

# 2024 SBHC Community Engagement Report



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## Executive Summary

The Washington State Department of Health (DOH) collected feedback from partners, community members, and SBHCs in 2023-24. This feedback informed the development of requirements for the [School-Based Health Center \(SBHC\) Grant Program](#). The grant requirements expanded on existing grant criteria to more clearly define DOH’s expectations for SBHC grantees.

Feedback from community members and partners emphasized that SBHCs should strive toward the [SBHC Core Competencies](#) from the national School-Based Health Alliance (SBHA). Feedback underscored the importance of a consistent presence for SBHCs to be viewed as an accessible and reliable resource by both young people and school staff. At the same time, many SBHCs recognized that barriers, like provider shortages, patient volume, and funding, could be limiting factors and prevent some SBHCs from meeting the grant requirements.

This report describes DOH’s approach for gathering input on the grant requirements and summarizes the recommendations DOH received. It includes how DOH incorporated feedback into the final [SBHC](#)

[Grant Program Requirements](#). It also identifies opportunities for future growth and expansion of the program. DOH will continue to use the findings from this engagement process to shape the direction of the grant program, activities, and technical assistance for SBHC grantees.

## Background

Established in 2021, the DOH SBHC program awards grants to expand and sustain SBHCs across the state. DOH awarded the first planning, start-up, operations, and behavioral health improvement grants in 2022 through a competitive application process. The grant application included some definitions and requirements for the program. However, grantees and SBHC partners asked DOH to further clarify expectations for grantees.

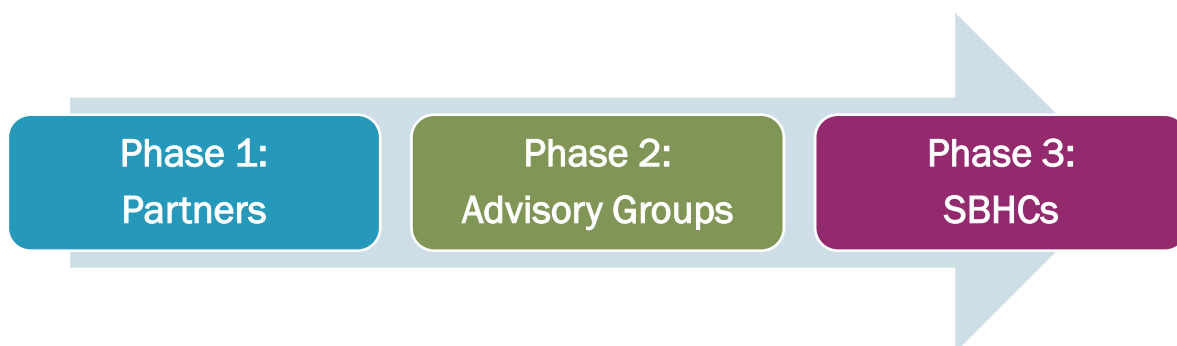
In 2023, DOH developed draft grant requirements, in collaboration with the Washington School-Based Health Alliance (WA SBHA), that aimed to meet or align with the:

- intent of the law establishing the grant program ([RCW 43.70.825](#)),
- needs of Washington communities and populations,
- and [core competencies of SBHCs](#) established by SBHA.

The grant requirements included key definitions for the SBHC program; addressed requirements for the SBHC site, services, and staffing; and outlined DOH's criteria for awarding new grants or renewing existing grantees.

## Engagement Approach

DOH sought feedback from SBHCs, partners, and community members on the draft grant requirements in multiple phases.



### Phase 1: Partner Feedback

DOH emailed the proposed requirements to SBHC partners, including other SBHC state program

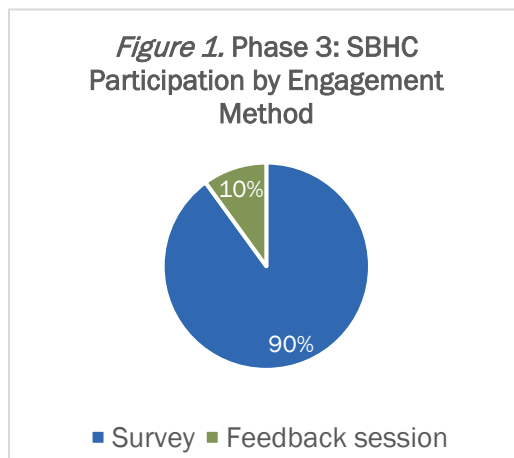
offices and adolescent health partners, in fall 2023. We asked for feedback on how reasonable and equitable the requirements would be to implement.

