

Planning and Visioning School-Based Health at Nova High School



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Gender Clinic at Seattle Children’s Hospital
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Nova Roots
Nova’s Action Faction Committee
Nova’s consultants and on-site care providers
Nova’s families
Nova’s Gender Tea Committee
Nova’s POC Committee
Nova’s staff
Nova’s students
School-Based Health Alliance
School-Based Health Center providers in King County
Seattle Children’s Odessa Brown Children’s Clinic
Swedish Medical Center, First Hill Campus
University of Texas School of Nursing

EXECUTIVE SUMMARY

CONTEXT

The Families, Education, Preschool, and Promise (FEPP) Levy's school-based health investment strategy included funds for the creation of a school-based health center (SBHC) at Nova High School. Nova is committed to providing culturally competent and trauma-informed health services, with specific attention to serving LGBTQ+ youth in the school and the broader community. Cardea was selected to support the planning process for Nova's SBHC

through effective stakeholder convening and feedback, synthesis of new and existing information, and developing recommendations for a model of service delivery. Cardea will also provide guidance to support the Request for Application (RFA) specifications for Public Health — Seattle & King County (PHSKC) to lead a competitive process to select a sponsor healthcare agency to launch and operate the SBHC at Nova.

APPROACH

From early July through mid-October 2019, Cardea led efforts to gain a comprehensive understanding of the desired, on-site services and care team qualities of a successful SBHC, through reviewing and synthesizing background documents and literature, interviewing key stakeholders, facilitating focus/discussion groups with students and staff separately, and gathering input from parents/caregivers and students via separate, electronic surveys.

Cardea's strategies for this work included:



Reviewing a variety of background documents related to Nova High School, school-based health, gender affirming and trauma-informed care



Forming an advisory team of Nova students, staff, and parents to review documents and guide the engagement process



Conducting key informant interviews with stakeholders and SBHC experts



Facilitating focus groups with Nova community members, primarily targeting students



Disseminating two online surveys to gather feedback from students and caregivers/parents

BACKGROUND

King County has a network of 30+ SBHCs that serve over 10,000 elementary, middle, and high school students each year. SBHCs support student achievement because health and wellness are intimately connected with academic success.¹ SBHCs are run by a medical sponsoring organization, employing a combination of full-time and part-time staff. The type of medical sponsor and their staffing models vary.

A recent Community Health Needs Assessment among King County LGBTQ+ youth revealed that LGBTQ+ students at comprehensive high schools pointed to their SBHCs as safe places to receive care.² Nova High School is an innovator in non-traditional and alternative education that was established in 1972 and currently does not have a SBHC on their campus. With a high proportion of students who identify as LGBTQ+ (80%) and specifically transgender or non-binary (35%), Nova students have the potential to benefit from on-site primary and behavioral/mental healthcare, since LGBTQ+ youth face higher rates of suicide, self-harm, STDs, pregnancy, trauma, anxiety and depression.³ According to 2018 Healthy Youth Survey data, 71% of 10th grade students and 59% of 12th grade students at Nova High School reported depression symptoms compared with 40% of 10th and 12th grade students statewide.⁴ The creation of a SBHC at Nova would aim to reduce barriers to high-quality healthcare.

Numerous studies have demonstrated that experiences with clinicians during adolescence create a precedent for future healthcare access, health risk reduction, help-seeking behavior, and, sometimes, adult physical and social health.⁵ Indeed, some suggest that the most significant medical risk for the LGBTQ+ community may be the avoidance of routine healthcare, particularly for people who are transgender and gender-diverse.⁶ The World Professional Association for Transgender Health (WPATH) Standards of Care

(SOC) are guidelines used by many healthcare professionals to provide care to transgender and gender-diverse individuals. For many, the WPATH SOC are considered the primary standards for gender affirming care worldwide.⁷ The SOC model of gender affirming care begins with documenting gender dysphoria before medical intervention.⁸ Many community members critique the SOC as a gatekeeping guideline that pathologizes transgender and gender-diverse people. An increasingly popular alternative to the WPATH SOC is the Informed Consent for Access to Trans Health (ICATH) model of care. The ICATH model does *not* require mental health evaluation in order to access services, rather mental health therapy is an option and not a requirement for accessing gender confirming healthcare. Under the ICATH model, transgender and gender-diverse individuals work with medical professionals to discuss their options and make a shared and informed decision about their healthcare.⁹

Integrating a trauma-informed approach into the delivery of SBHC services also supports LGBTQ+ individuals and gender affirming care. A trauma-informed program or system “realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization” (p. 9).¹⁰ The Substance Abuse and Mental Health Services Administration’s (SAMHSA) trauma-informed approach reflects adherence to six key principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; cultural, historical, and gender issues.

KEY FINDINGS

NOVA COMMUNITY MEMBERS WANT AN INCLUSIVE, CONFIDENTIAL, GENDER AFFIRMING, CULTURALLY AND LINGUISTICALLY RESPONSIVE, SAFE SPACE THAT IS EASILY ACCESSIBLE TO ALL NOVA STUDENTS AND THE BROADER COMMUNITY

Engaged stakeholders specified that the health center should center LGBTQ+ people of color (POC) and celebrate neurodiversity. When asked to envision what success would look like one-year after the health center opens, many key informants and focus group participants described student excitement about the SBHC and student willingness to recommend the health center as a resource to their peers as key indicators of success.

GENDER AFFIRMING CARE, BEHAVIORAL AND MENTAL HEALTHCARE, REPRODUCTIVE HEALTHCARE, AND FIRST AID ARE SEEN AS THE MOST ESSENTIAL CLINICAL SERVICES TO PROVIDE ON-SITE

Most key informants, staff and student focus group participants, and survey participants identified mental or behavioral healthcare as a critical component of service for Nova's future SBHC. Most want gender affirming care, including initiation and management of hormone therapy, to be provided on-site. Other commonly identified services that stakeholders desired included, full spectrum sexual and reproductive healthcare, vaccinations, first aid and injury treatment, general primary medical care, and chronic health condition monitoring.

HIGHLY DESIRED NON-CLINICAL SERVICES INCLUDE BASIC NEED SUPPLIES, GENDER AFFIRMING SUPPLIES, HEALTH EDUCATION, AND WELLNESS ACTIVITIES

Focus group participants, survey respondents, and key informants were also asked about their thoughts related to important non-clinical services to offer at the health center. Stakeholders identified basic need supplies for people of all bodies and genders, nutritional counseling, wellness activities, and support with systems navigation as essential non-clinical functions. Through key informant interviews and focus groups, stakeholders frequently spoke about their desire to have on-site health education as well as substance use disorder treatment groups for a variety of conditions that are free of stigma.

WHILE SERVING NOVA STUDENTS IS TOP PRIORITY, STAKEHOLDERS WANT THE CLINIC TO BE OPEN TO THE BROADER COMMUNITY WITH PROTECTIONS IN PLACE TO PRESERVE STUDENT CONFIDENTIALITY

While stakeholders prioritized Nova student access, they also welcomed the idea of serving other Seattle Public Schools students, out-of-school youth, young people served by nearby community shelters, family members of Nova students, and Nova staff. Simultaneously, Nova students, staff, and caregivers cautioned that student privacy and confidentiality must be protected through designated or separate family hours, safe sign-in procedures for visitors, and possibly a separate entrance for non-Nova patients.

STAKEHOLDERS OVERWHELMINGLY SUPPORT A CARE TEAM THAT IS REFLECTIVE OF THE NOVA COMMUNITY WITH A DEMONSTRATED PASSION FOR WORKING WITH YOUNG PEOPLE AND STRONG EXPERTISE IN HARM-REDUCTION, TRAUMA-INFORMED, AND STRENGTHS-BASED APPROACHES

Across all forms of stakeholder engagement, participants specified that the SBHC care team should be diverse and reflective of the Nova community. Many added that it's critical for the providers to be culturally and linguistically proficient with a background in harm-reduction, trauma-informed, and strengths-based approaches with a demonstrated passion for and experience working with young people, as is true for most SBHC providers. Several stakeholders noted the importance of mission, vision, and policy alignment between the medical sponsor and Nova's community values. Many key informants, Nova staff, and Nova students suggested that it would be helpful if the care team supported youth with navigating systems of services, especially those who are in crisis, including de-escalation skills.

STAKEHOLDERS SHARED A RANGE OF OPERATIONAL CONSIDERATIONS, INCLUDING EXPLICITLY COMMUNICATING THE SCOPE OF SERVICES AND LIMITS OF PRIVACY, AS WELL AS STEPS TO ENSURE CONTINUITY OF CARE DURING TIMES OF TRANSITION

Key informants and focus group participants emphasized that it will be very important to have direct and clear communication about what services will and will not be offered on-site to set expectations and avoid disappointment. Several stakeholders recommended explicitly communicating what services might not be confidential from families, so students can decide whether or not to move forward with treatment, as is expected at other SBHCs in King County. SBHC experts, SBHC providers, and Nova consultants emphasized the importance of continuity of care when school is not in session (i.e. summer break) and expressed hopes for smooth transitions from the SBHC to adult care clinics when students graduate from or leave Nova.

MANY SEATTLE-AREA SBHCS ARE CURRENTLY PROVIDING SOME LEVEL OF GENDER AFFIRMING CARE AND ARE SUPPORTIVE OF NOVA STUDENTS RECEIVING ENHANCED SERVICES ON-SITE THAT ARE FURTHER ALONG THE GENDER AFFIRMING CARE CONTINUUM

Interviews with seven providers at Seattle SBHCs revealed that providers are currently providing aspects of gender affirming care (i.e. asking students about their pronouns, prescribing contraception to stop menses, or having well-developed referral policies to gender clinics in place) and are very much in favor of providing gender affirming care in the school setting. Furthermore, current SBHC providers believe that it would be possible to offer puberty blockers and administer and monitor hormone therapy, including lab work akin to services provided for management of chronic health conditions. It is important to note that the opinions of this group of providers are not necessarily reflective of agency policy or philosophy of how care might be delivered at Nova.

