant research connecting health to academics as well as evidence-based research about the effectiveness of SBHCs. The information below is a place to start.

How does the data and needs expressed by your community and school / school district inform the services your specific SBHC will provide?

School-based health centers provide a crucial link between health and education, improving outcomes for students in both areas.

Working together with the school community, school-based health centers provide safe, age-appropriate, culturally-competent health care to students where they already spend much of their time—at school. Providing high-quality primary medical, mental health, and other health services to children and adolescents, school-based health centers are particularly effective in delivering care to young people who may not seek or be able to access care elsewhere.

With youth-focused health education and services available at school, more students are likely to stay healthy, feel supported, be in class ready to learn, and graduate. The presence and use of SBHCs have been associated with improved educational outcomes, including attendance and grades, and health-related outcomes including decreased emergency department use and hospital admissions. Furthermore, “because SBHCs improve educational and health-related

SBHCs are an appropriate health care delivery model for our community because [\[describe key research data here\]](#):

### III. Business Overview

#### A. Partners’ Missions, Histories & Experience with Target Population

Name and describe the key partners in SBHC operations, e.g. the healthcare sponsor, the school district and school, and other key community partners.

Provide the organizational missions and histories of these partners.

What commitment have these partners demonstrated to serving the target population, and to equity and social justice?

What experience and strengths do they have in partnering to serve youth in school settings, particularly underserved populations such as low-income, those with unstable housing,

English language learners, youth of color, LGBTQ, migrant, immigrant, and refugee?

[\[Insert partner descriptions, missions, histories, and experience with target population here.\]](#)



## B. SBHC History

Describe how the concept for the SBHC began, who was / is involved, and the SBHC planning process.

If the SBHC is already operational, describe when it opened and any major organizational changes it has undergone (e.g. growth, new locations, partnership or contractual changes, closing / reopening).

[Insert your SBHC's history here]

## C. Vision, Mission & Core Values

What is your SBHC's vision, mission, and core values? How do they align with those of the healthcare sponsor and other partners?

**Vision Statement:** Explains *what* you want to accomplish or achieve. The vision statement should be concise and easy to remember to provide focus for everyone in the organization.

**Example:** The students of XX community will be healthy and able to reach their full academic potential.

**Mission Statement:** A general statement of *how* you will achieve your vision. The mission statement is an action statement that usually begins with the word "to."

**Example:** To provide high quality school-based health services that meet the unique health and achievement gap needs of adolescents attending XX High School.

**Core Values** - Define the SBHC in terms of the principles and values that the staff will follow. Values provide the bounds or limits of how the staff will conduct their activities while carrying out the vision and mission.

*Below is a sample list of values. Your list should reflect your larger organizations' values as well as those of your community.*

Our SBHC has core values, which guide our clinical care and business decisions. We value:

- Accessible and affordable healthcare for all young people
- The educational and social success of young people
- Quality, cutting-edge health practices
- Schools and their critical role in young people's lives
- Young people and their health decision-making capabilities
- The parent-child relationship and our role in nurturing this relationship
- The cultures and languages of our clients and their families
- All services that promote young people's development
- Community engagement in planning and assessment of our services
- Partnership and collaboration

[Insert your SBHC's vision, mission, and core values here, and describe their alignment with key partners' organizational mission and values.]

#### *D. SBHC Goals, Objectives & Expected Outcomes*

What are the goals, objectives and expected outcomes of the SBHC?

**Goals:** General statements of what you want to achieve. They describe future expected outcomes or states. They provide programmatic direction and focus on ends rather than means.

**Objectives:** Objectives describe how to meet a goal. Objectives should be **SMART**:

1. **Specific** – Objectives should specify what they want to achieve.
2. **Measurable** – You should be able to measure whether you are meeting the objectives.
3. **Achievable** – Are your objectives achievable and attainable?
4. **Realistic** – Can you realistically achieve the objectives with the resources you have?
5. **Time** – When do you want to achieve the set objectives?

**Expected Outcomes:** What do you expect will change / improve as a result of SBHC services, in student health and academics, and in the school? How will you know if outcomes have been achieved / how will you measure results?

See attached **logic model adopted from the Missouri Department of Elementary and Secondary Education** as an example of how to logically tie together SBHC goals, objectives and expected outcomes, as well as what will be required to reach your goals:.

