



# Quarterly meeting

## School-based health care policy and budget updates

Thursday, March 6, 2025

# Welcome & Overview



# Agenda

- Welcome & Overview
- School-based health center funding
- Oral health services
- OhioSEE program and vision services
- School and education policy
- Community health centers and Medicaid



# Ohio Alliance team



**Reem Aly, JD, MHA,**  
Executive Director



**Katherine Bissett, BSN, RN**  
Director of School-Based  
Health Care Initiatives



**Rachael Schilling, PhD**  
Program Manager



**Nora Lyons, BA**  
Operations Manager



# Ohio School-Based Health Alliance “Ohio Alliance”

The Ohio Alliance is the only nonpartisan, statewide organization created to advance and support the sustainability and expansion of school-based health care.

**Our mission is to improve access to comprehensive, integrated health services through school-based health care to advance equity and improve health and education outcomes for students, their families, and communities.**



# Ohio Alliance **areas of focus**



**Capacity building** through state and regional networks, learning communities, technical assistance, guidance, and resources



**Policy transformation** to support and accelerate opportunities that strengthen Ohio's school-based health care infrastructure



**Data tracking and evaluation** of school-based health care initiatives to inform policy and evaluate impact



# Meeting **objectives**

- Be aware of **key partners supporting school-based health policy and budget issues**

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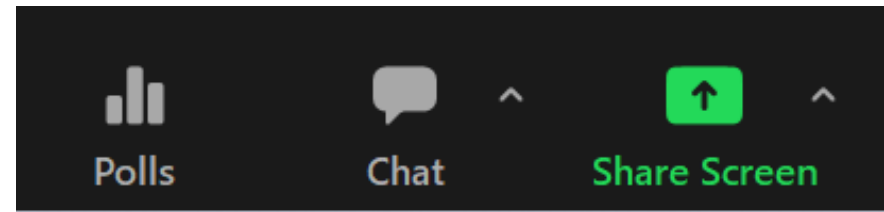
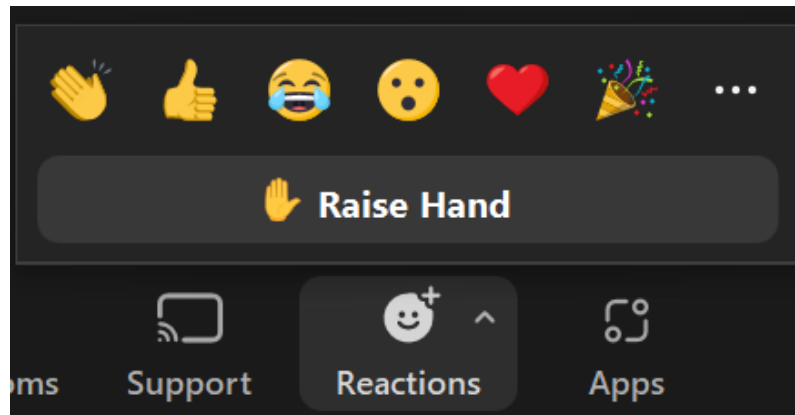
- Understand **the school-based health care policy and budget landscape**

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- Be informed on **key school-based health care issues in the state SFY 26-27 budget**



# Zoom participation



# Introduce **yourself**

## **Share in the chat box:**

- Name
- Organization





## **Reem Aly**

Executive Director

Ohio School-Based Health Alliance

# School-based health center funding



# SFY 26-27 budget

## School-based health centers

SFY 26: \$10 million

SFY 27: \$10 million

**Total: \$20 million**

To be used by Ohio Department of Health (ODH), in consultation with the Department of Education and Workforce (DEW), to support school-based health centers in high-need counties, as determined by the departments.

