SEVEN DIRECTIONS

A CENTER FOR INDIGENOUS PUBLIC HEALTH

UNIVERSITY of WASHINGTON

Community Listening Sessions: Tribal School-Based Health Centers Programming, Needs, Interests, and Preferences in Washington State

Final Report

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About Seven Directions: Seven Directions is a public health institute focused on American Indian and Alaska Native health and wellbeing and is a member of the National Network of Public Health Institutes. It is based in the Department of Psychiatry and Behavioral Sciences in the University of Washington School of Medicine. As a public health institute, it serves multiple functions, including research and evaluation, needs assessment and community listening sessions, provision of technical assistance and training, all within the lens of Tribal sovereignty, a focus on family and community, culture and identity, and Tribal public health governance and systems alignment to promote public health capacity within and across Tribal and urban Indian communities and sustainability. In this role, Seven Directions serves as a neutral convener, able to hold space for dialogue to focus on common needs and solutions.

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Executive summary

Seven Directions partnered with the Washington State Department of Health's (WA-DOH) Adolescent and Young Adult Health team to inform future Tribal School-Based Health Center (SBHC) programming. Using community-based participatory research (CBPR) practices, Seven Directions collaborated with school superintendents and/or principals and conducted Community Listening Sessions in September 2024 in separate geographic regions of the state of Washington, which are identified in this report as School site 1, 2, 3 and 4. Two school sites are on the Salish sea coast (in western Washington) and two schools are inland (in eastern and central Washington.) The purpose of the listening sessions was to gather insights from Washington's diverse Tribal communities on needs and preferences related to SBHCs and share those insights with the WA-DOH to inform WA-DOH SBHC programming. Seven Directions team conducted the listening sessions in person on the school campus, which included a community meal, raffle prizes, and an open discussion related to SBHCs.

A total of 86 community members participated in the listening sessions across the four Washington school sites; 76.9% of participants in site 1 self-identified as American Indian/Alaska Native (AI/AN) tribal members, 74.5% identified as AI/AN in site 2, 9 .1% in site 3 and 50% in site 4. Average age of participants was 29 years. Many participants were parents, guardians, healthcare providers and educational professionals that expressed collective concern for the wellbeing of Native youth in their communities. Students also actively contributed to the discussion allowing for the scope of inquiry to engage with the target population through a tier-based strategy that prioritizes dialogue around comprehensive care.

The recordings of the community listening sessions were transcribed through Seven Direction's internal transcription tool. Transcripts were analyzed by theme to develop summaries of the perceptions and thoughts shared by the community members. Individual reports were created for each school administration with the purpose of highlighting the main preferences, needs, and interests related to having a SBHC on their school campuses.

Recurring themes across listening sessions included that: (1) it is important to address historical trauma and build trust with these Tribal communities for SBHC program development, (2) school sites strongly desire an in-person on-site SBHC, (3) a series of grant writing and training support are requested for capacity development and program sustainability, (4) mental health services are imperative, and (5) upstream or preventive healthcare service is crucial for the health and well-being of these communities.

Using these five themes, Seven Directions identified the following immediate and long-term opportunities for the WA-DOH: (1) coordinate and establish a relationship with each tribal school site that participated, (2) research and understand Indigenous community's histories with westernized health models, (3) familiarize themselves with Indigenous health epistemologies, (4) partner with the DOH-WA Office of Tribal Public Health and Relations (OTPHR) to identify funding opportunities for tribal SBHCs, and (5) modify WA-DOH current SBHC funding models to establish a dedicated funding stream to establishing SBHC in tribal schools different than the current Request for Funding Application (RFA) process.

Background

American Indian and Alaskan Native (AI/AN) youth, aged between 10 and 24 years, exhibit some of the most severe mental, physical, and emotional health challenges in comparison to other ethnic and marginalized groups within the United States.(1) According to the Centers for Disease Control and Prevention (CDC), AI/AN youth in this age range experience rates of suicidal ideation or suicide that are 2.5 times higher than the national average, surpassing those of any other ethnocultural group in the United States. (2) The CDC report indicates that this health disparity ranks among the three leading causes of premature death in adolescents from the AI/AN community. (2)

In addition to mental health challenges, Washington AI/AN youth also face physical health disparities. A 2016 statewide survey reported 12% of all students in WA schools are obese with AI/AN 10th graders exhibiting 15%, a higher rate than the state average.(3) Obesity rates amongst 12th-grade AI/AN students are significantly higher than the prevalence in 10th-grade White or Asian students. (3)

Dental health represents a key concern for tribal communities, with AI/AN youth facing substantial health disparities in this area as well. For example, AI/AN youth are 3 to 5 times more likely to experience a history of tooth decay than White students, and less than 1% of dental professionals in Washington state are Native. (4) While AI/AN tribal members may be eligible for free dental care through Indian Health Services (IHS), it has been reported that one-third of the Washington AI/AN population (8,454) cannot access IHS-provided dental services due to geographical or eligibility barriers to Medicaid/ AppleCare. (5) A 2015-2016 survey found that Washington AI/AN youth have the highest number of dental caries and that the prevalence of dental cavities among AI/AN 3rd graders is significantly higher than the prevalence among all Washington 3rd grade state average (65% compared to 53%, on average). (4)

Furthermore, AI/AN women experience disproportionate rates of cervical cancer and cancer mortality rates. A 2012 study found AI/AN have higher cervical cancer rates than other racial groups in the U.S., and HPV vaccine rates were inconsistent across tribes and clinics in Washington. (6) Several barriers prevent AIAN access to vaccine administration, with clinics reporting lack of knowledge among patient populations (57%), distrust of the medical system (39%), and lack of funding (39%). (6) In addition to these concerns, AI/AN female-identifying adolescents ages 15 to 19 years of age have the highest teen birth rate of any ethnic/ racial group in the United States. (7) From 2009 to 2011, birth rates for AI/AN teenagers (31 per 1,000 live births) aged between 15 and 17 years were higher than the national average. (7) Native women and teenagers face high disparities in reproductive and sexual health, demonstrating a need for reproductive education and preventative care.

Health disparities faced by AI/AN youth in Washington state represent critical and complex public health needs. The significant health disparities experienced among AI/AN youth are attributable to multiple factors, including limited access to healthcare, the quality of educational systems, poverty, historical contexts, political climates, and environmental/social contexts. (8)

Despite these factors, AI/AN youth access protective support through rich Indigenous cultures, language, holistic health connections, and community programs. (8)

There is a critical need for the Washington State Health Department to understand how these multifaceted health disparities are currently manifesting in tribal communities today. Additional information is needed to explore how Washington tribal communities would like healthcare delivered for their youth, and whether they are open to an evidence-based solution like School-Based Health Centers.

