2022 SBHC Community Engagement Report

The Washington State Department of Health (DOH) School-Based Health Center (SBHC) program released a survey in January 2022 to gather information from SBHC partners across Washington on the SBHC grant program. Statewide agency partners received an online survey link. These partners include the Office of Superintendent of Public Instruction, Health Care Authority, Department of Children, Youth, and Families, SBHC managers and advocates (through the Washington School-Based Health Alliance newsletter and webpage), and community partners (experts in rural health, telehealth, youth health, and engagement). Survey respondents also had the option to participate through a phone interview with DOH staff.

The survey was available until the end of February 2022 and received 67 responses.

This report summarizes the themes identified in the responses. Two DOH staff read the survey responses, developed a theme list, and coded them based on the identified themes. Below is a summary of the identified themes.

THEME TITLE	THEME DEFINITION
Location, Telehealth, and Model	All responses related to the physical location of the SBHC, availability of telehealth services, and layout of the SBHC within the school
Priority and selection of SBHCs	Recommendations on prioritization for grant funding. These include geographic areas, demographic populations, or organization types
Timeline	Recommendations on the grant application and award timeline
Partnerships	Recommendations for partnerships with the community, stakeholders, schools, SBHCs, and statewide collaboration
Staffing and hours	Feedback about challenges and barriers related to recruiting and retaining SBHC staff and SBHC business hours
Reporting and data	Recommendations for reporting, SBHC data, and requirements
Billing, funding, and sustainability	Feedback and barriers on SBHC billing for services, funding sources, and financial sustainability
Health services	Ideas on prioritizing or providing types of health services
Privacy, confidentiality, and parental consent	Feedback and barriers on following privacy and confidentiality laws and obtaining parental consent for SBHC services
Understanding of SBHCs, services, fees, and insurance	Barriers to general awareness of SBHCs, their services, and how to pay for services through insurance or while uninsured or underinsured
Additional barriers	Feedback on accessibility of SBHCs for students
Grant application (examples, information, and templates)	Ideas for process, content, and example templates for DOH SBHC grant application
Current SBHCs	Ideas for supporting and working with existing SBHCs
Resources and support	Ideas for resources and DOH support for existing SBHCs
Students furthest from educational justice	Ideas and feedback on populations included in definition of students farthest from educational justice

Survey Themes

Summaries and key takeaways.

Location, telehealth, and SBHC model

Multiple respondents within this theme talked about the need for a flexible SBHC model, including telehealth services and mobile clinics. One respondent recommended DOH "think outside the traditional box." Below are two notable quotes:

> *"Allow flexibility. [The] biggest strength of SBHCs is the variety and diversity of models - allow for community to select and do what works best for them and make the SBHC tailored to the community."*

> *"It is important that SBHCs have their own identities based on the community they serve, so start up assistance without a 'cookie cutter' template."*

Another concern mentioned in this theme included lack of sufficient space in the school for an SBHC.

Priority and SBHC selection

Respondents recommended DOH prioritize awarding SBHC grants to areas that lack access to health services, rural communities, non-profits, and areas or school districts without an SBHC. One respondent suggested DOH, "prioritize[e] rural, medically-underserved areas because SBHCs can uniquely meet the needs of rural families, who must travel farther to reach healthcare facilities."

Another respondent preferred that DOH fund existing SBHCs before planning for or starting new clinics, saying, "funding should go to clinics that are already up and running. This will enable them to continue running and help those that would like to open a new clinic."

Timeline

Respondents recommended considering other school priorities. They asked for more ways that allow schools to select a planning and implementation timeline that works for them.

Partnerships

Respondents believed that partnerships between the school and the health care sponsor are essential for the SBHC's success. And they require ongoing communication and collaboration. Some suggested documenting partnerships could be a grant application requirement. It could also be another area for DOH to help identify, build, and maintain partnerships. One person said, "I hope that the grant application process will consider the applicants plans/experience engaging the community and working with partners."