CONSIDERATIONS

Cardea interviewed key informants that were suggested by Nova and PHSKC leadership based on their prominence or excellence in the fields of school-based healthcare or gender affirming care or their familiarity with the Nova High School community. Therefore, Cardea does not expect that their perspectives are necessarily reflective of sponsor agency policy or philosophy of how care might be delivered at Nova. In addition, the survey was based on a convenience

sample of students and caregivers/parents who volunteered to participate; therefore, findings might not be representative of all Nova students and families. While focus groups held during Nova's Fall Conference and student committee meeting times resulted in hearing from a greater number of students, there are still some student voices that are not included in this report.

NEXT STEPS

Based on the key learnings from the background synthesis and the stakeholder engagement led by Cardea, PHSKC will release a RFA to potential medical sponsors by the end of 2019. PHSKC plans to select a sponsor and open the SBHC at Nova by the spring of 2020.

INTRODUCTION & APPROACH

INTRODUCTION

Public Health — Seattle & King County’s (PHSKC) School-Based Partnerships (SBP) Program manages the City of Seattle’s school-based health center (SBHC) investments. This long-standing effort has been funded by the City of Seattle since the first Families and Education Levy (FEL) passed in 1990. SBP advances evidence-based and informed, high-quality, equitable, culturally-relevant health care to support all students to be healthy and academically successful. SBP supports collaborative leadership between schools and SBHC sponsor health care agencies (“sponsors”) to implement SBHCs across the County. SBHCs provide integrated primary care, behavioral health, and oral health services with a focus on whole child health.

In 2018, voters approved the Families, Education, Preschool, and Promise (FEPP) Levy. A portion of FEPP’s school-based health investment strategy included funds for the creation of a SBHC at Nova High School. Nova is committed to providing culturally competent and trauma-informed health services, with specific attention to serving LGBTQ+ youth in the school and the broader community. Cardea was selected to support the planning process for Nova’s SBHC through effective stakeholder convening and feedback, synthesis of new and existing information, and developing recommendations for a model of service delivery. Cardea will also provide guidance to support the Request for Application (RFA) specifications for PHSKC to lead a competitive process to select a sponsor healthcare agency to launch and operate the SBHC at Nova.

APPROACH



To ensure ideas for the scope and design of the SBHC at Nova reflect the needs of the Nova community, Cardea formed a 5-member Nova Health and Wellness Center Advisory Team to guide the community engagement process. Members of the Advisory Team represent current Nova students and recent alumni, parents, and school leadership. In addition to sharing their visions for an ideal SBHC, the advisors provided critical input on draft surveys, interview, and focus group instruments, and also shared their collective expertise on the best ways to engage students, staff, and families connected to Nova High School. Nova students/alumni received a stipend to honor the time spent reviewing documents and advising Cardea on best strategies for student engagement.

From early July through mid-October 2019, Cardea led efforts to gain a comprehensive understanding of the desired, on-site services and care team qualities of a successful SBHC, through reviewing and synthesizing background documents and literature, interviewing key stakeholders, facilitating focus/discussion groups with students and staff separately, and gathering input from parents/caregivers and students via separate, electronic surveys.

BACKGROUND SYNTHESIS



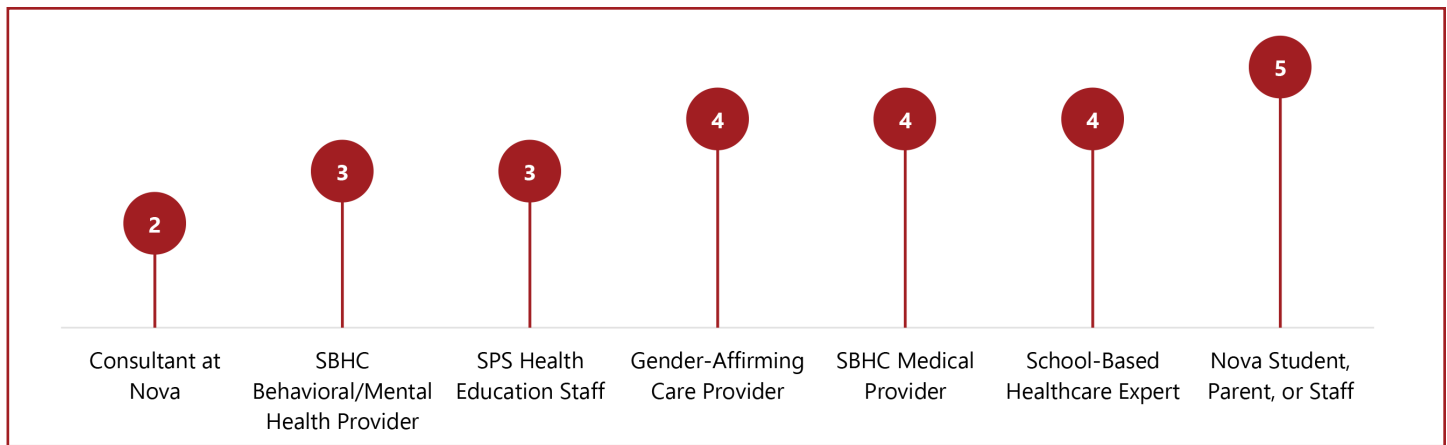
Between July and August 2019, Cardea reviewed a variety of background documents related to Nova High School and prior discussions related to wellness at the school, notes from interviews with experts in gender affirming care, SBHC models of care, and best practices for providing gender affirming care to young people. Details of this background synthesis are integrated into this document on **pages 9-15**.

KEY INFORMANT INTERVIEWS



From July through October, Cardea conducted **20** interviews with **25** key informants identified by leadership at Nova and PHSKC. Interviewees included professionals/consultants connected to Nova, local leaders in gender affirming medicine, current school-based behavioral health, mental health, and medical providers, staff at Seattle Public Schools, as well as Nova students, parents, and staff (**Figure 1**).

Figure 1. Key informant interviewee distribution by participant type



FOCUS GROUPS



In late-August, Cardea facilitated **three** focus groups with **25** Nova staff, including teachers, front-office/administrative staff, and members of Nova's current healthcare team (i.e. nurse, psychologist, and community mental health agency providers).

Additionally, during the first two weeks of September, Cardea facilitated **five** focus groups with **45** Nova students, in partnership with a student on the Advisory Team, who co-facilitated several groups. One of the focus groups also included a Licensed Mental Health Counselor as part of the facilitation team. Focus groups were held during Nova's Fall Conference and the Action Faction, Gender Tea, and People of Color (POC) Committees. In addition, an open focus group was offered at the end of the school day that was primarily aimed at reaching housing unstable, LGBTQ+ POC students. Since the open focus group occurred outside of students' required committee schedule, students who participated received a small stipend as compensation for their time.

SURVEYS



During the first few weeks of school, students and caregivers/parents were invited to respond to an online survey. Parents and caregivers received notices about the family survey through back-to-school orientation materials, including an all-school email and flyers posted at the 9th Grade Family Orientation and Individualized Education Plan (IEP) Open House. Students learned about the student survey through flyers and in-class announcements from one of the students serving on the Nova Health and Wellness Center Advisory Team. Both surveys were voluntary and confidential. In total, there were **25** student and **17** caregiver/parent responses.

OVERARCHING QUESTIONS

At a high-level, key informants were asked:

1. *What are your hopes for youth seeking care within a SBHC at Nova?*
2. *What services are most essential to offer?*
3. *What services would be out of scope and why?*
4. *How can SBHCs best serve community members who are not students?*
5. *What are key qualities & skills of a SBHC provider?*

Students, caregivers/parents, and staff were asked:

1. *What is your vision for a successful SBHC at Nova?*
2. *What services are most essential and why?*
3. *What SBHC services are not essential?*
4. *Who should be served by the SBHC?*
5. *What are key qualities and skills you hope to see in the SBHC care team?*

BACKGROUND SYNTHESIS

WHY SCHOOL-BASED HEALTHCARE?

School-based health centers (SBHC) support student achievement because health and wellness are intimately connected with academic success.¹⁰ Many factors, such as unmanaged chronic disease, hunger, violence, and feeling unsafe at school or in the broader community, can affect a young person's ability to learn, thrive, and stay in school. Consequently, SBHCs have the capacity to benefit all students and advance equity by addressing illness and stress and creating environments where students feel safe and secure.¹¹ Co-location of health and wellness centers within the school makes care more accessible and reduces the time students spend away from classes to get the healthcare services they need.