Methodology

At Seven Directions, the health and wellness of Indigenous people are at the core of our values. In response to this commitment, the WA-DOH requested that our organization host town hall-style community meetings with Tribal communities across the state of Washington.

- Seven Directions team used CBPR to engage with Tribal school superintendent and/or principals and/or other administrators interested in a community listening session and discuss the goals of this project and potential benefit to the school community. Together, school administrators and Seven Directions developed event logistics (when and where) and community outreach plans (who and how to reach such as flyer with the school logo and event details, how many expected participants), potential incentives (community meal, raffle prizes) in preparation for the community listening sessions. In addition, the school administrators reviewed the semi-structured questions to guide the community sessions and provided input.
- Community listening sessions were conducted at each of the school sites (#1, 2, 3, 4). Each listening session was structured in a welcoming manner where members of the community and students were invited to share their thoughts on SBHC.
- Each participant was greeted by the Seven Directions team and handed a brief demographic poll they were asked to fill out. Results of the demographic survey can be referenced in Table 1.
- The school superintendent or principal welcomed the community members to the session, introduced the Seven Directions team and briefly introduced the purpose of the meeting and their support for this community listening session.
- The Seven Directions facilitators conducted the community listening session using the semi-structured facilitation guide.
- Once demographic surveys were completed, facilitators began to ask the community questions using the facilitation guide.
- Dinner was provided by Seven Directions.
- Recordings from listening sessions were transcribed, cleaned and analyzed by the Seven Directions team.

Participant Demographic Characteristics

Table 1: Participant Demographics of Community Listening Sessions across four school sites.

	Total Participants (Combined, N = 86) N of Participants (%)	
Gender-Sex Identity		
Female	45	(52.3)
Male	39	(45.3)
Other	0	(0)
Age		
14-18	24	(27.9)
19-54	39	(45.3)
55+	23	26.7)
Racial identity		
AIAN or First Nations	49	(57.0)
Ethnicity		
Hispanic: Y	14	(16.3)
Hispanic: N	72	(83.7)
Education Level		
Highschool Diploma or Less	43	(50.0)
Associates Degree or higher	41	(47.7)
Did not disclose	2	(2.3)
Tribal Affiliation		
Affiliated with 1 Tribe	19	(22.1)
Affiliated with 2 or more Tribes	33	(38.4)
No response	34	(39.5)
Child or Relative currently enrolled in tribal school		
Yes	42	(48.8)
No	44	(51.2)
Not Now	0	(0)
Years Active in tribal community		
Less than 1 year	10	(11.6)
1-9 years	21	(24.4)
10 or more years	54	(62.8)

Table 1 represents the data collected from the survey of all four tribal school sites. Eighty-six participants completed the demographic poll survey, including 45 females, 39 males, and two non-binary individuals. The youngest participant was 14, and the oldest was 73, with a mean age of 29. Age was categorized by ordinal groups of participants aged 14-18, 19-54, and elders 55 and older. In total there were 24 adolescents, 39 young to middle aged adults, and 23 senior citizen adults. A total of 57%, of surveyed participants identified as American Indian and/or Alaska Native. The remaining 43% of participants identified as having a multi-cultural background; primarily Hispanic and White. A total of 14 (16.3%) out of 86 respondents identified Hispanic as their ethnicity. Participants had varied levels of educational background with 50% holding a high school diploma or less, 47.7% holding an associate's degree, and 2.3% who did not disclose their education. Tribal affiliation was also surveyed with 22.1% affiliated with one tribe, 38.4% affiliated with two or more tribes, and 39.5% who did not disclose their affiliation(s). Of the participants surveyed, 48.8% currently have a child and/or relative enrolled in a tribal school and 45.3% do not. About 5.8% stated they are in relation to someone who is not actively enrolled but was either a past or prospective student. Participants also identified how many years they have been active in this tribal community with 11.6% reporting less than one year, 24.4% reporting between 1-9 years, and 62.8% having 10 or more years' experience. One respondent (1.2%) did not identify how many years they have been active in their community.

Key Findings

Preferred Health Services for a SBHC in Tribal Communities

There is a strong demand for health services to address the needs of Native students. As one school administrator emphasized, *"[We need] comprehensive support because we're dealing with all of them, all the way from vision to dental to emotional behavior or whatever it might be. We're in the thick of it right now. We're in the trenches"* (School Site 4). Tribal community members identified health services that align with the legal definition of a SBHC outlined in RCW 43.70.825. Tribal communities preferred potential SBHC to be housed on their school's campus and identified health care agencies that could provide sponsorship. On-site primary care, behavioral health services, and clinic coordination were identified in the listening sessions and described in Table 2.

- In-person mental health services, Behavioral Health
- Sexual health and reproductive education
- Primary care, Routine checkups, Sports physicals
- School Nurse on site
- Immunizations and Vaccinations
- Women, Infant, and Children (WIC) Appointments
- Dental care
- Vision care
- Holistic Health Model, Traditional medicine, and traditional foods
- Hearing care
- Nutrition and wellness
- Prevention education, Injury prevention, Substance use prevention (drug and alcohol)
- Family Home-Based health educator
- Administrative assistance- Support with getting paperwork updated/established
- Technical Assistance Services

Table 2: Preferred Health Services for a SBHC in Tribal Communities (*Level of Urgency Color Coded*)

Key

High Level of Urgency
Intermediate Level of Urgency
Low Level of Urgency

Health Service	Participant Description / Level of Urgency / Cultural Considerations	Participant Quotes
In-person mental health services, behavioral health	**Description**: There is a high need for in person mental health services on-site, that adopt a trauma-informed approach, offering age-appropriate, preventative care for issues like suicidal ideation, anxiety, depression, bullying, and substance use. Individual counseling for students who express mental health concerns with appropriate follow-up and action plans that involve family, and any other outside providers involved with the student's care is also needed. **Urgency Level:** High need based off participant statements, particularly school or tribal staff that work directly with the students (i.e., tribal counselor provider, principals, superintendents, nurse, tribal community health department staff). **Cultural Considerations:** Some parents in Native communities may not believe in counseling or therapy. Privacy and confidentiality are a major concern due to tribal communities being rural and having a small population where everyone knows each other. Also, it is important that SBHC mental health services do not cause additional harm and should have supportive plans in place for extreme circumstances.	*"How do we trust? How do we build that rapport to know that this is a service that helps us and not a [mental health] service that's meant to be harmful and hurting, but helpful and healing? So, I think about that because most of them who have spoken up about something in their lives have learned that there are consequences to speaking up sometimes. [T]he concept sounds great and it's how do we build that trust though?" -(School site 4)* *"Some parents just don't want their kids to have to go to therapy or they don't believe that therapy is for their child, so they won't allow them to go." -(School site 4)*
Sexual and Reproductive Health	**Description:** Provide education to students about sexual and reproductive health, including effective contraception, STD/STI education and prevention, female and male anatomy to help prevent teen pregnancy. **Urgency Level:** High need as multiple school sites reported high rates of teen pregnancies and general lack of sexual health education offered. **Cultural Considerations:** These represent sensitive topics that should include parent and community input on the curriculum.	*"Gosh, every year here, we have a lot of our community members, especially the women that are coming down with [like] breast cancer, cervical cancer, ovarian cancer. I think that's one of the easiest, earliest ways to get our girls to start to open up about seeing a OBGYN to get a baseline of what their health is." -(School site 1)* *"I would just say that sexual health education is extremely important in this county. I think we had one of the highest STD rates and pregnancy rates for a while. [S]ex is a matter of life, right? [S]o no matter what the belief is, it's important to have the education there and the resources for people to protect themselves." -(School site 1)*
Primary Care **Routine Check-ups** **Sports Physicals**	**Description:** Each school site noted that primary care efforts like routine checkups and sports physicals available on site or near the school will allow students in the community to participate in extracurricular activities. Sports physicals were regarded as a very urgent need. Students	*"A lot of the kids around here have to go to the emergency room to get some kind of level of care. [I]f we could just simply diagnose an ear infection or a throat infection or something that just takes a routine antibiotic, you could save*