- **Inputs/resources** that will be required.
- **Activities** that you'll perform.
- **Outputs**, i.e. the goods, products, and services that you'll deliver.

The logic model can be used as a high-level framework for developing detailed annual **workplans**, for **monitoring** progress toward goals, and for **evaluation** of results / outcomes. Some funders may require a logic model as part of a funding application.

[Insert your goals, objectives, and expected outcomes here.]

Logic Model is attached as Appendix 1.

Year 1 Workplan attached as Appendix 2.

## E. Monitoring & Evaluation

How will you **monitor progress toward your goals and objectives** (e.g. building facilities, hiring staff, providing services)?

How will you **evaluate SBHC outcomes** (e.g. improving student health, academic performance, equity)?

What data will you collect on a regular basis in order to effectively monitor and evaluate your program?

Do you have systems in place to collect this data?

Do you have a data-sharing agreement between partners to track both health and academic data?

How will you use the data to make programming decisions?

What data will you report to partners (school, families, other service providers, etc.) on a regular basis?

**Monitoring** keeps ongoing track of the process and progress of implementation vis-à-vis your goals and objectives. Progress can be monitored by tracking your outputs (policies & procedures documented, # students enrolled, # services provided by type and to different student populations, % changes from period to period), SBHC financial performance and sustainability, and timelines.

Five priority SBHC clinical performance measures have been defined by the National Quality Initiative( <https://tools.sbh4all.org/quality-counts-home/>) and include these services:

- Well-child visits
- Annual risk assessments
- BMI assessment & nutrition / physical activity counseling
- Depression screening & follow-up
- Chlamydia screening

Other service data to be collected and measured may be standard for the healthcare sponsor or requested by a funder.

**Evaluation** is a periodic analysis of the effectiveness of the SBHC in achieving expected outcomes. SBHC effectiveness in improving student health and academic achievement might be determined by e.g. establishing a baseline and evaluating changes in student attendance, disciplinary actions, and grades, and the overall school climate. Annual SBHC satisfaction surveys may be conducted with students, families, and school staff.

We will **monitor** and report on progress toward our goals by [\[insert description here\]](#).

We will **evaluate** and report on the effectiveness of our program by [\[insert description here\]](#).

## IV. Operations and Management Plans

### A. Locations and Facilities

Describe where your SBHC is located (state, city, school district, school and where on the school campus).

Describe your facility in terms of square footage and the function of the rooms.

- Who owns the space, and if the SBHC will be renting the space?
- How will rent be established?
- Will the facility be provided at little or no charge by the school district?
- Who is responsible for maintenance and cleaning?

[Insert a description of your location, facilities, ownership / rent, maintenance, and cleaning here.]

If available, attach a floorplan and/or photos of the space

### B. SBHC Services

Detail the health services you plan to provide. Note as well other services you will provide that are critical to reaching program goals such as insurance enrollment, coordination with the school and community partners, client referral and coordination of care, language support, etc.

Services might include:

- Preventive health care, including well-child exams and immunizations.
- Comprehensive primary and acute health care assessment, diagnosis, treatment, and referral
- Age-appropriate reproductive health care, including on-site provision of long-acting reversible contraception (LARC).
- Sexually transmitted disease screening and treatment.
- Mental health screening, counseling, case management, treatment, and referral.
- Screening and referral to services for drug and alcohol misuse.
- School-wide and targeted health education and health promotion.
- Oral screening, fluoride varnish application, oral health education, and dental referrals.
- Coordination of and linkage to vision care and eyeglasses.
- Coordination with school staff on health and academic strategies for students.
- Support of school mental health crisis response systems.
- Information and assistance in enrolling students and families in health insurance.
- Referrals to community-based services.
- Language support for non-English-speaking students.
- Across care, an approach that is trauma-, LGBTQ-, and culturally competent with attention to improving equity in health and academic outcomes for all students.

Category	Types of Health Services	Hours / Week
Primary Care	Types of services	Hrs / week
Behavioral Health	Types of services	Hrs / week
Education / Prevention	Types of services	Hrs / week
Dental	Types of services	Hrs / week
Other	Types of services	Hrs / week

Other services we will provide include [insert description here].

We will work to ensure our services are [trauma-competent, LGBTQ-competent, culturally competent by ...]

We will work to improve equity in health and academic outcomes for all students in the school by [...]