The American Public Health Association further suggests that SBHCs have the potential to serve as vital mental health supports to students. SBHCs that provide behavioral health services successfully, typically have four key elements in place: on-site services, care coordination, education and outreach, and youth-friendly care.¹²

It is not uncommon for SBHCs to serve community needs beyond the direct student population. According to the 2016-2017 National School Based Health Care Census, conducted by the School Based Health Alliance, nearly two-thirds (62%) of the 2,584 SBHCs across the United States serve at least one population other than students enrolled at the school. Among the SBHCs serving populations beyond their direct student population, it was common to also serve students from other schools (44%), faculty or staff (39%), and family members of students (32%). Out-of-school youth (28%) and other community members (17%) were less commonly reported as populations served by the SBHCs included in the census.¹³

Across SBHCs nationwide, there are primarily three staffing models that support the delivery of services. First, is the primary care only model, which is used by about 35% of SBHCs. Under this model, a mid-level provider, such as

a nurse practitioner or physician assistant, delivers primary care services under physician supervision. Second is the primary care-behavioral health model, which adds a mental health professional (e.g. licensed clinical social worker) to the care team. About 24% of SBHCs operate under this model of care. Third is the primary care-behavioral health plus model, used by about 41% of SBHCs, that adds other lines of service, such as nutrition, health education, oral health, or case management.^{14,15,16}

Other factors that influence delivery models include the location where patients access care and the location where providers deliver care. Most common are “traditional SBHCs” where patients access care at a fixed site on school campus and providers primarily deliver care on-site. Some are “school-linked” with a fixed site near the school where providers deliver care. Mobile SBHCs operating out of a van parked on or near campus serve some schools. Telehealth exclusive SBHCs provide a fixed site for students to interact with a provider, but all primary care services are delivered remotely.¹⁶

SBHCs are run by a medical sponsoring organization, employing a combination of full-time and part-time staff. The type of medical sponsor varies. Federally Qualified Health Centers (FQHCs) serve as the medical sponsor for more than half (51%) of SBHCs in the country. Hospitals or medical centers (20%), non-profit or community-based organizations (9%) and local health departments (6%) are also common.¹⁶

Diversity in funding portfolios is essential for SBHC financial solvency and sustainability.¹⁷ SBHC programs that are sustainable, typically receive funding from multiple sources, including patient revenue (i.e. reimbursement through public or private insurance and self-pay); local, state, and federal government grants; private sector or foundation grants; and donations or in-kind support.¹⁸

SBHCS IN KING COUNTY

The network of over 30 SBHCs in King County serve over 10,000 elementary, middle, and high school students each year. Funded initially by the [Seattle Families and Education Levy](#), King County's system of SBHCs is now funded by the [Families, Education, Preschool, and Promise Levy](#) (managed by the City of Seattle Department of Education and Early Learning), the [Best Starts for Kids Levy](#), and King County General Funds, and SBHC services are coordinated by Public Health–Seattle & King County. Current medical sponsors for King County SBHCs include, County Doctor Community Health Centers, HealthPoint Community Health Centers, International Community Health Services, Kaiser Permanente, Neighborcare Health, Odessa Brown Children's Clinic, Public Health — Seattle & King County, and Swedish Medical Center.¹⁹ The PHSKC School-Based Partnerships Program oversees collaborative leadership between schools and medical sponsors to implement SBHCs across the County that provide integrated primary care, behavioral health, and oral health services. Care is delivered in a collaborative manner focused on whole child health.

NOVA HIGH SCHOOL

Nova High School is known as an innovator in non-traditional and alternative education because of its non-graded competency, inquiry, project and problem-based instruction. As a democratic and social justice oriented high school, Nova supports students in examining their own lives and identities as they strive to drive their own education through a combination of project and problem-based learning. Nova's mission is to provide a vigorous, engaging, culturally relevant, and student-centered academic program that is accessible to all students. Nova's vision is shaped by their commitment to social and racial justice, access and equity, the arts, and environmental sustainability. Every student and staff member can thrive in an environment that supports safety and access for all members of the Nova community to develop self and social responsibility and strive to discover their passions, make a difference, and lead a purposeful life.²⁰

While an established Seattle Public School since 1972, Nova is one of the few public high schools in Seattle without a SBHC on their campus. Understanding the myriad benefits to having a SBHC on-site, there is strong support and enthusiasm among students, staff, and families for forming partnerships that will bring a health and wellness clinic to the school. With a high proportion of students who identify as LGBTQ+ (80%) and specifically transgender or non-binary (35%), Nova students have the potential to benefit from on-site primary and behavioral/mental healthcare, since LGBTQ+ youth face higher rates of suicide, self-harm, STDs, pregnancy, trauma, anxiety and depression.³ According to 2018 Healthy Youth Survey data, 71% of 10th grade students and 59% of 12th grade students at Nova High School reported depression symptoms compared with 40% of 10th and 12th grade students statewide.⁴ In addition, school leadership noted that over 65% of all Nova students identify mental health issues as barriers to their educational success. Fully aware of the need for mental health supports for their students, Nova has partnerships with three local behavioral health providers: Navos, Ryther, and Asian Counseling Referral Services (ACRS). Collectively, the team of behavioral health providers deliver art therapy, mindfulness meditation, and drug and alcohol recovery supports, among other services. Without question, these services provided essential supports to Nova students; however, the behavioral health agencies bill for their services, so underinsured or uninsured students often fall through the cracks. While the distribution of types of health insurance coverage among Nova students is unknown, 29% of enrolled students qualify for free or reduced lunch; therefore, about one-third of the students may be on Apple Health (Medicaid).²¹

In a letter to Seattle City Council advocating for support for the addition of a LGBTQ+ Health Clinic and Wellness Center, school leadership described the mission for the center: “to provide culturally competent and trauma-informed holistic behavioral and physical health services on-site to all students enrolled in Nova and to provide these same services to the broader LGBTQ+ youth community in Seattle and King County.” They added that the Nova community envisions the SBHC as being responsive to the needs of LGBTQ+ youth, with youth advisors having a key role in helping to create the wellness center as well as advise its operations. Central to this vision is culturally competent care for LGBTQ+ youth, with the potential for youth and wellness center staff to provide training for other youth-serving, Seattle-area health agencies.

Documents shared with Cardea in July 2019 described that key stakeholders want the SBHC to be flexible and accessible, with a school day component focused on Nova High School students and an afterschool/evening component focused on serving the broader LGBTQ+ youth community in Seattle and King County. Stakeholders also want a SBHC that fits under the primary care-behavioral health plus model, by offering behavioral health, physical health, including gender affirming care, acupuncture, yoga and mindfulness, health education, and social work services to connect youth to housing, food and educational resources.

TRANSFORMATIVE CIRCLES AT NOVA

During the 2018-2019 school year, a restorative justice consultant supported the Nova community with planning for the addition of a SBHC by gathering feedback on desired features and services through facilitating talking circles with all levels of students and staff during classes and committee meetings. If students missed the opportunity to provide verbal feedback, the consultant offered a written survey with the same key questions:

1. *What type of services are you looking for in a teen health center?*
2. *How can we make access and services equitable and safe?*
3. *Are there any barriers to safe care?*

The transformative circles revealed that students want a comprehensive scope of services that would represent the primary care-behavioral health plus model of SBHCs. For example, students want mental health counseling, reproductive healthcare, health education for disease management, drug and alcohol addiction, gender affirming care, and support with navigating systems of support for housing instability, etc. When asked to think about how to make access and services equitable and safe, participants primarily described a youth-friendly center with diverse staff (i.e. POC, queer, or non-binary) who effortlessly use students’ preferred names and gender pronouns and make all patients feel welcome. Students also want the health center to be accessible for everyone, regardless of insurance status and available to LGBTQ+ young people outside of the Nova community. Students cited lack of privacy or confidentiality, use of homophobic or transphobic language, and hiring a majority staff of white, cisgender, able-bodied men as characteristics that would contribute to students feeling unsafe at the health and wellness center.

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

Specific health needs of LGBTQ youth and young adults (YYA) in King County were recently identified through the 2018/2019 Community Health Needs Assessment (CHNA). The King County Hospitals for a Healthier Community and Public Health — Seattle & King County (PHSKC) gathered input on LGBTQ-specific needs through a series of eight listening sessions reaching 72 LGBTQ YYA (i.e. people between the age of 13 and 24), seven key informant interviews with advocates associated with LGBTQ YYA, and review of Healthy Youth Survey (HYS) data, as well as homeless YYA data contained in the Count Us In Survey of King County's sheltered and unsheltered homeless population. Through the conversations, the CHNA team learned of systemic and interpersonal barriers that affect the health of LGBTQ YYA. The main themes that emerged were:

- LGBTQ YYA often feel unheard by family and healthcare providers and want more control over their personal health, including reversible treatments (i.e. puberty blockers) and contraception
- Those without trusting family relationships have mental health challenges and difficulty navigating systems of care
- Use of the correct gender pronouns by providers creates a sense of safety among LGBTQ YYA
- Healthcare systems assume patients are heterosexual and cisgender, which often results in the use of the incorrect names and pronouns and perpetuates stigma
- Health professionals need training to work effectively with LGBTQ patients
- Students at comprehensive high schools pointed to their SBHC as a safe place to receive care.²

CONVERSATIONS WITH LOCAL EXPERTS

Between December 2018 and May 2019, staff at Public Health — Seattle & King County connected with experts in the field representing Kaiser Permanente, Seattle Children's Hospital, and the Q Card Project to gather their perspectives on important features to consider as plans are made to build the SBHC. All experts recommended that it will be critical to explicitly identify the scope of services that will and will *not* be offered at the health center. Experts shared that they thought students would want providers at the clinic to also be queer or transgender individuals and/or people who are well-versed in the use of inclusive language, able to provide competent physical examinations and inclusive reproductive healthcare, who are familiar with all aspects of working with patients who identify as transgender and non-binary. One expert suggested forming an advisory committee for the clinic that would include parents, young people, and advocates. At least one expert expressed hesitation with providing "specialty care" (i.e., hormone therapy) on-site to meet the gender affirming care needs of students and suggested referrals would be their team's preference. This concern highlights a divide in the field between those who see gender affirming care as predominantly primary care and those who see it as specialty care.

RESPONDING TO THE NEEDS OF THE NOVA COMMUNITY

GENDER AFFIRMING MEDICAL AND MENTAL HEALTHCARE

Gender affirming care encompasses a range of clinically and culturally proficient practices that support transgender and gender-diverse individuals at the organizational and interpersonal levels (i.e. administration of puberty blockers, initiation and monitoring of hormone therapy, clinical consultations and family counseling related to gender, competent physical examinations, and welcoming systems of care that refer to patients by their preferred name and pronoun).