	and community members expressed their enjoyment when students are able to participate in sports. Being physically active allows students to be social while also allowing them to explore healthy methods of well-being.	*them a whole day or maybe two days. It's a long time in the emergency room around here. And a lot of people don't have access to doctors." -(School site 3)* *"That was kind of one of the concerns like you have a lot of our children that have a lot of the Indian diseases and don't really know it... until they get a lot older because we don't have those services to know about a lot of that blood work." -(School site 1)*
	Urgency Level: This is a very high need because many students can save time attending an SBHC instead of having to schedule time away from school to seek these services. Additionally, providing diagnostics or sports physicals will be a preventative care model that will be healthy for students at schools.	
	Cultural Considerations: Primary care should be conducted respectfully and mindfully. Primary care providers should be comfortable with silence, understand and use culturally sensitive language. Primary care should allow for spaces of shared decision making so that students or community members can feel heard and accepted. Primary care providers who dominate can deter students or community members from revisiting services.	
School nurse on-site	**Description:** School nurses are perceived as important health providers for students. Only one school site reported not having a school nurse on site. They would like to see a nurse help provide basic healthcare, educate students and parents, and help coordinate care to refer students to physicians.	*"The only thing is when the kids go, I have a headache, can I go see the nurse? And I say, well, we don't have a nurse, and we can't give out any kind of medication to anybody and so I say, if you could call somebody from home and have them cover you [with] something, you know, ibuprofen or whatever, that's the only thing I could tell you other than that's it." -(School site 2)* *"If it's not a 911 issue, then it's just "call a parent"." -(School site 4)*
	Urgency Level: High need because the school is limited in its capacity to provide basic healthcare for students. Not having a nurse puts a burden on parents and students will miss an entire school day of instruction.	
	Cultural Considerations: Ensure the nurse hired receives training and support to become familiar with the tribe's specific culture and customs and understanding of health.	
Vaccinations, Immunizations, & WIC Appointments	**Description:** The two rural sites underscored the unique challenges posed by rurality, such as access to vaccinations and immunizations. One school mentioned that providing women, infant and children appointments would also be essential. Providing these services would significantly support younger students with preventive care as well as helping older students who have children. Communities believe that having these types of services can work in tandem with educating and supporting pregnant youth.	*"First of all, immunizations, even for those children under five, would be a big one because it does take a whole day to go [and] spend five minutes to get a shot." -(School site 3)*
	Urgency Level: Vaccinations and immunizations are a high need. Having access to vaccinations and immunizations at a SBHC would significantly reduce travel time to nearby health services that can be up to one to two hours away in rural areas. WIC appointments are a low urgency need but would be a great support service alongside vaccination and immunizations. This was mentioned by one community member at one school site.	
	Cultural Considerations: Thorough education and transparency of vaccinations and immunizations, before, during, and after would significantly reduce hesitancy in Tribal communities. American Indian and Alaskan Natives	

	have some of the highest vaccination adherence in the nation.	
Dental Care	**Description:** Dental care at all school sites is necessary. As described by participants, dental care is not available for students to access quality dental care. **Urgency Level:** Very high need and a priority for all school sites. **Cultural Considerations:** Providing dental care in tribal communities comes with subtle cultural nuances like avoiding heavy eye contact and talking to patients in lay terms. Dental providers should be engaged in conversation as an "equal" and not hierarchal (provider having all knowledge and not taking into consideration what the patient has to offer). SBHC should consider that racial concordance would allow communications between providers and patients to be better understood. Racial concordance could also establish trust more quickly and help tribal members follow up on dental visits.	*"We got kids drinking Pepsi at six months old you know like they're really going to have some teeth or ear problems." -(School site 1)* *"Basically...they're diagnosing kids with teeth that are too gone to prevent [decay] or be fixed. Because they can only do sealants and stuff here, they'll try to refer [students], and family health centers here won't take kids that need more work. So they want their work to be preventative also... We end up trying to transport kids and if they're in the dorm, we can't do that and oftentimes it's that transportation [barrier] and then also trying to get an appointment for them; they don't know how to navigate that." -(School site 1)* *"When they need anything specialized, they have to go to [Tribal Health Service] or they have to get a referral from IHS and again, it could take a month to get a referral." -(School site 2)*
Traditional medicine, foods, and healing practices	**Description:** Community members would like to see traditional plant medicines, foods, and healing practices offered to students coupled with western healthcare. This unique type of service will vary between school sites and will be based on specific tribal customary practices. Participants would like to see services provided by community members with the appropriate expertise in these areas. One school site described this as a Holistic Health Model that looks at a student's physical, mental, and spiritual health. **Urgency Level:** High need as desired services were mentioned by multiple participants in each tribally operated school site. **Cultural Considerations:** Tribes are not monolithic; each community has its own distinct cultural values that should be respected. This will require giving the community autonomy in 1) deciding appropriate services and 2) qualifications for the job description.	*"You know, sometimes, in the native culture, if someone is sick, somebody prays for them. I'm gonna have a prayer for this child or student and some other tribes they use, smudging or whatever traditional practice that they use and so I don't know if, I know it wouldn't work in a public school, but I know we have had people before they would come in." -(School site 2)* *"I was asked, what do native parents want their kids to be? And for a long time, I didn't get an answer, took a professor out of [WA State College]. He said, the mother earth takes care of you. So you need to take care of mother earth. So you need to take care of the land, the air, the water, the animals, the trees. You know, that's what we should be getting our kids ready to take care of who takes care of us, and I don't think it ever came up." -(School site 2)*
Administrative Assistance	**Description:** Barriers to accessible healthcare for students were reported across all four school sites. Administrative services at existing collaborative health sites need to be reevaluated and expanded to meet community needs. The primary barrier was identified as hours of operation (services are limited to weekday hours during school day operations, with minimal availability for appointment scheduling, and excessive wait times). Ensuring tribal sovereignty concerns are addressed would help support these efforts.	*"We have a lot of families where the parents are not really in the picture and we have children that are being raised by aunts, uncles, grandmas, grandpas and they don't really have the paperwork to be able to bring them to [receive care]. We have to get all these forms signed in order for us to be there or we have single home families, and they have exhausted their sick leave." -(School site 1)*