### Phase 2: Advisory Groups

DOH then met with the [SBHC Community Advisory Board](#) and [Youth Advisory Council](#) between November 2023 and January 2024. Both groups gave input on how well the requirements would promote an SBHC model that would meet the needs of Washington communities and young people.

### Phase 3: SBHCs

DOH requested feedback from current and prospective SBHC grantees. As shown in Figure 1, we offered multiple methods to provide input, including an online survey (90% of participants), two virtual feedback sessions (10% of participants), and individual interviews (0% of participants). This phase focused on getting feedback on the impact of adopting the proposed grant requirements and identifying areas for clarification.



## Phase 1: Partner Input

Partners liked that DOH defined priority populations and youth-friendly health services in the draft grant requirements. They recommended that DOH provide other relevant definitions, such as health equity.

Several partners also recommended that DOH consider increasing the minimum number of health care provider hours to more than 10 hours per week. They felt that 10 hours could limit access to SBHC services and suggested DOH encourage SBHCs to provide more than the minimum level.

## Phase 2: Advisory Group Recommendations

### Youth Advisory Council

DOH's Adolescent and Young Adult Health Youth Advisory Council (YAC) meets regularly with DOH staff to discuss health topics, barriers, challenges, and youth-friendly solutions. The 2022 YAC Cohort identified school-based health as a convenient and youth-friendly way to access health care (see the [Youth Advisory Council Report: 2022 Cohort](#) for more detailed recommendations). We held a follow-up meeting in January 2024 to specifically discuss school-based health.

During this meeting, one participant had experience with an SBHC. All participants were interested in having an SBHC in their school. YAC described SBHCs as a convenient, confidential, accessible, comfortable, and affordable option for seeking care. Their comments emphasized that SBHCs should strive to be a consistent presence on the school campus so students may rely on accessing services when they need them. They also recommended that SBHCs work to address student concerns about confidentiality and cost.

YAC also discussed telehealth in schools. They identified that telehealth can be a helpful way of accessing care during school breaks. It is also a helpful tool for students who aren't able to be on campus due to illness or schedules. At the same time, YAC members felt that it can be harder for some young people to connect and communicate with their provider through telehealth.

## **SBHC Community Advisory Board**

Established in spring 2023, the SBHC Community Advisory Board (CAB) meets monthly to provide input and recommendations on DOH's SBHC grant program. CAB reviewed the proposed grant requirements in November 2023.

CAB recommended that SBHCs work to increase their accessibility (physically, financially, and culturally), provide holistic health care, and involve young people in decision-making for the SBHC. CAB also identified that DOH's grant funding and requirements may need to be adjusted to adequately meet the needs of some schools and communities, particularly for rural areas with health care provider shortages.

More details on each of CAB's recommendations are available in the [2023-24 SBHC Community Advisory Report](#).

## **Phase 3: SBHC Feedback**

### **Methods**

The Phase 3 survey on the proposed grant requirements was open from mid-February to mid-March 2024. The survey collected basic information about the survey respondent (such as their role relative to SBHCs and the status of their SBHC). It also asked open-ended questions on the opportunities, challenges, and resource needs for grantees and potential grantees to meet the proposed requirements. DOH also held two virtual feedback sessions in March. The sessions provided an overview of the proposed SBHC grant requirements and posed similar open-ended questions to participants.