Numerous studies have demonstrated that experiences with clinicians during adolescence create a precedent for future healthcare access, health risk reduction, help-seeking behavior, and, sometimes, adult physical and social health.⁵ Participants in the U.S. Transgender Survey (2015) reported that they avoided seeking healthcare in the past year because they feared being mistreated as a transgender person (23%). Indeed, the most significant medical risk for the LGBTQ community may be the avoidance of routine healthcare.⁶

Both access to and provision of clinically and culturally proficient care are key to optimal health outcomes for LGBTQ adolescents. Although many healthcare providers have made strides in providing clinically and culturally proficient care to lesbian, gay and bisexual youth, many transgender and gender-diverse youth still encounter barriers to clinically and culturally proficient care. Research indicates that youth with gender dysphoria are at high risk for depression, anxiety, isolation, self-harm, and suicidality at the onset of a puberty that feels wrong.²² For transgender and gender-diverse youth, access to affirming healthcare services can be life-saving.

While some families have resources to seek gender affirming care, families with limited resources often lack access to the care they need and deserve. Even in communities with a clinically and culturally proficient provider, transgender and gender-diverse youth and their families often face challenges navigating clinical systems, insurance exclusions, uncoordinated care networks, and gatekeeping practices.^{23,24} To reduce barriers to access for transgender and gender-diverse youth, SBHCs might consider integrating elements of gender affirming care into their models.

GUIDELINES FROM WPATH

The World Professional Association for Transgender Health (WPATH) Standards of Care (SOC) are guidelines used by many healthcare professionals to provide care to transgender and gender-diverse individuals. For many, the WPATH SOC are considered the primary standards for gender affirming care worldwide.⁷ The overarching goal of the SOC is to guide clinicians in their care of transgender and gender-diverse individuals. The current edition (7th) specifically notes that the guidelines are meant to be flexible, supporting a move toward a model of informed consent and reducing barriers for individuals to access healthcare.⁷

The SOC model of gender affirming care begins with documenting gender dysphoria before medical intervention.⁸ **Gender dysphoria** is defined as “discomfort or distress that is caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth (and the associated gender role and/or primary secondary sex characteristics)” (p.2).⁸ The SOC devote an entire section specifically focused on guidelines for the assessment and treatment of children and adolescents with gender dysphoria. This section covers guidelines pertaining to mental health assessment, psychological and social interventions, social transitions in early childhood, and physical interventions for adolescents. The physical interventions include fully reversible interventions for puberty suppression, partially reversible interventions utilizing gender affirming hormones, and irreversible interventions, which are surgical procedures.⁸ The WPATH SOC recommend that parents be involved in treatment decisions. The American College of Obstetricians and Gynecologists’ Committee on Adolescent Health Care notes that “most states do not have specific laws guiding transgender care for adolescents. Thus, even in states where minors may access treatment for behavioral health, contraception, and STIs without parental consent, adolescents may need parental consent for transgender health care. Additionally, insurance coverage is variable; appeals and prior authorizations may aid in coverage” (p.3).²⁵

Guidelines for medical intervention typically require well-documented gender dysphoria, capacity to make a fully informed decision and give consent (or have the parent/guardian give consent to procedures in lieu of the adolescent), age of majority (for irreversible surgical procedures), and controlled significant medical or mental health concerns, if such concerns are present.

CRITICISMS OF WPATH AND ALTERNATIVE APPROACHES

Criticisms of the WPATH's SOC are well-known—transgender healthcare is a relatively new field, much of the data that exists is anecdotal, and best practices are evolving. Many community members critique the SOC as a gatekeeping guideline that pathologizes transgender and gender-diverse people. The 7th edition is considered less prescriptive than prior versions, avoiding both specific timelines around mental health evaluation and minimum requirements for psychotherapy sessions prior to hormone therapy or surgery. However, since most surgeons and insurance companies still require mental health evaluation and letters from mental health professionals, this relaxation of the SOC has not yet been widely implemented.²⁶

An increasingly popular alternative to the WPATH SOC is the Informed Consent for Access to Trans Health (ICATH) model of care. ICATH “promotes the use of informed consent as a recognized standard of care to support the ultimate well-being and autonomy for people who are transgender, intersex, and gender non-conforming.”²⁷ ICATH diverges from WPATH SOC specifically in the use of the gender dysphoria diagnosis as a means for accessing gender confirming healthcare. The ICATH model does not require mental health evaluation in order to access services, rather mental health therapy is an option and not a requirement for accessing gender confirming healthcare. Under the ICATH model, transgender and gender-diverse individuals work with medical professionals to discuss their options and make a shared and informed decision about their healthcare.⁹

TRAUMA-INFORMED CARE

Integrating a trauma-informed approach into the delivery of SBHC services also supports LGBTQ+ individuals and gender affirming care. **Trauma** is defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (p. 7).¹⁰ Trauma can be acute such as sudden injury or illness or physical assault; it can also be chronic, such as repeated physical or sexual abuse over time, or living amidst violence in one’s family or community. Trauma can also manifest over time as the result of repeated or consistent exposure to the stresses of discrimination such as racism, classism, gender discrimination, ableism, homophobia, etc. When a person experiences any kind of interpersonal or institutional discrimination over time, those experiences can have the same effects as a traumatic event.²⁸

A trauma-informed program or system “realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization” (p. 9).¹⁰ SAMHSA’s trauma-informed approach reflects adherence to six key principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; cultural, historical, and gender issues.

Research by the team at UCSF Transgender Care further asserts that the clinical spaces, staff, and policies can be engineered to create a safe and welcoming environment for transgender individuals. Key components for a safe environment include, practicing cultural humility; training all levels of staff about transgender health issues, including common terminology used by the transgender community; decorating patient areas with art that celebrates the transgender community; adopting bathroom policies that allow patients to use the bathroom of their preference or designating all bathrooms as all-gender; and collecting gender identity data (i.e. name and pronoun, gender identity, and sex recorded at birth) data.²⁹ These elements are present in existing King County SBHCs.

KEY FINDINGS

NOVA COMMUNITY MEMBERS WANT AN INCLUSIVE, CONFIDENTIAL, GENDER AFFIRMING, CULTURALLY AND LINGUISTICALLY RESPONSIVE, SAFE SPACE THAT IS EASILY ACCESSIBLE TO ALL NOVA STUDENTS AND THE BROADER COMMUNITY

Across diverse stakeholder groups, Nova community members want an inclusive, confidential, gender affirming, culturally and linguistically responsive, safe space that is easily accessible to all Nova students and the broader community. Given the student body at Nova (see background synthesis), many specified that the SBHC should center LGBTQ+ POC and celebrate neurodiversity. When asked to envision what success would look like one-year after the health center opens, many key informants and focus group participants described student excitement about the SBHC and student willingness to recommend the health center as

a resource to their peers as key indicators of success. Key stakeholders also expressed that it would be critical for the care team to use harm-reduction and strengths-based approaches to best support the complex needs of Nova students.

Students who participated in the Fall Conference focus group also engaged in a creative exercise, where they each decorated a square that reflected their vision for a thriving and supportive health and wellness center. Squares were tied together to form a quilt of students' collective vision for success (**Picture 1**). Students' ideas reflected a welcoming, "comforting" space, with "kind staff," and "good vibes," where they could "feel confident about [themselves]." In discussing their artwork, students noted that plants, natural lighting, pets, and queer POC on staff would contribute to a greater sense of calm and safety, increasing their likelihood of using the health center.

Picture 1: Nova student quilt, symbolizing their individual and collective visions for a thriving SBHC



"My hope for the health center is that students experience healthcare in a way that is inclusive, where they feel like they don't have to hide any part of themselves, and they can fully trust providers."

— Key informant interviewee



GENDER AFFIRMING CARE, BEHAVIORAL AND MENTAL HEALTHCARE, REPRODUCTIVE HEALTHCARE, AND FIRST AID ARE SEEN AS THE MOST ESSENTIAL CLINICAL SERVICES TO PROVIDE ON-SITE

Whether key informants, staff or student focus group participants, or survey participants, almost everyone identified mental or behavioral healthcare as a critical component of service for Nova's future SBHC. While many students acknowledged the benefit of having Navos, Ryther, and ACRS staff on school campus, several students reported that not all of the providers possess the skills to provide the gender affirming care that students need. Most stakeholders want gender affirming care, including initiation and management of hormone therapy, to be provided on-site. Other commonly identified services included, full spectrum sexual and reproductive healthcare, vaccinations, first aid and injury treatment, general primary medical care, and chronic health condition monitoring. Several stakeholders