	Urgency Level: High need as reported by each independent tribal school site. Urgency was expressed by community members, parents, students, faculty and health professionals based on limited workforce capacity, difficulties initiating care for their children, and general access barriers due to lack of registration tools.	*"I raised four kids in this community, and I can tell you that no matter the type of insurance that you have, it's still like a six month wait for just a general eye doctor appointment. And the dental is the same, state, private, IHS. Yeah, preventative care is hard to get." -(School site 1)* *"Is it insurance based, [or] if you don't take insurance, could there be a sliding scale for payments? You know, because a lot of places don't, like she said, they dropped their insurance [providers] and now they've got to go find another doctor that takes the insurance." -(School site 3)* *"It's a very tight knit community. Everybody knows everybody. One person's business is everyone's business at some point, and it gets around. So, I think a focus on privacy and how we maintain that would be very helpful for accessing the care more fluidly." -(School site 4)*
	Cultural Considerations: A large number of community members reside in intergenerational households with varying levels of digital and medical literacy skills. Additionally, not all students and/ or families qualify for Medicaid or AppleCare and some youth are enrolled on a parent or guardian's work insurance plan that has associated restrictions for eligibility criteria or scope of dependency coverage.	
Technical Assistance Services – for school/school district capacity	**Description:** Community members expressed difficulties in navigating the technical aspect of establishing a school-based health center due to technological and logistical elements. Areas of improvement were identified as a lack of sign-up sheets, consistent follow-up practices, translation services (Bilingual; Spanish), grant writing assistance, and resource referrals. Participants also stated a need to better define and update the parent-teacher and student handbooks to reflect permissions needed for healthcare services or distinguish if primary providers can still establish care based on self-disclosure agreements.	*"If our community was awarded the grant, how do you find the people that will do the services here? Where does that come from? And as a community, would that make us in charge of the school-based health center? Or is there an umbrella that covers us and does the work?" -(School site 3)* *"When we're looking to get funding, some of us, many programs in the tribe don't have grant writers. For us, there are the grant writers and the program managers and the more that we write for things we're stretched thinner... We need the people [that we can fund] that can sit down and make sure the data is correct and make sure those types of services are happening." -(School site 2)* *"We have our own grant writing department team, and we've got to give them information on how they'll [need to] sit down with us to support us and get that grant written. Maybe getting with them might be helpful. -(School site 4)* *"Are there resources out there to assist the schools with the actual grant-breaking application process?... I feel like I've heard a lot about just thinking about the administrative piece of the challenge with grant writing in general." -(School site 1)*
	Urgency Level: High need as reported by each independent tribal school site. Each community identified this as a fundamental need to improve agency, equity and quality healthcare measures for Indigenous youth.	
	Cultural Considerations: State and federal parameters vary by school. It is imperative to speak directly to the tribal school education board (if applicable) and work to appoint a tribally affiliated, or Indigenous identifying, person to the board commission for the WA-DOH in addition to the current liaison in position. This will offer a standardized network of services state-wide while concurrently tailoring assistance to meet each school's needs. Another consideration should be made for the diversity of the student populations within the tribal school systems as many identify with a Caucasian and Hispanic backgrounds as well.	

Prevention education and health promotion	**Description:** Members of each tribal school community identified a critical need for prevention model services across a spectrum of health topics including general prevention education (health, safety, social issues, social inclusion, violence, and suicide), injury prevention, and substance use prevention for both drugs and alcohol to address disparate rates of presentation among AI/AN youth. Educational materials must include an empathy-based approach that encompasses self-care and community building to equip youth with both intrapersonal and interpersonal skills. All school-based staff should be required to complete health competency training to establish understanding and compliance with response procedures. Acute and emergency integrated interventions should also be designed for crisis intervention, EMS activation, and weather-related events.	*"I see it [prevention] as a first aid, there's been many times that a kid will come and say, "oh my stomach hurts and I'm a mom and I say, "let me check your head" [because faculty members don't have basic knowledge in first aid or triaging care]." -(School site 2)* *"When students get sick or hurt, what's the procedure for them getting care? Again, I haven't seen much of it here." -(School site 4)* *"Drug alcohol addiction type things [are important areas to address] because if you catch it when they're younger then they don't have to struggle when they're older." -(School site 3)* *"The new clinic set up a healing lodge for adolescents in treatment [recovery] but for anything acute they have to go out [to seek care outside of tribal community]." -(School site 1)*
	Urgency Level: High need as reported by each independent tribal school site. Preventive care is necessary for risk reduction among each community.	
	Cultural Considerations: Community members mentioned residual effects of the Covid-19 pandemic on public relations as tensions escalated and resulted in higher prevalence of retaliatory behavior among youth, such as intentional poor academic performance, delinquency, harassment, physical altercations among peers, and verbal aggression. In addressing the family dynamic as an influence on health, measures need to be taken to develop safe spaces for sexual (preventative for self-harm, disease and violence control) health discussions for youth to discern care needs and establish veteran support for parents-- specifically for fathers with PTSD.	
Nutrition and wellness	**Description:** Community members highlighted a need to address food insecurity through a school-based nutrition program that prioritizes food sovereignty efforts to promote the use of traditional food pathways as a health intervention mechanism. Participants would like to expand services to include sports-related nutrition, obesity prevention, weight management and weightlifting training. Three out of four school sites cited concerns for high levels of energy drink consumption among youth.	*"Promoting the healthy living with how we use our native foods, our native medicines... to not just be healthy physically but spiritually." -(School site 1)* *"Getting back to our traditional foods, because within our school systems, I always say, when I go to the USDA, I say, well, are you forcing foods on us? When our traditional foods are great, you take a look back... We didn't have these types of sicknesses or whatever it might be... No more forced foods." -(School site 4)* *"I think nutrition is big because I see a lot of kids coming in with their red bulls and this and that in the morning." -(School site 4)*
	Urgency Level: High need as reported by each independent tribal school site. Both parents and school-based staff recognize nutritional health as critical in youth growth and development and chronic disease prevention. Changes to the immediate and internal food environments of the schools are needed as first steps in minimizing impacts on broader health concepts.	
	Cultural Considerations: Tribal communities are located throughout the state of Washington with regionally specific needs that reflect place-based factors in population health outcomes. Schools may either be in a rural or urban setting that requires adjustments to public health action. Considerations should be made to include: 1) respective local food environments, 2) cultural concepts of health and body-image, and 3) health and healing practices that	