In March and April 2024, DOH staff analyzed the survey responses and feedback session notes,

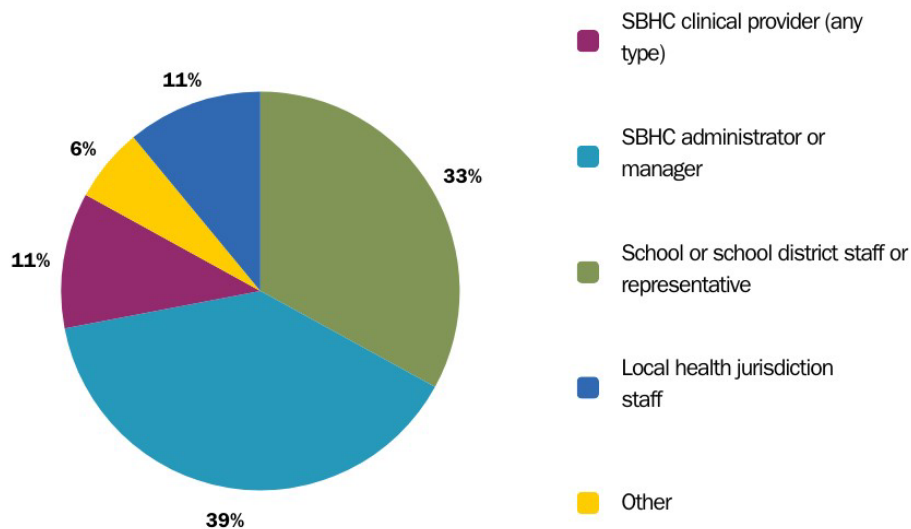
developed a theme list, and coded the responses and notes based on the identified themes. The major themes identified were:

- Challenges for SBHCs
- Components of successful SBHCs
- Considerations for the statewide expansion of SBHCs
- Opportunities for DOH support of SBHCs

## Participants

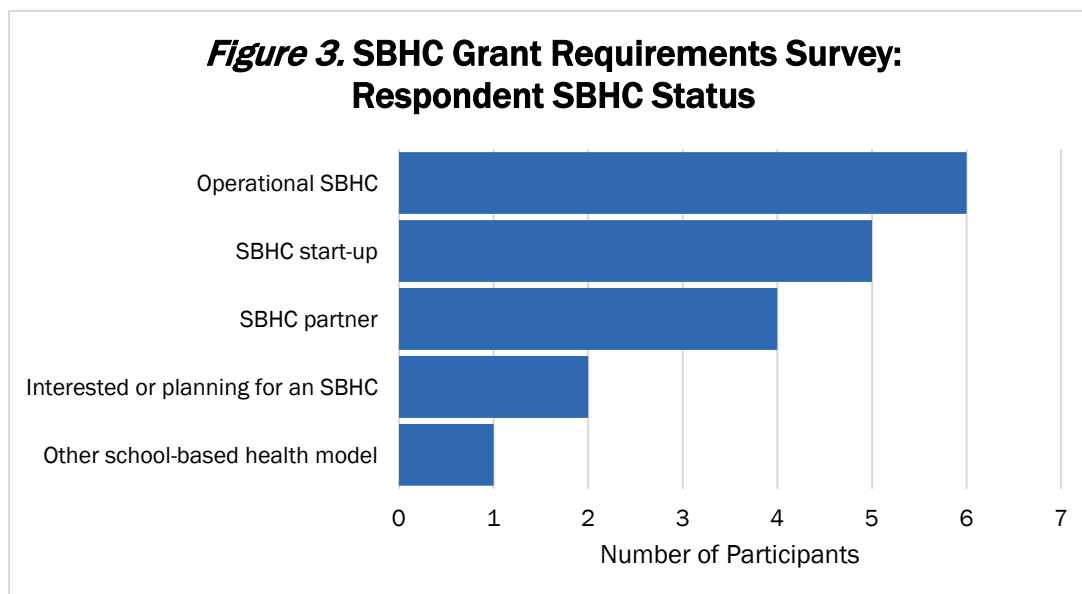
We shared the draft SBHC grant requirements, survey link, and feedback session registration links with current SBHC grantees, partners connected to SBHCs not funded by DOH, local health jurisdictions (LHJs), and Tribes. By role, half (50%) of the participants were SBHC administrators, managers, or clinical staff. The other half represented SBHC partners, including LHJs and school staff (see Figure 2).