### C. SBHC Management Team, Staffing, & Partnerships

**Organizational chart.** Include an organizational chart that visually describes the management structure, staffing, and other key partnerships/roles involved in SBHC operations.

**Management team.** Explain who has ultimate responsibility for your SBHC (i.e. healthcare sponsor CEO, board of directors, school board). Indicate who will manage/supervise the SBHC team and staff. Include name, title, professional degrees, and work experience.

**Fiscal agent.** The fiscal agent is the agency that is contractually responsible for managing SBHC finances. This is usually the SBHC's healthcare sponsor, though a fiscal agent may or may not provide services at your SBHC.

**Staff.** Describe SBHC staff. New SBHCs may not yet have SBHC personnel and should describe their position titles, qualifications, and search plans.

**School and other key partners / roles.** Describe the partnership with the school, and key partnership roles among school administration and school staff. Describe other community partners and any volunteer positions that play a key role in the operations of the SBHC.

**Documentation of support and agreement.** Describe and attach any letters of support, memoranda of understanding (MOUs), data-sharing agreements, etc. between partners.

Attach your SBHC's organizational chart

The management team of the SBHC includes [insert positions, responsibilities, relevant experience]

The fiscal agent is [insert information here].

**SBHC staff include:**

Staff name	Degree / License	Role (example: nurse practitioner, physician, dentist, clinical assistant)	% FTE at SBHC
[Insert your information here]	[Insert your information here]	[Insert your information here]	[Insert your information here]
Etc.			

**SBHC partners include:**

School	[Describe partnership, and key roles in this partnership, here]
SBHC community partners	[Insert your information here]
SBHC volunteers	Name/ title: [Insert your information here]

*D. Operating Procedures*

Provide a snapshot of your projected SBHC operations. This might include:

- Which guidelines will your SBHC program follow? For example: FQHC policies, school district policies, SBHC policy and procedure manuals being developed
- What days and hours will you be open?
- How will you receive and make student referrals?
- Besides students, will you serve others in the community (families, school staff, other community members)?
  - If yes, will there be different hours for students and others?
- How will appointments be made?
- How will you integrate with the school and collaborate with school staff, while complying with applicable health (HIPAA) and education (FERPA) privacy laws?

[Insert your snapshot here]

Attach a flowchart of student referral, making appointments, care, and follow-up.

*E. Community Engagement*

Describe your process for community engagement.

Describe what you have done and will do to engage the community (e.g. students, families, school community, business, faith leaders, civic organizations, elected officials), including underserved populations.

Focus on how you will develop relationships that help solidify community support for your SBHC and bring in resources.

- Is there a school health / SBHC advisory committee?
  - If so, discuss the members and role of the committee. Why did you choose to collaborate with them?

Our experience so far and plan for community engagement includes [insert description here]

Our school health / SBHC advisory committee includes [insert description here]

## V. Outreach & Marketing Strategies

Marketing activities are all associated with identifying the wants and needs of a target market of customers and then going about satisfying those customers.

How will you market your SBHC services to your target audience?

- **Product:** Anything that can be offered for attention, acquisition, use, or consumption that might satisfy a customer's wants or needs. It includes physical objects, services, events, persons, places, organizations, and ideas.
- **Need:** What a customer considers a necessity. The customer may need health care.
- **Want:** What the customer would like. The customer may want personalized healthcare that makes them feel special and cared for.
- **Service Delivery:** The process of supplying the services that our customers want and need.
- **Pricing:** Determining the best price for your service. Consider the price that other providers charge, your costs, and what the customer is willing and able to pay.
- **Advertising:** A form of communication whose purpose is to inform potential customers about products and services and how to obtain and use them. A specific action we can take to reach our customers.

### A. Product

Our product is [insert description here]

Our customers need [insert description here]

Our customers want [insert description here]

### B. Service Delivery

Our SBHC clients will access our services by [insert description here]

We anticipate the following challenges in providing our services (e.g. rural nature, provider availability, finances): [insert description here]

### C. Pricing

We charge the following for our services: [insert description here]

We chose this approach / pricing because [insert description here]

Our sliding fee scale for uninsured is [insert description here]

Our co-pay for private insurances is [insert description here]

Our reimbursement fee schedule from Medicaid is attached as Appendix XX.