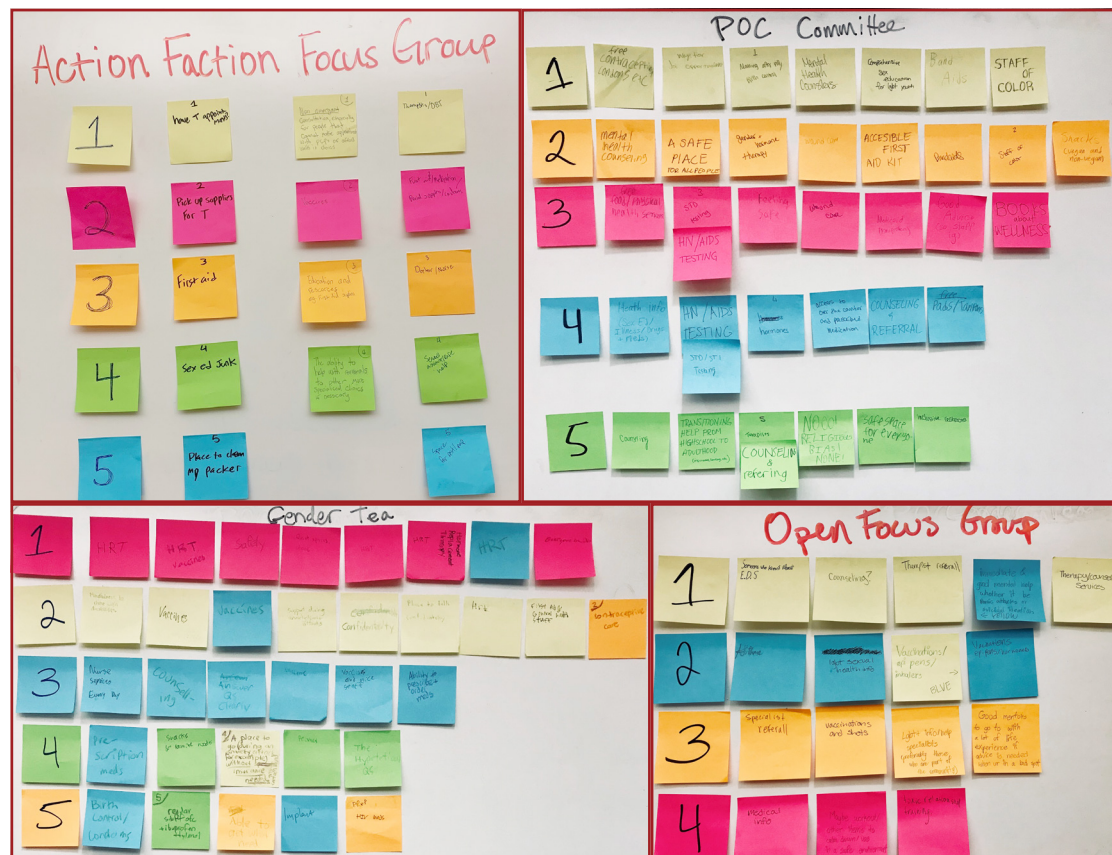
said they want the SBHC to provide substance use disorder treatment groups for a variety of conditions (i.e. smoking, drugs, alcohol, social media, etc.) that are free of stigma. While less commonly discussed, a few key stakeholders were in favor of having dental services, needle exchanges, and naturopathic options available to SBHC patients. In all of the student focus groups, elements of gender affirming care, behavioral and mental healthcare, reproductive healthcare, and first aid were listed among the students' top five essential services (**Picture 2**).

"Respecting pronouns, presentation, and consent is extremely important, and isn't always present in other health centers."

— Survey participant



Picture 2. Top five service prioritization activity from Action Faction, POC, and Gender Tea Committee focus groups and the open focus group



While survey participants' top five clinical services were very similar to the services identified by focus group participants, student and caregiver/parent survey respondents, diverged slightly in their prioritization of services, with caregivers ranking behavioral/mental health treatment and counseling for individuals (including drug and alcohol treatment, which might require separate funding sources) as their top priority and students ranking sexually transmitted infection (STI) screening and treatment as their top priority (Table 1).

Table 1. Caregiver/parent vs. student perspectives on top five essential services

Rank	Caregiver/parent respondents (n=14)	Student respondents (n=20)
1	Behavioral/mental health treatment/counseling for individuals	STI screening/treatment
2	Gender affirming care	Vaccinations
3	STI screening/treatment	Gender affirming care
4	Behavioral/mental health screening	Behavioral/mental health screening
5	First aid/injury treatment	First aid/injury treatment

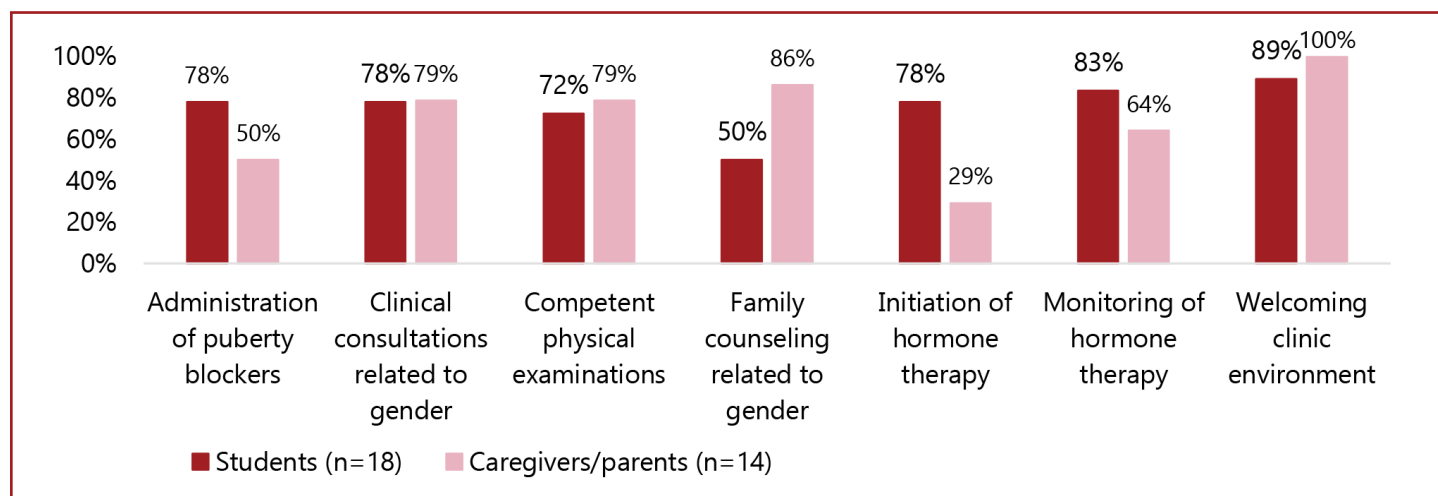
Only survey participants who selected gender affirming care as one of the desired clinical services were also given the opportunity to specify what aspects of gender affirming care they wanted to see at the school-based health and wellness center. Overwhelmingly, students and caregivers/parents valued a welcoming clinic environment and clinical consultations about gender. While 78% of students responding to this question selected initiation of hormone therapy as an element of gender affirming care they would like to see at the SBHC, only 29% of caregivers/parents supported having this element on-site. Similarly, caregivers/parents had a stronger desire for family counseling related to gender (86%) relative to students (50%) (Figure 2). It is important to note that the sample size for both surveys was small and may not reflect the views of all Nova students and families.

"The providers should figure out where [the students] are and meet them there. It's important to know about their lives—Are they out to their families? Are they at risk for substance [misuse]?"

— Key informant interviewee



Figure 2. Student and caregiver/parent support for elements of gender affirming care



HIGHLY DESIRED NON-CLINICAL SERVICES INCLUDE BASIC NEED SUPPLIES, GENDER AFFIRMING SUPPLIES, HEALTH EDUCATION, AND WELLNESS ACTIVITIES

Focus group participants, survey respondents, and key informants were also asked about their thoughts related to important non-clinical services to offer at the health center. Generally, stakeholders identified basic need supplies for people of all bodies and genders, nutritional counseling, wellness activities, and support with systems navigation as essential non-clinical functions. The top five services identified by caregivers/parents and students via the survey are listed in **Table 2**.

Table 2. Caregiver/parent vs. student perspectives on top five additional services

Rank	Caregiver/parent respondents (n=11)	Student respondents (n=17)
1	Basic needs supplies	Basic needs supplies
2	Nutrition counseling	Gender affirming supplies
3	Wellness activities	Nutrition counseling
4	Gender affirming supplies	Insurance eligibility/enrollment
5	Student education workshops by staff/community partners	Housing referrals

Through key informant interviews and focus groups, stakeholders frequently spoke about their desire to have on-site health education. Many suggested that the SBHC should eventually incorporate a peer-to-peer model that will empower students, while also generating greater buy-in and support for the SBHC. Student and parent education workshops led by staff or community partners are also desired. A few staff suggested adding showers as a resource for housing unstable students and noted that they want SBHC staff to be able to provide robust referrals for housing-related services. Some stakeholders indicated that the SBHC could accomplish supporting students with systems navigation if a Child Life Specialist or Social Worker was a member of the care team, but acknowledged that this type of position is not typically within the scope of core medical and mental health services at traditional SBHCs.

WHILE SERVING NOVA STUDENTS IS TOP PRIORITY, STAKEHOLDERS WANT THE CLINIC TO BE OPEN TO THE BROADER COMMUNITY WITH PROTECTIONS IN PLACE TO PRESERVE STUDENT CONFIDENTIALITY

With regard to the service population, stakeholders prioritized Nova student access, but also welcomed the idea of serving other Seattle Public Schools students, out-of-school youth, young people served by nearby community shelters, family members of Nova students, and Nova staff. Recognizing some of the challenges that accompany extending services beyond the immediate Nova community, Nova students, staff, and caregivers cautioned that student privacy and confidentiality must be protected. Some suggested ways to achieve this are through designated or separate family hours (i.e. before school, evening, or weekend appointments), safe sign-in procedures for visitors, and possibly a separate entrance for non-Nova patients.

