



Request for Applications

ADVERTISED DATE:

Monday, December 23, 2019

Request for Applications (RFA) Title: School Health Services at Nova

RFA Number: 2019CHS49RFA

Due Date and Time: No later than Jan 31 2020 02:00 PM

Contract Specialist: Jenna Wolfstone

Submit Application to: cpres-CHS@kingcounty.gov

Pre-application Conference

Public Health – Seattle & King County (PHSKC) will conduct one pre-Application conference for this RFA. This conference will be an opportunity for interested organizations to hear more about the program and to ask questions about the program and/or the application process.

The conference will be on Tuesday, January 7, 2020, at 9:30a.m. It is a phone conference only. Join by calling 206-263-8114 and entering the Conference ID 155349 followed by the # key.

DEFINITION OF WORDS AND TERMS APPLICABLE ONLY TO INSTRUCTION OF THE RFA

Words and terms shall be given their ordinary and usual meanings. Where used in the Agreement documents, the following words and terms shall have the meanings indicated. The meanings shall be applicable to the singular, plural, masculine, feminine and neuter of the words and terms.

Addendum/Addenda: Written additions, deletions, clarification, interpretations, modifications or corrections to the solicitation documents issued by PHSKC during the Application period and prior to award.

Applicant: Individual, association, partnership, firm, company, corporation or a combination thereof, including joint ventures, submitting an Application to perform the Work.

Application Evaluators (AE): Team of people appointed by the County to evaluate the Applications, conduct discussions, call for Best and Final Offers, score the Applications and make recommendations.

Best and Final Offer: Best and Final Offer shall consist of the Applicant's revised Application and any supplemental information requested during the evaluation of Applications. In the event of any conflict or inconsistency in the items submitted by the Applicant, the items submitted last govern.

Competitive Range: The Competitive Range consists of the Applicants that have a reasonable chance of selection for award. The Application Evaluators (AE) shall conduct the initial evaluation of the Applications considering price and Evaluation Factors established in the RFA. The Buyer and Project Manager/AE together shall compare the evaluations and determine the Competitive Range. The Competitive Range may be reduced after the evaluation of additional information, Best and Final Offers and negotiations.

Criteria, Evaluation Criteria or Evaluation Factors: The elements cited in the RFA that the County shall examine to determine the Applicants understanding of the requirements; technical, business and management approach; key personnel; qualification and experience of the Applicant; potential for successfully accomplishing the Agreement; risk allocation and the probable cost to the County.

Days: Calendar days.

Measurable Amount of Work: For purposes of payment of a living wage, Measurable Amount of Work means a definitive allocation of an employee's time that can be attributed to work performed on a specific matter, but that is not less than a total of one hour in any one week period.

RFA: Request for Applications, also known as the solicitation document.

Reference Documents: Reports, Specifications, and drawings which are available to Applicants for information and reference in preparing Applications but not as part of this Agreement.

SECTION 1 INSTRUCTION TO APPLICANTS

1.1 Application Submission

Applicants are encouraged to use recycled paper in the preparation of additional documents submitted with this solicitation, and shall use both sides of paper sheets where practicable.

Applications shall contain all required attachments and information and be submitted no later than the due date and time to the place stated on the front of this RFA or as amended. The Applications shall show the title, the due date specified, and the name and address of the Applicant. Applicants are cautioned that failure to comply may result in non-acceptance of the Application. The Applicant accepts all risks of late delivery of mailed Applications or of mis-delivery regardless of fault. Applications properly and timely submitted will be opened.

Applications will only be accepted from Applicants able to complete the delivery of goods or services described in the specifications. Joint ventures shall submit one Application for the team, with accompanying proof of the joint venture agreement.

1.2 Electronic Commerce and Correspondence

PHSKC is committed to reducing costs and facilitating quicker communication to the community by using electronic means to convey information. As such, most Invitations to Bid, Requests for Application, and Requests for Qualifications as well as related exhibits, appendices, and issued addenda can be found on the PHSKC RFP Web Site, located at <http://www.kingcounty.gov/health/rfp>. Interested parties may subscribe to email alerts regarding PHSKC funding opportunities by accessing this link:

https://public.govdelivery.com/accounts/WAKING/subscriber/new?topic_id=WAPHSKC_97

After submittals have been opened, PHSKC will make available a listing of the businesses submitting Applications, and later, any final award determination.

1.3 Late Applications

Applications and modifications of Applications received at the location designated in the solicitation after the exact hour and date specified for receipt will not be considered.

1.4 Cancellation of RFA or Postponement of Application Opening

The County reserves the right to cancel this RFA at any time. The County may change the date and time for submitting Applications prior to the date and time established for submittal.

1.5 Application Signature

Each Application shall include a completed Application response form (Attachment 1) signed by an authorized representative of the Applicant.

1.6 Addenda

If at any time, the County changes, revises, deletes, clarifies, increases, or otherwise modifies the RFA, the County will issue a written Addendum to the RFA.

1.7 Questions and Interpretation of the RFA

No oral interpretations of the RFA will be made to any Applicant. All questions and any explanations must be requested in writing and directed to the Contract Specialist identified on page 1 no later than **the date specified in Section 1.8 below**. Oral explanations or instructions are not binding. Any information modifying a solicitation will be furnished to all Applicants by addendum. **Communications concerning this Application, with other than the listed Contract Specialist may cause the Applicant to be disqualified.**

1.8 Schedule

An agreement will be negotiated immediately with each successful Applicant that is selected via this RFA. The following timeframe represents the tentative schedule of the entire process, from RFA solicitation to project completion. The dates listed here are subject to change:

DATE	EVENT
Monday, December 23, 2019	Request for Applications issued
Tuesday, January 7, 2019	Pre-Application Conference, 9:30 a.m.
Monday, January 27, 2020	Final Day to ask questions
Tuesday, January 28, 2020	Final Addendum issued (if necessary)
Friday, January 31, 2020	Applications due no later than 2:00 PM
Weeks of February 10-21 2020	Interviews (if necessary)
Monday, February 24, 2020	Notice of Selection (tentative)
Through March 31, 2020	Agreement scope and budget development
April 1, 2020	Agreement start date

1.9 Pre-Application Conference

If a Pre-Application conference is conducted, it will be held at the time, date and location indicated on the cover page of the RFA. All prospective Applicants are strongly encouraged to attend. The intent of the Pre-Application conference is to assist the Applicants to more fully understand the requirements of this RFA. Applicants are encouraged to submit questions in advance to enable the County to prepare responses. These questions should be emailed to the Contract Specialist indicated on the cover page. Applicants will also have an opportunity to ask questions during the conference.

1.10 Examination of Application and Agreement Documents

The submission of an Application shall constitute an acknowledgement upon which the County may rely that the Applicant has thoroughly examined and is familiar with all requirements and documents pursuant with the RFA, including any addenda and has reviewed and inspected all applicable statutes, regulations, ordinances and resolutions addressing or relating to the goods or services to be provided hereunder.

The failure of an Applicant to comply with the above requirement shall in no way relieve the Applicant from any obligations with respect to its Application or to any Agreement awarded pursuant to this RFA. No claim for additional compensation shall be allowed which is based upon a lack of knowledge or misunderstanding of this RFA.

1.11 Cost of Applications and Samples

The County is not liable for any costs incurred by Applicant in the preparation and evaluation of Applications submitted. Samples of items required must be submitted to location and at time specified. Unless otherwise specified, samples shall be submitted with no expense to the County. If not destroyed by testing, samples may be returned at the Applicant's request and expense unless otherwise specified.

1.12 Modifications of Application or Withdrawal of Application Prior to Application Due Date

At any time before the time and date set for submittal of Applications, an Applicant may submit a modification of an Application previously submitted to the County. All Application modifications shall be made in writing, executed and submitted in the same form and manner as the original Application.

Applications may be withdrawn by written notice received prior to the exact hour and date specified for receipt of Applications. An Application also may be withdrawn in person by an Applicant or authorized representative provided their identity is made known and they sign a receipt for the Application, but only if the withdrawal is made prior to the exact hour and date set for receipt of Applications. All requests for modification or withdrawal of Applications, whether in person or written, shall not reveal the amount of the original Application.

1.13 Application Withdrawal after Public Opening

Except for claims of error granted by the County, no Applicant may withdraw an Application after the date and time established for submitting Applications, or before the award and execution of an Agreement pursuant to this RFA, unless the award is delayed for a period exceeding the period for Application effectiveness.

Requests to withdraw an Application due to error must be submitted in writing along with supporting evidence for such claim for review by the County. Evidence must be delivered to the County within two (2) Days after request to withdraw. The County reserves the right to require additional records or information to evaluate the request. Any review by the County of an Application and/or any review of such a claim of error, including supporting evidence, creates no duty or liability on the County to discover any other Application error or mistake, and the sole liability for any Application error or mistake rests with the Applicant.

1.14 Error and Administrative Corrections

The County shall not be responsible for any errors in Applications. Applicants shall only be allowed to alter Applications after the submittal deadline in response to requests for clarifications or Best and Final Offers by the County.

The County reserves the rights to allow corrections or amendments to be made that are due to minor administrative errors or irregularities, such as errors in typing, transposition or similar administrative errors.

1.15 Application Content Requirements

A. The Application shall contain:

ATTACHMENT 1 - ACCEPTANCE OF POTENTIAL AGREEMENT TERMS AND CONDITIONS
ATTACHMENT 2 – NARRATIVE RESPONSE TO SCHOOL-BASED HEALTH QUESTIONS
ATTACHMENT 3 – ANNOTATED BUDGET FORM
ATTACHMENT 4 – BUDGET NARRATIVE
ATTACHMENT 5 – NOVA HIGH SCHOOL PROFILE
ATTACHMENT 6 – PLANNING AND VISIONING – REPORT BY CARDEA
ATTACHMENT 7 – KING COUNTY TERMS AND CONDITIONS
ATTACHMENT 8 – KING COUNTY SPECIAL TERMS AND CONDITIONS

B. Sample Agreement Exceptions

If, after reviewing the attached terms and conditions, your agency would like to propose any exceptions, you may do so with a signed letter from an attorney or authorized representative. Identifying any exceptions does not affect your score, and does not guarantee that those exceptions will be accepted by the County if your agency is selected.

C. Submission Instructions

All materials should be received by the date and time indicated on page 1 of this RFA. Materials should be submitted by email only in one package to the email address specified on page 1. Late submissions will not be accepted.

1.16 Compliance with RFA Terms, Attachments and Addenda

- A. The County intends to award an Agreement based on the terms, conditions, attachments and addenda contained in this RFA. Applicants shall submit Applications, which respond to the requirements of the RFA.
- B. Applicants are strongly advised not to take exceptions to the terms and conditions, attachments and addenda; exceptions may result in rejection of the Application. An exception is not a response to an Application requirement. If an exception is taken, a 'Notice of Exception' must be submitted with the Application. The 'Notice of Exception' must identify the specific point or points of exception and provide an alternative.
- C. The County reserves the right to reject any Application for any reason including, but not limited to, the following –
 - Any Application, which is incomplete, obscure, irregular or lacking necessary detail and specificity;
 - Any Application that has any qualification, limitation, exception or provision attached to the Application;
 - Any Application from Applicants who (in the sole judgment of the County) lack the qualifications or responsibility necessary to perform the Work;
 - Any Application submitted by an Applicant which is not registered or licensed as may be required by the laws of the state of Washington or local government agencies;
 - Any Application, from Applicants who are not approved as being compliant with the requirements for equal employment opportunity; and
 - Any Application for which an Applicant fails or neglects to complete and submit any qualifications information within the time specified by the County.
- D. The County may, at its sole discretion, determine that an Application with a 'Notice of Exception' merits evaluation. An Application with a 'Notice of Exception' not immediately rejected may be evaluated, but its competitive scoring shall be reduced to reflect the importance of the exception. Evaluation and negotiation shall only continue with the Applicant if the County determines that the Application continues to be advantageous to the County.
- E. In consideration for the County's review and evaluation of its Application, the Applicant waives and releases any claims against the County arising from any rejection of any or all Applications, including any claim for costs incurred by Applicants in the preparation and presentation of Applications submitted in response to this RFA.
- F. Applications shall address all requirements identified in this RFA. In addition, the County may consider Application alternatives submitted by Applicants that provide cost savings or enhancements beyond the RFA requirements. Application alternatives may be considered if deemed to be in the County's best interests. Application alternatives shall be clearly identified.

