

Minimum Requirements for Core School-Based Health Center Grants



Background:

The Washington State Department of Health (DOH) is directed by [law \(RCW 43.70.825\)](#) to establish a program to expand and sustain the availability of school-based health centers (SBHCs) to K-12 students in public schools, with a focus on historically underserved populations. This directive includes awarding state-funded grants to build capacity and infrastructure for SBHC planning, start-up, and operations projects.

The intent of DOH SBHC grants is to fund projects that will:

- Increase the number, capacity, and/or sustainability of SBHCs in Washington
- Improve the health and educational outcomes of children and youth in Washington
- Continue efforts to increase health equity throughout Washington and prioritize serving, engaging, and supporting historically underserved communities and populations

Find more information on the DOH SBHC Program on the [SBHC Program WA Portal page](#), or learn more about SBHCs from the [Washington School-Based Health Alliance](#).

Purpose:

DOH is committed to collaborating with state agencies, key partners, and communities impacted and potentially impacted by SBHCs to build and manage a program that meets the intent of the law and increases access to medical, behavioral health, and other healthcare services for children and school-age youth, with a focus on historically underserved populations.

Working together with the school community, SBHCs provide accessible, youth-friendly, age-appropriate, culturally-responsive health care to students where they already spend much of their time—at school. SBHCs are particularly effective in delivering care to young people who may not seek or be able to access care elsewhere. Removing barriers to health and learning, SBHCs improve both health and educational outcomes, improving prospects for lifelong health.

To ensure DOH SBHC core grant projects meet the intent of the law and the needs of Washington communities and populations who are historically underserved, this document outlines key definitions of the SBHC program and minimum requirements grant awardees must commit to and demonstrate progress toward during respective grant periods. It is intended to be a reference guide for DOH SBHC core grant recipients, and it is a living document that will evolve based on feedback from partners, community members, and DOH SBHC grant sites.

Important Definitions:

[RCW 43.70.825](#) defines a **school-based health center** as “a collaboration between the community, the school, and a sponsoring [health care] agency that operates the school-based health center, which is a student-focused health center located in or adjacent to a school that provides integrated medical, behavioral health, and other health care services such as dental care.”

This document establishes minimum requirements for school-based health centers that provide health care to students in or adjacent to a school (on a school campus), from on-site providers, as the core model of care. It does not apply to other school-based health delivery models.

The Department further defines the following:

- The **school community** includes the students, families, school staff, and community-based organizations in an area that will be or may be impacted by a school-based health center.
- **Health equity** exists when all people have the opportunity to achieve their full health potential, regardless of the color of their skin, where they were born, their level of education, their gender identity, their sexual orientation, the religion they practice, the job they have, the language they speak, the neighborhood they live in, or whether or not they have a disability.
- **Integrated medical and behavioral health** care is the delivery of primary and behavioral health care in one space, and often includes collaboration between medical and behavioral health providers.
- **Primary care** is defined by the [Centers for Medicare and Medicaid Services](#) as health services that cover a range of prevention, wellness, and treatment for common illnesses. Primary care providers often have long-term relationships with their patients and coordinate patient care with specialists. Primary care includes comprehensive care, defined by the American Academy of Family Physicians (AAFP), as the concurrent prevention and management of multiple physical and emotional health problems over a period of time in relationship to family, life events, and environment.
- **Behavioral health** is often part of primary care services and includes the prevention, diagnosis, and treatment of behavioral problems including mental health, substance use, stress-linked physical symptoms, patient activation, and health behaviors. This definition is adapted from the [American Psychological Association](#) and [American Medical Association](#).
- A **health care sponsor or sponsoring health care agency** is defined as a community clinic, hospital, health care system, public health department, federally or locally controlled Tribal health clinic and/or Tribal health program.
- The identified **school or school district** where the SBHC will be located must be a public school (including charter schools, and locally- or federally-operated Tribal schools) serving students between kindergarten and 12th grade in Washington state.