STAKEHOLDERS OVERWHELMINGLY SUPPORT A CARE TEAM THAT IS REFLECTIVE OF THE NOVA COMMUNITY WITH A DEMONSTRATED PASSION FOR WORKING WITH YOUNG PEOPLE AND STRONG EXPERTISE IN HARM-REDUCTION, TRAUMA-INFORMED, AND STRENGTHS-BASED APPROACHES

Across all forms of stakeholder engagement, participants specified that the SBHC care team should be diverse and reflective of the Nova community. Many added that it's critical for the providers to be culturally and linguistically proficient with a background in harm-reduction, trauma-informed, and strengths-based approaches. Furthermore, students, caregivers, staff, and community partners want the people working at the clinic to have a demonstrated passion for and experience working with young people, and who want to be fully integrated into the Nova community. Several key informants noted that the medical sponsor's mission, vision, and policies should be aligned with Nova community values. Many key informants, Nova staff, and Nova students suggested that it would be helpful if the care team supported youth with navigating systems of services, especially those who are in crisis, including de-escalation skills. Key informants who work at other Seattle SBHCs also stressed the importance of having prescribers who are knowledgeable about mental and behavioral

"I love how Nova approaches each student as holistically as possible, and this seems like a very important component. I would hope the [SBHC] staff could be a resource to students, especially those with very little support outside of school. If the [SBHC] can offer basic care and resources, many more students are likely to make and keep themselves healthy."

— Survey respondent



health. Recognizing that the SBHC will not be able to fully meet the needs of every student and referrals will happen, stakeholders indicated that the ability to refer to trusted providers in the community who are just as affirming will be paramount. A few staff and key informants specifically called out the ability to work with youth with developmental and learning disabilities as an essential skill, emphasizing that providers should be adept at tailoring their interactions to meet the needs of neurodiverse students. These skills are expected care team qualities for staff working at any SBHC within King County and are not unique to Nova.

"Providers should be practiced at asking questions about gender, and be informed of intersectional experiences of race, gender, and disability, particularly for folks who are not neuro-typical, since there are lots of folks on the autism spectrum who identify as trans."

— Key informant interviewee



STAKEHOLDERS SHARED A RANGE OF OPERATIONAL CONSIDERATIONS, INCLUDING EXPLICITLY COMMUNICATING THE SCOPE OF SERVICES AND LIMITS OF PRIVACY, AS WELL AS STEPS TO ENSURE CONTINUITY OF CARE DURING TIMES OF TRANSITION

Key informants and focus group participants emphasized that it will be very important to have direct and clear communication about what services will and will not be offered on-site, in an effort to avoid disappointment and set expectations appropriately. Several key stakeholders noted that the medical sponsor will need to ensure students know what services are not private (i.e. specify what services require parental consent), so students can decide whether or not to move forward with treatment, as is expected at other SBHCs in King County. The SBHC experts and providers as well as Nova consultants emphasized the importance of continuity of care when school is not in session (i.e. summer break) and expressed hopes for smooth transitions from the SBHC to adult care clinics when students graduate from Nova. A few key informants noted that some appointments should be reserved for drop-in hours to support students who struggle with maintaining schedules or have emergent needs.

MANY SEATTLE-AREA SBHCs ARE CURRENTLY PROVIDING SOME LEVEL OF GENDER AFFIRMING CARE AND ARE SUPPORTIVE OF NOVA STUDENTS RECEIVING ENHANCED SERVICES ON-SITE THAT ARE FURTHER ALONG THE GENDER AFFIRMING CARE CONTINUUM

Interviews with seven providers at Seattle SBHCs revealed that providers are very much in favor of providing gender affirming care in the school setting. Furthermore, current SBHC providers believe that it would be possible to offer puberty blockers and administer and monitor hormone therapy, including lab work akin to services provided for management of chronic health conditions. While providers acknowledged a variety of barriers to providing gender affirming hormones and puberty blockers (i.e. cost, parental consent, etc.), all hoped there would be avenues to navigate around those challenges. Several of the school-based providers noted ways in which they already provide aspects of gender affirming care, such as asking students about their pronouns, counseling teens struggling with decision making, prescribing contraception to stop menses, and having well-developed referral policies and procedures in place to gender clinics in Seattle. It is important to note that the opinions of this group of providers are not necessarily reflective of agency policy or philosophy of how care might be delivered at Nova.

CONSIDERATIONS

Cardea interviewed key informants that were suggested by Nova and PHSKC leadership based on their prominence or excellence in the fields of school-based healthcare or gender affirming care or their familiarity with the Nova High School community. Therefore, Cardea does not expect that their perspectives are necessarily reflective of sponsor agency policy or philosophy of how care might be delivered at Nova. In addition, the survey was based on a convenience

sample of students and caregivers/parents who volunteered to participate; therefore, findings might not be representative of all Nova students and families. While focus groups held during Nova's Fall Conference and student committee meeting times resulted in hearing from a greater number of students, there are still some student voices that are not included in this report.

NEXT STEPS

Based on the key learnings from the background synthesis and the stakeholder engagement led by Cardea, PHSKC will release a RFA to potential medical sponsors by the end of 2019. PHSKC plans to select a sponsor and open the SBHC at Nova by the spring of 2020.

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APPENDICES

SUMMARY OF LEARNINGS FROM THE NOVA COMMUNITY

THE NOVA SBHC SHOULD BE A WELCOMING, STIGMA-FREE, AND AFFIRMING REFUGE FROM STRESSFUL SCHOOL AND LIFE EXPERIENCES BY...



1. BUILDING A PHYSICAL SPACE THAT...

- a. Welcomes the Nova community with aesthetically pleasing greenery, natural lighting, and comfortable furniture that is suitable for a neurodiverse population
- b. Ensures privacy for students through design and systems (i.e. separate hours for non-students and clear confidentiality policies and procedures)



2. PROVIDING SERVICES THAT...

- a. Are LGBTQ+ clinically and culturally proficient, including gender affirming care (i.e. administration of puberty blockers, initiation and monitoring of hormone therapy, clinical consultations and family counseling related to gender, and competent physical examinations)
- b. Are free of stigma and based in harm-reduction principles
- c. Include comprehensive sexual and reproductive healthcare
- d. Offer a range of health education workshops for students and families, creating opportunities for peer-to-peer learning
- e. Facilitate easy and confidential access to basic needs and gender affirming supplies



3. DEVELOPING A CARE TEAM OF STAFF THAT...

- a. Has resonant lived experiences with the Nova community
- b. Has a demonstrated passion for and experience working with young people
- c. Is expert in de-escalation, motivational interviewing, and harm-reduction, trauma-informed, and strengths-based approaches with a commitment to on-going learning and professional development to sharpen and refine their skills
- d. Has comfort with mental health and gender affirming services and medications



4. CONNECTING TO THE LOCAL & SURROUNDING COMMUNITY THROUGH EFFORTS THAT...

- a. Ensure healthcare coordination is integrated with Nova educational programs, while maintaining the privacy of student medical and behavioral health information
- b. Make care accessible to out-of-school youth, with protections in place to support Nova student safety and priority access to services
- c. Ensure continuity of care when school is not in session, and as students transition out of school or into other phases of their lives
- d. Facilitate smooth and efficient referrals to trusted community partners
- e. Support patients with navigating and accessing resources, information, and services

SEMI-STRUCTURED KEY INFORMANT INTERVIEW GUIDE EXCERPT

Page 2 of 3

GUIDING QUESTIONS

1. Please describe your experience or expertise as it relates to [adolescent health/gender affirming care/school-based health care/students at Nova].
2. [SBHC PROVIDERS ONLY] Please describe what school-based health\care looks like at your site.
 - PROBE: How many staff/FTE and what credentials?
 - PROBE: What are the scope of services offered to students?
3. What are the key qualities and skills you hope to see in a school-based health care provider?
 - PROBE: Any specific background/experiences they should have?
 - PROBE: What educational background is necessary?
4. What are your hopes for adolescents seeking care within a school-based health setting [at Nova/ who are LGBTQ+]?
 - PROBE: Cultural and linguistic responsiveness?
 - PROBE: Trauma-informed approaches?
 - PROBE: What type of space would you want to see?
 - PROBE: What would make the space fun and safe for all students?
5. What services are most essential for school-based health centers to offer based on your experience?
 - PROBE: Screenings?
 - PROBE: Vaccinations?
 - PROBE: Injury treatment/first aid?
 - PROBE: Medication management?
 - PROBE: Family planning/STD?
 - PROBE: Mental health services?
6. What would gender affirming care look like at a school-based health center?
 - PROBE: What specific services could be offered on site?
 - PROBE: What specific services should be offered through external referrals?
 - PROBE: How can staff appropriately link students to offsite care?
7. Are there any non-clinical services that you think can be offered within a school-based health center [at Nova]?
 - PROBE: Wellness services like yoga, acupuncture, etc.?
 - PROBE: Needed supplies (i.e. tampons, extra underwear, etc.)?
 - PROBE: Peer or classroom-based educators?
8. What health-related services do you think would be out of scope for a school-based health center? Why?

SEMI-STRUCTURED FOCUS GROUP GUIDE FOR STAFF EXCERPT

Page 3 of 4

GUIDING QUESTIONS

1. Please tell us your name and one reason why you wanted to participate in this conversation.
2. Picture health and wellness at Nova a year after the health/wellness center opens, and it was a success. What does that success look like?
 - PROBE: How would it improve the health and well-being of students? Their academic achievement?
 - PROBE: What are your hopes for adolescents seeking care at Nova who are LGBTQ+?
 - PROBE: Cultural and linguistic responsiveness?
 - PROBE: Trauma-informed approaches?
 - PROBE: What type of space would you want to see?
 - PROBE: What would make the space fun and safe for all students?
3. What services are essential for school-based health/wellness center to offer? We will ask you about services that would be great to have but not essential in a moment.
 - PROBE: Screenings?
 - PROBE: Vaccinations?
 - PROBE: Injury treatment/first aid?
 - PROBE: Medication management?
 - PROBE: Family planning/STD?
 - PROBE: Behavioral/Mental health services?
 - PROBE: Gender-affirming care? What does gender affirming care mean to you?
 - PROBE: Wellness services like yoga, nutrition counseling, workshops, etc.?
 - PROBE: Needed supplies (i.e. tampons, extra underwear, cosmetics, etc.)?
 - PROBE: Peer or classroom-based educators?
4. What services do you think would be nice, but not essential, for the school-based health/wellness center to offer?
5. Who should be served by the school-based health/wellness center?
 - PROBE: Nova community members?
 - PROBE: All SPS community members?
 - PROBE: Non-SPS affiliated community? Out-of-school youth?
 - PROBE: When should the health/wellness center be accessible to non-SPS community? What do you want that to look like?
6. What are key qualities and skills you hope to see in the school-based/adolescent health care providers?
 - PROBE: Any specific background/experiences they should have?
 - PROBE: What educational background is necessary?
 - PROBE: What skills should they have?