	incorporate Indigenous knowledge systems on nutrition that are sustainable.	
Hearing Care	**Description:** Community members expressed a need for hearing services as a method for early detection and management of auditory diseases and conditions. Participants stated a desire for general screening and diagnostic services. It would also be beneficial to offer aural rehabilitation for youth with hearing loss or speech challenges.	*"I think if we had a school-based health center, I would see that as comprehensive... a lot of our kids may not have access to get hearing checked or [relevant] information." -(School site 2)* *"They're really going to have some you know... earaches or ear problems because... [in] this area here you know we take use of that [tympanic] thermometer because winters can be 17 below [freezing]." -(School site 1)*
	Urgency Level: Intermediate need for general hearing related health services and outsourcing of collaborative support with audiologists to offer this service. Parents primarily expressed a need to address barriers to access for low-income and rural students. Minor concerns discussed for increased exposure through daily media use as youths may not know risks to hearing.	
	Cultural Considerations: Social stigma against hearing disabilities may dissuade youth from utilizing services. There may also be attitudes around hearing loss among tribal community members that normalize the progression and influence care seeking behaviors. Educational prevention materials on hearing loss should be provided in conjunction with services to help youth understand risks and best practices for protection. This considers cultural practices such as drumming that might expose youth to loud noises.	
Vision Care	**Description:** Participants expressed frustration with not being able to get quality vision care from surrounding healthcare services like Indian Health Services. When students or community members do seek vision care, they are referred out and sometimes referral can take too long causing them to not follow through with care.	*"It's not like they just call you and say, "hey you're due," no, like you got to call them and you got to wait in line and you got to know how to speak how they speak to get in there so... That's another thing with the vision." -(School site 1)* *"No matter the type of insurance that you have, it's still like a six month wait for just a general [like] eye doctor appointment." -(School site 1)*
	Urgency Level: Intermediate urgency level. Vision care was mentioned by all school sites.	
	Cultural Considerations: Due to historical traumas of vision care provision to Indigenous communities, healthcare providers should allow for a shared decision-making process when it comes to vision care. It is important that healthcare providers also use lay terms and are empathetic towards their native patients. Using lay terms and practicing empathy should prove better patient to provider interaction.	
Family home-based educator	**Description:** One school site mentioned the need for alternative models of health such as providing families home-based education. Many AI/AN students and communities value kinship and the health of a relative strongly affects the health of other family members. Having a family home-based educator would allow AI/AN students to be relieved of emotional and mental stress if implemented correctly. This piece of mind can support healing from daily stressors or other health related issues for these tribal communities.	*"Health care for the whole family... it really does affect the entire home and we're in a population where you have multiple placements within homes. So, we work with reservation kids all the time in our classrooms and in our classrooms at churches. They are... very vulnerable, but it does it affect our entire community not having these resources." -(School site 2)*

	Urgency Level: Low urgency as it was recommended by only one school site and was mentioned in the context of supplementing other highly needed services.	*"We have to have those conversations with our students. It doesn't have to be in the classroom. It can be done all talking with them. You know, we have opportunities to expose these kids, not just in the classroom, but in the conversations that we can have with them." -(School site 2)*
	Cultural Considerations: It is imperative to factor in social norms within an Indigenous understanding of interhousehold and familial dynamics as they can act as either a protective factor or an indicator of health outcomes. Providing options for home-based education for both youth and parents/ guardians can act as a safeguard in reinforcing school-based health education. This helps to support behavior change regarding household behaviors that may lead to risk or exposure for youth. Some households may also have additional barriers that affect their ability to follow-up with assessments or conduct information reviews within a school setting that in-home services can help facilitate. Some community members may be apprehensive about having state/government employed personnel entering their homes. An ethics model for this service should be developed to help mitigate potential of implicit bias and ethnocentrism.	

Key Themes Synthesized

Theme #1:

Tribal school participants emphasized the critical role of culture-centered community-based engagement approaches in addressing historical trauma, fostering trust between WA-DOH, the community and the providers, and promoting cultural humility in the implementation of a SBHC. Due to generational trauma of boarding schools, where Indigenous children were forcibly taken from their families, punished for speaking their language, and subjected to abuse, there is deep mistrust between Tribal communities and government institutions.

"What are we doing in education to at least expose those providers that potentially could come and practice here to the cultural protective factors that we protect so closely? And so it begs the question, ***what are we doing in education to prepare providers that are non-native to come in these communities to provide culturally safe practice?*** *What does that look like?" -Tribal community member/participant*

To rebuild trust, WA-DOH must recognize the history between Tribal communities and government institutions. It is essential that the WA-DOH is intentional in its efforts to address it. Participants shared key strategies for improving trust and ensuring that SBHCs are effective in tribal communities:

1. **Ongoing Relationship Building**: WA-DOH AYAH must commit to engaging with Tribal communities regularly and it cannot be a one-time effort. It is important to note that the 29 federally recognized Tribes in Washington are not monolithic; each community has its own distinct cultural values that should be respected and incorporated into health services. By engaging more, the department will learn about these distinctions. Engagement with each of the tribal school sites and communities may look like:
    a. Connecting with Seven Directions or other trusted partners to establish an introductory meeting with each of the school sites who participated in the listening sessions.
    b. Outreach and communicate with each of the school sites superintendents, principals or school leaders to initiate communication with community elders or tribal council. Most contact information can be found on schools' websites or through google search. Efforts to connect via email and phone calls may take time to set up initial meetings due to tribal school's competing priorities. It may take multiple attempts and will require consistency. If efforts fail to lead to connecting to appropriate personnel, it is recommended to physically visit a tribal school to ask to be connected to the school's administration.
    c. Seek formal approval from tribal council or tribal elders/leaders. Every tribe's process is different, so it is important to consult with tribal elders or tribal council accordingly. Most tribal communities have a tribal administration office that handles requests to present to tribal council or can provide the appropriate contact information.

    d. For most tribal communities, in person relationship building is most effective and appreciated. There will be a challenge to connect with tribal communities virtually. The challenge can be that technical systems and/or preferences are not aligned with virtual communication. Showing up in person is an indication of respect, trustworthiness, and genuineness.
    e. Making time to attend or participate in social events like cultural gatherings could also demonstrate commitment towards the best interests of the tribal schools.
2. **Incorporating Traditional Knowledge and Practices**: Many participants emphasized the importance of including traditional foods, medicines, and healing practices within SBHCs. This consists of consulting with community members and Tribal elders. As tribes work to sustain their cultural practices, SBHCs can play a supportive role by integrating these traditions alongside the SBHC Western healthcare model.
3. **Culturally Competent Staffing**: Participants stressed the need for SBHCs to hire staff familiar with the specific cultural values and needs of the Tribes they serve. This ensures that services are delivered in a way that builds trust and fosters strong relationships with the community.

