

Washington State Department of Health

School-Based Health Center Grant Program

Billing Practices and Funding Structures Survey Summary

Background

The Department of Health (DOH) is directed by [law \(RCW 43.70.825\)](#) to create a program to expand and sustain the availability of school-based health centers (SBHCs) to K-12 students in public schools, focusing on historically underserved populations. This law provides funding to DOH to award and oversee SBHC planning, startup and operations grants, and partner with the Washington School-Based Health Alliance to provide support, training, and technical assistance to SBHCs, across the state.

- More information about the DOH SBHC Program: [School-Based Health Center Program | WaPortal.org](#)
- [Learn about school-based health care and centers: What is a School-Based Health Center \(SBHC\)? - Washington School-Based Health Alliance \(wasbha.org\)](#)

About the SBHC Billing Practices and Funding Structures Survey

During the first two years of the DOH SBHC grant program, SBHCs and partners submitted numerous requests for support with billing challenges, navigating health systems, and sustainable funding. Due to the number of repeated and similar requests, as well as feedback from DOH grantees on billing challenges, DOH wanted to learn more from and about SBHCs experiencing these issues. Staff also wanted to determine if the billing support requests were unique to individual SBHCs or if multiple SBHCs experienced them, and if so, identify how to provide better billing support to SBHCs across the state.

In 2023, DOH collaborated with [Public Health Seattle King County School-Based Health Center Program](#) and the [Washington School-Based Health Alliance](#) to develop a fourteen-question survey to learn more about SBHC funding sources and structures, the types of services SBHCs are billing for, billing successes and challenges, and support needs for improved billing in their respective practices. The survey included both closed and open-ended questions, and responses focused on state fiscal year 2023 (July 1, 2022 -- June 30, 2023). The survey opened in August 2023 and closed in May 2024. See [Appendix A](#) for the survey questions.

Information gathered from survey responses will help DOH and partners improve support to DOH SBHC grantees and other SBHCs across the state. It will also inform the agency's responses to individual billing questions and issues. Partnerships with the HCA and MCOs will help create more tailored training and technical assistance on billing topics that impact multiple SBHCs. Additionally, responses will provide insight into the funding needed to expand and sustain statewide SBHCs.

Summary of Survey Responses

This report summarizes responses from the survey. All content is de-identified and was shared with respondents for feedback and accuracy checks before being released to partners and the public. We summarized high-level findings below and include additional details in the body of this report. Please note: This report reflects the SBHCs and health care sponsors who participated in the survey. While they represent over half of the SBHCs in Washington, their feedback may not be generalizable across the state. There is still work to be done to understand the billing practices and funding structures of all SBHCs in the state.

High-level Summary

- Ten health care sponsors (respondents) representing 49 SBHCs in Washington participated in the survey.
 - They represent 40% of all health care sponsors operating SBHCs, and 61% of all SBHCs in Washington.
 - They're located in 10 counties, including eastern and western Washington.
 - 6 of the 10 respondents receive grant funding from the DOH SBHC grant program that goes towards funding 10 of their SBHCs.
- Funding structures vary among respondents and include different combinations of billing insurances, grants, and fundraising or donations. In the 2023-2024 school year respondents reported:
 - Approximately 34% of funding from billing health insurance: Public health insurance (Medicaid) accounts for 30.3% of total funding of surveyed SBHCs, 3.4% percent comes from private insurance
 - 12% from in-kind donations, private grants/donations, or community benefit
 - 55% from federal, state, or local/regional grants
- All respondents are billing one or more health insurance plans, and most have designated staff for insurance billing activities.
- For services that are billed for, 83% of SBHCs represented by respondents have claims reimbursed appropriately and 98% successfully work through claims denials.
- The top services billed based on CPT codes were outpatient visits for well visits or sports physicals, acute care needs, psychotherapy for mental health and counseling, and immunizations.
- The top diagnoses based on ICD-10 codes include anxiety, depression, encounters for a sports physical or well visit, routine exam, or immunization, and screenings for STIs.

Respondents shared challenges they experience with billing and reimbursement for services provided in their SBHCs.

- **Most respondents report they are not billing for all the services they provide in their SBHCs.** 40% are only billing for some services; only 55% bill for most services.
- **98% of the SBHCs represented do not bill any health insurance plan for any confidential services.** Some of the reasons cited by include:
 - It is the only way to ensure total confidentiality for these services.

- Lack of clarity from private and public health insurance plans about how they handle confidential services in their systems.
- Concerns with explanation of benefits (EOB) documents being sent to the wrong recipient.
- Navigating enrollment and credentialing is noted as a barrier to diversifying the types and number of health insurances that are billed for services in respondents' SBHCs.
- Billing for behavioral health services is noted as especially challenging.