1.17 Acceptance of Agreement, Attachments and Addenda

Applicant(s) shall review the Agreement, and all its attachments, and submit a signed letter by their attorney or authorized legal representative stating they intend to comply with all the terms and conditions. The signed letter shall be submitted with the Application.

If there are exceptions taken to the proposed terms and conditions and any of its attachments, the Applicant's

attorney or authorized legal representative shall sign an exception letter describing reasoning for the exceptions and include the exception letter and the terms attachment as an attachment to the Application, identifying the exceptions and proposed changes. All proposed changes shall be tracked in the Agreement using the tracking changes feature in Microsoft Word®.

The project schedule is such that it requires a very efficient Application review and negotiation period. It is very important that any possible roadblocks or issues the Applicant may have with the terms and conditions are identified during the Application process and resolved prior to proceeding with the Agreement negotiations.

1.18 Insurance Requirements for Selected Applicant

If an Applicant is selected for an agreement with PHSKC, the subsequent agreement will include these insurance requirements. Selected agencies shall furnish, at a minimum, Commercial General Liability, to include Products and Completed Operations, in the amount of \$1,000,000 combined single limit; \$2,000,000 aggregate. In addition, evidence of Workers' Compensation and Stop-Gap Employer's Liability for a limit of \$1,000,000, and Professional Liability coverage of at least \$1,000,000 shall be provided. Also, the selected agencies shall provide Automobile Liability coverage in the amount of \$1,000,000.

Such liability policy/policies (except workers' compensation) shall be endorsed to include King County, and its appointed and elected officials, officers, agents and employees as additional insureds, for full policy limits.

King County reserves the right to approve deductible/self-insured retention levels and the acceptability of insurers. All deductibles/self-insured retentions are the sole responsibility of the Applicant. ***An insurance certificate and additional insured endorsement(s) will be required prior to signature of the agreement by PHSKC.***

1.19 Forms Required before Agreement Signing

The Applicant shall submit within five (5) Days of notification from the County the following:

- Insurance certificate and endorsement meeting the levels of coverage set forth in this RFA.
- King County Substitute W-9 (if not on file with the County within the past two (2) years).
- King County Responsibility Detail & Attestation Form
- The Substitute W-9 and the Responsibility Detail & Attestation forms are available for download at <https://kingcounty.gov/depts/finance-business-operations/procurement/forms.aspx>.

1.20 Collusion

If the County determines that collusion has occurred among Applicants, none of the Applications from the participants in such collusion shall be considered. The County's determination shall be final.

1.21 Application Price and Effective Date

- A. The Application price shall include everything necessary for the prosecution and completion of Work under the Agreement including but not limited to furnishing all materials, equipment, supplies, tools, plant and other facilities and all management, supervision, labor and service, except as may be provided otherwise in this RFA. Proposed Prices shall include all freight charges, FOB to the designated delivery point. Washington State sales/use taxes and Federal excise taxes shall not be included in the Application price. The County shall pay any Washington State sales/use taxes applicable to the Agreement price or tender an appropriate amount to the Contractor for payment to Washington State. The County is exempt from Federal excise taxes. All other government taxes, duties, fees, royalties, assessments and charges shall be

included in the Application price.

- B. In the event of a discrepancy between the unit price and the extended amount for an Application item, the County reserves the right to clarify the Application.
- C. The Application shall remain in effect for 120 Days after the Application due date, unless extended by agreement.

1.22 Procedure When Only One Application Is Received

If the County receives a single responsive, responsible Application, the County may request an extension of the Application acceptance period and/or conduct a price or cost analysis on such Application. The Applicant shall promptly provide all cost or pricing data, documentation and explanation requested by the County to assist in such analysis. By conducting such analysis, the County shall not be obligated to accept the single Application; the County reserves the right to reject such Application or any portion thereof.

1.23 Appeal Procedures

PHSKC will notify all respondents in writing of the acceptance or rejection of the response or Application and, if appropriate, the level of funding to be allocated. Written notification will be via email to the email address submitted on the Application response form. Any applicant wishing to appeal the decision must do so in writing within four (4) working days of the email notification of PHSKC's decision. An appeal must clearly state a rationale based on one or more of the following criteria:

- Violation of policies or guidelines established in this RFA.
- Failure to adhere to published criteria and/or procedures in carrying out the RFA process.

Appeals must be sent by email to the Contract Specialist indicated on the cover page. PHSKC will review the written appeal and may request additional oral or written information from the appellant organization. A written decision will be sent within four (4) working days of the receipt of the appeal. This decision is final.

SECTION 2

APPLICATION EVALUATION AND AGREEMENT AWARD

2.1 Application Evaluation

- A. The County will evaluate Applications using the criteria set forth in this RFA. If deemed necessary, written and/or oral discussions, site visits or any other type of clarification of Application information may be conducted with those Applicants whose Applications are found to be potentially acceptable. Identified deficiencies, technical requirements, terms and conditions of the RFA, costs or prices, and clarifications may be included among the items for discussion. The discussions are intended to give Applicants a reasonable opportunity to resolve deficiencies, uncertainties and clarifications as requested by the County and to make the cost, pricing or technical revisions required by the resulting changes. In addition, the County may request additional business and administrative information.
- B. The County may find that an Applicant appears fully qualified to perform the Agreement or it may require additional information or actions from an Applicant. In the event the County determines that the Application is not within the Competitive Range the County shall eliminate the Application from further consideration.
- C. The evaluation of Applicants' Applications and additional information may result in successive reductions of the number of Applications that remain in the Competitive Range. If applicable to the solicitation, the firms remaining in the Competitive Range may be invited to continue in the Application evaluation process, and negotiations.
- D. Upon completion of discussions, the County may issue to all remaining potentially acceptable Applicants within the competitive range a request for Best and Final Offers. The request shall include notice that discussions are concluded, an invitation to submit a revised Application with a Best and Final Offer, and a new submittal date and time.
- E. The County may enter negotiations with one or more Applicants to finalize Agreement terms and conditions. Negotiation of an Agreement shall be in conformance with applicable federal, state and local laws, regulations and procedures. The objective of the negotiations shall be to reach agreement on all provisions of the proposed Agreement. In the event negotiations are not successful, the County may reject Applications.
- F. The County reserves the right to make an award without written and/or oral discussions with the Applicants and without an opportunity to submit Best and Final Offers when deemed to be in the County's best interests. Agreement award, if any, shall be made by the County to the responsible Applicant whose Application best meets the requirements of the RFA, and is most advantageous to the County, taking into consideration price and the other established evaluation factors. The County is not required to award an Agreement to the Applicant offering the lowest price. The County shall have no obligations until an Agreement is signed between the Applicant and the County. The County reserves the right to award one or more agreements as it determines to be in its best interest.

2.2 Responsive and Responsible

Responsive

The County will consider all the material submitted by the Applicant, and other evidence it may obtain otherwise, to determine whether the Applicant is in compliance with the terms and conditions set forth in this RFA.

Responsible

In determining the responsibility of the Applicant, the County may consider:

- the ability, capacity and skill to perform the Agreement and provide the service required;
- the character, integrity, reputation, judgment and efficiency;
- financial resources to perform the Agreement properly and within the times proposed;
- the quality and timeliness of performance on previous agreements with the County and other agencies, including, but not limited to, the effort necessarily expended by the County and other agencies in securing satisfactory performance and resolving claims;
- compliance with federal, state and local laws and ordinances relating to public contracts;
- other information having a bearing on the decision to award the Agreement.

Failure of an Applicant to be deemed responsible or responsive may result in the rejection of an Application.

2.3 Financial Resources and Auditing

If requested by the County, prior to the award of an Agreement, the Applicant shall submit proof of adequate financial resources available to carry out the execution and completion of work required by this Agreement.

King County reserves the right to audit the Recipient throughout the term of this Agreement to assure the Recipient's financial fitness to perform and comply with all terms and conditions contained within this Agreement. King County will be the sole judge in determining the Recipient's financial fitness in carrying out the terms of this Agreement.

2.4 Evaluation Criteria and Application Scoring

Applications will be reviewed and evaluated by a committee of Application Evaluators. The process for choosing projects will include evaluation of the narrative and accompanying documents. Below are the criteria that will be used by the review committee during the evaluation/review process.

CRITERIA	SCORE
Organizational Capacity <ul style="list-style-type: none">• Expertise providing care in schools and/or outside of traditional clinical settings• Ability to leverage sufficient financial and in-kind resources to implement strategies• Sufficient internal fiscal controls to allow reporting of fund expenditures	10
Experience with Focus Population <ul style="list-style-type: none">• Experienced serving high school age youth• Experienced collaborating with schools and community partners• Expertise in serving a diverse student population including youth that disproportionately experience systemic inequities in educational achievement because of their race, ethnicity, or socioeconomic status, refugee and immigrant status, English proficiency, familial situations, housing status, sexual orientation, or other factors	15

<ul style="list-style-type: none"> • Demonstrated success in addressing barriers to care for high school age youth • Demonstrated experience providing gender-affirming health care services 	
<p>Program Results</p> <ul style="list-style-type: none"> • Electronic Health Record sufficient to meet reporting requirements • Experience tracking data points related to headline indicators, secondary indicators, or performance measures • Experience tracking and utilizing data in partnership with schools and/or community organizations • Outlines a clear plan for using data with staff to monitor and improve the quality of services provided • Recognizes potential barriers to attaining results, proposes promising approach(es) to overcome barriers 	10
<p>Partnerships and Readiness</p> <ul style="list-style-type: none"> • Demonstrated ability to jointly plan and implement strategies with students, families, and school- and community-based partners • Demonstrated ability to coordinate and communicate with key stakeholders • Demonstrated ability to engage youth, parents, and community stakeholders with a clear plan for ongoing engagement and outreach • Partnership approach well-coordinated, with clear accountabilities and distinctions between the roles of school and health sponsor 	15
<p>Service Model Implementation</p> <ul style="list-style-type: none"> • Service model incorporates best practices in identification and assessment of medical and mental health care for youth who disproportionately experience adverse health and academic outcomes • Service model reflects stakeholder input and local data and addresses the needs and service gaps unique to the host school • Strong vision for SBHC contribution to equity and social justice • Strong plan for integrating gender affirming approaches to medical and mental health care • Strong plan for ensuring cultural relevance and linguistic competency • Clear mechanism for referral of students to community-based social and health services, when necessary, and subsequent follow up to support continuity of care 	15

<ul style="list-style-type: none"> Clearly articulated and feasible plan for initiation and full implementation of services 	
Annotated Budget Form and Budget Narrative <ul style="list-style-type: none"> Clear plans to leverage other financial and in-kind resources, including billing for reimbursable services Leveraged resources equal at least 30% of the budget with stated plan for how the limited available budget will be augmented by applicant to establish at least part time services Description of plans for resource development/fundraising to augment available Levy Funding Budget is realistic for the scope of services proposed 	15
Potential Building Improvement Capital <ul style="list-style-type: none"> Interest in potential build-out component and ability to provide \$50,000 in additional capital funds Experience in construction oversight Experience in stakeholder collaboration as it pertains to clinic design and build-out 	10
TOTAL	90
Interviews, if conducted	10
TOTAL	100

The total scoring of the written application is ninety (90) points. An interview may be conducted with the top two or three Applicants if a selection is not made on the basis of the written Application alone. If interviews are conducted, an additional maximum of ten (10) points will be given. The total scoring of the Applications will then be one hundred (100) points.