These strategies provide a pathway to rebuild trust and ensure that SBHCs can serve tribal communities in a respectful, culturally relevant, and healing-centered way.

<u>Theme #2</u>:

Communities strongly advocate for the establishment of an in-person SBHC on their Tribal School lands as opposed to other SBHC delivery models (Telehealth or mobile clinics). In-person healthcare is imperative as it will allow for accessible and high-quality healthcare services to students and their communities. School sites shared that an in-person SBHC would increase attendance rates while also significantly reducing time spent traveling and seeking healthcare.

"I live on the...north end of the reservation up here, and we get a clinic [one day of the week]. Just for that part of the rez, ***we get just one day a week****. And say your IHS... your paperwork getting up to date, then kids have to travel to [board town] to that clinic...* ***a little bit of a drive****."*
-Tribal community member/participant

All four school sites enthusiastically expressed a strong desire for an in-person SBHC on their school campuses. Two of the four schools are rural, with the nearest towns being upwards of an hour's drive away from any healthcare services. This highlights the urgent need for accessible, high-quality healthcare while also supporting theme #1. An in-person SBHC would effectively address the unique health challenges faced by students and community members. By implementing an SBHC, the Washington Department of Health (WA-DOH) can effectively respond to the needs of Tribal communities and promote improved health and wellness outcomes.

Theme #3:

Communities request collaborative support from the WA-DOH in grant writing training and other technical assistance to develop and/or implement an SBHC on their school campuses. Historically, healthcare services like SBHCs were established on or near each of the school sites but were later discontinued, leading to skepticism and a loss of trust in government initiatives like SBHCs. Communities recognize that it is necessary for the WA-DOH to provide training as well as support during the grant process.

> *"So again, **the burden falls back to the tribal school or the schools to help develop the grant and put that together.** So, you know, you're always placing the burden back on the community... And then the other is, you know, this is a tribal school. And, you know, **how does that align with what the state is doing and the BIE?**" -Tribal community member/participant*

The four school sites request that the WA-DOH actively engage with Tribal communities by offering assistance and training during the grant application process. WA-DOH should highly consider contracting Indigenous TA providers to assist school sites with the Request for Funding Application (RFA). Communities are eager to establish a SBHC and seek technical support to navigate the complexities of securing funds, identifying and partnering with a healthcare sponsor. As mentioned by a community member, many Tribal members recognize the importance of healthcare services in their communities, but it's also essential to reduce their burden. This can be done by:

1. Providing a series of in-person grant training sessions.
2. After in-person relationships are established, grant webinars, online meetings, and virtual training should be continued for the support of the relationship.

By providing grant training, the WA-DOH can support each of the four school sites and their Tribal communities to pursue their healthcare goals and improve access to services.

Theme #4:

Mental health services are crucial, and school sites are struggling to meet the growing mental health needs of their students due to a shortage of providers. One school reported a ratio of 1 counselor to 76 students. Students are impacted by various life experiences, including veteran parents with PTSD, living on the brink of homelessness, or being raised by grandparents or other family members, teen pregnancy, and the effects of Covid-19. These issues combined with negative social media influences are contributing to rising mental health concerns. However, access to mental health assessments including developmental or intellectual disabilities is difficult. Rural schools face additional obstacles in accessing mental health services due to geographic isolation with border towns already at full capacity. It is recommended that mental health services be provided in person on site, and adopt a trauma-

informed approach, offering age-appropriate, preventative care for issues like suicidal ideation, anxiety, depression, bullying, and substance use.

"***There is a need for a safe place to have those conversations*** *would be beneficial and very helpful. I have a few kiddos who have had teenage pregnancies and are extremely stressed and high in depression and suicidal ideations. So being mindful of maybe this might be something that could have helped or even* ***having access to safety****, it would have been very beneficial for a lot of my kiddos' lives." -Tribal counselor/participant*

Theme #5:

Upstream or preventive healthcare services are crucial for the health and well-being of communities that have historically been affected by health inequity. Upstream or preventative healthcare services are the best way to identify the social determinants of health relevant to each school and respective community through advocacy and investment in long-term health outcomes through community-driven outreach and solution planning. The primary upstream factors reported across all school sites were socioeconomic factors including income, family and social supports, educational status and opportunities. On the intermediate level trends were seen in environmental factors such as connectivity, land use and occupational exposure within a school setting (i.e., bullying, substance use, biological hazards). At the individual level, the most pronounced factors included health-related behaviors and age-based perceptions of health such as personal risk, self-efficacy and self-management skills like coping mechanisms, critical thinking, and interpersonal communication and relations. Measures to increase access need to extend across multiple categories of community development such as infrastructure, policy and mobilization to improve capacity building. By conducting multi-level interventions this approach can address barriers to care through an anticipatory care model that delivers comprehensive services while considering place-based differences in needs within delivery implementation. Another consideration should be made based on the individual school's status as a State-Tribal Education Compact school, BIE Tribally controlled Grant school or a BIE contract school.

"When I think of a school-based health program, I would think a lot of teaching kids mostly for prevention purposes ***down the road****, nutrition, physical activity, mental wellness,* ***everything that they're going to need down the road to be able to take care of themselves****." (School site 1) -Tribal community member/ participant*

To adequately address the current limitations, the WA-DOH should invest in the following actions:

1. **Create a map** for community resources, existing care services and social support networks while simultaneously identifying gaps in scope and provider availability to document need to potential collaborators and stakeholders.

2. **Establish educational opportunities** through curriculum development and community partnerships with Indigenous serving organizations for students interested in the health science professions. This will allow for increased visibility as an ethnic group and strengthen the workforce's capacity for cultural sensitivity in working with marginalized communities.

3. **Develop a community suggested implementation plan** for an option for a home-based education component to provide additional support with interhousehold dynamics. The hired professional should be a licensed health educator with professional or lived experience working with Indigenous communities to mitigate work, travel and information access challenges.

4. **Initiate a state-led messaging campaign** that includes considerations for each community by regional and culturally specific needs, growing tribal population enrollment numbers, and contemporary health issues affecting Indigenous populations. A state-led messaging campaign is required to help reduce barriers associated with limitations of seasonal work and a lack of accommodations for those with auto-immune diseases, special education support needs and disabilities. Connecting community members with counseling resources, transportation services, and health professionals that can offer help in patient understanding of treatment plans and navigating medical anxiety (related to diagnosis turnaround time, symptom progression/ timeline, and missing school days/ assignments) is critical for both efficacy and equity. Facebook, community newsletters and physical information pamphlets distributed at tribal community events such as powwows, school vaccination clinic days or healing gatherings were the suggested preferred delivery methods.