## Ohio Alliance

Allocation of funding for development of a statewide SBHC data hub

**Ask: \$1 million**



# SBHC 101 Toolkit

SBHC 101 Toolkit

Module 1 Understanding school-based health centers (SBHCs)

**What's inside Module 1**  
This module will guide you in understanding:

- Key components of an SBHC
- Other school-based health care delivery mechanisms
- Relationship between SBHC and school health services team

This Toolkit also includes:
 

- Module 2: Planning for an SBHC
- Module 3: Setting up an SBHC

**What is an SBHC?**  
School-based health centers (SBHCs) are an evidence-driven strategy that brings health care to where our youngest Ohioans spend most of their time – school. By placing children at the center of services, delivering care in a safe and nurturing environment, and removing barriers to accessing health care, SBHCs:

- Keep kids healthy and in school so their education is not interrupted
- Reduce high costs to the healthcare system and Medicaid by decreasing emergency department visits, hospitalizations, and improving care coordination and medication management
- Allow parents or guardians to stay at work so they are better able to support their families, and prevent work productivity loss for employers

An SBHC is created through a partnership between a school/school district and a healthcare provider to provide access to, at minimum, comprehensive primary care services to students on a school campus. The healthcare provider (also referred to as the **SBHC operator**) serves as the operator and administrator of the SBHC, working closely with the school to provide continuity of care and ensure student needs are met. This collaborative health and education partnership puts students and families at the heart of its services, and is transformational in reducing disparities and improving health and education outcomes.

In addition to providing comprehensive primary care services, SBHCs often provide:

- Behavioral health
- Oral health
- Vision
- Care coordination
- Social services and supports

Although SBHCs prioritize serving students, some centers also provide health care to school personnel and faculty/families of students, and community members. In some rural, Appalachian, and urban regions of Ohio that are underserved, SBHCs are the only available healthcare provider for students and the broader community. The Ohio School-Based Health Alliance **census** provides location and operational information on SBHCs.

**Tools: Evidence and support for SBHCs**

- **School-based health care in Ohio: A closer look at school-based health centers (SBHCs)** *Ohio School-Based Health Alliance*. This brief provides an overview of the state's SBHC landscape and key education and health impacts of SBHCs.
- **Social Determinants of Health: School-Based Health Centers Community Preventive Services Taskforce**. This resource provides a systematic review of the evidence supporting SBHCs.
- **School-Based Health Centers and Pediatric Practice** *The American Academy of Pediatrics (AAP) Policy Statement from October 2021*. This policy statement outlines the benefits of SBHCs.
- **The Evidence on School-Based Health Centers: A Review** *Global Pediatric Health*. This resource discusses how SBHCs promote social mobility and impact health equity.

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SBHC 101 Toolkit

Module 2 Planning for an SBHC

**What's inside Module 2**  
This module will guide you through the SBHC planning process including:

- Establishing a planning team
- Assessing need and engaging the community
- Determining whether to move forward with an SBHC
- Developing school and healthcare provider partnership

This Toolkit also includes:
 

- Module 1: Understanding SBHCs
- Module 3: Setting up an SBHC

**How do you establish a planning team?**  
Planning for an SBHC takes significant time and energy and is best completed collaboratively with a team. The planning team has two initial primary objectives: (1) assessing a community's school-based health needs and (2) determining whether an SBHC is the appropriate model for meeting the community's needs. If there is consensus to move forward with setting up an SBHC, then the planning team will also be instrumental in (3) developing the buy-in and necessary partnerships to establish an SBHC and (4) creating the mission, vision, and structure of the SBHC.

In establishing an **SBHC planning team**, it is important to identify members with a breadth of complementary skills and perspectives. At minimum, the planning team should include the following key stakeholders:

- Students and their families
- Community members
- School building and/or school district health services teams (e.g., school nurses, counselors, psychologists, and social workers)
- School building and/or district contracted health professionals, such as community behavioral health providers
- School building and/or district administrators (e.g., superintendents, building principals, resource coordinators, and student/pupil services)

Planning team checklist

As you put together a planning team, think about:

**Composition**

- Are there specific leaders or experts at your institution or partner organizations that should be involved?
- What types of disciplines or organizations should be represented on the planning team outside of health and education (such as legal, human resources, unions, or business/accounting)?
- How will students, families, and community members be invited to participate?

**Logistics**

- How often will the planning team convene?
- Where/how will meetings be held? Will meetings be virtual or in-person?

**Process**

- Who is responsible for convening and coordinating the planning team?
- Are there key roles and responsibilities that need to be assigned to planning team members?
- How will planning decisions be made and recorded?
- How will planning team members share in responsibility and accountability?