Staffing and hours

Many respondents noted that SBHC staffing can be a barrier to SBHC success and youth access. Staffing barriers include workforce shortages (especially for behavioral health), adequate funding for staff salaries, and sufficient staff availability for services. For example, one respondent described the importance of "having available staff to fill the need, especially in behavioral health."

Another respondent emphasized the need for consistency in provider access and availability:

"Access and continuity feels important. Having a provider that can see all types of kids (insured/uninsured/etc. - e.g. FQHC), and a provider who can help student (+/-family) when school not in session (summer/weekends/etc)."

Reporting and data deliverables

For data deliverables, respondents recommended collecting data, aligning with federal reporting requirements, making SBHC data publicly available, and using community data to inform SBHC services.

"Data is key - showing what's effective, evidence-based to make sure that the proposed SBHC strategy is/will be effective."

Respondents also pointed out the need to balance privacy laws, including HIPAA and FERPA, while coordinating care between the school, SBHC, and community-based agencies.

Billing, funding, and sustainability

Respondents recommended that DOH work with private and public insurers to improve the SBHCs ability to bill and be reimbursed for the services they provide. Respondents hoped that the DOH SBHC grant program will help SBHCs become financially sustainable in the long term.

"Though insurance reimbursements are a significant source of funding, they do not cover the full range of services that all SBHC patients require. Since many SBHC patients are uninsured or underinsured, they will likely need case management services, assistance with social determinants of health, and/or support with Medicaid enrollment."

"Being able to bill for the services they provide and get reimbursed to cover operational costs. Confidentiality – protecting confidentiality when billing for services."

Health services

Respondents described the increased need for mental and behavioral health services for youth since the COVID-19 pandemic. For example, one respondent answered, "Mental Health! We are unable to fill openings quickly and students are going without services."

Others mentioned incorporating primary care services into the school setting. Respondents acknowledged that some community beliefs could lead to access barriers to primary care services such as reproductive health care.

Privacy, confidentiality, and parental consent

Respondents recommended making education and information available to clarify the types of services minors can consent to and what needs parental consent. Many mentioned that students often have privacy concerns -- and may not seek services if they think their parents will find out.

Understanding of SBHCs, services, fees, and insurance

Respondents asked for more education for parents, students, and school staff on different SBHC-related topics. These include building knowledge and awareness of available services at SBHC and accessing care if uninsured or underinsured.

Additional barriers

Many shared additional barriers for students accessing care at an SBHC. Some common themes were related to the stigma associated with getting care at an SBHC, as well as challenges related to language barriers.

Grant application (examples, information, & templates)

Respondents generally agreed that the SBHC grant application should be simple and available online. They also requested examples and templates for the documents needed for the application.

Support for current SBHCs

Washington has many successful SBHCs across the state. Respondents recommended that the DOH SBHC grant program continue supporting their work.

> *"Don't overcomplicate it where it is already working well - acknowledge what is in place and grandfather that."*

Resources and support

Respondents asked that DOH be available to grantees for questions on grant deliverables and general SBHC technical assistance. They also suggested DOH help facilitate connections and collaborations with other SBHCs and provide trainings or webinars on new ideas.

> *"Real and personal technical assistance for planning, start up and operations guidance."*

Students furthest from educational justice

Respondents generally liked DOH's definition of students furthest from educational justice. They said it was important to prioritize areas that lack access to health services. These include rural and those experiencing health care provider shortages.

> *"I think this should also include just about anyone who lives in an area where there is a shortage of healthcare facilities -such as rural communities. The students might not meet this definition, but they still need help getting access to care."*

DOH Actions

DOH took the survey feedback into consideration for the grant program's implementation. Across the themes, we noticed a common thread -- SBHCs need flexible funding, adequate time, and consistent support from funders and partners to be effective and sustainable. DOH took the following actions during the first implementation year:

Application and award process

- Created an online application with short answer questions to explain the proposed SBHC project and services.
- Provided templates for all required grant application documents.
- Made a recorded webinar available to review the grant application process.
- Posted weekly answers to questions about the grant application.