Adopting an upstream and preventative healthcare service approach within a tribal serving school setting is important for addressing social determinants of health and limitations within clinical care settings. Systematic evaluation is a key factor in improving underlying root causes of health conditions affecting Indigenous youth through asset-based approaches that promote positive youth development programs.

> *"It [preventive education] would help the kids if they're interested in learning to be a nurse or a doctor or something like that to **help them further their education** and **come back to the reservation to help their native [people]**." -Tribal community member/ participant.*

Immediate Key Opportunities

- Collaborate with Seven Directions and the four school sites for an introduction meeting to discuss individual next steps into building a SBHC. This can happen virtually.
- Coordinate with Tribal health departments to connect with Tribal leaders or Tribal elders to plan an initial in-person site visit to each school site.
- Once an in-person relationship is established, continue relationship-building via online webinars or other ways.
- Prioritize researching, learning, and understanding WA state Tribes' unique history, values, experiences, and Treaty Rights before engaging in relationship building.
- Become familiar with health-based Indigenous and holistic epistemologies. Explore how this model of health can be integrated into Western health frameworks to improve the health and well-being of American Indian / Alaskan Native communities. This can be completed as a literature review before the first in-person meeting with school sites.

Long-term Strategies

- Given the significant need for School-Based Health Centers (SBHCs) in tribal communities, partnering with the DOH-WA Office of Tribal Public Health and Relations (OTPHR) could further support relationship building with tribal communities.

This partnership could focus on long-term strategic planning to identify additional support and funding for the implementation of SBHCs in tribal communities. It's possible that AYAH is already collaborating with OTPHR, given that the Office was established to ensure alignment with the Washington State Centennial Accord of 1989 and the DOH's Tribal Consultation and Collaboration procedure outlined in Chapter 43.376 RCW. The OTPHR, led by Executive Director Candice Wilson, Tribal Policy Director Amber Arndt, and Tribal Engagement Director Rosalinda Turk, plays a key role in working with tribes to develop policies, agreements, and programs that directly impact tribal communities. Currently, OTPHR is focused on its Transformative Plan, which includes Health and Wellness as a key priority. This collaboration of resources and expertise from both departments can be an opportunity for AYAH and OTPHR to develop a comprehensive, long-term strategy to increase the number of SBHCs in tribal areas.

- The Washington Department of Health must prioritize an equitable approach to grant distribution.

The health disparities highlighted from our listening sessions and supporting literature exemplify federal, state, and institutional policy's systemic role that have contributed to disproportionate health outcomes for Native Americans. It is highly recommended the DOH modify their current SBHC funding model to establish a dedicated funding stream to establishing SBHC in tribal schools different than the RFA process. There is currently only one SBHC in a tribally controlled school. This type of adaptation would align with the DOH mission of "Promoting Equity, Undoing Inequity" by ensuring targeted support for this highly vulnerable population.

Conclusion

The findings from the four community listening sessions identify clear desires for SBHCs that are responsive to the unique needs, interests, and preferences of these tribal communities. Key takeaways highlight the importance of culturally relevant, accessible, and sustainable health services that address immediate and future health needs. The key themes emphasized are the need for the WA-DOH to prioritize trust-building, cultural humility, and comprehensive grant training. Focal points include mental health, preventive care, and community-led solutions.

By listening to the community and tailoring services to their needs, an SBHC can play a vital role in improving health outcomes for WA state tribal students, schools, and communities. SBHCs have proven to produce positive outcomes on student achievement and overall community development, which are directly linked to increased health equity. Washington state tribal students would greatly benefit from SBHCs, as they can serve as a protective factor against both short- and long-term negative health effects experienced in medically underserved populations. These adverse health experiences are rooted in institutional-level barriers; however, SBHCs can foster culturally inclusive healthcare and education to address this gap. SBHCs may incentivize systems-based changes at both the state and federal levels because they are able to screen, treat, and advocate for youth's needs from an informed perspective, providing patient-facing care that influences public health policy and action.

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Appendix

A. Demographic Poll

Perceptions School Based Health Centers in Tribal Communities

Town Hall / Community Listening Sessions

Poll Questions

1. Please provide your age: _____

2. Circle the racial group(s) with which you identify:
    a. American Indian or Alaska Native
    b. First Nations
    c. Black or African American
    d. Asian or Pacific Islander
    e. White
    f. Other: _____

3. If you are American Indian/Alaska Native, please circle the number of tribes with which you identify:
    a. 1 tribe
    b. 2 tribes
    c. 3 or more tribes

4. Please circle your ethnicity:
    a. Hispanic or Latino/a
    b. Not of Hispanic or Latino/a descent

5. Please circle your sex:
    a. Male
    b. Female
    c. Other
    d. Prefer not to answer

6. Please circle your education level:
    a. Less than 12th grade
    b. High School Diploma or GED
    c. Associate degree
    d. Bachelor's Degree
    e. Master's Degree
    f. PhD or Professional Degree

7. Do you have a child or other relative currently enrolled in the local public school?
    a. Yes
    b. No
    c. Not now, but I have had children / other relatives enrolled in the local school.

8. How many years have you been a member of this community?

    a. Less than one
    b. One to five years
    c. Five to ten years
    d. Ten or more years

9. What are the top three concerns you have about having a school-based health center in your local school?

    a. Concern #1:

    b. Concern #2:

    c. Concern #3:

10. In your opinion, what are three important services you would like to see in a potential new school-based health center in your local school? (for example, youth mental health services)

    a. Service #1:

    b. Service #2:

    c. Service #3:

B. Facilitation Guide

Introduction to the public meeting [Community Listening Session]:

Thank you all for choosing to participate in our public meeting today. We appreciate your time and look forward to hearing your input on school-based health programs in [NAME] tribal community. My name is [insert name] and I will be the facilitator for this meeting. I would also like to introduce my colleague(s) [insert name] who will be here to help.

We are conducting a series of public meetings in Tribal communities in Washington where we want to hear your thoughts on how we can improve health care for our Native students. We are collaborating with the Washington Department of Health and [Name Tribal School] to help organize these meetings. A huge thank you to [Contact Name] for your leadership and support! The Washington Department of Health has a team dedicated to Adolescent and Young Adult Health and they are hoping to get feedback from tribal community members on how to support Native students' health and wellbeing through school-based health programs. The Department of Health acknowledges that tribal youth and their communities are the foremost experts on culturally rooted approaches to promote community health, and highly values your feedback. This session today will help WA Department of Health think about ways they can provide support to tribal communities across the state. We will first get settled in and dinner will be served as we start this presentation.