SEMI-STRUCTURED FOCUS GROUP GUIDE FOR STUDENTS EXCERPT

Page 4 of 5

GUIDING QUESTIONS

1. Please tell us your name and pronouns and one favorite thing to do in fall.

[Click here to enter text.](#)

2. *(Facilitation - Think, pair, share: Take 2 min to reflect/write quietly, then we'll tell you when it's time to share in groups of 3ish, then we'll let you know when it's time to come back together as a bigger group to share out themes)*

Picture health and wellness at Nova a year after the health/wellness center opens, and it was a success. What does that success look like?

- PROBE: How would it improve the health and well-being of students? Their academic achievement?
- PROBE: Cultural and linguistic responsiveness?
- PROBE: Trauma-informed approaches?
- PROBE: What type of space would you want to see?
- PROBE: What would make the space fun and safe for all students?

[Click here to enter text.](#)

3. *(Facilitation: There are 5 poster papers on the wall #'d 1-5 with a stickie on each to show what the corresponding stickie color is. Pass stickies out amongst students. They write their top essential services on stickies in order of priority/color #1-5. If you need scratch paper to help you #, fell free to use a stickie!*

*Once all stickies are up, all together do a gallery walk.) **Take pictures of stickies before taking down.***

If you had to list your top 5 essential services to happen *on site* at the clinic, what would they be? We will ask you about services that would be great to have but not as essential in a moment.

[Click here to enter text.](#)

4. What services do you think would be nice, but not essential, for the school-based health/wellness center to offer? (Ask aloud)

[Click here to enter text.](#)

5. We've heard that many people in the Nova community value the center as a community resource so that other people in the community can access care, particularly LGBTQ+ youth. We want to hear from you all about how that might ideally look. Who should be served by the school-based health/wellness center?

- PROBE: Nova community members? Partners/friends?
- PROBE: All SPS community members?
- PROBE: Non-SPS affiliated community? Out-of-school youth?
- PROBE: What age range should be served?
- PROBE: When should the health/wellness center be accessible to non-SPS community? What do you want that to look like?

SEMI-STRUCTURED NOVA FALL CONFERENCE FOCUS GROUP GUIDE EXCERPT

Page 4 of 5

PAPER QUILTS

Intro (30 min. activity): We will be pulling together input from you all and other focus groups and interviews we have done. There is a long history of movements using art to communicate their goals and their hopes for the future of their communities. So in that spirit, we are going to make a paper quilt together. What you are going to put on your square is what you most want to communicate with the people who will be choosing the medical sponsor organization for the health center. What is something you want them to know and understand about your hopes and needs for the center? After we make the squares, we'll have everyone share out about their square and also take notes, so we can share your ideas back with the County. This does not need to be beautiful! That is not the main point. It is to communicate.

GUIDING QUESTIONS

1. Please tell us your name and pronouns and one one reason why you wanted to participate in this conversation.

[Click here to enter text.](#)

2. Picture health and wellness at Nova a year after the health/wellness center opens, and it was a success. What does that success look like?

- PROBE: How would it improve the health and well-being of students? Their academic achievement?
- PROBE: Cultural and linguistic responsiveness?
- PROBE: Trauma-informed approaches?
- PROBE: What type of space would you want to see?
- PROBE: What would make the space fun and safe for all students?

[Click here to enter text.](#)

3. If you had to list what you believed are the 2-3 most essential services for the clinic, what would they be? (Everyone can have a different answer! We want to hear peoples' different opinions on this one!).

[Click here to enter text.](#)

4. We've heard that many people in the Nova community value the center as a community resource so that other people in the community can access care, particularly LGBTQ+ youth. We want to hear from you all about how that might ideally look. Who should be served by the school-based health/wellness center?

- PROBE: Nova community members? Partners/friends?
- PROBE: All SPS community members?
- PROBE: Non-SPS affiliated community? Out-of-school youth?
- PROBE: What age range should be served?
- PROBE: When should the health/wellness center be accessible to non-SPS community? What do you want that to look like?

STUDENT SURVEY EXCERPT

1) What challenges do you experience accessing health and wellness care? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> High cost of care | <input type="checkbox"/> Lack of culturally competent care |
| <input type="checkbox"/> Inadequate or no insurance coverage | <input type="checkbox"/> Lack of confidentiality |
| <input type="checkbox"/> Lack of availability of services | <input type="checkbox"/> Other - Write In: |
| <input type="checkbox"/> Time required to access care/clinic hours | <input type="checkbox"/> Other - Write In: |
| <input type="checkbox"/> Transportation to access care | |

2) What clinical services do you want to see provided at the school-based health/wellness center? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Gender affirming care |
| <input type="checkbox"/> Behavioral/drug and alcohol/mental health treatment/counseling for individuals | <input type="checkbox"/> General primary medical care (treatment of common illnesses, rashes, etc.) |
| <input type="checkbox"/> Behavioral/mental health treatment/counseling for families | <input type="checkbox"/> Medication management |
| <input type="checkbox"/> Behavioral/mental health treatment/counseling for groups | <input type="checkbox"/> Naturopathic medicine |
| <input type="checkbox"/> Behavioral/mental health screening (substance use, depression, anxiety, etc.) | <input type="checkbox"/> Physicals and well-person check-ups |
| <input type="checkbox"/> Chronic health condition monitoring | <input type="checkbox"/> Sexually transmitted infection (STI) screening/treatment |
| <input type="checkbox"/> Dental care | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Family planning | <input type="checkbox"/> Other - Write In: |
| <input type="checkbox"/> First aid/injury treatment | <input type="checkbox"/> Other - Write In: |
| | <input type="checkbox"/> Other - Write In: |

3) What aspects of gender affirming care do you want to see at the school-based health/wellness center? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Welcoming clinic environment | <input type="checkbox"/> Monitoring/Continuation of hormone therapy |
| <input type="checkbox"/> Clinical consultations related to gender | <input type="checkbox"/> Administration/Management of puberty blockers |
| <input type="checkbox"/> Competent physical examinations | <input type="checkbox"/> Vocal health |
| <input type="checkbox"/> Individual counseling related to gender | <input type="checkbox"/> Other - Write In: |
| <input type="checkbox"/> Family counseling related to gender | <input type="checkbox"/> Other - Write In: |
| <input type="checkbox"/> Initiation of hormone therapy | |



CAREGIVER/PARENT SURVEY EXCERPT

4) What other services would you like to see provided at the school-based health/wellness center? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Basic needs supplies (clean clothes, food, etc.) | <input type="checkbox"/> Peer-to-peer education for students |
| <input type="checkbox"/> Gender-affirming supplies (clothes, cosmetics, etc.) | <input type="checkbox"/> Student education workshops by staff/community partners |
| <input type="checkbox"/> Housing referrals | <input type="checkbox"/> Wellness activities (yoga, mindfulness classes, etc.) |
| <input type="checkbox"/> Insurance eligibility/enrollment | <input type="checkbox"/> Wellness coaching |
| <input type="checkbox"/> Massage therapy | <input type="checkbox"/> Other - Write In: |
| <input type="checkbox"/> Nutrition counseling | <input type="checkbox"/> Other - Write In |
| <input type="checkbox"/> Parent education workshops by staff/community partners | |

5) Who do you think the school-based health/wellness center should serve? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Nova and Seattle Public Schools students | <input type="checkbox"/> Any Seattle Public Schools families |
| <input type="checkbox"/> Nova staff | <input type="checkbox"/> Out-of-school youth and young adults |
| <input type="checkbox"/> Nova families | <input type="checkbox"/> Other - Write In: |
| <input type="checkbox"/> Any Seattle Public Schools staff | <input type="checkbox"/> Other - Write In |






6) If the health/wellness center services out-of-school youth or other community members, when do you think services they should be able to access the health/wellness center?

- ☐ They should be able to access the health/wellness center anytime it is open
- ☐ They should be able to access the health/wellness center only before or after school hours
- ☐ Not applicable

Comments:**7) What are your hopes for staff and their approach to care at the school-based health/wellness center?**



TIMELINE OF ENGAGEMENT ACTIVITIES

Strategy	Activities	Dates
	Engaged an advisory team of Nova students, staff, and parents to review documents and guide the engagement process <ul style="list-style-type: none"> • Focus group plan & recruitment review • Caregiver/parent survey review • Student survey review • Summary of key learnings review 	<ul style="list-style-type: none"> • 8/23 – 8/28 • 9/3 • 9/9 – 9/12 • 10/17 – 10/25
	Conducted 20 interviews with 25 key informants <ul style="list-style-type: none"> • Nova students, parents, or staff • Gender Affirming Care Providers • School-Based Healthcare Experts • Consultants at Nova • Seattle Public Schools Health Education Staff • SBHC Behavioral/Mental Health Providers • SBHC Primary Care Providers 	<ul style="list-style-type: none"> • 7/10, 8/12, 8/15, & 8/21 • 8/19, 8/26, & 8/30 • 8/27 & 9/12 • 8/27 & 9/27 • 9/16 & 9/19 • 9/24 & 9/26 • 9/24, 10/1, & 10/2
	Facilitated focus groups with Nova students & staff <ul style="list-style-type: none"> • Staff focus groups (x3) • Nova Fall Conference Workshop • Open Student Group* • POC Committee* • Gender Tea Committee* • Action Faction Committee* 	<ul style="list-style-type: none"> • 8/28 • 9/9 • 9/10 • 9/10 • 9/11 • 9/12
	Gathered feedback via online surveys <ul style="list-style-type: none"> • Caregivers/parent survey • Students survey 	<ul style="list-style-type: none"> • 9/3 – 9/23 • 9/9 – 9/23
	Shared initial findings with current SBHC medical sponsors <ul style="list-style-type: none"> • Presented findings and solicited feedback 	<ul style="list-style-type: none"> • 9/18

*Facilitated in collaboration with Nova student serving on the advisory team.