2.5 Public Disclosure of Applications

This procurement is subject to the Washington Public Records Act, RCW (Revised Code of Washington) 42.56 et seq. Applications submitted under this RFA shall be considered public documents unless the documents are exempt under the public disclosure laws. After a decision to award the agreement has been made, the Applications shall be available for inspection and copying by the public.

If an Applicant considers any portion of its Application to be protected under the law, the Applicant shall clearly identify each such portion with words such as "CONFIDENTIAL," "PROPRIETARY" or "BUSINESS SECRET." If the County determines that the material is not exempt from public disclosure law, the County will notify the Applicant of the request and allow the Applicant ten (10) Days to take whatever action it deems necessary to protect its interests. If the Applicant does not take such action within said period, the County will release the portions of the Application deemed subject to disclosure. By submitting an Application, the Applicant assents to the procedure outlined in this subsection and shall have no claim against the County on account taken under such procedure.

2.6 Term of the Agreement

If an agreement is awarded based on this RFA, it may allow for the initial agreement period to be for one (1) year from the start date of the agreement, with extensions in one (1) year increments for two (2) additional

one-year periods for a total agreement duration of three (3) years, in accordance with the County's best interest and at the sole option of the County. Reasonable budget changes may be requested by contacting appropriate PHSKC personnel.

SECTION 3 PROJECT SPECIFICATIONS AND SCOPE OF WORK

PART 1 - INTRODUCTION

A. Purpose

Through this RFA process, Public Health—Seattle & King County (PHSKC) is requesting applications from community health service providers that seek an investment from the City of Seattle’s Families, Education, Preschool, and Promise (FEPP) Levy approved by voters in November 2018.

The 2018 FEPP Levy intends to partner with families and communities to advance educational equity, close opportunity gaps, and build a better economic future for Seattle students by investing in:

- High-quality early learning services that prepare children for success in kindergarten
- Physical and mental health services that support learning
- College and job readiness experiences that promote high school graduation
- Post-secondary opportunities that promote attainment of a certificate, credential, or degree

Levy investments will span the education continuum, from preschool to post-secondary, to increase access to and utilization of programs and services for historically underserved students through three core strategies:

- Equitable Educational Opportunities
- High-Quality Learning Environments
- Student and Family Supports

For more information, the complete FEPP Implementation & Evaluation Plan can be found [here](#).

Background

The City has invested in school health services since the first Families and Education Levy (FEL) in 1990. Starting with the first SBHC at Rainier Beach High School in 1990, expenditures grew in the 2011 FEL to include health center services in 25 elementary, middle, and high schools, school nursing, an oral health pilot, and health system enhancements across the Seattle School District system. Community members have repeatedly supported both the continuation and expansion of City-supported school-based health services.

The City’s Department of Education and Early Learning (DEEL) partners with PHSKC School-Based Partnerships Program to manage the K-12 School Health investment by providing support to community providers and Seattle School District. PHSKC School-Based Partnerships Program advances evidence-based and informed, high-quality, equitable, culturally-relevant health care to support all students to be healthy and academically successful. The PHSKC School-Based Partnerships Program oversees collaborative leadership between schools and health care sponsors to implement SBHCs across the County. SBHCs provide integrated primary care, behavioral health, and oral health services. Care is provided in a collaborative manner focused on whole child health.

K-12 Health Investment

The K-12 School Health investment primary goal is for Seattle students to have access to and utilize physical and mental health services that support learning. The funding outcomes are:

- Students are healthy and ready to learn
- SBHCs are evidence-based, high-quality, and provide culturally responsive and equitable care
- Providers implement a best practice model of medical and mental health care
- Race-based opportunity gaps are closed

Funds from this RFA will be awarded to a health organization (“sponsor”) to provide medical, mental health, and health care

access services for students at Nova High School beginning in the spring of the 2019-2020 school year, subject to negotiations and contracting.

The Families, Education, Preschool, and Promise (FEPP) Levy's school-based health investment strategy included funds to help create 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. To help ensure alignment between Nova and potential health care service providers, Public Health – Seattle & King County contracted with Cardea to complete a planning process prior to release of this RFA. The planning process included efforts to gain an understanding of the desired, on-site services and care team qualities of a successful SBHC at Nova, review and synthesis of background documents and literature, interviewing of key stakeholders, facilitation of focus/discussion groups with students and staff, and gathering of input from parents/caregivers and students. The resulting report is available to applicants and it is strongly suggested that the information contained within it is used to inform RFA responses.

School Health Investments Support Equity

For many in our region, King County is a great place to live, learn, work, and play. We have some of the most prosperous communities in the world. However, a closer look at the distribution of resources and wealth reveals that we have deeply entrenched social, economic and environmental inequities—by race and place— that in many cases are worsening and threaten our collective prosperity. An array of historical and societal factors drives these inequities including unequal access to the determinants of equity, institutional and structural racism, as well as gender and socioeconomic bias. These factors, while invisible to some of us, have profound and tangible impacts on all of us—both in the community and within our own organization.

K-12 School Health investments provide universal access to comprehensive medical and mental health services to individuals and groups, with targeted equity strategies for historically underserved students built into the service delivery model. While health services are universally accessible to students at participating school buildings, outreach and referrals for services are made to students of greatest need, such as those experiencing non-academic barriers to learning and those less likely to access care in the community.

Consistent with the City and County's commitment to addressing equity and social justice, investments in SBHCs specifically aim to address issues of equity in health and wellbeing through access to quality, supportive care for young people that is culturally and linguistically appropriate and inclusive of LGBTQ+ families and youth. King County values and supports organizations that are reflective of and embedded within the communities they serve.

The PHSKC School-Based Partnerships Program is focused on equity and social justice and aligns with the City of Seattle's Race and Social Justice Initiative (RSJI), King County's Equity and Social Justice (ESJ) Strategic Plan, and other relevant local policies.

Investment Available

Final school year 2019-20 allocations will be determined during the agreement negotiation process. The anticipated total available investment for the remainder of the school year 2019-20 (partial year) is: \$120,840. Funding available for the school year 2020-2021 is: \$155,366.

The successful applicant will also be offered the opportunity to be granted an additional \$350,000 for capital building improvement. It is estimated that the selected sponsor would need to contribute at least \$50,000 in addition to the available capital funds to fund the clinic build-out. The capital project management could be done by the selected sponsor or possibly, by the school district. There would be a role in planning the clinic build-out by the selected sponsor. **Additional terms and conditions relating to building improvement portion of this RFA may be added by addendum.**

The sponsor will be eligible for renewed annual FEPP Levy investments through school year 2025-26 if successful in achieving annual performance targets.

PART 2 – SCOPE OF SERVICE

A. Strategy

K-12 School Health investments provide direct student support services, with a particular focus on historically underserved populations. SBHCs are part of our County safety net system and are focused on providing services to children and adolescents who have limited access to comprehensive primary care. The applicant should develop strategies for addressing the physical health, mental health, and health care access needs of students who are identified as at-risk for poor academic and/or health outcomes. In addition, the health sponsor is expected to integrate their services within the network of schools and partnerships already serving the school and its community.

B. Required Scope of Services

The sponsor will receive FEPP Levy investments to serve students beginning in school year 2019-20. Once funded, the sponsor and school are expected to collaborate closely to identify, address, and measure the outcomes of medical and mental health services needed to support students in achieving PHSKC School-Based Partnerships Program outcomes.

Specific expectations for the sponsor include but are not limited to:

1. The sponsor will ensure cultural relevance through staff hiring and training practices in order to develop a team reflecting the ethnic, linguistic, and cultural diversity of students and families served. The sponsor will ensure staff provide culturally appropriate and LGBTQ+ competent medical and mental health services and provide interpretation and translated materials as needed.
2. The sponsor will leverage additional resources to amplify the scope and impact of FEPP Levy K-12 School Health investments. The sponsor is expected to contribute at least 30% of the total proposed school year 2019-20 budget as well as budgets for all future school years funded by FEPP. It is likely that the selected sponsor will need to leverage more than 30% additional contribution. Best Starts for Kids funding may not be used to meet the 30% requirement.
3. The sponsor will maximize Medicaid and third party billing revenues, and may contribute in-kind resources such as grants and staff time.
4. This funding is for school-based health services will provide on-site in the school building to district-enrolled students during regular school hours as well as some before- or after-school hours to accommodate student needs during the academic year. The sponsor may also consider making care accessible to out-of-school youth, families, and community members with protections in place to support student safety, privacy, and priority access using resources other than FEPP Levy funding.
5. The sponsor will provide, or partner with other health care agencies to provide, the following services for students:
 - a. Increased access and utilization of preventive care (family planning, well-child exams, and immunizations)
 - b. Comprehensive primary and acute health care assessment, diagnosis, treatment and referral
 - c. Age-appropriate reproductive health care, including on-site provision of long acting reversible contraception (LARC)
 - d. Sexually transmitted disease screening and treatment

- e. Mental health screening, counseling, treatment and referral, with a focus on documented standardized assessment, progress monitoring, and treatment to target
 - f. School-wide and targeted health education and health promotion
 - g. Information and assistance to eligible students' families about how to access and enroll in health insurance programs
 - h. Oral screening, fluoride varnish application, oral health education, and dental referrals
 - i. Intensive interventions to support school success
 - j. Coordination with schools on health, academic, and integration with other FEPP Levy-funded strategies
 - k. Language support for non-English-speaking students so that they are able to access health services
6. The sponsor will integrate a gender affirming approach to health care delivery. Gender affirming care encompasses a range of clinically and culturally proficient practices that support transgender and gender-diverse individuals at the organizational and inter-personal 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).
 7. The sponsor will bring a trauma-informed approach and attention to disproportionality and multiculturalism, as it is critical in all of the services provided.
 8. The sponsor will support SBHC staff to implement harm-reduction and strengths-based approaches to medical and mental health services to meet the needs of Nova High School students.
 9. The sponsor, and subcontractors if applicable, will implement targeted interventions and coordinated treatment strategies to support students' academic success. Multidisciplinary strategies to eliminate barriers to learning may include:
 - a. Medical evaluation and intervention
 - b. Evidence-based mental and behavioral health interventions
 - c. Facilitating communication on students' behalf within school communities
 - d. Linkages and coordination with community-based organizations
 - e. Linkages to tutoring and academic support
 10. The sponsor will initiate and/or support school-wide and/or site-specific initiatives to promote and enhance a healthy and safe school environment, such as school equity committees, student action councils, and efforts to promote school attendance.
 11. The sponsor will integrate and coordinate services with school staff including the school nurse, school counselors, teachers and administrators, as well as with other community partners. The sponsor will share information with the school for the purpose of care coordination to the extent permitted under applicable health privacy laws.
 12. The sponsor will achieve or surpass PHSKC-determined productivity standards.
 13. The sponsor will have a presence in the health center starting in spring 2020 and will be expected to begin ramping up services during the first semester of school year 2020-21. Applicants should outline their implementation plan in the Narrative Response (Attachment 2).

14. Sponsor leadership and clinical staff will participate in regularly scheduled trainings and meetings offered by PHSKC to support SBHC program quality and ensure a coordinated system of care.
15. The sponsor will participate in quality improvement initiatives led by Public Health – Seattle & King County.
16. The sponsor will provide clinical supervision of SBHC staff as well as clinical practice consultation and support.
17. The sponsor will equip and maintain appropriate space (allocated by the school district) to operate the clinic. The sponsor will work with the Nova High School community to design an on-site clinic that is welcoming to the Nova High School community and ensures student privacy.
18. The sponsor will allocate appropriate staff support to provide monthly data reporting and program evaluation activities to PHSKC according to the service agreement.
19. The sponsor will share the school district’s mission to reduce the achievement gap by working to address absenteeism, discipline, climate, classroom behavior, high school graduation, and academic performance.

C. Staffing and Productivity

The sponsor will provide a consistent level of staffing during the school year depending on available budget. The staffing model must include at least part time Medical Provider, Mental Health Provider, Clinic Coordinator, and Program Management.