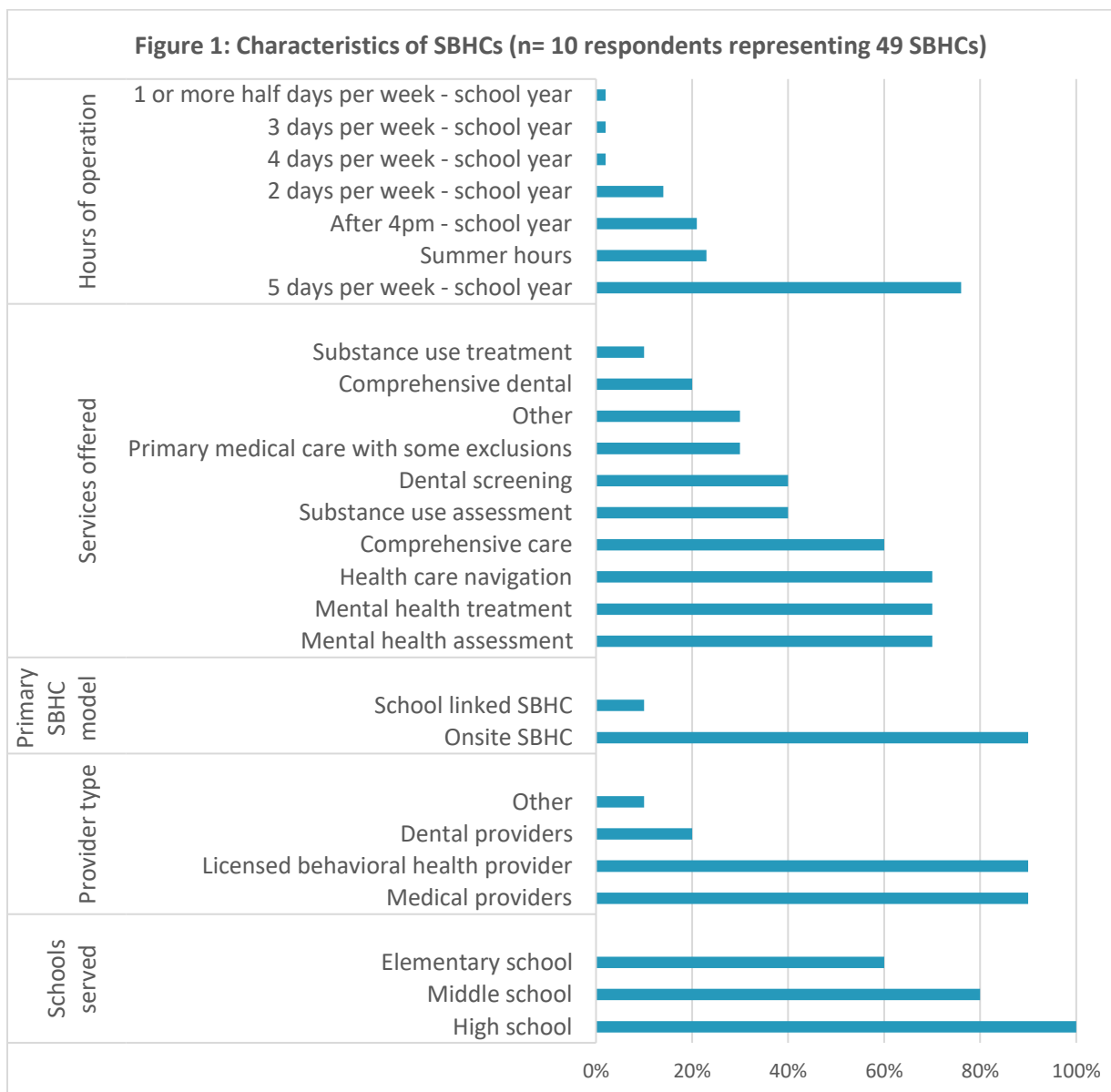
Respondents identified areas of support that could help their SBHCs' funding, billing practices, and reimbursement challenges.

- Billing support
 - Guidance and training on best practices for billing and coding top primary care and behavioral health services provided at SBHCs, such as well visits, developmental and mental health screenings, and substance use care.
 - Technical assistance to support effective and appropriate billing in SBHC settings and strategies for maximizing billing for higher reimbursement.
 - More flexibility and support from health insurance plans for documentation requirements in SBHCs.
 - Dedicated funding to hire experts in billing, credentialing and enrollment with health insurance plans.
- Confidential services
 - Support and guidance around billing for confidential services in a confidential way.
 - Demonstrated guarantee from the health insurance plans that confidential services for SBHC patients will remain confidential, ensuring that EOBs are not mailed or released to the wrong address or recipient.
- Navigating health systems
 - Support, training, and technical assistance from relevant agencies and the health insurance plans on accreditation, contracting, enrollment, billing, and quality assurance, including a step-by-step guide.
 - Funding that allows SBHCs to either offset or waive out of pocket expenses for students and families.
 - More training and support on enrollment processes for HCA's Family Planning Only program, implementation and billing, and any other relevant HCA program that can help cover or reduce health care costs for young patients.
- Behavioral Health
 - Funding for licensed and associate behavioral health providers, and interns, to provide services at SBHCs to alleviate billing challenges.
 - Support from relevant agencies and plans to effectively bill for behavioral health services provided by licensed and associated behavioral health providers, and interns when possible.
 - Training and support for billing for substance use disorder screenings and services.