VISUAL SUMMARY

Priorities for School-Based Health & Wellness at Nova High School



What we did



Reviewed literature and background documents & synthesized information



Formed a **5**-person advisory team to guide the engagement process



Conducted **20** interviews with **25** key informants



Facilitated **8** focus/discussion groups with **70** participants



Disseminated **2** surveys, reaching **25** students and **17** caregivers/parents

What we learned from community



Gender affirming, stigma-free, and culturally and linguistically relevant services that center LGBTQ POC are strongly desired by all



Greenery, natural lighting, and comfortable furniture that is suitable for a neurodiverse population would create a welcoming physical space



Staff who have resonant lived experiences with the Nova community and expertise in de-escalation, motivational interviewing, and harm-reduction, trauma-informed, and strengths-based approaches would be welcomed



Many SBHC providers in Seattle are currently delivering elements of gender affirming care and feel confident in their abilities to provide enhanced services on-site that are further along the gender affirming care continuum



Smooth and efficient referrals to trusted partners, continuity of care in periods of transition, and out-of-school youth accessibility will facilitate community connections

FUNDING AND STAFFING MODELS

The total estimated sponsoring organization contribution for each budget year is derived from adding the amount for the required sponsoring organization 30% FEPP match with the gap to fill estimate. For example, in year 2, the sponsoring organization would contribute \$149,623 (3 days a week) or \$302,396 (5 days a week). There is \$350,000 allocated for capital improvements (i.e., clinic build-out) at Nova High School in the City allocation.

TABLE 1: NOVA SCHOOL-BASED HEALTH CENTER FUNDING SCENARIO 1: OPERATING 3 DAYS PER WEEK

	2019/2020 Year 1	2020/2021 Year 2	2021/2022 Year 3	2022/2023 Year 4	2023/2024 Year 5	2024/2025 Year 6	2025/2026 Year 7
<i>Nova School FEPP Budget</i>							
Budget--Programmatic/Clinical Operations (FEPP funding available)	\$170,630	\$155,366	\$160,027	\$164,827	\$169,772	\$174,865	\$180,110
Sponsoring organization @ 30%	\$73,127	\$66,585	\$68,583	\$70,640	\$72,759	\$74,942	\$77,190
Total Revenue (no PGR¹ or other support)	\$243,757	\$221,951	\$228,610	\$235,467	\$242,531	\$249,807	\$257,300
<i>Projected Expenses for Nova SBHC</i>							
COLA Adjustment		3%	3%	3%	3%	3%	3%
Salaries	\$129,518	\$133,403	\$137,405	\$141,528	\$145,773	\$150,147	\$154,651
Benefits	\$51,807	\$53,361	\$54,962	\$56,611	\$58,309	\$60,059	\$61,860
Total Personnel Expenses	\$181,325	\$186,765	\$192,368	\$198,139	\$204,083	\$210,205	\$216,511
Total Operating Expenses	\$60,000	\$61,800	\$63,654	\$65,564	\$67,531	\$69,556	\$71,643
Total Personnel + Operating Overhead @ 22.7% (Kaiser)	\$241,325	\$248,565	\$256,022	\$263,702	\$271,613	\$279,762	\$288,155
	\$54,781	\$56,424	\$58,117	\$59,860	\$61,656	\$63,506	\$65,411
Total Expense	\$296,106	\$304,989	\$314,139	\$323,563	\$333,270	\$343,268	\$353,566
Gap to fill (PGR or other support)	(\$52,349)	(\$83,037)	(\$85,529)	(\$88,096)	(\$90,738)	(\$93,460)	(\$96,266)
Total Estimated Sponsoring Organization Contribution	\$125,476	\$149,623	\$154,112	\$158,736	\$163,498	\$168,403	\$173,456

¹ PGR refers to Patient Generated Revenue.

TABLE 2: NOVA SCHOOL-BASED HEALTH CENTER FUNDING SCENARIO 2: OPERATING 5 DAYS PER WEEK

	2019/2020 Year 1	2020/2021 Year 2	2021/2022 Year 3	2022/2023 Year 4	2023/2024 Year 5	2024/2025 Year 6	2025/2026 Year 7
<i>Nova School FEPP Budget</i>							
Budget--Programmatic/Clinical Operations (FEPP funding available)	\$170,630	\$155,366	\$160,027	\$164,827	\$169,772	\$174,865	\$180,110
Sponsoring organization @ 30%	\$73,127	\$66,585	\$68,583	\$70,640	\$72,759	\$74,942	\$77,190
Total Revenue (no PGR or other support)	\$243,757	\$221,951	\$228,610	\$235,467	\$242,531	\$249,807	\$257,300
<i>Projected Expenses for Nova SBHC</i>							
COLA Adjustment		3%	3%	3%	3%	3%	3%
Salaries	\$215,863	\$222,339	\$229,009	\$235,879	\$242,956	\$250,244	\$257,752
Benefits	\$86,345	\$88,936	\$91,604	\$94,352	\$97,182	\$100,098	\$103,101
Total Personnel Expenses	\$302,208	\$311,274	\$320,613	\$330,231	\$340,138	\$350,342	\$360,852
Total Operating Expenses	\$60,000	\$61,800	\$63,654	\$65,564	\$67,531	\$69,556	\$71,643
Total Personnel + Operating	\$362,208	\$373,074	\$384,267	\$395,795	\$407,669	\$419,899	\$432,496
Overhead @ 22.7% (Kaiser)	\$ 82,221	\$84,688	\$87,229	\$89,845	\$92,541	\$95,317	\$98,176
Total Expense	\$444,429	\$457,762	\$471,495	\$485,640	\$500,209	\$515,216	\$530,672
Gap to fill (PGR or other support)	(\$200,672)	(\$235,811)	(\$242,885)	(\$250,173)	(\$257,678)	(\$265,408)	(\$273,372)
Total Estimated Sponsoring Organization Contribution	\$273,799	\$302,396	\$311,468	\$320,813	\$330,437	\$340,351	\$350,562

BUDGET NARRATIVE

Since the Nova SBHC is a new site, the two funding scenarios were based on data obtained from current SBHCs. There are a number of limitations with this approach, including the difference in student census between Nova High School and the high schools used as the basis for assumptions, differences in costs between potential sponsoring organizations for the Nova SBHC and sponsoring organizations used as the basis for assumptions, and potential differences in the level of student participation, number of visits per student, and mix of medical and mental health visits for Nova students vs. students who access services in other SBHCs.

The following are the assumptions used in the two funding scenarios:

- Personnel expenses are based on an average of personnel expenses at two Seattle SBHCs. Personnel expenses included \$10,000 for a program director and/or manager and salaries for an administrative specialist, nurse practitioner, or physician's assistant, and mental health counselor. As suggested above, there are significant differences in student census between Nova (n=311) and the two high schools that served as comparisons (n>1,200). However, in spite of these differences in student census, potential sponsoring organizations may need to have a base level of FTEs to ensure appropriate staffing for the SBHC and to allow for robust student outreach and engagement. As outlined earlier in this report, Nova community members want an inclusive, confidential, gender affirming, culturally and linguistically responsive, safe space that is easily accessible to all Nova students and the broader community, and potential sponsoring organizations will need to ensure that staffing allows for robust student and family outreach and engagement to build relationship and trust. Potential sponsors should also ensure sufficient staffing to meet the robust programming needs expressed by the Nova community, including expanded mental and behavioral health counseling and potential partnerships with naturopathic providers.

SBHC A (~1,200 students, 5 days/wk) \$212,636

SBHC B (~1,300 students, 5 days/wk) \$199,090

Average Personnel Expenses \$205,863

Program Director/Manager \$10,000

- Benefits expenses are based on an average of benefit rates from two Seattle SBHCs. As suggested above, there may be differences in benefit rates between potential sponsoring organizations for the Nova SBHC and these two organizations.

SBHC A 35%

SBHC B 45%

Average Benefits Expenses 40%

- Operating expenses were set at \$60,000 by PHSKC, based on operating expenses at one of the Seattle SBHCs for which data were available. Overhead expenses were set at 22.7%, based on one of the Seattle SBHC's overhead expenses. As suggested above, there may be differences in expenses between potential sponsoring organizations for the Nova SBHC and these two organizations. For example, gender affirming care, behavioral and mental healthcare, reproductive healthcare, and first aid were seen as the most essential clinical services, and highly desired non-clinical services include basic needs supplies, gender affirming supplies, health education, and wellness activities. Therefore, potential sponsoring organizations may need to adjust existing models for SBHC services to align with the Nova community's needs and desires.
- As outlined in the introduction to these funding scenarios, the total amount for the sponsoring organization's contribution for each budget year, includes both the 30% required to match FEPP funding at 70% and the gap to fill estimate, which reflects the additional projected expenses. As with other SBHCs both locally and nationally, the gap could be covered through patient-generated revenue and other private and public partners, or fundraising.