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SBHC 101 Toolkit

Module 3 Setting up an SBHC

**What's inside Module 3**  
This module will guide you through SBHC business planning including:

- Vision, mission, and goals
- Patient population and services
- Staffing structure
- Facilities planning
- Sustainability and funding
- Marketing and outreach

This Toolkit also includes:
 

- Module 1: Understanding SBHCs
- Module 2: Planning for an SBHC

**What is an SBHC business plan?**  
A business plan is a working document that provides details on SBHC operations and logistics. Typically, development of a business plan is led by the SBHC operator with input and feedback from the school partner and planning team. The goal of a business plan is to provide a road map to SBHC operations and sustainability.

**Tools: Business plan**

- **Sample business plan** *Growing Well*. An example of a business plan for a new SBHC.
- **Creating a Business Plan** *Capital Link*. A manual detailing the steps to creating a business plan for a Community Health Center capital project.
- **Year 1 Business Plan Checklist** *Ohio School-Based Health Alliance*. A chart detailing categories and steps for partners to work through together when developing a business plan.

**What are your SBHC vision, mission, and goals?**  
A business plan begins with documentation of the vision, mission, and goals of your SBHC. Together, these outline the strategic components of your SBHC business plan. The planning team and other collaborating partners should be engaged in developing these strategic components to support collective ownership and buy-in for the SBHC. These strategic components should also mirror the priorities reflected in the needs assessment.

A logic model can be used as a tool to support development of an SBHC's vision, mission, and goals. Think of a logic model as a graphic or road map that shows the relationship between SBHC day-to-day operations and the desired outcomes of those activities. A logic model can also summarize the purpose and impact your SBHC will have on students and/or the community.

Strategic components	Purpose	Characteristics
<b>Vision</b>	Answers the question: <i>What is desired to be achieved?</i>	<ul style="list-style-type: none"> <li>• Concise and easy to understand</li> <li>• Can be communicated by diverse audiences</li> <li>• Inspirational</li> </ul>
<b>Mission</b>	Answers the question: <i>How will the vision be achieved?</i>	<ul style="list-style-type: none"> <li>• Concise</li> <li>• Action specific</li> <li>• Outcome oriented</li> </ul>
<b>Goals</b>	Identifies specific programmatic outcomes that can be set at short-term, mid-term, and long-term intervals	<ul style="list-style-type: none"> <li>• Process and outcome oriented</li> <li>• Accompanied by SMART objectives (Specific, Measurable, Achievable, Realistic, Time-bound)</li> </ul>

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<https://www.osbha.com/sbhctoolkit101>





**Marla Morse**  
Executive Director  
Oral Health Ohio

# Oral health services





ORAL  
HEALTH  
OHIO

*Governor DeWine's Executive Budget Proposal*  
*SFY 2026-2027*  
*Oral Health*



**New Funding**

**\$3M/fiscal year**

Will provide **screenings, preventive care, and treatment**

Mobile and/or portable dental services to 9 underserved counties:  
**Clinton, Crawford, Gallia, Highland, Hocking, Monroe, Noble,  
Paulding, and Washington**

ODH will collaborate with local communities to better understand their needs regarding services and ensure that services are not redundant or replace existing ones

ODH has clarified that dental services to the 9 HPSAs counties will only be provided by dentists and dental hygienists. They are **not** advocating for any new type of dental professional (dental therapy) as part of their budget proposal.



**New Funding**

**\$2M/biennium**

Allows the Medicaid Director to transfer Up To \$2 million to support public health programs for increasing children's access to dental care





**Increase in Funding over  
Previous Budget**

**\$10M /fiscal year**

23 new SBHCs  
9 SBHCs – Expanded services

April 1 - December 31, 2024

- Over 17,000 students
- 27 counties
- 49 school districts
- 33,646 services



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HEALTH  
OHIO

## Ohio Primary Care Workforce Initiative (OPCWI)

**Increase in Funding over  
Previous Budget**

**\$7M /over biennium**

Trains future healthcare providers in FQHC s





**Increase in Funding over  
Previous Budget**

**14.5% in 2026  
4% in 2027**

To strengthen regulatory framework governing dental practice in Ohio

OHO is currently engaged with the dental board regarding operation of Mobile Dental Facilities at school sites and teledentistry

Doubles the fees for dental x-ray tubes (used to generate the X-ray beams that create images of teeth/jawbone)



# Dentist and Dental Hygienist Loan Repayment

<p><b>No Change in Funding Over the Previous Budget</b></p>	<p><b>\$270,000/fiscal year DENTIST</b> <b>\$100,000/fiscal year DENTAL HYGIENIST</b></p>
<p>To attract &amp; retain dental professionals in underserved areas To attract &amp; retain dental professionals caring for individuals with a disability.</p>	





