

New Mexico SBHC Planning and Readiness Assessment



SCHOOL/DISTRICT NAME

Name and address:

MEDICAL SPONSOR

This section asks for information about the medical sponsor. If you are not the medical sponsor (i.e. you are a school district or other community-based organization), please either have the medical sponsor complete this section or answer the following questions on behalf of the medical sponsor.

1. Name and address of medical sponsor:
2. Please indicate the current children's health services provided by the medical sponsor. Check all that apply.
 - Medical services
 - Mental health services
 - Oral health services
 - Substance abuse treatment
 - Prevention services and education
 - School-based health care programs

If checked, please indicate the number currently operated:

Other services If checked, please specify:
3. Please describe the medical sponsor's technology capacity, including its current use of Health Information Technology (HIT).

1 This NMASBHC SBHC Planning and Readiness Needs Assessment Template was adapted from the CDPHE School-Based Health Center Program Needs Assessment.

2 Quality Standards for New Mexico School-Based Health Centers (FY2020) can be found at: <https://www.nmasbhc.org/tools-resources/health-medicaid-resources/>

GENERAL INFORMATION ABOUT THE SCHOOL AND SCHOOL DISTRICT

1. Name and address of school district:

2. Name and address of school where the school-based health center will be located:

3. Using data from the last full school year, please complete the following table for the school district, the school where the SBHC will be located (host school), and for all schools in the district that will be served by the SBHC. The data for completing the following three charts can be obtained from your local school district (school level data) and by going to

School District/School (s)	Miles Distance from SBHC Location	# Total Enrolled	# Students eligible for FRL*	# English language learners	# Migrant students	# Homeless students	# Students with IEP or 504 plan	% Student mobility rate	% Annual dropout rate (HS only)
School District Name									
Host School Name									
Additional School Name									
Additional School Name									
Totals									

*Free & Reduced School Lunch Program

4. Using data from the last full school year, please provide the following numbers for the school district, the school where the SBHC will be located (host school), and for all schools in the district that will be served by the SBHC:

School District/School (s)	# In-school suspensions	# Out-of-school suspensions	# Expulsions	# Students referred to law enforcement
School District Name				
Host School Name				
Additional School Name				
<u>Additional</u> School Name				
Totals				

5. Please provide the following race/ethnicity information for both the school where the SBHC will be located (host school) and the school district.

Race/Ethnicity	Host School	School District
Black or African-American		
American Indian or Alaska Native		
Hispanic or Latino		
Asian		
Native Hawaiian or Other Pacific Islander		
White or Caucasian		
Two or More Races		

6. Please provide information about the health status of currently enrolled students:

Health Indicator	Number/rate/percentage	Level of data (national, state, county, school district, school), source and year
Immunization compliance rates		
Hearing and vision screens – percent of referrals		
Asthma		
Diabetes		
Allergies		
<p>New Mexico Youth Risk and Resiliency Survey (NM-YRRS) The following questions come from the NM-YRRS, a survey administered to middle school and high school aged youth in many Colorado school districts. Contact school administration in your district to determine if the survey has been administered and to get the results.</p>		
Overweight or obese (The BMI is calculated based on information on height and weight provided by student.)		
During past 30 days, smoked cigarettes		
During past 30 days, had 5 or more drinks of alcohol in a row (binge drinking)		
During past 12 months, felt so sad or hopeless almost every day for two weeks or more in a row that stopped usual activities.		
Ever used marijuana		
Ever used cocaine		
Ever sniffed glue		
Ever used heroin		
Ever used methamphetamines		
Ever used ecstasy		
Ever used prescription drugs without a doctor’s prescription		
Ever used steroids without a doctor’s prescription		
During past 12 months, purposely physically hurt (one or more times) by someone dating		
During past 12 months, seriously considered suicide		

During past 12 months, attempted suicide		
Ever had sexual intercourse		
During past 7 days, physically active for a total of 60 minutes per day		
During past 7 days, drank soda or pop (non-diet)		
<i>(OPTIONAL) Add additional question & results from the NM-YRRS. Include identified protective factors among your school population.</i>		

7. Please provide information about students’ access to health care services at the school:

Indicator	Number/rate/percentage	Level of data (national, state, county, city, school district or school), source and year
Private insurance		
Medicaid		
Uninsured		
Physical exams and preventive care		
Dental services		
Reproductive health care		
Mental health services		

8. Please list any questions/data elements for this section which you are unable to provide information and give a brief explanation of why.