Minimum Requirements:

DOH is committed to collaborating with state agencies, key partners, and communities impacted by SBHCs to build and manage a program that meets the intent of the law and increases access to medical and behavioral health care services for children and school-age youth, with a focus on historically underserved populations.

Table 1: Minimum Requirements for DOH SBHC Grant	
SBHC Sites	<p>The SBHC must:</p> <ul style="list-style-type: none"> • Be in or adjacent to a school (on a school campus). • Be in and serve a community or population that is historically underserved. • Provide services during regular school hours (hours of operation can depend on size and needs of school population) and offer some before or after school hours to accommodate student and family needs. • Provide services to all students at low or no cost regardless of ability to pay or insurance status; SBHC services may be offered to students' families, school staff, and the broader community, if SBHC capacity and physical location of the SBHC allow and comply with district or and health clinic policy.
Services and Staffing	<p>During the grant period or once operational, the SBHC must provide integrated, comprehensive primary medical and behavioral health care services that are responsive to the community and the young people they serve, including at minimum:</p>

	<ul style="list-style-type: none"> • On-site primary care (minimum 10 hours/week across multiple days) provided by advanced practice providers (i.e., nurse practitioners, physician assistants, medical doctors, doctors of osteopathy, and/or naturopathic doctors) • On-site behavioral health services (minimum 10 hours/week across multiple days) provided by licensed behavioral health providers (or if behavioral health providers are not licensed, they must be supervised by a licensed behavioral health provider in accordance with applicable laws and regulations) • On-site clinic coordination (minimum 15 hours/week across multiple days) to include outreach and engagement, scheduling, and care coordination, and liaising between the school community and SBHC providers <p>Staffing:</p> <p>In addition to SBHC providers and staff, the health care sponsor must have staff to provide leadership, clinical supervision and support, and administrative support to the SBHC providers and clinic coordination staff.</p> <p>All clinical staff must hold a current license to practice in their stated discipline from the Washington State Department of Health or equivalent entity, and it must be in good standing.</p> <p>Services:</p> <p>Additional primary medical and behavioral health services, beyond services provided on-site, may be provided to students through telehealth to extend the reach/hours of the SBHC. SBHCs may also offer additional services such as dentistry, vision services, and other specialty care.</p> <p>The SBHC must also provide referrals for continuity and coordination of care, including:</p> <ul style="list-style-type: none"> • Referrals to and follow-up for specialty care and for other services not provided at the SBHC (e.g., oral and vision health services) • Referrals to community providers when the SBHC is closed <p>See the Washington School-Based Health Alliance website for examples of SBHC services and staffing models.</p>
<p>Youth-Friendly Environment</p>	<p>SBHCs must provide a welcoming and inclusive environment and age-appropriate, youth-centered, youth and family-friendly, culturally- and community-responsive care that is grounded in a healing-centered and trauma-informed approach. SBHCs will strive toward the SBHC Core Competencies developed by the national School-Based Health Alliance:</p> <ul style="list-style-type: none"> • Access • Student Focus • High-Quality Care • Collaborative School Partnerships • School Wellness • Systems Coordination • Sustainability
<p>Priority Populations and Communities</p>	<p>In accordance with RCW 43.70.825, all DOH SBHC grant projects must be delivered in schools or school districts serving students who come from a community or population that has been historically underserved. We are aligning our definition of historically underserved with the Office of Superintendent of Public Instruction’s (OSPI) definition of Students Furthest from Educational Justice. Examples could include the following:</p> <ul style="list-style-type: none"> • Students who identify as Black, Indigenous, or Persons of Color • Students with disabilities • Students receiving English Learner services • Students who are migratory

	<ul style="list-style-type: none"> • Students experiencing homelessness • Students in foster care • Students who identify as Two Spirit or LGBTQIA+ • Students receiving free or reduced-price lunch, and/or students living at or below the Federal Poverty Level • Students receiving special education services • Students living in geographic areas with low access to health care services, including health professional shortage areas, medically underserved areas, areas with long wait lists for health care services, and areas that are geographically isolated from health care services for young people.
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Grant Types and Renewal Criteria

DOH funds three types of grants in the core SBHC program:

- **Planning grants:** Planning grant recipients gather information, support, and resources to plan for a new SBHC in a community or school where one does not currently operate.
- **Start-up grants:** Start-up grant recipients implement existing plans to start and operate an SBHC where one does not currently operate.
- **Operations grants:** Operations grant recipients have an established SBHC and use grant funding for ongoing operations, improvement, or expansion costs.