#### *D. Messaging*

Explain the primary message(s) included in your promotional materials. Messages might include:

- We provide quality services regardless of the ability to pay, services save parents time and worry, services are teen friendly, etc.
- If you have a slogan or tagline, include it in this section of your business plan.
- If you have different messages for different audiences (e.g. students, parents, school staff) describe them here.

The primary message(s) in our promotional materials are [insert description here]

Our slogan or tagline is [insert description here]

#### *E. Outreach & Advertising*

Outline your outreach and marketing plan. You can use the following grid as a guide.

Our plan for outreach and marketing our SBHC is outlined below:

<b>Audience</b>	<b>What</b>	<b>When</b>	<b>Materials</b>	<b>Anticipated outcome</b>
Students <i>example</i>	Include SBHC information in back-to-school packets	August	Brochures	Students will know how to access SBHC.  Self-referrals will increase.  Keep students abreast of any open houses, service opportunities, health campaigns, changes in services, staff, and hours.
	Give SBHC tour at 9 <sup>th</sup> grade / new student orientation	August	Brochures	
	Present at school assemblies	September	Brochures	
	Present in all 9 <sup>th</sup> grade advisory classrooms	September	Brochures	
	Periodic SBHC announcements on school PA system	Monthly	Script	
	Posters in school: halls, bulletin boards	Fresh info every 3 months	Posters	
Families	[Insert]			
School staff	[Insert]			
Community	[Insert]			
Special populations	[Insert]			



## VI. Market Analysis & Opportunities for Collaboration

### A. Other Providers, Collaboration and Referral

Think about other health care providers in proximity, and other providers farther away but that may offer similar or complementary services to your SBHC.

- Where would your clients go if your SBHC were not available?
- What might other providers do better, or not as well, as your SBHC?
- Where could you refer students for follow-up care outside of SBHC operating hours, or for services the SBHC doesn't provide, or for specialty care?

Consider the assets of your SBHC and other providers, and opportunities for collaboration and referral, using the below example as a guide. Include as many other providers as are relevant.

Provider name	Strengths	Weaknesses	Assets they have that the SBHC does not	How the SBHC is different than another provider	Collaboration and Referral Opportunity
LNC clinic	Part of large corporate system  Extensive hours  People know this clinic/ know how to use it	Services are sometimes perceived as impersonal  Location not convenient for adolescents  Many adolescent clients do not feel it is private	Corporate structure to help offset costs  Nicer facility/ more equipment  Specialists	Services convenient for adolescents  Staff specialize in adolescent health care  Clients see services as confidential and respectful	Refer for specialty services  Refer for services outside of SBHC hours  Follow up and coordinate care
Stanley and Smith Pediatrics	[Insert]	[Insert]	[Insert]	[Insert]	[Insert]

## *B. Plans for Collaboration and Coordination of Care*

How will you engage other providers to:

- Ensure you are offering needed and complementary services.
- Connect students with a year-round medical home and communicate with their PCP for coordination of care.
- Refer to other providers for services.

Our plan for engaging other providers is [\[insert description here\]](#)

For the benefit of continuity of care for our clients we plan to collaborate with other providers in the following ways [\[insert description here\]](#)

## **VII. Financial Projections**

- What will be your SBHC start-up and ongoing operating expenses?
- What costs can be covered in kind by the school or community partners?
- What will be your projected revenues from insurance billing?
- Do you already have grant funding or donations to support start-up?
- What assumptions are projected costs and revenues based on?
- Where are the gaps in funding and cashflow as you develop your SBHC and increase utilization of services?
- What are potential sources of gap funding as you ramp up services and increase earned revenue?
- What is the best, worst, and most-likely case scenarios?
- What are your plans to maximize the potential for SBHC sustainability long-term?

[\[Insert a summary of assumptions, projections, and conclusions here.\]](#)

### *A. Key Assumptions*

SBHCs operate their business using some assumptions. The following is a list of sample assumptions used by SBHCs:

- SBHC will bill Medicaid from the following sources: Medicaid Managed Care Organizations or bill Medicaid directly through fee for service (FFS).
- Facility will be essentially free including maintenance.

- We have base funding in the form of grants from several agencies: list agencies and amounts.
- SBHC offers a competitive base salary rate of (list salaries by position).
- SBHC will / will not bill private / public insurance.
- SBHC will / will not bill insurance for confidential services.
- SBHC has a set fee for service (include your fee schedule in the business plan appendix).
- SBHC will/will not conduct and charge for all school sports physical exams.
- SBHC will offer all required student vaccines free of cost.
- SBHC will/will not be open in the summer.
- SBHC operations will ramp up through the school year, e.g. fall may be slow.