Characteristics of respondents' SBHCs

Figure 1 combines the different characteristics of the respondents' SBHCs. In summary:

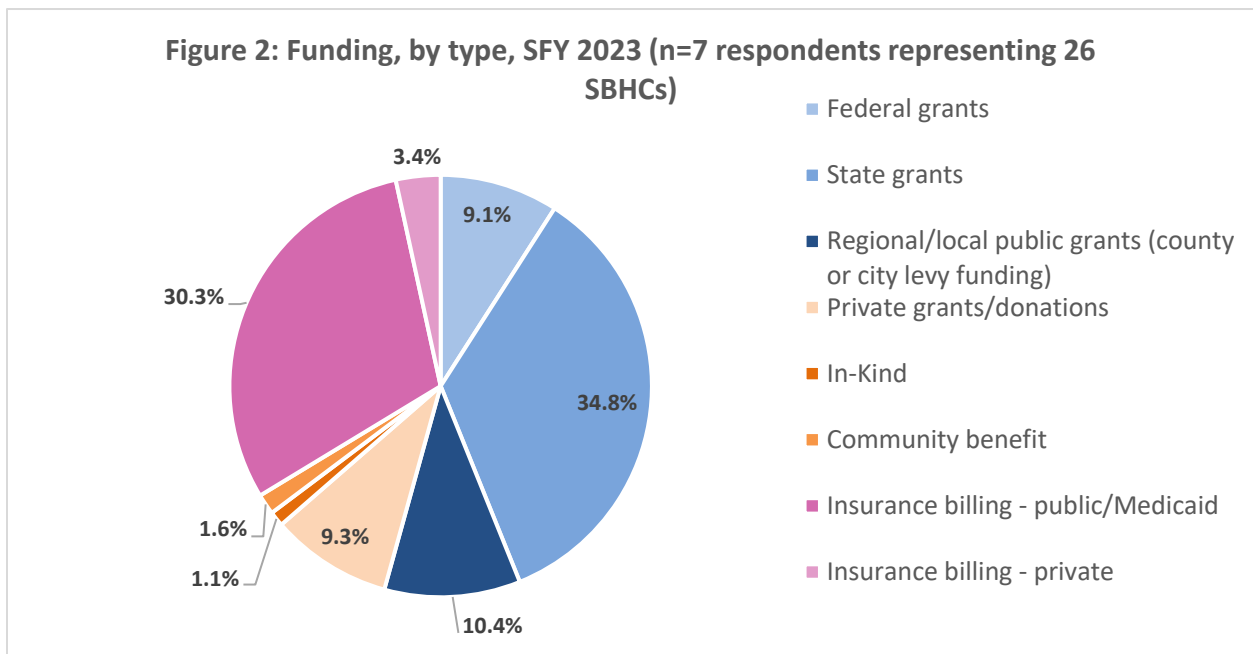
- Ten health care sponsors representing 49 SBHCs in Washington participated in the survey. A DOH census from April 2024 indicated there were about 25 health care sponsors operating 81 SBHCs in the state, not including military SBHCs.
- Respondents' SBHCs are in urban, suburban, and rural areas across ten counties in Washington; just under half of them are in King County.
- Respondents have SBHCs in high schools, middle schools, and elementary schools. All but one of the SBHCs are in or directly next to the schools they serve.
- Nearly all have advanced practice providers, licensed behavioral health providers, and offer a range of health care and navigation services.



Funding Structures

Seven of the ten respondents shared information about their funding structures. Among them, the funding sources and structures varied.

- Most reported funding from billing public health insurances and receiving state grants. Some also reported funding from billing private insurances, and receiving some combination of local grants, federal grants, and private donations.
- In aggregate, just over half of all respondents' funding comes from federal, state, or local/regional grants, while 34% comes from billing health insurance (Figure 2).
- Six of ten respondents representing 24 SBHCs shared dollar amounts of funding and reported a total of nearly \$4 million in funding, detailed in Table 1 below.