- Required grant applicants to submit letters of support from the school administration, school principal, and school nurse to demonstrate the commitment and partnership between the school and SBHC.
- Prioritized applications in areas of the state (see story map) that served either 1) three or more systemically underserved communities/populations, 2) a rural area, or 3) were tribal-led projects or projects with a strong tribal partnership.
- Offered grant funding to plan or start new SBHCs and to existing SBHCs through operations or behavioral health improvement grants.
- Established a Community Advisory Board to inform the SBHC grant program and priorities.

SBHC services

- Allowed SBHCs to offer telehealth services to refer, consult, or connect to care not provided at the SBHC or when the SBHC is closed.
- Required that SBHCs must "provide comprehensive and integrated medical and behavioral health care services, or referrals to appropriate providers, that are responsive to the community and young people they serve."

Grant activities

- Supported DOH grantees to create unique workplans with innovative ideas such as mobile clinics, telehealth. Helped grantees make project timelines that worked for them and their community.
- Worked with selected grantees on the grant deliverables and adapted them to each grantee's needs.
- Included community engagement activities in all grant types to build and foster relationships between the SBHC and school, students, families, and the broader community.
- Conducted an implementation evaluation to assess DOH's successes and areas for improvement.
- Collected performance metrics from grantees to begin data collection on the impact of SBHCs.

Resources

- Partnered with the Washington School-Based Health Alliance to provide technical assistance and support to SBHCs across the state.
- Connected with other state agency partners to work on SBHC sustainability and improve billing and reimbursement systems for SBHCs.
- Worked with SBHC partners to educate health system partners about and promote the SBHC model.
- Met and shared information with organizations interested in learning more about SBHCs.
- Launched quarterly community of practice calls with grantees to share and learn amongst the grantee cohort.
- Expanded DOH's SBHC webpage to include more resources for SBHCs.
- Connected grantees and interested organizations with other SBHCs through email introductions and community of practice calls.

In the Future

Many survey respondents talked about the need for flexibility in the SBHC model to better meet their community's needs, particularly in rural and medically underserved areas. Looking forward, DOH will work with partners and interested communities to adapt the SBHC model for their school and increase the reach of SBHCs statewide.

Survey Questions

1. To be sure we talk to all types of people who work in or with SBHCs, please choose the title that best fits your role in or to SBHCs (select all that apply).
   a. Options: SBHC clinical provider, SBHC funder, SBHC non-clinical staff, SBHC administrator, SBHC manager, school staff or school representative, Educational Service District representative, state agency representative, or other.
2. To help us ensure we talk to people from all over Washington state, please tell us what county you primarily work in.
3. What ideas and thoughts do you have about the DOH SBHC grant program, the grant funding criteria, and/or the grant application process?
4. What tools or resources or processes do you think could be most helpful to apply for a grant?
5. What are some ways you think DOH could be most helpful to SBHCs, including those at different stages of development (i.e. planning, start up, or operational SBHCs)?
6. What are some of the biggest challenges facing SBHCs today?
7. What are some potential barriers that may prevent students from accessing SBHCs or SBHC resources?
8. The intent of the SBHC legislation is to "expand and sustain the availability of school-based health center services to K-12 students in public schools, with a focus on historically underserved populations." For the purposes of this grant, we are aligning our definition of historically underserved community with OSPI's definition of young people furthest from educational justice , which includes (but is not limited to): youth in poverty, BIPOC (Black, Indigenous and People of Color) youth, migrant youth, refugee and/or immigrant youth, English language learners, youth experiencing homelessness, youth in foster care, LGBTQ youth, youth involved in the criminal justice system, and youth with disabilities. What gaps can you identify in this draft definition? Please let us know what language we could use to be inclusive and/or representative of the historically underserved groups in your community.