DETAILED INFORMATION ABOUT THE SCHOOL COMMUNITY

Evidence shows that the most successful school-based health care programs are those that are located in a supportive school environment with the support of the school staff and leadership. Successful programs also build on the foundation of and integrate with existing services and actively involve parents and communities. The following questions and data elements provide baseline information about the school, its staff and leadership, the kinds of services offered and the school climate.

9. Indicate the type of school where the SBHC will be located. Check all that apply:

- Head Start
- Preschool
- Elementary school
- Middle school
- High school
- K-12
- Charter school
- Magnet school
- Other – please specify:

10. Provide information about the student support team/services provided by the School District:

- a. School Nurse to Student Ratio for School District (example 1:500): _____ How many hours a week (on average) is the school nurse at the Host School?
- b. Teacher to Student Ratio for School District (example 1:20): _____ Teacher to Student Ratio for Host School: _____
- c. School Guidance Counselor(s) FTE for Host School (example 1.5 FTE): _____
- d. School Psychologist(s) FTE at Host School (example 0.5 FTE): _____
- e. School Social Worker(s) FTE at Host School: _____

11. List what other services are being provided in the school by outside partners/agencies and provide information about these services/programs. Include any health promotion/health education activities, social services, summer programs, mental health services and substance abuse counseling services. Insert additional rows as needed.

Name of Outside Agency	Service/Program Provided (If health education activity provided, please specify topics covered.)	Who Service/Program is Targeted to (Example: program available to all students, only students with IEPs, etc.)

12. Parent and family

- participation: Organized PTA
- Parent-led special events
- Parent-led fundraising events
- Volunteer activities – mentoring, classroom aides

13. Community partnerships to support school:

- Community organizations bring programs to school
- Community organizations invite students into their space
- Community organizations serve on school committees and participate in planning events

14. Please list any questions/data elements for this section which you are unable to provide information and give a brief explanation of why.

ABOUT THE COMMUNITY

Research shows that the Social Determinants of Health (the economic, social and environmental conditions in which people live) can have a long-term impact on the health and well-being of children. This section asks for information about some of the indicators of healthy communities and neighborhoods, such as employment opportunities, stability of the neighborhood, and access to safe and affordable housing, health care, healthy food choices and recreational activities, as well as traditional health data. Knowing more about the community, its health problems and the social determinants affecting it can embolden communities in developing and targeting future prevention strategies.

15. Define the geographic area of the community to which the school belongs (e.g. city, county, neighborhood.)

16. What is the total population of the defined community?

17. How many children and young people ages 21 and younger reside in the community?

18. What is the racial/ethnic breakdown (use percentages) of the community population?

Race/Ethnicity	Percentage
Black or African-American	
American Indian or Alaska Native	
Hispanic or Latino	
Asian	
White or Caucasian	
Hawaiian Native or Other Pacific Islander	
Two or more races	

19. Provide some information about access to services in the community:

a. What stores are available in the community?

- Grocery stores
- Corner stores/small markets
- Farmers' markets
- Large retail stores
- Small, locally owned shops
- No accessible shops/stores (i.e. must leave community to access these stores)

b. Is public transportation available?

- Yes
- No

c. What forms of transportation are most accessible?

- Car
- Bus
- Rail
- Walkable community
- Shuttles

d. What recreational spaces/facilities are available?

- Parks

- Sports fields Town
- square Community
- center Community
- gardens Community
- pools
- Other, please specify:

e. What community resources are used by the school or might be used by students and staff?

- After-school program
- Community parks and recreation programs
- Community-based sports leagues
- Immigrant/refugee community organizations
- Volunteer organizations
- Faith-based organizations
- Youth employment programs
- Other, please specify:

20. Provide some information about the following health indicators in your community.

a. What community resources are available to provide physical, mental, and oral health services?