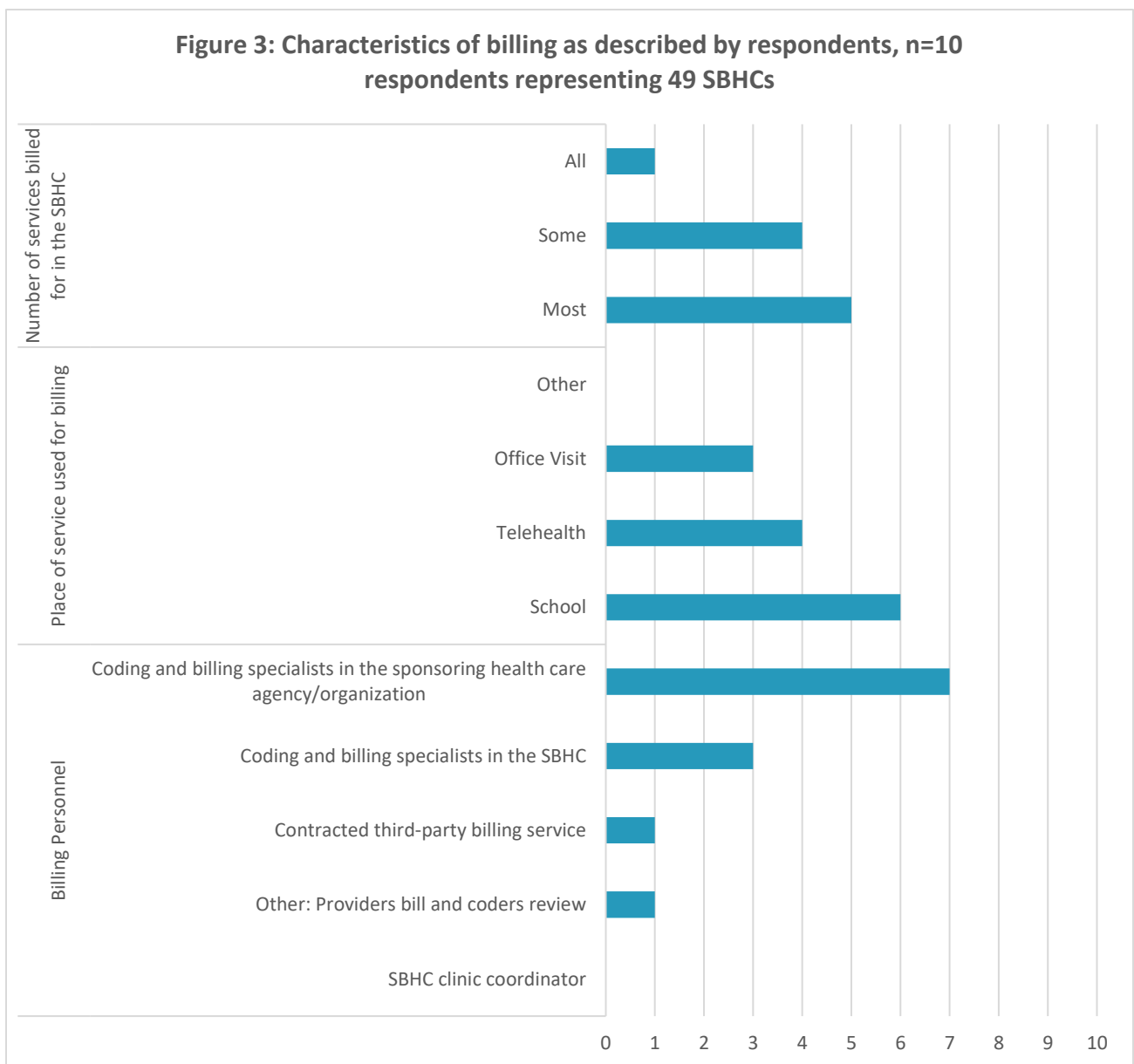


Category	Funding (rounded to nearest ten thousand)
Federal grants	\$700,000
State grants	\$1,000,000
Regional/local public grants (county/city levy funding)	\$350,000
Insurance billing - public/Medicaid	\$1,000,000
Insurance billing - private	\$200,000
Private grants/donations	\$475,000
Community benefit	\$64,000
In-Kind	\$110,000
Total	Approximately \$4,000,000

Billing Practices

Respondents answered questions that described their billing practices to learn more about whether SBHCs where similarities and variation occurs (Figure 3).

- All respondents indicated they billed for services provided in their SBHCs.
 - Half bill for most services
 - Just under half only bill for some services
 - One bills for all services
- Most respondents report using place of service code as the school (03).
- Most respondents report having designated staff to support billing activities: most report billing was done by the health care sponsor’s billing staff, while a few had billing staff within the SBHC. One respondent reported working with a third-party biller.



All respondents reported billing one or more of the health insurance plans for services provided in their SBHCs.

- 70 % of respondents are billing three or more types of health insurance and 30% are billing two or fewer types of health insurance (Table 2).
- All but one respondent reported billing Medicaid for services, and eight respondents bill one or more of the Managed Care Organizations (MCO) and private health insurance plans (Figure 4 and Table 2). It was unclear whether reports of billing “Medicaid” referred to fee-for-service or managed care.