**Figure 2. SBHC Grant Requirements Survey Respondents by Role**



We also asked about the status of the participants' SBHCs (i.e., fully operational, in the start-up phase, planning for an SBHC, etc.). Operational SBHCs were most represented, followed by SBHCs that were starting up (see Figure 3).

**Figure 3. SBHC Grant Requirements Survey:  
Respondent SBHC Status**



Based off this distribution, we expected that most responses would be from the perspective of an experienced SBHC administrator, provider, or informed partner. A smaller proportion represented the voices of organizations interested in supporting more school-based health.

## Findings

### Theme 1: Challenges for SBHCs

Almost half of participants identified that a potential barrier for SBHCs to meet DOH's proposed grant requirements was hiring and retaining staff for the SBHC. An SBHC that operates at the minimum level required (10 hours per week across multiple days) would need a part-time provider or a full-time provider willing to rotate their worksite.

*“The providers that I have who do not have to split their time are happier, stay longer and develop better relationships with the students and larger school community which leads to increased trust and ultimately increased utilization.”*

SBHCs serving a small or rural school can face additional challenges recruiting a provider due to the smaller workforce pool. Participants recommended DOH consider adjusting the amount of the grant awards to help grantees be competitive in the job market. They also suggested DOH provide flexibility in enforcing the requirements when the SBHC is not able to meet them due to factors outside of their control (such as hiring delays).

*“If you make these providers a requirement up front, it really makes it much harder for rural and small/isolated schools to get these types of providers to agree to come into their school, thus reducing the likelihood of smaller and rural schools from wanting to enter into the SBHC*

*realm. Plus the cost of these types of providers would need to be accounted for in the operational grants provided by DOH.”*

Another challenge for SBHCs continues to be navigating consent and confidentiality for young people to access health care. This theme also appeared in feedback during DOH’s [2022 community engagement work](#).

## **Theme 2: Components of Successful SBHCs**

Throughout the survey and feedback sessions, respondents consistently identified three components necessary for an SBHC to be successful: effective SBHC staff, strong partnerships, and consistent outreach work.

**Effective SBHC staff:** SBHC staff need to be able to connect with adolescents to build rapport and provide high-quality health care. The ideal SBHC staff person has experience working with youth and is willing to work flexibly within their job role (but within the scope of their license). The clinic coordinator role is also essential for care coordination, outreach, and liaising with the school.

*“If word gets around that your staff are not interested, authentic, and supportive, kids won’t come.”*

**Strong partnerships:** Almost half of respondents emphasized that the SBHC needs to have a collaborative relationship with the school staff (including the school nurse, administration, and district administration). The school can support communication and outreach to students and families.

**Consistent outreach:** SBHCs need to maintain consistent outreach and communication with students, families, the school, and partners – from the planning and start-up phases to ongoing operations. This outreach work is helpful for educating everyone on the SBHC model and services. It can also help increase the SBHC’s utilization.

*“Year round outreach within the school is needed, even on days there is no provider on site.”*

## **Theme 3: Considerations for SBHCs Statewide**

Respondents’ recommendations on DOH’s proposed minimum SBHC hours and services varied. Many respondents recognized that the needs may vary depending on the size of the school, location, and ages of students.

**SBHC hours:** Operational SBHCs reported that being open at least two days per week seemed sufficient to meet student needs and be seen as an accessible resource. Respondents in the start-

up or planning phases were concerned that DOH's proposed minimum hours would be difficult to meet and sustain, particularly in SBHCs serving a small school or rural area.

*"I think it depends on the size of the school, but I feel the bare minimum is 2 days per week at a smaller school (less than 400 students), and at least 3 days a week for schools with over 1000 students."*

*"I do get concerned that if the requirements are too large it will make it more difficult for rural communities to be able to meet requirements and may discourage them from applying."*

**SBHC services:** Operational SBHCs agreed with the proposed requirement for primary medical and behavioral health services. They shared that the integration of services was helpful for addressing the root cause of a student's health concern. Other respondents recommended that DOH be flexible with the requirements and allow SBHCs to select which services to provide based on student and community needs.