Provider	Total Number	Number that accept Medicaid	Number that serve uninsured with a sliding fee scale	
Mid-level Providers (e.g., Nurse Practitioners or Physician Assistants)				

Private physicians				
Specialists (e.g., dermatology, child psychiatry, cardiology)				
Alternative Therapy Providers (e.g., chiropractors, naturopaths, acupuncturists)				
Community health centers (e.g., rural health centers, federally-qualified health centers)				
Reproductive health service providers (OB/GYN, Title X, Planned Parenthood)				
Private mental health providers (psychologists, LCSW, psychiatrists)				
Community mental health centers				
Dentists that see children				

b. Indicate which of the following designations, if any, your community has:

- Health Professional Shortage Area (HPSA)
- Medically Underserved Area (MUA)
- Medically Underserved Population (MUP)

c. Where possible, provide information on the following health indicators for your county. The data source for this information is indicated in italics. Websites for these data sources can be found at the end of this document.

Community health indicators	Number or Rate	Year	No information available
Suicide (<i>NM-IBIS</i>)			<input type="checkbox"/>
Obesity (<i>NM-IBIS</i>)			
Dental health visits (<i>NM-IBIS</i>)			
Asthma (<i>NM-IBIS</i>)			
Diabetes (<i>NM-IBIS</i>)			
Substance abuse-binge drinking among adults (<i>NM-IBIS</i>)			
Teen birth rate (<i>NM-IBIS</i>)			
Child abuse and neglect (<i>Kids Count</i>)			

21. Describe any major changes (e.g. gentrification, population shifts, new employer/loss of employer, etc.) that have recently influenced your community and how the community has responded to the identified changes.

22. List any questions/data elements for which you are unable to provide information and give a brief explanation of why.

Perceived Health Needs: Student; Parent; School Staff & Faculty; Community Members & Provider Agencies

Focus groups and/or surveys are both effective strategies for gathering this information. This information assists in program planning and helps determine staffing needs. They also can be important tools for educating the community about the SBHC and the planning process. Suggested survey questions for each group can be found at www.nmasbhc.org. SBHC planning committees should feel free to modify questions to meet the unique needs of their community.

23. Student input:
 - a. Summarize what students feel are the student health needs.

- b. Describe how student input was ascertained. If focus groups were utilized, note how many were conducted and how many students participated.
- c. If student surveys were utilized, describe how they were publicized, distributed and collected. Include the number of surveys distributed and the number completed and returned.

24. Parent/Guardian input:

- a. Summarize what parents feel are the student health needs.
- b. Describe how parent/guardian input was ascertained. If focus groups were utilized, note how many were conducted and how many parents participated.
- c. If parent surveys were utilized, describe how they were publicized, distributed and collected. Include the number of surveys distributed and the number completed and returned.

25. School staff/faculty input:

- a. Describe what teachers feel are the student health needs.
- b. Describe how school staff/faculty input was ascertained. If focus groups were utilized, note how many were conducted and how many staff participated.
- c. If school staff/faculty surveys were utilized, describe how they were publicized, distributed and collected. Include the number of surveys distributed and the number completed and returned.

26. Community provider input:

- a. Describe what community providers feel are the student health needs.

- b. Describe how community provider agency was ascertained. If focus groups were utilized, note how many were conducted and how many staff participated.

- c. If community provider surveys were utilized, describe how they were publicized, distributed and collected. Include the number of surveys distributed and the number completed and returned.

Health

New Mexico Alliance for School-Based Health Care
www.nmasbhc.org

NMDOH Indicator Based Information System (IBIS)
<https://ibis.doh.nm.gov/Alert.html>

KIDS COUNT - New Mexico Voices for Children
<https://www.nmvoices.org/nm-kids-count>

NM Health Indicators – IBIS
<https://ibis.doh.nm.gov/about/Welcome.html>

New Mexico Youth Risk and Resiliency Survey (YRRS) Data <https://youthrisk.org/>

New Mexico Alliance of Health Councils
<https://www.nmhealthcouncils.org/>

BRFSS - New Mexico Behavioral Risk Factor Surveillance System
<https://www.nmhealth.org/about/erd/ibeb/brfss/data/>

After School Program Information

New Mexico Out of School Time <https://nmost.org/>

Crime Rates

Federal Bureau of Investigation
<http://www.fbi.gov>

New Mexico Department of Public Safety Reports
<https://www.dps.nm.gov/107-uniform-crime-reports/>

Juvenile Crime Rates

Office of Juvenile Justice and Delinquency Prevention - New Mexico
<https://ojjdp.ojp.gov/states/new-mexico#ez34cp>