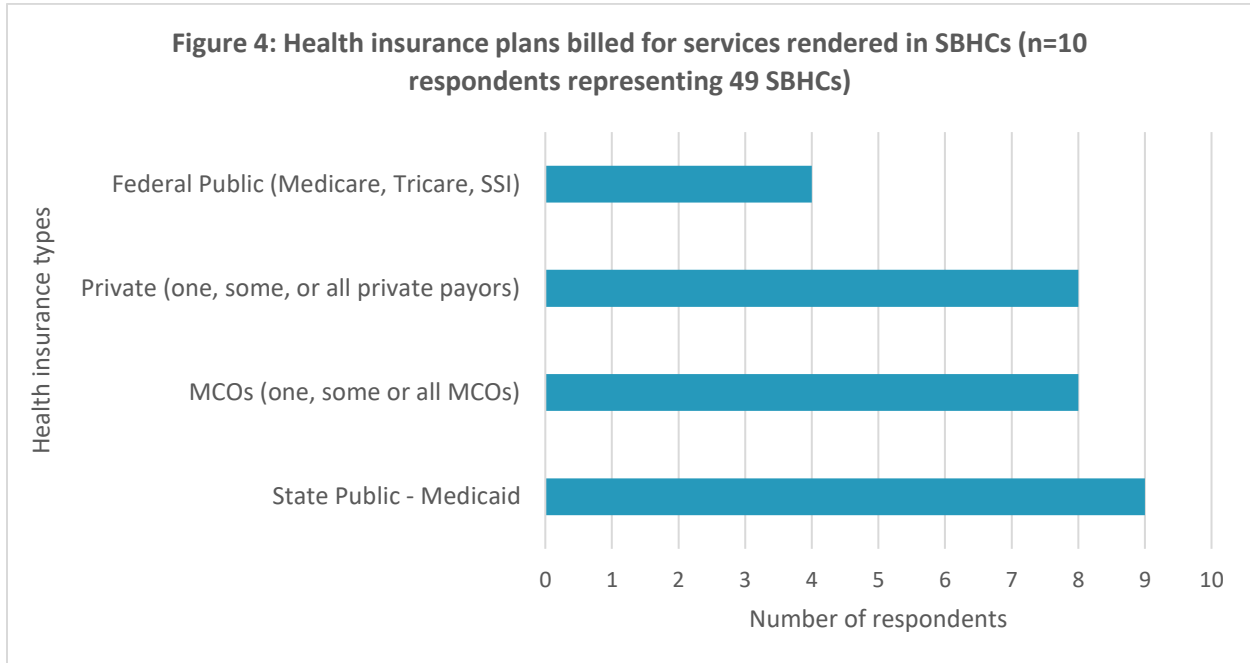


Table 2: Frequency of type of health insurance plans billed per respondent (n=10 respondents representing 49 SBHCs)

Respondent number	Federal Public (Medicare, SSI, Tricare)	Private (one or more)	Managed Care Organization (one, some, or all)	State Public (Medicaid)
1		X	X	X
2		X		X
3	X	X	X	X
4		X	X	X
5			X	
6		X	X	X
7	X	X	X	X
8	X	X	X	X
9	X	X	X	X
10				X
Totals	4	8	8	9

The top Current Procedural Terminology (CPT) codes used for billing services provided at respondents' SBHCs were related to outpatient visits, psychotherapy, well visits, and immunizations. While the categories of CPT codes used across sites were similar, the specific codes within each category varied. Table 3 lists the categories and unique codes used in order of frequency.

Table 3: Top CPT codes used in SBHCs listed by all 10 respondents representing 49 SBHCs. Descriptions provided by CPT Code Lookup, CPT® Codes and Search - Codify by AAPC		
Category	Details and codes used	Frequency
Outpatient visits: 17	99213: Outpatient office visit, est. patient, 20 minutes 99203: Outpatient office visit, new patient, 30 minutes 99212: Outpatient office visit, est. patient, 10 minutes 99214: Outpatient office visit, est. patient, 30 minutes 99202: Outpatient office visit, new patient, 15 minutes 99204: Outpatient office visit, new patient, 45 minutes 99205: Outpatient office visit, new patient, 60 minutes 99215: Outpatient office visit, est. patient, 40 minutes Unknown coding: Headaches/Migraines Unknown coding: Injury/Wound Care	5 2 2 2 1 1 1 1 1 1
Psychotherapy: 12	90832: Psychotherapy 16-37 minutes 90834: Psychotherapy 38-52 minutes 90791: Psychiatric evaluation for diagnosis 90837: Psychotherapy 53+ minutes 90846: Other psychotherapy procedures - family meeting w/o patient 90847: Other psychotherapy procedures - family meeting w/ patient 90853: Group psychotherapy, 12 participants, 45-60 minutes Unknown coding: Behavioral Health Therapy	4 2 1 1 1 1 1 1 1
Well visit: 10	99384: well patient visit, age 12-17, new patient 99395: well patient visit, age 18-39, est. patient 99383: well patient visit, age 5-11, new patient 99385: well patient visit, age 18-39, new patient 99393: well patient visit, age 5-11, established patient Unknown coding: Sports Physicals	3 3 1 1 1 1
Immunizations: 4	90471: Immunization - subq, im, id, perc. 90472: Immunization - each injection after the first 90716: Vaccine for varicella infection 90744: Vaccine for Hep B	1 1 1 1
Other: 4	96127: Emotional/behavioral assessment using standardized instrument 58300: IUD placement 92552: Pure tone audiometry	2 1 1

The leading International Classification of Diseases (ICD-10) codes used for diagnoses associated with billed services in respondents' SBHCs were related to mental health, well visits, sexual and reproductive care, and acute care. As with the CPT codes, most respondents used similar categories of ICD-10 codes, while specific codes within each category varied. Categories and unique codes are detailed in Table 4.