Productivity standards will be established in collaboration with Public Health Seattle & King County and will be aligned to the agreed upon staffing model.

D. Performance Based Contracting and Program Evaluation

The purpose of evaluation activities is to provide the sponsor and King County staff with data to facilitate ongoing learning, data-driven decision making, and to document barriers and contributors to successes. The sponsor and the School-Based Partnerships Program team will work collaboratively to track the strengths and challenges of implementing FEPP Levy-funded activities. The FEPP evaluation framework is guided by the FEPP Theory of Change and seeks to answer one overarching question: To what extent and in what ways, do FEPP investments improve educational equity, close opportunity gaps, and build a better economic future for Seattle students? The FEPP evaluation values will be embedded in a three-tiered evaluation approach consisting of: (1) monitoring and performance management, (2) process evaluation, and (3) outcome evaluation to assess whether FEPP investments have improved educational equity, closed opportunity gaps, and built a better economic future for Seattle students.

K-12 School Health evaluation activities will track progress toward outcomes outlined below in Table 1. For school year 2019-20, the K-12 School Health investment area will be evaluated as outlined in the 2011 FEL Implementation and Evaluation Plan. The school year 2020-21 through school year 2025-26 evaluation approach are detailed herein.

Table 1 – K-12 School Health Goal and Outcomes	
Goal	<ul style="list-style-type: none"> Seattle students have access to and utilize physical and mental health services that support learning.
Outcomes*	<ul style="list-style-type: none"> Students are healthy and ready to learn ^{C/Y} Clinics are evidence-based, high-quality, and provide culturally responsive and equitable care ^P

- | | |
|--|---|
| | <ul style="list-style-type: none">• PHSKC promotes a best practice model of medical and mental health care ^S |
|--|---|

**Outcomes are coded as S = System-level impact, P = Program-level impact, and C/Y = Child/youth-level impact*

FEPP evaluation activities will assess outputs, short-, medium-, and long-term outcomes, and monitor progress toward the K-12 School Health goal that Seattle students have access to and utilize physical and mental health services that support learning (Table 2). K-12 School Health investments apply the FEPP core strategies of *Student and Family Supports* (SBHCs, oral health, and school nursing) and *High-Quality Learning Environments* (health system enhancements such as professional development trainings, partner learning collaboratives, stakeholder engagement, data tracking, and performance review). K-12 students at participating Seattle Public Schools (SPS) buildings and adult staff of SPS and SBHC providers are eligible to participate in K-12 School Health strategies.

FEPP indicators will be selected and categorized within Year 1 (school year 2019-20) of the FEPP Levy. PHSKC and DEEL will align with key partners to the extent possible when selecting headline and secondary indicators.

School-based health funds will be awarded in a performance-based agreement. Seventy-five percent (75%) of funds will be allocated as base payment. The remaining twenty-five percent (25%) are contingent upon achievement of designated annual performance targets. The allocation of funding to each target will be established upon award of funds.

Targets will be set to reflect the anticipated period of program implementation. After targets are solidified, renewed FEPP Levy investments will be contingent upon the sponsor's successful achievement of annual performance targets. Agreement performance measures may include a combination of three (3) or more performance measures.

Examples of potential measures (not an exhaustive list):

1. The number of students provided primary care services including medical and mental health services
2. The proportion of SBHC users with < 10 absences per year
3. The proportion of SBHC users who are passing all classes
4. The proportion of SBHC users who received a standardized risk assessment
5. The proportion of SBHC users who screen positive for drug/alcohol issues who receive a brief intervention and/or referral to services as appropriate (SBIRT)
6. The proportion of SBHC users who screen positive for depression and who receive mental health services
7. The proportion of SBHC users who have received all required vaccinations
8. The proportion of SBHC users who have completed HPV vaccination

Other measures may be developed in collaboration with PHSKC, DEEL, and the Nova community. The selected sponsor will participate in evaluation effort.

ATTACHMENT 1 - ACCEPTANCE OF POTENTIAL AGREEMENT TERMS AND CONDITIONS

All submitted RFA responses become public information and may be reviewed by anyone requesting to do so at the end of the selection process. RFA responses will become the property of King County and will not be returned to the Applicants.

Applications must include this RFA Response Cover Sheet, signed and dated by the President of the Board, Executive Director, or someone who has the full authority to legally bind the entity submitting the RFA response to the contents of the RFA response.

The selected Applicant will be required to enter into an Agreement with King County, which will be initiated by PHSKC. The department’s standard agreement terms and conditions are included in this RFA as an Attachment. ***In order to receive the Agreement, Applicants to this RFA must indicate their acceptance of the Agreement’s terms and conditions by checking the following box and signing their name.*** These terms and conditions are subject to change prior to execution of the actual Agreement.

☐ ***I understand the terms and conditions of the RFA and agree to meet the requirements of PHSKC if an award is made. All information provided in this Application is true and accurate to the best of my knowledge. Proposed program design and costs shall be valid until at least the end of the Applicant’s current fiscal year. I have read the potential Agreement terms and conditions and do hereby accept them as presented. I understand that the actual Agreement will be sent subsequent to award for my signature.***

Signature

Date

Printed Name & Title

Applicant Information:

Organization Name:	
Address:	
Director Name:	

Primary Contact Information

Name and Title:

Email:

Phone:

Secondary Contact Information

Name and Title:

Email:

Phone:

THIS PAGE MUST ACCOMPANY YOUR SUBMITTAL.

Complete	RFA Checklist
<input type="checkbox"/> Yes	Submitted by _____ AM/PM on _____.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Submitted electronically.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Submitted correctly electronically: RFA in Word or Adobe PDF format and budget in Excel format.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Size 12 Arial font, 1-inch margins, page-numbered
<input type="checkbox"/> Yes <input type="checkbox"/> No	Headings in correct order in entire RFA.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 1: Application Cover Page and Checklist – Completed and signed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Attachment 2: Narrative Response to School-Based Health Questions – Narrative response is included and <u>does not exceed 21 pages</u> .
<input type="checkbox"/> Yes	Narrative response addressed all required sections.
<input type="checkbox"/> Yes	Attachment 3: Annotated Budget Form – Annotated Budget Form is completed.
<input type="checkbox"/> Yes	Attachment 4: Budget Narrative – Budget narrative is complete and <u>does not exceed 5 pages</u> .
<input type="checkbox"/> Yes	Financial audit (including management letter) or 990 Form included.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this RFA complete?

THIS PAGE MUST ACCOMPANY YOUR SUBMITTAL.

ATTACHMENT 2 – NARRATIVE RESPONSE TO SCHOOL-BASED HEALTH QUESTIONS

Section A: Organizational Capacity (3 pages maximum)

1. Describe your organization's background in implementing and providing medical and mental health services in school settings and non-conventional settings (e.g. mobile medical).
2. Provide examples of your organization's past success in leveraging financial and in kind resources to support youth medical and mental health services.
3. Describe your fiscal internal controls and experience with grant management.
 - a. Does your accounting system allow you to segregate all assets, liabilities, revenue, and expenditure by funding source?
 - b. Does your entity have a time and effort reporting system in place to account for 100% of all employees' time with a breakdown of actual time spent on each funding project?
 - c. Are your accounting records kept in accordance with GAAP?

Section B: Experience with Focus Population (3 pages maximum)

1. Describe your organization's experience in providing medical and mental health services to high school age youth.
2. Provide examples of how your organization has collaborated with school and community providers.
3. Describe your organization's background in serving a diverse student population, including youth that disproportionately experience systemic inequalities in educational achievement because of their race, ethnicity, or socioeconomic status, refugee and immigrant status, English proficiency, familial situations, housing status, sexual orientation, or other factors.
4. Provide examples of strategies your organization has used to overcome barriers to providing medical and mental health care for high school age youth. Describe whether/how these strategies improved student health and/or academic outcomes.
5. Describe your organization's experience providing gender-affirming health care services.

Section C: Program Results (4 pages maximum)

1. Describe your health information system and your ability to report service provision on a monthly basis. Please also describe the ability of your subcontractors, if any, to report service provision.
2. Describe your experience achieving results within the past two years that you consider relevant to the performance measures described in Part 2, Section D: Evaluation and Performance Targets. Include information about both direct service delivery and your effectiveness in partnering with schools and/or other organizations to achieve results relevant to the measures and indicators. Please support your response with data whenever possible. If you do not have statistics to share, please share a detailed success story or anecdote.
3. Explain how you (and your subcontractors, if any) will access and use data to regularly (i.e. monthly) to measure the impact of your services on student academic and/or health outcomes and to track any disparities in those outcomes by race, ethnicity, income, or gender identity/sexual orientation. If you do not have a plan, please tell us what technical assistance you will need to be able to do this.
4. Describe the process you will implement to help SBHC staff understand baseline data and track their results over time, including plans for ongoing quality assurance and quality improvement. If you do not have a plan, please tell us what technical assistance you will need to be able to do this.

5. Describe anticipated barriers to contributing to desired health and academic outcomes and your plans to overcome those barriers.

Section D: Partnership Readiness (4 pages maximum)

1. Describe your experience creating effective collaboration and problem solving with students, families, and school- and community-based partners.
2. Describe your plans for ongoing coordination, communication, and engagement with school staff, partner agencies, youth, community members, and other stakeholders. Please include your plans to engage with LGBTQ+ youth and parents/caregivers with LGBTQ+ children.
3. Briefly describe any partner organization(s) who will receive subcontracted funds from this proposal. Include organization mission/vision as well as recent accomplishments in services to youth.
4. Describe:
 - a. Plans for collaborating with and distinguishing SBHC services from the existing social and health resources within the school.
 - b. The roles and responsibilities of partners involved in implementing proposed strategies, including clear distinctions between the roles of school staff, SBHC providers, and any other partners.

Section E: Service Model and Implementation (7 pages maximum)

1. Drawing on existing systems in the school, describe how you plan to identify and assess the medical, mental health, and health care access needs of students on an ongoing basis.
2. Outline your proposed model for providing or linking students to the services outlined below. Include the staffing model (including management, clinical and support staff) and number of hours staff will be on site at your location. Reference any stakeholder input, school administration or school-level data, and/or the evidence-based research utilized in developing your service model.
 - a. Preventive care
 - b. Primary care
 - c. Reproductive health care including onsite provision of Long Acting Reversible Contraception (LARC)
 - d. Acute care
 - e. Mental health care, case management, and/or preventive services, including access to a provider with prescribing privileges
 - f. Gender affirming and LGBTQ+ culturally and clinically proficient care
 - g. Drug/alcohol services including SBIRT
 - h. Immunizations
 - i. Management of chronic medical and mental health conditions
 - j. Care coordination with primary care providers and health coverage plans
 - k. Outreach and enrollment in Medicaid/health coverage
 - l. Oral health care
 - m. Vision care
 - n. Social services
 - o. Health education and promotion, injury prevention, and healthy school environments
3. SBHCs are a strategy to reduce the opportunity gap and the disproportionality in discipline experienced by students of color and low-income students. How do you envision promoting equity and social justice through your SBHC?
4. Describe how you will ensure the integration of gender affirming approaches to medical and mental health care.

5. Describe how you will ensure the cultural and linguistic competency of staff and cultural relevance of service delivery.
6. Describe your plans for ensuring continuity of care for students receiving health care from community providers.
7. Describe the barriers you anticipate in implementing your service model in this setting and plans to overcome those barriers.
8. Outline your plan for implementing services, including a timeline for the time period for upstart April 1, 2020 to August 31, 2020 which details the responsibilities of the entities involved in the implementation. Clearly articulate at what point in the school year you anticipate being able to implement the components of your service model. Include hiring, marketing and outreach activities, as well as any procurement for equipment and/or supplies, and plans for construction/ remodel in your timeline.