*"I believe this is what every SBHC should be doing. If a SBHC is only providing one or the other they are not providing students with a complete care program."*

*"Let us define and identify locally the health needs our students face, and the best methods to address those needs."*

**Considerations:** Several respondents noted that the grant requirements could be adapted for unique needs, such as for SBHCs serving small or rural schools. These SBHCs can struggle to find a provider to staff the SBHC. SBHCs typically have a lower patient volume than a traditional clinic, and the volume could be even lower for schools with a small student population. Potential adaptations could include more flexible minimum hours or other school-based health models, like mobile clinics or telehealth.

*"Minimum hour requirements may not be practical for smaller rural communities with smaller school districts. Mobile efforts on rotation might meet more of the need for rural."*

*"Because we are rural and have few students, the minimum hours across multiple days may be a challenge, especially at first. We are starting small with plans for expansion as we gain more traction in the community - which I think is important in our location."*

#### **Theme 4: Opportunities for DOH Support for SBHCs**

Respondents asked that DOH continue to provide funding to support SBHCs and work on systems changes that would help the financial sustainability of SBHCs.



*“That [Funding] is all we really need. SBHCs can be super inefficient models from a visit volume standpoint, but can be highly impactful from a visit intensity standpoint. The lost revenue is the biggest deal for us versus putting the provider and staff in a traditional clinic.”*

*“To the extent DOH has leverage it would be very helpful to work with the Medicaid MCO's to make sure that SBHC's encounters are paid for services to students regardless of who is their assigned PCP.”*

Other technical assistance opportunities included general training, examples from other SBHCs, communication tools, data collection, and education on the SBHC model. Respondents recommended that DOH continue to partner with WA SBHA for training and technical assistance.

## Recommendations and Next Steps

### SBHC Grant Requirements

DOH reviewed feedback from each phase of the engagement process and consulted with WA SBHA before finalizing the SBHC grant requirements.

Feedback on the required SBHC hours and services was the most wide-ranging. Some engagement participants felt the requirements didn't go far enough to promote high-quality care and service accessibility. Others felt the requirements were unattainable or unrealistic for their community's resources. DOH decided to require 10 hours per week of primary medical and behavioral health care to establish a baseline level of care for DOH SBHC grantees. We will work with current and future grantees on meeting this requirement. We will also evaluate the impact of the requirements and revise them as needed.

DOH made several changes to the final grant requirements based on feedback, including:

- Adding a definition for health equity
- Clarifying that SBHC operations grant recipients could work toward meeting the minimum SBHC services and staffing requirements during the grant period
- Requiring SBHC services be provided at no cost for all students

DOH will also develop an internal policy and plan for working with grantees who do not initially meet the requirements. Several respondents mentioned that provider shortages have been, or could be, an external factor that would prevent the SBHC from meeting the requirements.

## Future Opportunities

Feedback from this engagement process clearly demonstrates an interest and need for more support in several areas:

### Financial Sustainability

SBHCs often do not have a patient volume to reach a sustainable level of billing reimbursement like traditional clinics. The DOH SBHC Grant Program was established by the Washington State Legislature in part to provide funding support through grants to reduce this financial gap. The program will continue to prioritize funding SBHCs with financial need, as grant funding is available.

We are also partnering with other state agencies and partners to improve the availability of resources and technical assistance for SBHCs on billing and reimbursement. Some resources and links are available on DOH's Adolescent and Young Adult Health program's [WA Portal webpage](#).

### Capacity Building

Current DOH grantees complete infrastructure and capacity-building activities as part of their grant project workplan. Activities include community engagement, health equity planning, and financial sustainability planning. Feedback from operational SBHCs confirms that partnerships, outreach, and financial sustainability are essential components for a successful SBHC. We will continue to include these activities in the grant work and gather more resources, in partnership with WA SBHA, to support them.

### Other School-Based Health Models

Respondents from small or rural schools and SBHCs encouraged DOH to consider supporting other school-based health modalities, such as mobile clinics and telehealth services. These models may be more practical for communities to implement, but there is less research on their effectiveness than SBHCs. We will explore opportunities to fund and evaluate innovative school-based health projects like these.



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