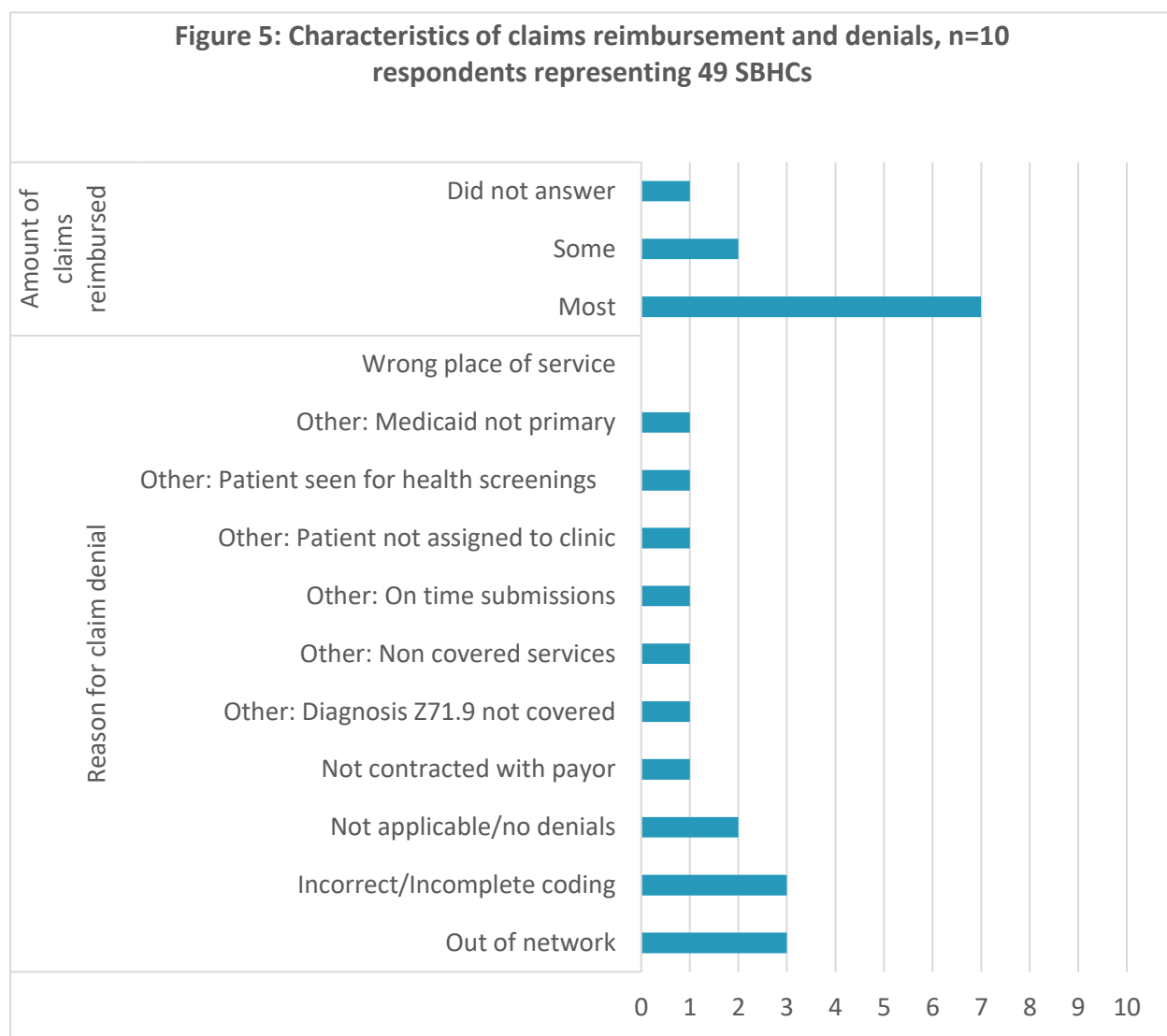
Table 4: ICD-10 codes listed by all 10 respondents representing 49 SBHCs, descriptions provided by ICD-10 Codes Lookup, ICD-10-CM Codes Search - Codify by AAPC		
Category	Details and codes used	Frequency
Mental health: 33	F41.1: Generalized anxiety disorder F41.8: Other specified anxiety disorder F41.9: Anxiety disorder, unspecified F32.9: Major depressive disorder, single episode, unspecified F32.A: Depression, unspecified Z71.9: Counseling, unspecified F10.229: Alcohol dependence with intoxication F32.1: Major depressive disorder, single episode, moderate F33.1: Major depressive disorder, recurrent, moderate F33.9: Major depressive disorder, recurrent, unspecified F43.10: PTSD, unspecified F45.8: Other somatoform disorders F48.2: Adjustment disorder F69: Unspecified disorder of adult personality and behavior F91.3: Oppositional defiant disorder F91.9: Conduct disorder, unspecified F98.9: Unspecified behavioral and emotional disorders Z65.8: Other specified psychosocial problems Z71.6: Tobacco abuse counseling Unknown coding: Anxiety Unknown coding: Depression	6 3 3 2 2 2 1
Sexual health: 10	Z11.3: Screening for infections with a sexual mode of transmission Z30.012: Prescription of emergency contraception Z30.09: Other general counseling and advice on contraception Z30.11: Initial prescription of contraceptive pills Z30.41: Surveillance of contraceptive pills Z30.42: Surveillance of injectable contraceptive Z30.9: Contraceptive management, unspecified Z30: Contraceptive management Z32.01: Encounter for pregnancy test, result positive	2 1 1 1 1 1 1 1 1 1
Well visits: 9	Z02.5: Examination for participation in sport Z00.129: Routine child health exam w/o abnormal findings Z00.00: General adult exam w/ abnormal findings Z00.121: Routine child health examination with abnormal findings	5 2 1 1
Acute care: 6	J06.9: Acute upper respiratory infection M25.562: Pain in left knee R07.89: Anterior wall chest pain R30.9: Painful urination, unspecified Z20.822: Contact with and (suspected) exposure to COVID-19 Unknown coding: Gastrointestinal	1 1 1 1 1 1
Immunizations: 4	Z23: Encounter for immunization	4
Chronic disease care: 3	B35.3: Athlete's foot E11.9: Type 2 Diabetes w/o complications I10: Essential hypertension	1 1 1
Dental care: 2	K08.409: Partial loss of teeth Z01.20: Dental examination and cleaning without abnormal findings	1 1

Billing Challenges

Respondents shared information about the challenges they experience with billing for services provided in their SBHCs. These span three categories: insurance claims denials and resolutions (Figure 5), services the SBHCs cannot or do not bill for and associated reasons, and general challenges and barriers related to billing (Tables 5 and 6).