Grants are formalized through a contract with DOH. Funding after one year is not guaranteed and is dependent on meeting DOH core SBHC grant minimum requirements, grant performance and completion of contract deliverables, availability of state funding, and the community need. Planning and start-up grant recipients will be expected to move into the next phase of the DOH SBHC grant cycle each fiscal year.

In addition to meeting the requirements outlined in Table 1, each grant type has specific requirements for new or renewed grant awards (and contracts) – these are described below in Table 2. During the grant period of performance of the grant contract, all grant recipients must commit to and demonstrate progress towards the requirements outlined in Table 1. DOH will provide technical assistance and help to all grant recipients to support success.

Grant requirements, activities and projects are expected to be completed during or by the contract period of performance, or on a timeline that is agreed upon by DOH and the grant recipient.

Table 2: SBHC Core Grant Program Renewal Criteria	
Planning Grants	<p>Planning grant recipients must demonstrate the following to be considered for a planning grant:</p> <ul style="list-style-type: none"> • Capacity to complete grant project activities, and later, demonstrated progress on grant project. • Plans for the SBHC must include measures to meet minimum requirements for staffing and services outlined in Table 1. • Plans for the SBHC to serve a community or population that is historically underserved based on the definition provided in Table 1. • Project support by the community (families, parents, youth) and school the SBHC will serve. This includes support from the school principal, school nurse, and school district to apply for this SBHC planning grant. <p>Planning grants may be renewed if the grant recipient is demonstrating progress toward readiness, though is not yet ready, to move to a SBHC start-up grant. Additional funding is not guaranteed.</p>

<p>Start-Up Grants</p>	<p>To be considered for a new or renewed start-up grant (including moving from planning to start-up), grant recipients must commit to and demonstrate progress toward the following at the time the grant contract is executed:</p> <ul style="list-style-type: none"> • Capacity to complete grant project activities, and/or demonstrated progress on grant project. • The SBHC will meet all minimum staffing and service requirements listed in Table 1 and the needs of the community during the grant contract period. • The SBHC will serve a community or population that is historically underserved based on the definition provided in Table 1. • The SBHC site is in or adjacent to a school (on a school campus), there is evidence it can be used for the SBHC, and there is documented agreement (such as a Memorandum of Understanding, lease agreement, or other documentation) in place with the school district for where the SBHC site is intended. • The grant recipient has support and endorsement of the SBHC and services to be provided by the community or population the SBHC will serve (youth, parents/families), including school and school district administration, the school nurse, and other key staff and partners. • The SBHC start-up plan outlines any capital construction or renovation, budget with all fiscal sources, and SBHC staffing and services that meet minimum requirements (Table 1), the needs of the community, and plans for maximizing third-party billing.
<p>Operations Grants</p>	<p>To be considered for a new or renewed operations grant (including moving from start-up to operations), grant recipients must commit to and demonstrate progress toward the following at the time the grant contract is executed:</p> <ul style="list-style-type: none"> • Capacity to complete grant project activities, and/or demonstrate progress on grant project. • The established SBHC serves a community or population that is historically underserved based on the definition provided above. • The SBHC, services provided, and the sponsoring health care agency are supported and endorsed by the community or population the SBHC serves. • The SBHC staffing and services meet the minimum requirements outlined in Table 1 and the needs of the community or population served by the SBHC. • The SBHC can collect and report on required grant performance measures. • The SBHC has a financial need for grant funds. • The SBHC is billing for and being reimbursed for services. • Adequate and additional funding sources for proposed project budget. DOH recommends grant funding should not exceed 70% of the budget need for the grant project.



DOH 141-143 April 2024

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