Our assumptions are as follows:

- [\[Insert list here\]](#)

### *B. Projected Budgets, Cashflows and Funding Requirements*

For each revenue and cost item, imagine which are the most likely to change and adjust values to calculate best, worst, and most-likely case scenarios.

Make analytic statements to describe the risks, mitigating factors, and most-likely case scenario. Keep it conservative.

Factors that can affect our revenue and costs are [\[list those factors here\]](#)

Our best-case scenario is [\[list factors and the cost and revenue projections here\]](#)

Our worst-case scenario is [\[list factors and the cost and revenue projections here\]](#)

We believe the most-likely scenario is [\[list factors and the cost and revenue projections here\]](#)

### *C. Sustainability Plan*

Review your plan for financial sustainability.

- What steps will you take over the next 3-5 years to meet your financial goals?
- Explain your timeline for these steps and what you expect to happen as result of these steps (the outcome).

Our plan for financial sustainability includes the following steps:

Step	Timeframe	Anticipated outcome
[Insert step 1]		
[Insert step 2]		
[Insert step 3]		

#### D. Overall Assessment

You are making an informed determination about the financial viability of the SBHC. Make an overall assessment based on the elements below:

- Common key assumptions
- Annual costs and projections
- Cash flow and ability to pay liabilities on time.
- Likelihood of worst-case scenario occurring

Our overall assessment of the financial viability of the SBHC is [insert description here]

### VIII. Risk Management

If your SBHC has access to an attorney through your fiscal agent or school district, this is a good section to have them review.

As much as the children under our care need to be protected from harm, the SBHC serving them needs to be protected in order to survive and continue to operate in the future.

- To do this, the SBHC should consider the risks it may encounter and develop plans to reduce them.

We follow the school district's and healthcare sponsor's risk-reduction policies as attached in Appendix XX and as referred to the memorandum of understanding (MOU) between partners attached in Appendix XX. We also follow risk-reduction policies as outlined in our SBHC policies and procedures attached in Appendix XX.

Some additional risk situations we have considered and risk reduction strategies we have in place include the following: [list those factors here]

Anticipated risk situation	Risk reduction strategy
Provider backgrounds (criminal) <i>example</i>	All new hires will have background checks, and the results will be reviewed before they start working with clients.
Staff having basic safety training (CPR, blood borne pathogens, XXX)	All staff will have individual safety training plans that are updated regularly.
Transporting students	We have a transportation policy that addresses insurance and parental consent issues.

Occasional hostile parents (this can sometimes happen when abuse situations arise)	Notify principal of possible hostile parent (no names) arrival; principal may elect to have security nearby.
Emergency situations	Follow school's emergency plan (for lockdown, fire, etc.)

## IX. Exit Strategy

In the unfortunate possibility that you have to close the SBHC program, you will need to close it in a way that is ethical, maintains continuity of care for clients, and protects your personal and group reputation. Some areas to consider incorporating in your exit strategy include:

- Timely notification of staff / partners / clients / families.
- Staff should have a minimum of X months' notice.
- Find services to transfer your clients to (this is very important for behavioral health patients and for clients with on-going health issues such as asthma, diabetes).
- Make client-transfer plans at least X months in advance.
- Plan to deal with transferring students' confidential files in a way that they remain confidential.
- Pay your debtors.
- Notify funders.
- Act in ways to protect your personal and group reputation.
- Pay all debts.
- Assets are items that have value and can be liquidated, for example, furniture and equipment.
- Assets can also be donated or liquidated to pay debts.
- After paying debts, excess cash reserves might be used for severance pay or be donated.