Figure 5 summarizes characteristics of reimbursement and denials. In summary, respondents said:

- 70% of respondents (83% of SBHCs represented) reported that most claims for services in their SBHCs were reimbursed properly.
- The top reasons for claims denials were billing for an out-of-network provider or facility, and incomplete or incorrect coding.
- Most respondents resolved billing issues, figured out work arounds, or created new processes.



All but one respondent shared one or more billing challenges (Table 5).

- The primary billing challenges are related to billing for confidential services and navigating health insurance, including credentialing, enrollment, billing or coding, and the documentation required for billing.
- There are added challenges related to billing for behavioral health services, including navigating behavior health coding.

Table 5: Direct quotes of billing challenges and resolutions reported by 10 respondents representing 49 SBHCs		
Category	Detailed billing/claims challenges	Resolutions
Confidential services	<ul style="list-style-type: none"> • Confidential services • We currently do not have large challenges with billing aside from the confidential visits • Keeping the confidential services separate from the family insurance 	<ul style="list-style-type: none"> • Create separate processes • A [separate] system to avoid billing confidentiality breaches for example... we use a "case" system...to make sure the [confidential program] is billed rather than the...insurance
Insurance	<ul style="list-style-type: none"> • Incorrect or missing insurance details • Patients not assigned to [our clinic] as [their] PCP • Prior authorization • The patient has a primary insurance to Medicaid • Unable to bill with a diagnosis other than Z71.9 (counseling unspecified) 	<ul style="list-style-type: none"> • No [resolution], our priority is serving the community • We rebilled for services successfully • Work through and appeal. • Directing patients to see a mental health provider who can diagnose and continue to treat the student at the school once the diagnosis is established
Staff experience	<ul style="list-style-type: none"> • Staff experience and capacity 	<ul style="list-style-type: none"> • We hired someone who has past billing experience. Although that is not their specialty

Respondents also shared if there were services they do not bill for, what those services were, and why they do not bill for them (Table 6). In summary, respondents said:

- Nine out of ten respondents, representing 48 SBHCs, do not bill for confidential services because of concerns insurers cannot guarantee the confidentiality of visit information. Many expressed concerns about EOBs being sent to patients’ homes or parents, despite the visit confidentiality. This concern extended to all insurers, including Medicaid, the MCOs, and private insurers.
- One respondent reported they do not bill for services provided to students not on Medicaid due to challenges with credentialing and enrollment with private insurance plans.

Table 6: Frequency of SBHC services not billed for and rationale as reported by 10 respondents representing 49 SBHCs

Frequency and type	Direct quotes of respondents' reasoning
Confidential services: 9	<ul style="list-style-type: none"> • We do not bill confidential visits for students because we cannot be assured by insurance carriers, outside laboratories or other entities that the visit will be kept confidential. • We are not billing any services that [the] insurer cannot guarantee no EOB will be generated and may be sent to patients' home. • Services with a request from a consenting minor or guardian to not bill insurance due to confidentiality are adjusted and not billed out. • Any confidential services, to ensure compliance with HIPAA for family planning services and [behavioral health] • Confidential visits around birth control/family planning/ STDs so that parents do not get explanation of benefits from insurance company. • We are unclear on which managed care Medicaid plans send explanation of benefits to the home and so do no-charge visits out of an abundance of caution. • Confidential Services for payers such as [Medicaid managed care organizations and private insurers] are not able to keep confidential services confidential. They send home EOB. • If student is on private health insurance through parent and is 13yo or older, coming for mental health services that they want confidential from parent, we will NOT be billing for these visits (through the medical services) • To keep parents from receiving EOBs when their child is getting confidential care.
Any services to students not on Medicaid: 1	<ul style="list-style-type: none"> • It is very difficult and time consuming to get accredited with private insurance. We have not figured out how to deal with out-of-pocket costs for families that financial difficulties pose a barrier to acquiring care. We cannot afford a FT experienced biller/coder.
Other: 4	<ul style="list-style-type: none"> • [Do not bill Medicaid] Medicaid does not pay for sports physicals. • [Food/hygiene support] This is not a billable service. • All services provided by our mental health counselors are NOT billed because these services are funded through [other] funding and other grants.

Billing Support Needs

Respondents were asked to list the types of support they want from state agencies like the Health Care Authority, the Department of Health, and the Office of the Insurance Commissioner. Details are listed in Table 7 and include technical assistance with navigating health insurance, funding for staff and covering the cost of unbilled services, policy change, specific support with behavioral health.

Table 7: Support needs as reported by all 10 respondents representing 49 SBHCs

Category	Detailed support need
Technical assistance	<ul style="list-style-type: none"> • Help with accreditation with private insurance (both in technical assistance and funding since it is costly). • Easier way to do family planning only coverage. We assisted training and are still facing challenges with the system.
Funding	<ul style="list-style-type: none"> • Subsidize the cost for coders/billers. • How to receive additional funding for those services not covered through insurance, or for those services that are confidential.
Policy	<ul style="list-style-type: none"> • Flexibility in how SBHC are required to document. • It would be helpful to crack the code on the confidential visit. Even a parent knowing services were received is a violation of the confidential visit. There are so many components that go into billing that it is easy to accidentally disclose information when other entities are involved.
Behavioral health	<ul style="list-style-type: none"> • How to implement SUD screening/services within the SBHC with staff currently employed by the FQHC/SBHC. • Mental health funding to hire a direct provider instead of navigating the landmines to access mental health services. • Support diagnosis Z71.9, counseling unspecified as a billable diagnosis. Sometimes, this is the only working diagnosis for a one-time patient encounter.

