**2022 New Mexico School-Based Health Center Planning Grants**

Offered by New Mexico Alliance of School-Based Health Care (NMASBHC) through funding from New Mexico Department of Health, Office of School and Adolescent Health

**Background:** In New Mexico there are more than 70 school-based health centers (SBHCs), which provide quality health services to students where the students are — in school. These centers are an important safety net in New Mexico, providing easily accessible health care when, in many cases, students wouldn’t receive care anywhere else.

* SBHCs provide quality primary health care services such as: immunizations; asthma management; diabetes management; and reproductive and sexual health services.
* SBHCs provide quality behavioral health services, such as: grief therapy; help with peer pressure and bullying; substance abuse; and suicide prevention.
* SBHCs make sure students who don’t get medical treatment anywhere else can receive it at school.
* SBHCs give students medical attention when they need it, catching problems like asthma and diabetes early and preventing bigger problems later.
* Most importantly, SBHCs keep students healthy and in class so they can thrive academically.

**Grant Purpose:** The purpose of this funding opportunity is to stimulate planning and facilitate community collaboration to support intentional expansion of SBHCs in New Mexico.

**Goals of the 2022 New Mexico SBHC Planning Grants:**

* Facilitate expansion of SBHCs, where needed, throughout New Mexico.
* Identify gaps that exist for child and adolescent physical, mental, and social health needs.
* Determine the need and readiness of the school and community for an SBHC model of care.
* Facilitate school system, healthcare system, and community collaboration to develop a plan to address gaps in child and adolescent health.
* Prepare grantee to apply for New Mexico Department of Health funding for opening a SBHC or expanding SBHC services in Spring 2023.

**Who Should Apply:** Schools, school districts, healthcare entities (FQHCs, hospitals, IHS, Tribal Governments, RECs, colleges/universities, community schools, and local non-profit organizations focused on child/adolescent health).

\*Please note: While non-medical partners and collaborators can apply for this planning grant, they need to ensure they establish a strong partnership with a medical entity. Only health care organizations will be able to apply for the NMDOH SBHC operational funding in Spring 2023. For this reason, we require a letter of partnership from the primary partner(s). See below.

**Important Information:** NMASBHC will provide technical assistance to every successful applicant. We strongly encourage you to connect with us during this application process and attend the video webinar on March 20, 2022 (more information provided below). If you are a school system that would like to apply but need support connecting with a medical sponsor, please utilize the contact information below to reach out as soon as possible.

**Award Amount:** $10,000 - $20,000, depending on submitted budget, need, size of school, etc.

**Project Period:** 12 months

**Budget:** Grants will be approved for a 12-month planning period for up to $20,000. Funds will be dispersed in two phases based on participation in onboarding webinar, required technical assistance calls, and progress reports.

*This is a planning grant. While funds may be available for space renovation, furniture, medical equipment and supplies, funders will require that the planning phases be completed and funded prior to such expenditures.*

**Timeline:**

|  |  |
| --- | --- |
| March 11, 2022 | Application released |
| March 11, 2022 – April 8, 2022 | Potential grantees can reach out to NMASBHC for support via email at kimberly@nmasbhc.org |
| March 25, 2022, 12:00pm – 1:00pm |  Video webinar for potential grantees to ask questions related to the grant application **Zoom Information:**<https://us02web.zoom.us/j/8193759981>Meeting ID: 819 3759 9812Dial by your location +1 346 248 7799 US (Houston) +1 669 900 6833 US (San Jose) +1 253 215 8782 US (Tacoma) |
| April 8, 2022 | APPLICATION DEADLINESubmit to NMASBHC via emailnancy@nmasbhc.orgDeadline via e-mail is 5:00 pm |
| April 13, 2022 | Award announcements |

**Application Checklist:**

Prior to submission of the application, use the following checklist and make one final review to confirm that all required information is included and complete.

☐ **SBHC Planning Grant Application** –Completion of each narrative section

☐ **Budget Narrative** – Completion of each narrative section

☐ **Line-Item Budget** – Provide as attachment

☐ **Letter of Partnership from Key Planning Partner** – Provide as attachment. If you are a school/school district applying, the key planning partner will be the potential medical sponsor. If you are a medical sponsor applying, the key planning partner will be the potential school/school district leadership. If you are a non-profit, REC, or other entity applying, you will need to include two letters of support, the potential school/school district and the potential medical sponsor.

**Scoring:**

* Budget: 25%
* Plan/outline/ideas for planning activities: 30%
* Partnership: 25%
* Youth engagement plan: 20%

**Technical Assistance and Support:**

For support with your application, questions about the application process, assistance connecting with a medical sponsor or other partners in your community, or any other application related support, please contact Kim Sabo.

* kimberly@nmasbhc.org
* 541-944-6026

For questions related to other NMASBHC support, please contact Nancy Rodriguez.