Section F: Potential Building Improvement Capital (3 pages maximum)

1. A clinic space will need to be built within Nova. There is currently \$350,000 available for this build out and these funds will become available once an organization is selected to provide services at Nova. The selected sponsor would need to contribute an estimated \$50,000 in addition to the available capital funds to fund the clinic build-out. Describe your organization's interest in the potential build-out component of this RFA.
2. Describe your organization's experience in the management of construction oversight.
3. Describe your organization's experience in collaborating with stakeholders in the design of a clinic setting.

Attachment 3: Annotated Budget Form

Organization: <Enter Name HERE>

School: Nova High School

Funding Requested	\$	-	Enter expenditures in Tables 1 and 2. Cells B3 and B4 will auto populate. FEPP-Levy award amount requested may not exceed \$120,840.
School Year 2019-20			
Organization	\$	-	Contribution requirement is at least 30% of total annual budget. Cell B4 will be highlighted in red if this condition has not been met.
Contribution Amount			
Total Annual Budget	\$	-	
(Levy + Organization Contribution)			

INSTRUCTIONS:

STEP 1) Enter your organization's name in cell B2 and the school for which you are applying in cell F2.

STEP 2) Enter the Personnel and Non-Personnel Budget expenditures in Tables 1 and 2 below. Specify the portion of the expenditure funded by the Budget versus organization's contribution.

Include a brief description of expenses. Cells B3 and B4 above will auto populate based on expenditures entered into Tables 1 and 2.

STEP 3) Confirm that the "Organization Contribution" total equals cell B4. Make adjustments as needed to column D in Tables 1 and 2 if cell B4 is red.

NOTES:

***The annotated budget should tie directly to the services you plan to provide and the number of students you plan to serve.**

***If you are budgeting a portion of a salaried position, please include the FTE as well as a description of the responsibilities of that person. Salary costs should cover 10 months of service (Sept-June).**

FTE shown should reflect FTE during the school year, unadjusted for a partial year worked.

***Please budget as though your clinic will be fully staffed,** regardless of whether this will be the case due to construction, start-up, etc. PHSKC will then negotiate an actual agreement amount that reflects any staged start-up plan.

[illegible]

Attachment 3: Annotated Budget Form

				\$0	
				\$0	
				\$0	
				\$0	
				\$0	
TOTAL Personnel for Base Budget:		\$ -	\$0	\$0	

TABLE 2: NON-PERSONNEL BUDGET					
NON-PERSONNEL - Other services and charges; Supplies for initial school year		Levy Budget	Organization Contribution (patient generated revenue, in-kind, or other funding)	Total	Description of Expense
				\$0	
				\$0	
				\$0	
				\$0	
				\$0	
				\$0	
				\$0	
				\$0	
				\$0	
				\$0	
				\$0	
				\$0	
				\$0	
				\$0	
				\$0	
				\$0	
TOTAL Non-Personnel Base Budget:		\$ -	\$0	\$0	
TOTAL BUDGET:		\$ -	\$ -	\$ -	
Note; The maximum possible allocation for SY 2019-20 is: \$120,840					

ATTACHMENT 4 – BUDGET NARRATIVE

Budget Narrative is not to exceed 5 pages.

1. Briefly describe what is included in each expense category and, where appropriate, indicate any assumptions behind your expenses. Your expense assumptions should take into account your implementation timeline.
2. Clearly indicate how the funds will be subcontracted to partners and include each partner's personnel budget and assumptions behind those expenses. Funds awarded through this RFA process may not be subcontracted to any agency not named as a partner in this RFA response without approval of PHSKC.
3. Non-FEPP Levy contributions are expected to represent 30% or more of the total proposed annual operating budget. Please indicate expected Medicaid and third-party billing revenues. Please indicate plans for resource development/fundraising to augment available Levy funding.
4. Funds will be allocated through a performance-based agreement with 75% distributed as base pay and 25% set aside as performance pay. In your proposed budget, we ask that you budget for the full amount including all performance pay. However, if you are unable to achieve your performance targets and do not receive some portion of your performance pay, how will you adjust your budget?



Nova High School

Mark C. Perry, Principal

School Report for 2017–18 School Year

novahs.seattleschools.org

2017–18 School Year

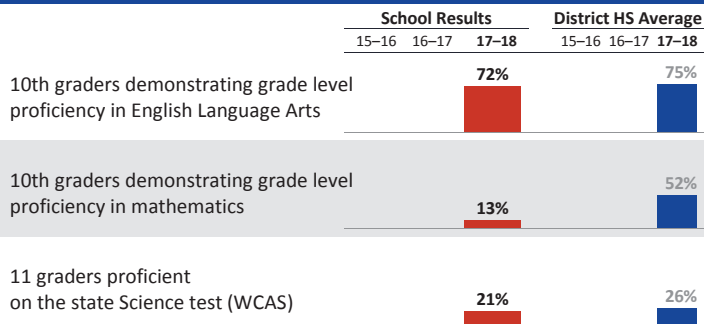
Students: 311

Teachers: 18

Average daily attendance: 81.1%

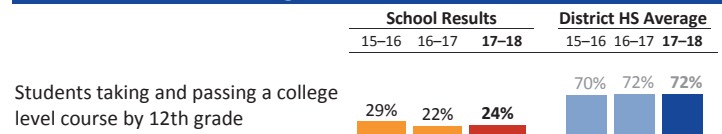
Student mobility: 33%

Student Achievement *

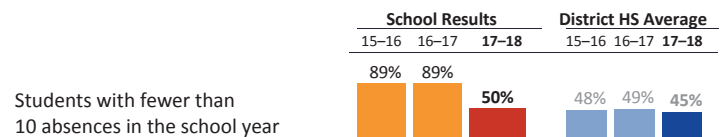


* Students who did not participate in state testing are counted as not demonstrating proficiency.

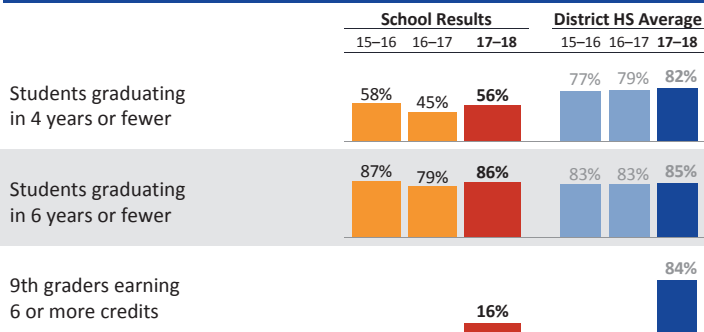
College & Career Ready



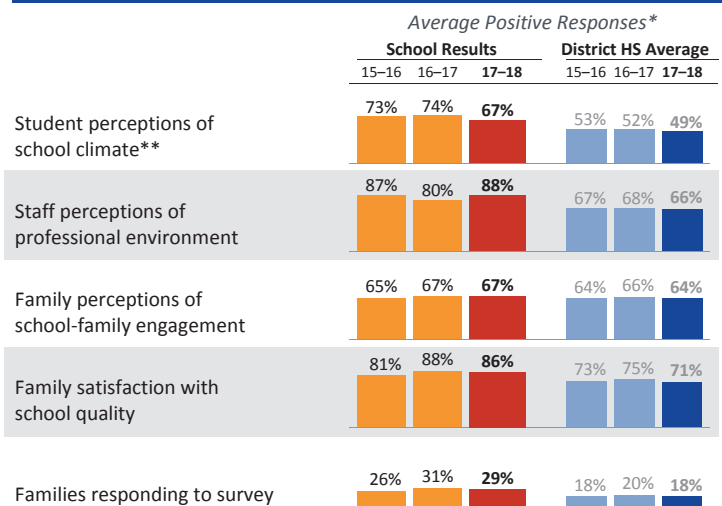
Attendance



On-Track for Graduation

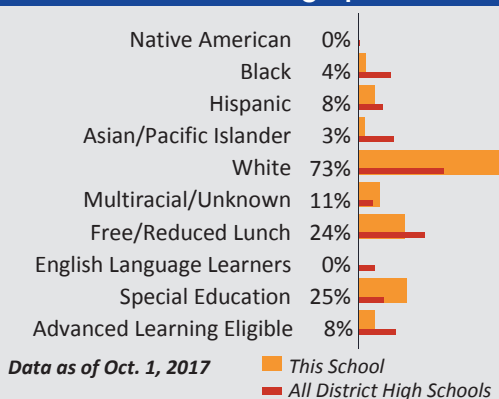


Student, Family, and Staff School Climate Survey



*Results for each survey category equal the average percent of positive responses ("Agree" or "Strongly Agree") for a subset of questions.

Student Demographics



Student Proficiency on State Tests

Spring 2018 School average compared to District high school average (grade 10)

	English Language Arts		Mathematics	
	School	District Avg	School	District Avg
All Students	72%	75%	13%	52%
Native American		50%		19%
Black		46%		17%
Hispanic		55%		27%
Asian/Pacific Islander		79%		65%
White	79%	89%	16%	67%
Multiracial		76%		56%
Free/Reduced Lunch	71%	53%	0%	29%
Eng. Lang. Learners		20%		15%
Special Education	53%	31%	7%	9%
Gifted		95%		94%



Nova High School

Mark C. Perry, Principal

School Plan & Budget for the 2018–19 School Year

School Mission Statement

Mission Statement for Nova High School: Nova is a non-graded, inquiry-based learning community committed to the success of all students through application of learning, performance assessment, building a diverse safe, supportive democratic community for all students. Nova's personalized advisory system provides a teacher/advisor for every student at a ratio of 24:1. . At Nova, students and staff are both learners and teachers. We work to find balance between

School Goals

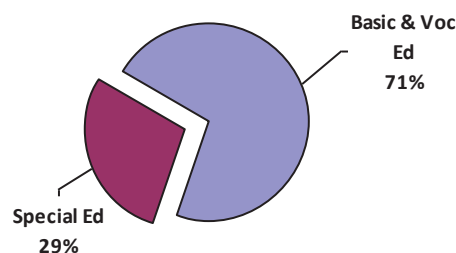
Goals for Nova High School: Incoming 9th grade students attend 3-1/2 days of workshops and advisory activities when they arrive at Nova before signing up for classes.; They meet their teacher advisor, meet with the advisory group, meet one-on-one with their teacher advisor, and sign up for classes. During their first semester at Nova they attend the Freshfolks class (9th grade seminar) which focuses on what they need to know and learn to be successful at Nova – from learning our competency-based system, to understanding how to participate fully in seminars, work collaboratively with other students, manage their time, make good personal and school decisions, and learn basic high school skills in reading, writing, presentations, and critical thought and action utilizing rigorous, engaging, relevant curriculum.

School Description & Plan to Achieve Goals

Description and Plan to Achieve Goals for Nova High School: Nova will provide competency-based inquiry, project- and problem-based opportunities for all students. We will continue to provide differentiated instruction targeted to support students in need of additional assistance. We will provide support time outside of class for math and language arts assistance, including weekly portfolio sessions for 9th grade students. All students are pre-assessed in math and placed in the appropriate math classes and additional tutoring is provided. We provide monthly updates on every student in every class and hold student-led family meetings for every student with their teacher advisor. Nova's staff is trained in trauma-based supports, supports for students who need accommodations, understanding and support for LGBTQ+ students, marginalized students, and students facing issues regarding homelessness. Nova's restorative and redemptive justice practices support conflict and community mediation, when needed. Overall, Nova provides a full spectrum of current research-based teaching and learning practices along with in-depth personalization for every student and family.

Annual Budget Report

2018–19 School Funding by Category



All financial data are from the 2018–19 recommended budget.

Total 2018–19 School Budget:
\$2,827,846

Projected 2018–19 Student Enrollment:
308

Per-Student Funding:
\$9,181

Invitation to Participate

One of the goals of having School Reports is to support families as critical partners with us in a student's academic success. To get involved, please share this with your friends and neighbors, visit the school, or consider talking to the teacher or principal about joining the school's Building Leadership Team or Parent Teacher Student Association to shape your school's improvement plan.

District Mission Statement

Seattle Public Schools is committed to ensuring equitable access, closing the opportunity gaps and excellence in education for every student.