In the event that we have to close our SBHC, we have considered the following items that will need to be addressed in a professional and expedient way:

Areas to consider	Exit strategy	Who will be in charge of this activity
Staff	[insert description here]	[insert description here]
Partners	[insert description here]	[insert description here]
Transfer of clients	[insert description here]	[insert description here]
Client's records	[insert description here]	[insert description here]

Communication with school district	[insert description here]	[insert description here]
Communication with parents	[insert description here]	[insert description here]
Communication with community	[insert description here]	[insert description here]
Debtors	[insert description here]	[insert description here]
Funders	[insert description here]	[insert description here]
Excess cash reserves	[insert description here]	[insert description here]
Assets	[insert description here]	[insert description here]

**SUGGESTED APPENDICES FOR YOU TO INCLUDE:**

- A. Logic model-sample provided
- B. Year 1 workplan -sample provided
- C. Organizational chart
- D. SBHC policies & procedures
- E. Flowchart of student referral, care, and follow-up
- F. Fee & reimbursement schedules
- G. Projected budgets & cashflows
- H. Risk-reduction policies / risk management plan
- I. Letters of Support, MOUs, etc.

## Sample of Work Plan for SBHC Year One Business Plan

**Overall target draft date:**

**Year One Business Plan lead person:**

**How we will work collaboratively on the document (Google doc, OneDrive, email, etc.):**

Action steps	Person responsible	Target completion date	Completed?
<b>Part I: Needs statement</b>			<input type="checkbox"/>
Draft needs statement			<input type="checkbox"/>
Convene partners and planning group members to review, edit, and finalize needs statement			<input type="checkbox"/>
<b>Part II: Collaborating partners</b>			<input type="checkbox"/>
List the name, title, and contact information for each partner organization's liaison			<input type="checkbox"/>
Indicate each member's role and responsibilities (convener; local education agency; medical sponsor; behavioral health provider; other service provider(s); community, student, parent advisors; etc.)			<input type="checkbox"/>
Decide which partner organizations to include in the SBHC MOU(s)			<input type="checkbox"/>
<b>Part III: Vision and mission statements</b>			<input type="checkbox"/>
Review collaborating partners' vision and mission statements and assess compatibility			<input type="checkbox"/>
Convene partners, planning group members, parents, and students to brainstorm and create vision and mission statements			<input type="checkbox"/>
<b>Part IV: Goal statement and Y1 objectives</b>			<input type="checkbox"/>
Define a goal statement with desired outcomes and accomplishments the SBHC will achieve in the first three years			<input type="checkbox"/>

Action steps		Person responsible	Target completion date	Completed?
	Create Y1 objectives that are specific, measurable, realistic, and time-bound (SMART) actions to support goal statement			<input type="checkbox"/>
<b>Part V: Services and Staffing</b>				<input type="checkbox"/>
	Specify the services to be offered at the SBHC			<input type="checkbox"/>
	Create a staffing matrix, including positions, qualifications, responsibilities, and weekly hours			<input type="checkbox"/>
	Define management and supervisory structure for SBHC staff (consider creating an organizational chart)			<input type="checkbox"/>
	Outline hiring plans and partner involvement for each position			<input type="checkbox"/>
<b>Part VI: Location, facilities, and equipment</b>				<input type="checkbox"/>
	Describe physical location(s) for SBHC service delivery			<input type="checkbox"/>
	Describe square footage of location(s) for SBHC service delivery (including number and functions of rooms). If telehealth, describe the space needed to facilitate a telehealth visit.			<input type="checkbox"/>
	Include architectural drawing(s) of SBHC space(s)			<input type="checkbox"/>
	Develop list of SBHC equipment			<input type="checkbox"/>
<b>Part VII: Marketing and outreach</b>				<input type="checkbox"/>
	Conduct marketing training for collaborating partners			<input type="checkbox"/>
	Develop marketing plan (see Marketing Workbook)			<input type="checkbox"/>
	Develop promotional materials/vehicles/strategies for each audience (school staff, parents, students)			<input type="checkbox"/>
<b>Part VIII: Pro Forma</b>				<input type="checkbox"/>
	Complete a year-one SBHC Pro Forma business plan			<input type="checkbox"/>
	Summarize findings from Pro Forma using data from the "Income Statement" sheet			<input type="checkbox"/>
	Educate collaborating partners on the costs and revenue associated with an SBHC			<input type="checkbox"/>
<b>Send completed sections to lead person for collation</b>				<input type="checkbox"/>



Action steps	Person responsible	Target completion date	Completed?
Lead person sends draft plan to planning team			<input type="checkbox"/>
Planning team reviews draft plan and makes edits			<input type="checkbox"/>
Planning team finalizes Y1 Business Plan			<input type="checkbox"/>

Show-Me School-Based Health Alliance Logic Model

Adoped from Missouri Department of Elementary and Secondary Education

Goal: Support access to high quality health care for all children and families

