2025 Update

# SBHC Community Advisory Board Report



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# **Executive Summary**

The School-Based Health Center (SBHC) Community Advisory Board (CAB) was created in April 2023 to give input on the Washington State

Department of Health's (DOH) SBHC Grant Program. The CAB started with 11 members from different parts of the state and diverse professional backgrounds and age groups. DOH reopened applications in early 2024 and welcomed 7 additional members. They were selected by DOH staff and partners based on their experiences and passion for youth health and well-being.

The CAB met monthly to discuss and advise on the SBHC Grant Program activities. The meetings were facilitated by Cardea Services. From April 2023 to April 2025, the CAB:

- Established group norms and values
- Learned about school-based health and behavioral health models
- Suggested ways to improve engagement efforts, including to
   Tribes
- Gave feedback on SBHC grant program requirements and charter
- Discussed equitable grant distribution and sustainability

This report summarizes the CAB's achievements and recommendations. It also outlines DOH's response to the feedback, underscoring the importance of this group's work.

# Background

SBHCs: Washington defines SBHCs as "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."

Washington's first SBHC program began in Seattle in 1989. Today, there are over 70 SBHCs by more than 25 health care sponsors across the state.

SBHC Grant Program: In 2021, the Washington State Legislature passed a law directing DOH to create an SBHC Grant Program. The program awards grants to plan for, start, operate, or improve an SBHC. DOH currently funds 18 SBHC sponsors and projects, spanning 32 schools.

**CAB** gives input on the SBHC Grant Program goals and activities. While all SBHCs may learn from this report, CAB's recommendations are specific to the DOH SBHC Grant Program and DOH's work with funded SBHCs.







## **CAB Members**

2023-2024		2024-2025	
NAME	COUNTY	NAME	COUNTY
Alison	Stevens	Alison	Stevens
Ashley	Snohomish	Anthony	Yakima
Don	Cowlitz	April	Grays
Dulce	Douglas	Ashley	Snohomish
Kai	King	Cass	Snohomish
Lisa	Asotin	Don	Cowlitz
Maria	Yakima	Dulce	Douglas
Santoshi	King	Kailey	Pierce
Sarah	Grays	Kelli	Whatcom
Tiyanna	King	Lara	King
Trinese	King	Rahma	Whatcom
		Santoshi	King
		Tiyanna	King

## **CAB Values**



The CAB selected 8 core values to guide their work. Unless otherwise noted, the definitions below are adapted from the Merriam-Webster Dictionary.

## 01. Altruism

unselfish devotion to the welfare of others

## 03. Equity

absence of unfair differences among groups of people<sup>1</sup>

#### 05. Humor

ability to be funny or amused

## 07. Respect

high or special regard for someone or something

## 02. Compassion

desire to relieve the distress of others

## 04. Helping

assisting or supporting others

## 06. Justice

fix systems for long-term, sustainable, and equitable access<sup>2</sup>

## 08. Service

act or contribution to the welfare of others

<sup>1. &</sup>lt;u>Health Equity</u>, World Health Organization, accessed April 2024.

<sup>2.</sup> Equity vs. Equality: What's the Difference?, George Washington University, November 5, 2020.

# **Key Recommendations**

Several key recommendations emerged as themes through CAB's meetings. These are listed below.



#### **Support SBHC accessibility**

The CAB recommends the SBHC Grant Program prioritize making SBHC services easier to access. This includes increasing physical accessibility (location, hours, transportation, etc.), financial accessibility (low or no cost services), and cultural accessibility (culturally responsive health services, inclusivity, language access).



# Promote well-being and access to quality holistic health care

SBHCs should support young people's overall well-being, including food security and social services. They should provide whole health care along with quality medical and behavioral health. "Health isn't just physical and mental health." – CAB member

## **Key Recommendations (Continued)**



## Help SBHCs with financial sustainability

Grant funding helps SBHCs to be able to offer low or no-cost health services, and not all SBHCs can operate only with income from billing insurance. Use grant funds to help existing SBHCs continue providing services.



## "Nothing for us without us."

SBHC Grant Program and funded SBHCs should involve young people in program development and decision-making. One example is to require funded SBHC grantees to do a needs assessment and get feedback from young people. SBHCs can evaluate if they are meeting the young people's needs.



#### Make evidence-informed decisions

SBHCs are an evidence-based model. The SBHC Grant Program and CAB should look for and consider SBHC-related data or research as part of the decision-making process. Data includes feedback from SBHCs and DOH SBHC grantees.

## **Key Recommendations (Continued)**



## **Support the SBHC workforce**

Continue to promote opportunities for SBHC staff to collaborate and network with peers. Help grow the SBHC workforce by removing barriers to health care education and aiding SBHCs to host medical and behavioral health students.



## **Explore opportunities for growth and expansion**

Continue to expand the SBHC model statewide and increase access to medical and behavioral health services for young people. The DOH SBHC Grant Program will need to explore opportunities and considerations for unique community needs. Opportunities include:

- Tribal school-based health
- Telehealth services
- Mobile clinics
- Multi-district health services
- Adapted requirements and/or funding for rural areas.

# Accomplishments

Together, the CAB accomplished the following over two years of meetings:

- ✓ Onboard new members
- ✓ Establish norms and values to guide its work
- ✓ Understand the current SBHC landscape
- Explore school-based health models, including behavioral health approaches
- Suggest improvements for the program engagement and outreach
- Shape the vision, goals, and objectives of the DOH SBHC
   Program charter
- ✓ Revise DOH's SBHC Grant Program requirements
- Discuss current approach to grant funding and maintenance of program funds
- Learn and engage about findings from Tribal school-based health listening sessions

## **DOH Actions**

Ways the SBHC Grant Program is implementing the CAB's recommendations:



## **01.** Updated program documents

We updated the 2023-24 SBHC engagement plan and consulted with the agency's Youth Advisory Council.

DOH also updated the SBHC program charter and grant requirements.



## 02. Required minimum SBHC services

We set a minimum standard for the services and hours at DOH-funded SBHCs to make it easier for people to get SBHC services. The agency will also continue to support grantees in providing youth-centered and culturally responsive services.



## 03. Committed to continued growth

Tribal, rural, and small communities have unique needs and may need more financial or other support to meet minimum service levels. DOH will work with communities and partners to find appropriate options.

# Acknowledgements

Thank you to each SBHC Community Advisory Board member for sharing their time, experience, and ideas!

We are grateful to have members who are dedicated to improving the health of young people in our state.

We also want to thank our partners at Cardea Services for facilitating and supporting the CAB, and the Washington School-Based Health Alliance for sharing their expertise on SBHCs.





#### DOH 141-144 May 2025

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