Planning and Visioning School-Based Health at Nova High School



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ACKNOWLEDGEMENTS

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REPORT AUTHORS

Olivia Lutz, MPH
Malvika Nair
Wendy Nakatsukasa-Ono, MPH
Amanda Winters, MPH, MPA

CARDEA TEAM

Ginny Cassidy-Brinn, MSN, ARNP, MPH
Olivia Lutz, MPH
Malvika Nair
Wendy Nakatsukasa-Ono, MPH
Phi Nguyen
E. Cooper Stodden
Danni Tang, MPA
Eric Wheeler
Amanda Winters, MPH, MPA

NOVA HIGH SCHOOL TEAM

Eyva Winet, Assistant Principal

PUBLIC HEALTH—SEATTLE & KING COUNTY TEAM

Erin MacDougall, PhD
Sara L. Rigel, MPH, CHES

We appreciate the individuals and agencies who provided insights, guidance, and wisdom to Cardea and Public Health—Seattle & King County through discussions, interviews, and surveys.

Gender Clinic at Seattle Children’s Hospital
Health Education staff at Seattle Public Schools
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



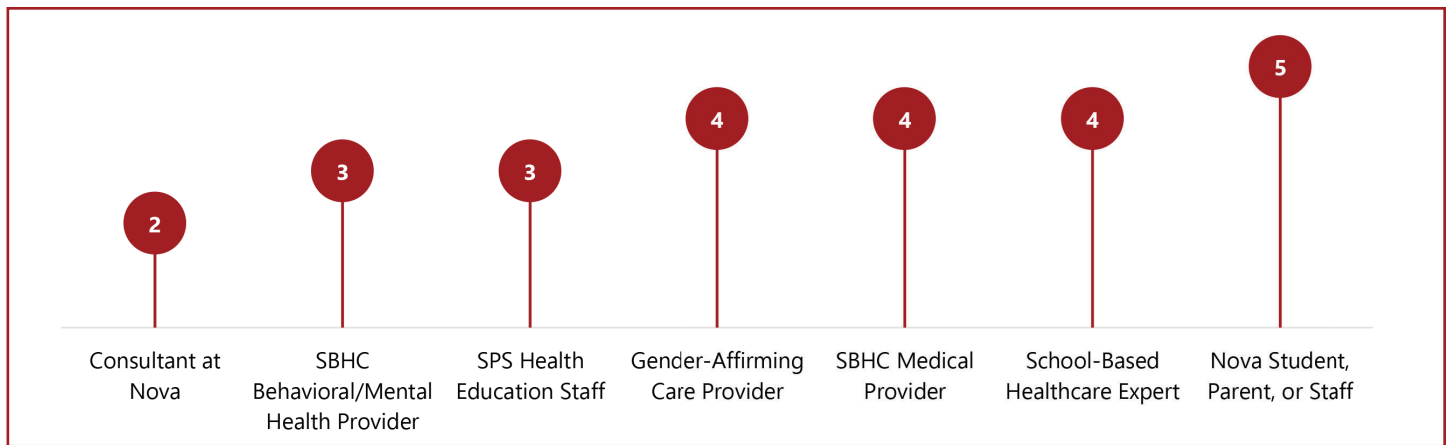
Between July and August 2019, Cardea reviewed a variety of background documents related to Nova High School and prior discussions related to wellness at the school, notes from interviews with experts in gender affirming care, SBHC models of care, and best practices for providing gender affirming care 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

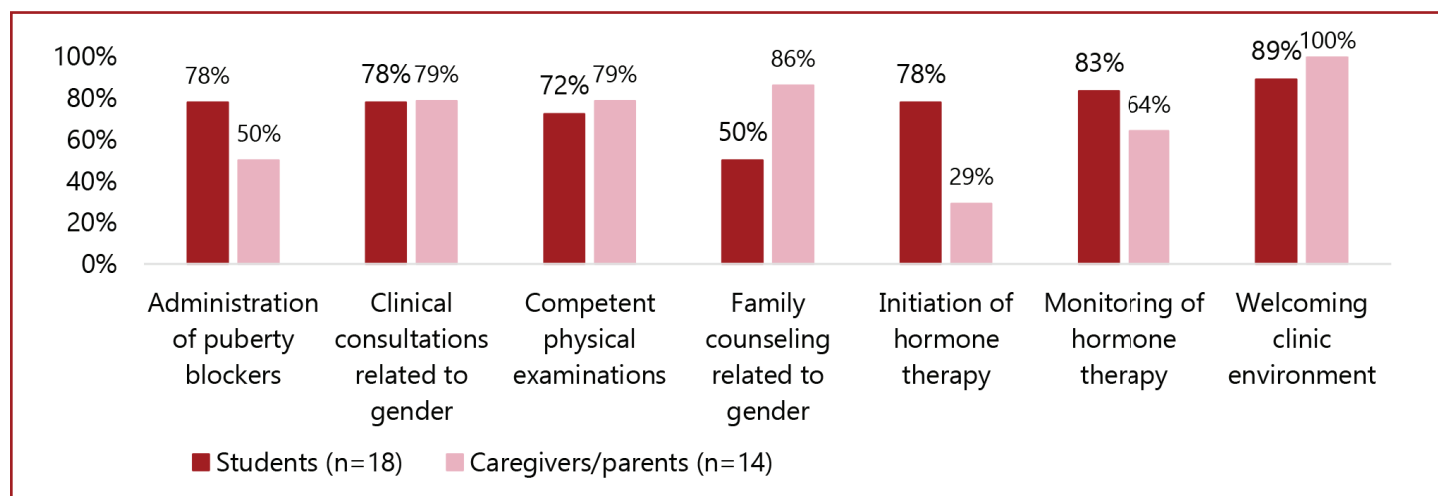
Rank	Caregiver/parent respondents (n=14)	Student respondents (n=20)
1	Behavioral/mental health treatment/counseling for individuals	STI screening/treatment
2	Gender affirming care	Vaccinations
3	STI screening/treatment	Gender affirming care
4	Behavioral/mental health screening	Behavioral/mental health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

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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

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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.

Attachment 7 - KING COUNTY TERMS AND CONDITIONS

1. Agreement Term and Termination

- A. This Agreement shall commence on the Agreement Start Date and shall terminate on the Agreement End Date as specified on page 1 of this Agreement, unless extended or terminated earlier, pursuant to the terms and conditions of the Agreement.
- B. This Agreement may be terminated by the County or the Recipient without cause, in whole or in part, prior to the Agreement End Date, by providing the other party thirty (30) days advance written notice of the termination. The Agreement may be suspended by the County without cause, in whole or in part, prior to the date specified in Subsection 1.A. above, by providing the Recipient thirty (30) days advance written notice of the suspension.
- C. The County may terminate or suspend this Agreement, in whole or in part, upon seven (7) days advance written notice in the event: (1) the Recipient materially breaches any duty, obligation, or service required pursuant to this Agreement, or (2) the duties, obligations, or services required herein become impossible, illegal, or not feasible. If the Agreement is terminated by the County pursuant to this Subsection 1.C. (1), the Recipient shall be liable for damages, including any additional costs of procurement of similar services from another source.

If the termination results from acts or omissions of the Recipient, including but not limited to misappropriation, nonperformance of required services, or fiscal mismanagement, the Recipient shall return to the County immediately any funds, misappropriated or unexpended, which have been paid to the Recipient by the County.

- D. If County or other expected or actual funding is withdrawn, reduced, or limited in any way prior to the termination date set forth above in Subsection 1.A., the County may, upon written notification to the Recipient, terminate or suspend this Agreement in whole or in part.

If the Agreement is terminated or suspended as provided in this Section: (1) the County will be liable only for payment in accordance with the terms of this Agreement for services rendered prior to the effective date of termination or suspension; and (2) in the case of termination the Recipient shall be released from any obligation to provide such further services pursuant to the Agreement ; and (3) in the case of suspension the Recipient shall be released from any obligation to provide services during the period of suspension and until such time as the County provides written authorization to resume services..

Funding or obligation under this Agreement beyond the current appropriation year is conditional upon appropriation by the County Council of sufficient funds to support the activities described in the Agreement. Should such appropriation not be approved, this Agreement will terminate at the close of the current appropriation year.

- E. Nothing herein shall limit, waive, or extinguish any right or remedy provided by this Agreement or law that either party may have in the event that the obligations, terms, and conditions set forth in this Agreement are breached by the other party.

2. Compensation and Method of Payment

- A. The County shall reimburse the Recipient for satisfactory completion of the services and requirements specified in this Agreement, payable upon receipt and approval by the County of a signed invoice in substantially the form of the attached Invoice Exhibit, which complies with the attached Budget Exhibit.
- B. The Recipient shall submit an invoice and all accompanying reports as specified in the attached exhibits not more than 15 working days after the close of each indicated reporting period. The County shall make payment to the Recipient not more than 30 days after a complete and accurate invoice is received.
- C. The Recipient shall submit its final invoice and all outstanding reports within 30 days of the date this Agreement terminates. If the Recipient's final invoice and reports are not submitted

by the day specified in this subsection, the County will be relieved of all liability for payment to the Recipient of the amounts set forth in said invoice or any subsequent invoice.

- D. If the signature date of this Agreement occurs after the Start Date listed on page 1, the Recipient may seek compensation for activities performed as of the Start Date, provided that such activities and expenses are identified in the Scope of Work and Budget and that such compensation is compliant with all other terms of this Agreement.
- E. When a budget is attached hereto as an exhibit, the Recipient shall apply the funds received from the County under this Agreement in accordance with said budget. The Agreement may contain separate budgets for separate program components. The Recipient shall request prior approval from the County for an amendment to this Agreement when the cumulative amount of transfers among the budget categories is expected to exceed 10% of the Agreement amount in any Agreement budget. Supporting documents necessary to explain fully the nature and purpose of the amendment must accompany each request for an amendment. Cumulative transfers between budget categories of 10% or less need not be incorporated by written amendment; however, the County must be informed immediately in writing of each such change.
- F. Should, in the sole discretion of the County, the Recipient not timely expend funds allocated under this Agreement, the County may recapture and reprogram any such under-expenditures unilaterally and without the need for further amendment of this Agreement. The County may unilaterally make changes to the funding source without the need for an amendment. The Recipient shall be notified in writing of any changes in the fund source or the recapturing or reprogramming of under expenditures.
- G. If travel costs are contained in the attached budget, reimbursement of Recipient travel, lodging, and meal expenses are limited to the eligible costs based on the following rates and criteria.
 - 1. The mileage rate allowed by King County shall not exceed the current Internal Revenue Service (IRS) rates per mile as allowed for business related travel. The IRS mileage rate shall be paid for the operation, maintenance and depreciation of individually owned vehicles for that time which the vehicle is used during work hours. Parking shall be the actual cost. When rental vehicles are authorized, government rates shall be requested. If the Recipient does not request government rates, the Recipient shall be personally responsible for the difference. Please reference the federal web site for current rates: <http://www.gsa.gov>.
 - 2. Reimbursement for meals shall be limited to the per diem rates established by federal travel requisitions for the host city in the Code of Federal Regulations, 41 CFR § 301, App.A. Please reference <http://www.gsa.gov> for the current host city per diem rates.
 - 3. Accommodation rates shall not exceed the federal lodging limit plus host city taxes. The Recipient shall always request government rates.
 - 4. Air travel shall be by coach class at the lowest possible price available at the time the County requests a particular trip. In general, a trip is associated with a particular work activity of limited duration and only one round-trip ticket, per person, shall be billed per trip. Any air travel occurring as part of a federal grant must be in accordance with the Fly America Act.

3. Internal Control and Accounting System

The Recipient shall establish and maintain a system of accounting and internal controls which complies with generally accepted accounting principles promulgated by the Financial Accounting Standards Board (FASB), the Governmental Accounting Standards Board (GASB), or both as is applicable to the Recipient's form of incorporation.