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HEALTH  
OHIO

# Thank You.

Healthy Mouths > Healthy People > Strong Communities

Visit  
[OralHealthOhio.org](http://OralHealthOhio.org)



*An initiative of The HealthPath Foundation*



## **Steve Dorman**

Chief Operating Officer  
Ohio Optometric Foundation



## **Angie Hartman**

Chief Operating Officer  
Sr. Director, School Based Health &  
Vision Services  
The HealthCare Connection

# OhioSEE program and vision services





## **Scarlett Boudier**

Co-founder and President  
Advocacy & Communication Solutions

# School and education policy





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# State Budget Briefing

## March 6, 2025

Scarlett Boudier, President & Co-Founder

# Executive Budget Proposal

1. Years 5 and 6 of Fair School funding
2. No school funding “inputs”: adjustments for inflation
3. Reduction of school funding floor: 37% overall average and low as >10%
4. Superintendent flexibility on teacher placement
5. No use of rainy-day fund



# Property Tax Reform & Income Tax Proposal

- Multiple pieces of legislation that vary in approach
- Adjustments for increases in property valuation
- Traditional modifications related to seniors with hold harmless provisions for public entities
- Additional proposals expand social populations to veterans; disabled but have not been passed and none hold public entities harmless
- Senate Bill 3: Proposed statewide 2.75% flat income tax



# School Funding

- Phase in of Years 5 (83%) and 6 (100%) of the 6-year Fair School Funding Plan
- Does **not** include adjustments for inflation ('inputs')
- Reduces temporary transitional aid guarantee, formula transition supplement, and transportation guarantee to 95% of current levels in FY26 and 90% in FY27
- Requires each district that was required to submit a reading achievement improvement plan to spend at least 50% of its DPIA funding on intervention and professional development in the Science of Reading and evidence-based strategies
- Requires all other districts to spend at least 25% of its DPIA funding on those initiatives.



# Vouchers

- No mention in the Executive Budget
- Likely to see proposed language from the House that:
  - Offers complete universal eligibility
  - Continued facilities support
  - Does not address accountability
  - Weakens control of school facilities



# School Facilities

- Existing law requires school district to offer the sale of unused buildings after one school year to charter schools at market value.
- The Governor's Executive Budget builds on existing law and suggests that:
  - Offer the sale of underenrolled buildings (defined as 60%) to charter schools in and outside of the district footprint;
  - Forced to hand over school buildings at rates below market value characterized as "use value."



# Transportation

- Provide daily transportation to public and charter/non-public school students, regardless of public-school's annual and daily calendar
- 30-minute rule
- Operating costs exceed State reimbursement rates
- Non-compliance for 5 consecutive days or 10 days in a school year, the State deducts payments for each day as due process is considered



# Absenteeism

- Repeals the provision that exempts districts with chronic absenteeism rates of  $> 5\%$  from the requirement to assign habitually truant students to absence intervention team
- Refines "chronically absent": missing at least 10% of the minimum number of hours required in the school year
- Requires districts by August 1, 2026, to adopt a policy to address student absences, which must be conducted in consultation with the applicable juvenile court, parents, and appropriate state and local agencies.



# Literacy

- Requires DEW by June 30, 2026, to adopt a diagnostic assessment for each of grades K-3 in reading and math, rather than grades 1-2 in reading, writing, and math.
- Requires districts to administer those diagnostic assessments beginning in the 2026-27 school year.
- Eliminates the ability for districts to choose from DEW approved diagnostic assessments when administering diagnostic assessments
- Eliminates the current law authority for schools *not* to administer the grades 1-2 writing/math diagnostics and grade three writing diagnostic assessment.



# Literacy

- Removes the current law exemption from the K-3 assessment requirements for students with significant cognitive disabilities or other disabilities as authorized by DEW on a case-by-case basis.
- Requires the reading skills assessment for kindergarten students to be completed by September 30, rather than by the 20<sup>th</sup> day of instruction.
- Requires the reading diagnostic assessment to be designed to measure student comprehension of foundational reading skills aligned to the Science of Reading.