* nancy@nmasbhc.org
* 505-404-8059

**Application Deadline: April 8, 2022 @ 5PM**

**Submit via email to** **nancy@nmasbhc.org**

**SBHC Planning Grant Application**

|  |  |
| --- | --- |
| **Name of applicant organization** | Click here to enter text. |
| **Type of organization (check only one):** | [ ]  FQHC or Look-Alike[ ]  Hospital or Medical Center[ ]  Indian Health Services (IHS)[ ]  Local Health Department[ ]  REC | [ ]  School District[ ]  Single School[ ]  Tribal government or 638[ ]  University[ ]  Other (please describe): Click here to enter text. |
| **Potential medical sponsor:** | Click here to enter text. |
| **Potential school district name:** | Click here to enter text. |  |
| **Potential host school name:** | Click here to enter text. |  |
| **Additional school to be served (if applicable):** | Click here to enter text. |  |
| **Additional school to be served (if applicable):** | Click here to enter text. |  |
| **Potential grade level(s) to be served by SBHC (check all that apply):** | [ ]  Preschool (0-4)[ ]  Elementary[ ]  Middle [ ]  High school  | [ ]  School Staff[ ]  Community members over the age of 18 |

|  |  |
| --- | --- |
| **Person submitting application:** | Click here to enter text. |
| **Title:** | Click here to enter text. |
| **Please describe your relationship/role with the SBHC planning process:** | Click here to enter text. |
| **Contact email:** | Click here to enter text. |
| **Contact phone #:** | Click here to enter text. |
| **Mailing address where funds can be sent if awarded:** | Click here to enter text. |

1. **Describe how the climate and culture of your school/community are conducive to the implementation of a SBHC.**

|  |
| --- |
| Click here to enter text. |

1. **Does the potential school have a school nurse and/or health assistant? If yes, how often are they available to students?**

|  |
| --- |
| Click here to enter text. |

1. **If applicable, describe your community’s SBHC planning efforts up to the present, including accomplishments and setbacks. Include information about how your planning effort has already engaged local partners, in particular the host school staff, school board, parents, youth, medical sponsor, etc. Describe how this funding would help you continue or begin this process.**

|  |
| --- |
| Click here to enter text. |

1. **List and describe current and potential partners. Describe how you are currently working together or how you intend to engage them. Describe how you will bring potential partners together in meetings, focus groups, planning teams, etc., in the SBHC planning process. Potential partners could include, but are not limited to:**
* **School systems, i.e., local school administrators (principals, teachers, etc.), school superintendents, school health personnel (nurses, social workers, counselors, etc.), and school boards**
* **Medical service providers - Federally Qualified Health Centers (FQHCs), local hospitals, private family practices in the community, universities, etc.**
* **Local planning organizations (e.g. County Health Councils)**
* **Behavioral and mental health providers and organizations**
* **Community leaders**
* **Parents and PTA members**
* **Faith community members, etc.**

|  |
| --- |
| Click here to enter text. |

1. **Include a description of the community needs and resources assessment you’ll be using to provide evidence for gaps in healthcare for students in your school or district. You can utilize a template that NMASBHC will provide to selected applicants or plan to utilize your own version that emphasizes areas of biggest need.**

|  |
| --- |
| Click here to enter text. |

1. **Describe how you will facilitate planning, collaboration, coordination, and communication for the development of a school-based health center within your community.**

|  |
| --- |
| Click here to enter text. |

1. **Describe a plan to incorporate school staff and administration into your planning efforts.**

|  |
| --- |
| Click here to enter text. |

1. **Describe a plan to incorporate parents, families, and guardians into your planning efforts.**

|  |
| --- |
| Click here to enter text. |

1. **Describe how you will incorporate healthcare entities into your planning efforts.**

|  |
| --- |
| Click here to enter text. |

1. **Describe a plan to incorporate youth involvement into your SBHC planning efforts. Some examples may include youth focus groups, youth advisory committees, or youth feedback surveys.**

|  |
| --- |
| Click here to enter text. |

1. **Describe any known factors within the community that would support the development of a school-based health center, i.e., number of uninsured, limited number of providers and clinics in the community, limited number of school nurses/school health assistants in district, etc.**

|  |
| --- |
| Click here to enter text. |

1. **At present, do you think that your partnership will be most interested in:**

[ ]  Expansion of hours at existing SBHC

[ ]  Creation of new brick/mortar SBHC

[ ]  Expansion of SBHC services to a new school via telehealth

[ ]  Creation of new mobile SBHC

*Please check all those that apply; we understand that this is speculative and that planning may reveal best options.*

***Applicants must provide a letter of partnership from their key planning partner. If applicant is a school system, a letter of support must be provided from the potential medical sponsor and vice versa. Letters of support should be on partner’s letterhead and include a signature (electronic signatures accepted) from someone in leadership with decision making responsibilities. If you need support connecting with a medical sponsor or school district/school administration, please contact NMASBHC as soon as possible.***

**Budget Narrative**

Provide a detailed budget for this planning grant, including how the awarded funds will be used to meet the identified planning activities necessary to determine if a SBHC model is the right fit for your community and/or increase readiness for applying for state funding in Spring 2023.

1. **List potential community engagement or planning activities you would like to complete utilizing this funding.**

|  |
| --- |
| Click here to enter text. |

1. **Describe the fiscal plan(s) for hiring additional staff, providing additional compensation to existing staff, or the contracting of a consultant who will help the potential grantee with the SBHC planning process.**

|  |
| --- |
| Click here to enter text. |

1. **Include a brief outline of grantee plan, information regarding hiring a consultant, description of utilizing school staff time or medical sponsor staff time to support planning year.**

|  |
| --- |
| Click here to enter text. |

1. **Provide brief job descriptions for personnel who will be supported by these funds, if applicable. You may include in the space below or attach job descriptions.**

|  |
| --- |
| Click here to enter text. |

**Please include a line-item budget for the following expenditures:**

* Staff/consultant salary expenses
* Meeting facilitation, communications (i.e., postage, printing of flyers), community engagement activities
* Travel, office supplies, etc.
* Other expenses you have described in the budget narrative. Funds may be available for space renovation, furniture, medical equipment, and supplies after the planning phases are completed and funded prior to such expenditures.