4. Debarment and Suspension Certification

Entities that are debarred, suspended, or proposed for debarment by the U.S. Government are excluded from receiving federal funds and contracting with the County. The Recipient, by signature to this Agreement, certifies that the Recipient is not presently debarred, suspended, or proposed for debarment by any Federal department or agency. The Recipient also agrees that it will not enter into a sub-agreement with a Recipient that is debarred, suspended, or proposed for debarment. The Recipient agrees to notify King County in the event it, or a sub-awardee, is debarred, suspended, or proposed for debarment by any Federal department or agency.

5. Maintenance of Records/Evaluations and Inspections

- A. The Recipient shall maintain accounts and records, including personnel, property, financial, and programmatic records and other such records as may be deemed necessary by the County to ensure proper accounting for all Agreement funds and compliance with this Agreement.
- B. In accordance with the nondiscrimination and equal employment opportunity requirements set forth in Section 13. below, the Recipient shall maintain the following:
 - 1. Records of employment, employment advertisements, application forms, and other pertinent data, records and information related to employment, applications for employment or the administration or delivery of services or any other benefits under this Agreement; and
 - 2. Records, including written quotes, bids, estimates or proposals submitted to the Recipient by all businesses seeking to participate on this Agreement, and any other information necessary to document the actual use of and payments to sub-awardees and suppliers in this Agreement, including employment records.

The County may visit the site of the work and the Recipient's office to review the foregoing records. The Recipient shall provide every assistance requested by the County during such visits and make the foregoing records available to the County for inspection and copying upon request. The Recipient shall provide right of access to its facilities—including those of any sub-awardee assigned any portion of this Agreement pursuant to Section 12—to the County, the state, and/or federal agencies or officials at all reasonable times in order to monitor and evaluate the services provided under this Agreement. The County will give advance notice to the Recipient in the case of fiscal audits to be conducted by the County. The Recipient shall comply with all record keeping requirements set forth in any federal rules, regulations or statutes included or referenced in the Agreement documents. The Recipient shall inform the County in writing of the location, if different from the Recipient address listed on page one of this Agreement, of the aforesaid books, records, documents, and other evidence and shall notify the County in writing of any changes in location within ten (10) working days of any such relocation.

- C. The records listed in A and B above shall be maintained for a period of six (6) years after termination of this Agreement. The records and documents with respect to all matters covered by this Agreement shall be subject at all time to inspection, review, or audit by the County and/or federal/state officials so authorized by law during the performance of this Agreement and six (6) years after termination hereof, unless a longer retention period is required by law.
- D. Medical records shall be maintained and preserved by the Recipient in accordance with state and federal medical records statutes, including but not limited to RCW 70.41.190, 70.02.160, and standard medical records practice. If the Recipient ceases operations under this Agreement, the Recipient shall be responsible for the disposition and maintenance of such medical records.
- E. The Recipient agrees to cooperate with the County or its agent in the evaluation of the Recipient's performance under this Agreement and to make available all information reasonably required by any such evaluation process. The results and records of said evaluations shall be maintained and disclosed in accordance with RCW Chapter 42.56.

- F. The Recipient agrees that all information, records, and data collected in connection with this Agreement shall be protected from unauthorized disclosure in accordance with applicable state and federal law.

6. Compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Recipient shall not use protected health information created or shared under this Agreement in any manner that would constitute a violation of HIPAA and any regulations enacted pursuant to its provisions. Recipient shall read and certify compliance with all HIPAA requirements at <http://www.kingcounty.gov/healthservices/health/partnerships/contracts>

7. Audits

- A. A Recipient, for-profit or non-profit that receives in excess of \$100,000 in funds during its fiscal year from the County, shall provide fiscal year audited financial statements prepared by an independent Certified Public Accountant or Accounting Firm within nine months subsequent to the close of the Recipient's fiscal year (if applicable, see **Section 7.D.**) and shall meet the following requirement, if applicable:
1. If the Recipient is a non-profit organization as defined in 2 CFR Part 200, and expends a total of \$750,000 or more in federal financial assistance and has received federal financial assistance from any sources during its fiscal year, then the Recipient shall meet the audit requirements as described in 2 CFR Part 200 Subpart F.
- B. Non-profit Recipients who receive less than \$100,000 from the County during their fiscal year shall provide 1) IRS Form 990 within 30 days of its being filed; and 2) a full set of annual financial statements.
- C. For-profit Recipients who receive less than \$100,000 from the County during their fiscal year shall provide 1) income tax return within 30 days of its being filed; and 2) a full set of annual financial statements.
- D. A Recipient subject to the requirements in Section 7.A. may, in extraordinary circumstances, request a waiver of audit requirements and, with the review and upon approval of the County, substitute for the above requirements other forms of financial reporting or fiscal representation certified by the Recipient's Board of Directors, provided the Recipient meets the following criteria:
1. That financial reporting and any associated management letter show no reportable conditions or internal control issues; and
 2. There has been no turnover in key staff since the beginning of the period for which the financial reporting was completed.
- E. Additional audit or review requirements which may be imposed on the County will be passed on to the Recipient and the Recipient will be required to comply with any such requirements.

8. Corrective Action

If the County determines that a breach of Agreement has occurred, that is, the Recipient has failed to comply with any terms or conditions of this Agreement or the Recipient has failed to provide in any manner the work or services agreed to herein, and if the County deems said breach to warrant corrective action, the following sequential procedure will apply:

- A. The County will notify the Recipient in writing of the nature of the breach;
- The Recipient shall respond in writing within three (3) working days of its receipt of such notification, which response shall indicate the steps being taken to correct the specified deficiencies. The corrective action plan shall specify the proposed completion date for bringing the Agreement into compliance, which date shall not be more than ten (10) days from the date of the Recipient's response, unless the County, at its sole discretion, specifies in writing an extension in the number of days to complete the corrective actions;

- B. The County will notify the Recipient in writing of the County's determination as to the sufficiency of the Recipient's corrective action plan. The determination of sufficiency of the Recipient's corrective action plan shall be at the sole discretion of the County;
- C. In the event that the Recipient does not respond within the appropriate time with a corrective action plan, or the Recipient's corrective action plan is determined by the County to be insufficient, the County may commence termination or suspension of this Agreement in whole or in part pursuant to Section 1.C.;
- D. In addition, the County may withhold any payment owed the Recipient or prohibit the Recipient from incurring additional obligations of funds until the County is satisfied that corrective action has been taken or completed; and
- E. Nothing herein shall be deemed to affect or waive any rights the parties may have pursuant to Section 1., Subsections B, C, D, and E.

9. Dispute Resolution

The parties shall use their best, good-faith efforts to cooperatively resolve disputes and problems that arise in connection with this Agreement. Both parties will make a good faith effort to continue without delay to carry out their respective responsibilities under this Agreement while attempting to resolve the dispute under this section.

10. Hold Harmless and Indemnification

- A. In providing services under this Agreement, the Recipient is an independent contractor, and neither it nor its officers, agents, or employees are employees of the County for any purpose. The Recipient shall be responsible for all federal and/or state tax, industrial insurance, and Social Security liability that may result from the performance of and compensation for these services and shall make no claim of career service or civil service rights which may accrue to a County employee under state or local law.

The County assumes no responsibility for the payment of any compensation, wages, benefits, or taxes, by, or on behalf of the Recipient, its employees, and/or others by reason of this Agreement. The Recipient shall protect, indemnify, defend and save harmless the County, its officers, agents, and employees from and against any and all claims, costs, and/or losses whatsoever occurring or resulting from (1) the Recipient's failure to pay any such compensation, wages, benefits, or taxes, and/or (2) the supplying to the Recipient of work, services, materials, or supplies by Recipient employees or other suppliers in connection with or support of the performance of this Agreement.

- B. The Recipient further agrees that it is financially responsible for and will repay the County all indicated amounts following an audit exception which occurs due to the negligence, intentional act, and/or failure, for any reason, to comply with the terms of this Agreement by the Recipient, its officers, employees, agents, and/or representatives. This duty to repay the County shall not be diminished or extinguished by the prior termination of the Agreement pursuant to the Term and Termination section.
- C. The Recipient shall protect, defend, indemnify, and save harmless the County, its officers, employees, and agents from any and all costs, claims, judgments, and/or awards of damages, arising out of, or in any way resulting from, the negligent acts or omissions of the Recipient, its officers, employees, sub-awardees and/or agents, in its performance and/or non-performance of its obligations under this Agreement. The Recipient agrees that its obligations under this subparagraph extend to any claim, demand, and/or cause of action brought by, or on behalf of, any of its employees or agents. For this purpose, the Recipient, by mutual negotiation, hereby waives, as respects the County only, any immunity that would otherwise be available against such claims under the Industrial Insurance provisions of Title 51 RCW. In the event the County incurs any judgment, award, and/or cost arising therefrom including attorneys' fees to enforce the provisions of this article, all such fees, expenses, and costs shall be recoverable from the Recipient.

- D. The County shall protect, defend, indemnify, and save harmless the Recipient, its officers, employees, and agents from any and all costs, claims, judgments, and/or awards of damages, arising out of, or in any way resulting from, the sole negligent acts or omissions of the County, its officers, employees, and/or agents, in its performance and/or non-performance of its obligations under this Agreement. The County agrees that its obligations under this subparagraph extend to any claim, demand, and/or cause of action brought by, or on behalf of, any of its employees or agents. For this purpose, the County, by mutual negotiation, hereby waives, as respects the Recipient only, any immunity that would otherwise be available against such claims under the Industrial Insurance provisions of Title 51 RCW. In the event the Recipient incurs any judgment, award, and/or cost arising therefrom including attorneys' fees to enforce the provisions of this article, all such fees, expenses, and costs shall be recoverable from the County.
- E. Claims shall include, but not be limited to, assertions that use or transfer of software, book, document, report, film, tape, or sound reproduction or material of any kind, delivered hereunder, constitutes an infringement of any copyright, patent, trademark, trade name, and/or otherwise results in unfair trade practice.
- F. Nothing contained within this provision shall affect and/or alter the application of any other provision contained within this Agreement.
- G. The indemnification, protection, defense and save harmless obligations contained herein shall survive the expiration, abandonment or termination of this Agreement.

11. Insurance Requirements

By the date of execution of this Agreement, the Recipient shall procure and maintain for the duration of this Agreement, insurance against claims for injuries to persons or damages to property which may arise from, or in connection with, the performance of work hereunder by the Recipient, its agents, representatives, employees, and/or sub-awardees. The costs of such insurance shall be paid by the Recipient or sub-awardee. The Recipient may furnish separate certificates of insurance and policy endorsements for each sub-awardee as evidence of compliance with the insurance requirements of this Agreement. The Recipient is responsible for ensuring compliance with all of the insurance requirements stated herein. Failure by the Recipient, its agents, employees, officers, sub-awardee, providers, and/or provider sub-awardees to comply with the insurance requirements stated herein shall constitute a material breach of this Agreement. Specific coverages and requirements are at <http://www.kingcounty.gov/healthservices/health/partnerships/contracts>; Recipients shall read and provide required insurance documentation prior to the signing of this Agreement.

12. Assignment/Sub-agreements

- A. The Recipient shall not assign or sub-award any portion of this Agreement or transfer or assign any claim arising pursuant to this Agreement without the written consent of the County. Said consent must be sought in writing by the Recipient not less than fifteen (15) days prior to the date of any proposed assignment.
- B. "Sub-agreement" shall mean any agreement between the Recipient and a sub-awardee or between sub-awardees that is based on this Agreement, provided that the term "sub-awardee" does not include the purchase of (1) support services not related to the subject matter of this Agreement, or (2) supplies.
- C. The Recipient shall include Sections 2.E., 2.G., 3, 4, 5, 6, 10.A., 10.B., 10.G., 12, 13, 14, 15, 16, 17, 23, 24, 27, and the Funder's Special Terms and Conditions, if attached, in every sub-agreement or purchase agreement for services that relate to the subject matter of this Agreement.
- D. The Recipient agrees to include the following language verbatim in every sub-agreement for services which relate to the subject matter of this Agreement:

“Sub-awardee shall protect, defend, indemnify, and hold harmless King County, its officers, employees and agents from any and all costs, claims, judgments, and/or awards of damages arising out of, or in any way resulting from the negligent act or omissions of sub-awardee, its officers, employees, and/or agents in connection with or in support of this Agreement. Sub-awardee expressly agrees and understands that King County is a third party beneficiary to this Agreement and shall have the right to bring an action against sub-awardee to enforce the provisions of this paragraph.”