--Invite Superintendent to provide an introduction (if wanted)

Before we get started today, can I please ask if it is okay with you all to record the conversation? This allows us to take accurate notes and refer back to the transcript in case any important feedback or information is not captured in our handwritten notes. No one will be identified in the notes or the transcript. When the meeting is over, only our Seven Directions team will have access to the recording. We will have the recording professionally transcribed and the transcription company will delete the recording. Once we confirm the recording is accurate, we will also delete the recording. We will de-identify the transcript, meaning that all names and tribal names will be deleted. Are there any questions? [Answer questions as needed.] Please let me know if you approve having the conversation recorded by raising your hand. [Wait for approval.]

[STARTS RECORDING]

We have created a presentation to discuss school-based health centers, along with a 1-page information on your table.

The Department of Health works with communities to build School-Based Health Centers across Washington state. A SBHC is "a collaboration between the community, the school, and a sponsoring [healthcare] 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." The idea is to create easier access for students to receive healthcare by providing health services at their local school or nearby facility. Since its inception, there have been more than 70 SBHCs created throughout the state.

We are hoping to ask the community questions regarding your thoughts on school-based health programming in your community for Native students. As community members, you are the most knowledgeable about how a SBHC may impact your tribal school and the health needs of the students. We will be using everyone's feedback from 4 different Community listening sessions to give the DOH Adolescent and Young Adult Health team a summary and recommendation(s) for next steps to engaging with tribal communities. We also have a one-page poll, which is anonymous, that we would appreciate you all filling out. A team member will come by to collect it.

Before we start, are there any questions about this meeting's purpose or what we will talk about today? [Answer questions if needed].

Great, thank you all! Let's get started...

Public Meeting Questions:

1. When we say, "school-based health program (service)," what does that mean to you?

2. Access to health care can sometimes be limited for American Indians and Alaska Natives. How easy or hard is it for your students (kids, youth, adolescents) to get the health care they need? Where, and how?

3. If school-based health programs were available in this community, would you be interested in your students getting health care services from them? Why or why not?

4. What are some potential challenges in making a school-based health program available in your community? What are possible benefits of having one?

5. What are some of the services you would like to see your school-based health program offer?

6. If a school-based health program was available for your student, what information would you need for the students/families to participate?

7. What type of communication material would you like to receive from the WA Department of Health? How would you like this material shared with you?

8. How helpful would it be to receive training to learn how to access WA Department of Health funds for school-based health programming?

9. What cultural considerations might play a part in deciding whether to access school-based health programs?

<u>Closing</u>:

Well, those are all the questions we have for you today. I would like to thank you all for taking part in this listening session! I also want to thank the school and [insert specific names] for helping us make this possible. We very much appreciate your interest and your thoughts. Please let us know if any questions arise. Thank you!

C. School Sites and Regional Areas

School Site in Report	Region
1	East Region of WA
2	Central, Eastern Region of WA
3	West Coastal Region of WA
4	North Region of WA

D. Resources for Tribes

Table 3. Resources for Tribes

Organization	Services Provided	Location	Link
Washington School-Based Health Alliance: RFA for School-based Behavioral Health Peer Support Services Grant	Provides funding opportunities for peer support services. Awards 3 grants annually each 12 months long.	1200 12th Ave S, Ste 1101 Seattle, WA 98144 **Phone**: (206)-456-6533 **Email:** info@wasbha.org	https://wasbha.org/funding-opportunity-rfa-for-school-based-behavioral-health-peer-support-services-grant/
Washington Department of Health SBHC Grants **See section below for more information*	Operational, Expansion, and Improvement grants offered to help promote SBHC in WA K-12 schools. Additional grants offered include behavioral health and peer support services.	**(Online)** If assistance is needed navigating the portal, please contact the WA School- Based Health Alliance- *see info. above.*	https://waportal.org/sites/default/files/2024-04/DOH_SBHCGrantRequirements_Apr2024.pdf
Healthier Washington Collaboration Portal: SBHC Grant Program	Program offering support with grant planning, start-up and operations with a focus on policy change to increase equity among tribal populations in WA with a Community Advisory Board in place.	**(Online)** Various regional health offices are located throughout the state of Washington. Contacts available for help navigating Portal and assessing appropriate region: RHOTeam@doh.wa.gov	https://waportal.org/partners/adolescent-health/school-based-health-center-program/sbhc-core-grant-program-information
Washington Office of Superintendent of Public Instruction: Title VI Indian Education Programs by district	Provides support programs for academic needs such as attendance, school performance, and technical assistance as well as non-academic needs such as career guidance, leadership development and cultural identity awareness. The Office of the Superintendent is charged with ensuring access to culturally appropriate and inclusive health curriculum and programs; including language.	Headquarters: Old Capitol Building 600 Washington St. S.E. Olympia, WA 98504-7200 OSPI Annex: 234 8th Avenue Olympia, WA 98501 **Located within walking distance of headquarters. One block south.* Office hours: 8 am – 5 pm **Phone:** (360)-725-6000	https://ospi.k12.wa.us/student-success/access-opportunity-education/native-education/title-vi-indian-education-programs-district-2023-24

We R Native: A multimedia health resource for Native teens and young adults that connects them to social media resources for public health services and small community service grants	Website, Facebook, YouTube, Twitter, email, and text multi-media resource service offering medical consultations for informational and educational purposes, interactive material sharing, community event planning around health topics, community grant services (up to $450), an “Ask Auntie” Q&A, and monthly incentivized contests.	**(Virtual- Online)** **Based out of Northwest Portland Indian Health Board, (Oregon) but serving Natives throughout U.S.* Address: 2121 SW Broadway, Suite 300, Portland, OR, 97201 **Phone:** (503)-228-4185 Facebook: https://www.facebook.com/weRnative/ Twitter: twitter.com/weRnative YouTube: https://www.youtube.com/user/weRnative Text NATIVE to 97779	https://www.npaihb.org/wernative/
Health Directory website	Lists resources for Indigenous people including support with: Family support services, SSI and Medicaid Waiver assistance, resources for youths on self-advocacy, navigating insurance transitions into adulthood or new employment, etc. Links also provided to other resources like podcasts, literature, a video library and glossaries for medical, governmental and disability terms.	**(Online)** **Phone:** 1-800-5-PARENT or (253) 565-2266 **Email:** F2F@wapave.org **Mail:** 6316 So. 12th St. Tacoma, WA 98465 **Fax:** (253) 566-8052	https://familyvoicesofwashington.org/native-and-indigenous/ https://familyvoicesofwashington.org/youth/ Help request form OR https://wapave.org/get-help/
988 Crisis Line serving American Indian/Alaska Native communities	Calls are answered by Native crisis counselors who are tribal members and descendants closely tied to their communities. The Native and Strong Lifeline counselors are fully trained in crisis intervention and support, with special emphasis on cultural and traditional practices related to healing.	Call 988, press option 4 to be connected to the Native and Strong Lifeline	www.doh.wa.gov/988