# Literacy

## Third grade reading Guarantee

- Permits the mandated high-dosage tutoring for students on a RIMP to be incorporated into a student's regular classroom instruction.
- Specifies that high-dosage tutoring for students on a RIMP need not be “additional” instructional time and can instead be incorporated into a student’s regular classroom instruction.



# Educators

- Prohibits the superintendent from using seniority or continuing contract status as the primary factor in determining the teacher's assignment when assigning, reassigning, or transferring a teacher, whether voluntary or involuntary on the part of the teacher.
- Requires all teachers, administrators, school psychologists, and speech-language pathologists to complete training in the Science of Reading.
- Eliminates the Resident Educator Summative Assessment, and eliminates all video-based elements of the Resident Educator Program.



# College & Career Prep

- Requires districts to create a career plan – in addition to the currently required graduation plan for every high school student
- Specifies that the graduation and career plan must identify post-graduation career goals and align the student's experiences to those goals
- Requires the graduation and career plan to be developed with a representative of an organization the district or school partners with for career planning and advising supports



# College & Career Prep

- Requires a student's graduation and career plan align to any student success plan developed for that student
- Requires DEW, in consultation with the Governor's Office of Workforce Transformation, to develop a career pathways resource for students
- Requires districts to distribute the resource to all students in grades six to twelve at least annually and in the manner prescribed by DEW
- Requires all districts to provide career-technical education to students enrolled in grades seven and eight, beginning with the 2026-27 school year



# State Operating Budget: House

**March 4-5<sup>th</sup>:** House Education Budget Hearings

**March 11-12<sup>th</sup>:** TBD Budget Hearings

**March 14<sup>th</sup>:** Amendments due

**March 17<sup>th</sup>:** Amendment work

**March 25-26<sup>th</sup>:** House Finance Budget testimony

**April 1<sup>st</sup>:** Substitute budget bill

**April 8<sup>th</sup>:** Omnibus bill

**April 9<sup>th</sup>:** House floor vote

# State Operating Budget: Senate

**April 9<sup>th</sup>:** House floor vote & referral to Senate

**April 14<sup>th</sup>:** Budget Hearings

**April 21<sup>st</sup>:** Easter Holiday

**April 28<sup>th</sup>:** Budget Hearings

**May:** Continued Budget Hearings

**May 30<sup>th</sup>:** Holiday Break

**June:** Conference Committee work

**June 30<sup>th</sup>:** Governor signature

# State Operating Budget-Action Steps

## March - April

- Statehouse Meetings with House members
- Calls/emails to House members
- Testimony in House (April 26<sup>th</sup>)

## May - June

- Statehouse Meetings with Senate members
- Calls/emails to Senate members
- Senate Testimony (May)

# US Dept of Education

- ***Elimination: 60 votes or 50 votes through reconciliation***
- ***Disband: Returning Education to Our States Act (S.5384)***
  - Senator Mike Rounds (R- South Dakota)
  - Student Loans: Treasury Department
  - IDEA and Special Education: Health & Human Services
  - Career Tech Ed: Department of Labor
  - Civil Rights: Department of Justice
  - Title I and perhaps other programs back to States

Scarlett Boudier, President & Co-Founder  
[scarlett@advocacyandcommunication.org](mailto:scarlett@advocacyandcommunication.org)

Lori McClung, CEO & Co-Founder  
[lori@advocacyandcommunication.org](mailto:lori@advocacyandcommunication.org)



Advocacy



Communication



Strategy  
Development



Capacity  
Building





## **Kelly Carey**

Director of Policy and Public Affairs

Ohio Association of Community Health Centers

# Community health centers and Medicaid



# Questions?



**Next meeting:  
June 5, 2025, 12-1p**



# Poll question



# Meeting **objectives**

- Be aware of **key partners supporting school-based health policy and budget issues**

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- Understand **the school-based health care policy and budget landscape**

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- Be informed on **key school-based health care issues in the state SFY 26-27 budget**



# Ohio Alliance meetings



**Register for the Ohio Alliance bimonthly learning community virtual meetings**

*Registration is limited to community school-based health care providers and education partners*



# Get connected!

Join the Ohio Alliance's mailing list to receive news and updates

[http://eepurl.com/h\\_D7HX](http://eepurl.com/h_D7HX)



# Follow us on social media

Amplify school-based health care by using the hashtags #OhioSBHC25, #SBHCimpact and #OhioSBHCs



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