13. Nondiscrimination; Equal Employment Opportunity; Payment of a Living Wage

The Recipient shall comply with all applicable federal, state and local laws regarding discrimination, including those set forth in this Section.

A. During performance of the Agreement, the Recipient agrees that it will not discriminate against any employee or applicant for employment because of the employee or applicant's sex, race, color, marital status, national origin, religious affiliation, disability, sexual orientation, gender identity or expression or age except by minimum age and retirement provisions, unless based upon a bona fide occupational qualification. The Recipient will make equal employment opportunity efforts to ensure that applicants and employees are treated, without regard to their sex, race, color, marital status, national origin, religious affiliation, disability, sexual orientation, gender identity or expression or age. Additional requirements are at <http://www.kingcounty.gov/healthservices/health/partnerships/contracts>; Recipients shall read and certify compliance.

B. Requirements of King County Living Wage Ordinance

In accordance with King County Ordinance 17909, as a condition of award for agreements beginning on or after April 1, 2015, for services with an initial or amended value of \$100,000 or more, the Recipient agrees that it shall pay and require all sub-awardees and subcontractors to pay a living wage as described in the ordinance to employees for each hour the employee performs a Measurable Amount of Work on this Agreement. The requirements of the ordinance, including payment schedules, are detailed at <http://www.kingcounty.gov/operations/procurement/Resources/ordinance-17909.aspx>.

Violations of this requirement may result in disqualification of the Recipient from bidding on or being awarded a County agreement or contract for up to two years; contractual remedies including, but not limited to, liquidated damages and/or termination of the Agreement; remedial action as set forth in public rule; and other civil remedies and sanctions allowed by law. For purposes of this Section, a “Measurable Amount of Work” is defined as a definitive allocation of an employee’s time that can be attributed to work performed under this Agreement, but that is not less than a total of one hour in any one week period.

14. Conflict of Interest

- A. The Recipient agrees to comply with applicable provisions of K.C.C. 3.04. Failure to comply with such requirements shall be a material breach of this Agreement, and may result in termination of this Agreement pursuant to Section II and subject the Recipient to the remedies stated therein, or otherwise available to the County at law or in equity.
- B. The Recipient agrees, pursuant to KCC 3.04.060, that it will not willfully attempt to secure preferential treatment in its dealings with the County by offering any valuable consideration, thing of value or gift, whether in the form of services, loan, thing or promise, in any form to any county official or employee. The Recipient acknowledges that if it is found to have violated the prohibition found in this paragraph, its current Agreements with the county will be cancelled and it shall not be able to bid on any county Agreement for a period of two years.
- C. The Recipient acknowledges that for one year after leaving County employment, a former County employee may not have a financial or beneficial interest in an agreement or grant that was planned, authorized, or funded by a County action in which the former County employee participated during County employment. Recipient shall identify at the time of offer current or

former County employees involved in the preparation of proposals or the anticipated performance of Work if awarded the Agreement. Failure to identify current or former County employees involved in this transaction may result in the County's denying or terminating this Agreement. After Agreement award, the Recipient is responsible for notifying the County's Project Manager of current or former County employees who may become involved in the Agreement any time during the term of the Agreement.

15. Equipment Purchase, Maintenance, and Ownership

- A. The Recipient agrees that any equipment purchased, in whole or in part, with Agreement funds at a cost of \$5,000 per item or more, when the purchase of such equipment is reimbursable as an Agreement budget item, is upon its purchase or receipt the property of the County and/or federal/state government. The Recipient shall be responsible for all such property, including the proper care and maintenance of the equipment.
- B. The Recipient shall ensure that all such equipment will be returned to the County or federal/state government upon termination of this Agreement unless otherwise agreed upon by the parties.

16. Proprietary Rights

The parties to this Agreement hereby mutually agree that if any patentable or copyrightable material or article should result from the work described herein, all rights accruing from such material or article shall be the sole property of the County. The County agrees to and does hereby grant to the Recipient, irrevocable, nonexclusive, and royalty-free license to use, according to law, any material or article and use any method that may be developed as part of the work under this Agreement.

The foregoing products license shall not apply to existing training materials, consulting aids, checklists, and other materials and documents of the Recipient which are modified for use in the performance of this Agreement.

The foregoing provisions of this section shall not apply to existing training materials, consulting aids, checklists, and other materials and documents of the Recipient that are not modified for use in the performance of this Agreement.

17. Political Activity Prohibited

None of the funds, materials, property, or services provided directly or indirectly under this Agreement shall be used for any partisan political activity or to further the election or defeat of any candidate for public office.

18. King County Recycled Product Procurement Policy

In accordance with King County Code 18.20, the Recipient shall use recycled paper, and both sides of sheets of paper whenever practicable, when submitting proposals, reports, and invoices, if paper copies are required.

19. Future Support

The County makes no commitment to support the services awarded for herein and assumes no obligation for future support of the activity awarded herein except as expressly set forth in this Agreement.

20. Entire Agreement/Waiver of Default

The parties agree that this Agreement is the complete expression of the terms hereto and any oral or written representations or understandings not incorporated herein are excluded. Both parties recognize that time is of the essence in the performance of the provisions of this Agreement. Waiver of any default shall not be deemed to be a waiver of any subsequent default. Waiver or breach of any provision of the Agreement shall not be deemed to be a waiver of any other or subsequent breach and shall not be construed to be a modification of the terms of the Agreement unless stated to be such through written approval by the County, which shall be attached to the original Agreement.

21. Amendments

Either party may request changes to this Agreement. Proposed changes which are mutually agreed upon shall be incorporated by written amendments to this Agreement. Changes to the County's Agreement numbering system or fund source may be made unilaterally by the County and without the need for amendment of this Agreement. The Recipient shall be notified in writing of any changes in the Agreement number or fund source assigned by the County; provided, however, that the total compensation allocated by the County through this Agreement does not change.

22. Notices

Whenever this Agreement provides for notice to be provided by one party to another, such notice shall be in writing and directed to the chief executive office of the Recipient and the project representative of the County department specified on page one of this Agreement. Any time within which a party must take some action shall be computed from the date that the notice is received by said party.

23. Services Provided in Accordance with Law and Rule and Regulation

The Recipient and any sub-awardee agree to abide by the laws of the state of Washington, rules and regulations promulgated thereunder, and regulations of the state and federal governments, as applicable, which control disposition of funds granted under this Agreement, all of which are incorporated herein by reference.

In the event that there is a conflict between any of the language contained in any exhibit or attachment to this Agreement, the language in the Agreement shall have control over the language contained in the exhibit or the attachment, unless the parties affirmatively agree in writing to the contrary.

24. Applicable Law

This Agreement shall be construed and interpreted in accordance with the laws of the State of Washington. The venue for any action hereunder shall be in the Superior Court for King County, Washington.

25. Electronic Processing and Signatures

The parties agree that this Agreement may be processed and signed electronically, which if done so, will be subject to additional terms and conditions found at <https://www.docusign.com/company/terms-of-use>.

The parties acknowledge that they have consulted with their respective attorneys and have had the opportunity to review this Agreement. Therefore, the parties expressly agree that this Agreement shall be given full force and effect according to each and all of its express terms and provisions and the rule of construction that any ambiguities are to be resolved against the drafting party shall not be employed in the interpretation of this Agreement.

The parties executing this Agreement electronically have authority to sign and bind its represented party to this Agreement.

26. Counterparts and Signatures by Fax or Email

This Agreement may be executed in any number of counterparts, each of which shall constitute an original, and all of which will together constitute this one Agreement. Further, upon executing this Agreement, either party may deliver the signature page to the other by fax or email and that signature shall have the same force and effect as if the Agreement bearing the original signature was received in person.

27. No Third Party Beneficiaries

Except for the parties to whom this Agreement is assigned in compliance with the terms of this Agreement, there are no third party beneficiaries to this Agreement, and this Agreement shall not impart any rights enforceable by any person or entity that is not a party hereto.

END OF COUNTY TERMS AND CONDITIONS

Attachment 8: Special Terms and Conditions

I. RESPONSIBILITY FOR PROJECT FUNDING, DESIGN, CONSTRUCTION AND COMPLETION

- A. Project Funding. The County's obligation to provide funding to the Project is limited to **\$XXXX**. The Recipient shall be solely responsible for payment of all costs above **\$XXXX** required to complete the Project in compliance with the terms and conditions of this Agreement.
- B. Recipient Responsible for Design. The Recipient shall be solely responsible for all aspects of the design of the Project in compliance with all legal requirements. The Recipient acknowledges that the Americans with Disabilities Act, 28 CFR 35.151 (ADA), requires that every new facility to be constructed on publicly owned property or within or upon a facility operated by or on behalf of a public agency, to fully comply with the ADA. Alterations to an existing facility must also comply with the ADA and an accessible path of travel to altered elements as well as to certain other features serving the altered element, such as drinking fountains, restrooms and the like, are also required to be made accessible to the extent feasible. The Recipient shall be responsible for the cost of any corrective work required to make the Project conform to the requirements of the ADA, at no cost to the County.
- C. County Approval. The County's review or approval of any Project plans or specifications under this Agreement shall not constitute an opinion or representation by the County as to plan/specification compliance with any law, ordinance, licensing or permit requirement, or their adequacy for other than the County's own interest in the School-Based Health Program. The County's approval of any element of the Project, including but not limited to the budget, schedule, plans, and construction contracts, shall not create or form the basis of any liability or responsibility for the Project on the part of the County or for any injury or damage resulting from any inadequacy or error therein or any failure to comply with applicable law, ordinance, rule or regulation.
- D. Project Completion. The Recipient shall diligently complete the Project in accordance with each of the following:
- (i) the plans and specifications;
 - (ii) the Approved Project Budget;
 - (iii) the Approved Project Schedule;
 - (iv) the requirements of all applicable laws, statutes, codes, ordinances, regulatory rules and regulations, and permits.

II. OWNERSHIP AND MAINTENANCE

The Recipient shall own the Project and assume all risk of loss both before and after completion. At all times during the Use Period, the Recipient shall, at its sole cost and expense, maintain the Project improvements in good, clean, safe condition and repair, and in compliance with all applicable laws, ordinances, codes, rules, and regulations, including but not limited to the requirements of any licensing or regulatory agency in order to ensure the continued use of the Project as a School-Based Health Center. The Recipient shall not commit or allow waste of the Project or the property on which it is situated.

III. REPRESENTATION AND WARRANTIES

The Recipient represents and warrants as follows:

- A. The Recipient has the right, power and authority to execute, deliver and perform this Agreement; and that all requisite actions have been taken by the Recipient which are required to validly enter, deliver and perform this Agreement and to authorize the execution by the person signing on behalf of the Recipient (including the consent of third parties if applicable).
- B. No provision or obligation under this Agreement is in conflict with any provision of any other agreement or instrument by which the Recipient is bound or to which the Project is subject (including but not limited to any debts that are secured by the Project or the real property upon which it is situated), nor shall the execution, delivery or performance of the Agreement constitute an event of default under any such agreement or instrument.

IV. PREVAILING WAGES; BONDS

The County has determined that compliance with Washington's Prevailing Wage law is required. The Recipient shall ensure that its contractors and all subcontractors comply with chapter 39.12 RCW. The Recipient shall further ensure that the contractor furnishes a performance and payment bond to the Recipient in the full amount of the project as may be amended by change order.

END OF SPECIAL TERMS AND CONDITIONS

END OF RFA