Action

The Department of Health is committed to acting on feedback from partners, consumers, and the community. Based on this input, the department is currently taking or planning the following actions:

- Collaborate with the HCA to address and publish frequently asked billing and enrollment questions and developing relevant training and technical assistance for school-based health care.
- Partner with HCA, the MCOs, and the Washington School-Based Health Alliance to offer education and training on enrollment, funding support, billing practices, and using resources within these organizations.
- Work with other DOH programs, the HCA, the Office of the Insurance Commissioner to improve the confidentiality of services throughout the health care system.
- Develop and publish free resources, tools, and support for providers, SBHCs, and young people regarding the processes for keeping relevant health care confidential.
- Collaborate with state agencies, the Washington School-Based Health Alliance and others to coordinate and fund support to enhance billing practices in SBHCs.
- Explore funding opportunities to sustain needed staff and providers in SBHCs.
- Engage in discussions with HCA and other relevant partners to explore potential policy and regulatory action.

Appendix A: Billing Support for SBHCs Survey Questions

- Name
- May we contact you for questions or clarifications about your responses? Yes No
- Email
- Phone number
- Job title
- Your role as it relates to the SBHC(s).
- Is there a second person completing this survey? Yes No
- Name
- Job title
- Your role as it relates to the SBHC(s).
- SBHC(s) name(s) and year(s) established
- Sponsoring Health Care organization/agency name
- What county is your SBHC(s) located in?
 - For King County health care sponsors only: Do we have your permission to share the information you provide in this survey with Public Health Seattle King County so they can assist with technical assistance and learn more about the SBHC billing and funding landscape in King County? PHSKC will not use the data and information you provide for contracting/grant oversight.
 - Yes
 - No
 - Not applicable
- What age-group(s) does your SBHC(s) serve? Choose all that apply.
 - Elementary school
 - Middle school
 - High school
- Which providers are providing services at your SBHC(s)? Check all that apply.
 - Medical providers (MD, ND, ARNP, CNS, PA)
 - Licensed behavioral health provider (LICSW, LMHC, LMFT)
 - Dental provider
 - Other
- What is the primary model of school-based health care that your organization implements?
 - School-based (brick and mortar on/next to a school)
 - School-linked (not on school property, but close)
 - Mobile
 - Telehealth only
- What services does your SBHC offer? If you have multiple SBHCs, include all services offered in all SBHCs.
 - Comprehensive primary care
 - Primary medical care with some exclusions

- Mental health assessment
- Mental health treatment
- Substance use assessment
- Substance use treatment
- Dental screening
- Comprehensive dental, including restorative treatment
- Health care navigation, including insurance enrollment
- Other not listed
- What services are excluded?
- What are the hours of operation for your SBHC? During the school year and during summer months?
- Funding Source: Amount and percent of total operations budget
 - Federal grants
 - State grants
 - Regional/local public grants (county or city levy funding)
 - Private grants/donations
 - Community benefit
 - Insurance billing - public/Medicaid
 - Insurance billing - private
 - In-Kind
- What are the ten most common services provided in the SBHC(s)? If possible, please include the service name/CPT codes and ICD-10 Diagnosis codes.
- About how many services provided in your SBHC(s) are billed for?
 - All
 - Most
 - Some
 - None
- Can you tell us which services are not being billed for and why?
- What support or technical assistance would your organization need in order to be able to bill for services that you aren't billing for?
- Who does the billing for your SBHC(s)?
 - Coders/billing specialist located within the SBHC
 - Coders and billing specialists at the sponsoring health care agency/organization
 - SBHC clinic coordinator
 - Contracted/third party billing services
 - Other
- On the medical claim form, what place of service(s) are you using for care provided in the SBHC(s)?
 - Office visit [11]
 - School [03]
 - Telehealth [02]
 - Other - please list

- For relevant telehealth services: are you billing for a facility fee in addition to the provider fee when indicated?
 - Yes
 - No
 - I don't know
- Please list the insurance companies you are billing. Include private insurance, Medicaid, Medicaid Managed Care Organizations, and Federal (Tricare). Examples include Blue Cross Blue Shield, Molina, United Health Care, etc.
- About what percentage of claims are reimbursed appropriately?
 - All claims
 - Most claims
 - Some claims
 - None
 - If some claims are not reimbursed, please identify which claims and why.
- What are the top reasons you are getting claim denials?
 - Wrong place of service
 - Out of network
 - Incorrect /incomplete coding
 - Not contracted with payor
 - Other
 - Not Applicable
- What billing challenges or barriers are you experiencing as it relates to your SBHC(s)?
- Have you been able to resolve them in the past? If so, how?
- What factors impact your SBHC(s) billing challenges or barriers? For example, provider knowledge, coder knowledge, contracting with payors, etc.
- If you support multiple SBHCs, are you having the same challenges with all your SBHCs, or just one or some? Can you describe this?
- What billing (or other) services or support do you want/need from state agencies like the Department of Health, the Health Care Authority (Medicaid/Apple Health), and/or the Office of the Insurance Commissioner?
- Would you be willing to share your success and best practices with other SBHC(s) in the state so they can learn from you?



DOH 141-175 February 2025

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov