



BRINGING HEALTH CARE TO SCHOOLS

A PLANNING AND IMPLEMENTATION
GUIDE FOR SCHOOL-BASED HEALTH
CENTERS IN NEW MEXICO



NEW MEXICO
ALLIANCE FOR
SCHOOL-BASED
HEALTH CARE

Redefining Health for Kids and Teens



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Together, we strive to create a healthier future for the students of New Mexico by fostering the development of high-quality school-based health centers.

NEW MEXICO ALLIANCE FOR SCHOOL-BASED HEALTH CARE

The New Mexico Alliance for School-Based Health Care (NMASBHC) represents school-based health centers (SBHCs) in New Mexico and collaborates with other partners to promote, facilitate and advocate for comprehensive, integrated, and culturally competent health care, and health education in schools. NMASBHC is the New Mexico affiliate of the National School-Based Health Alliance (SBHA), one of over 20 such affiliates across the country. NMASBHC is the sole non-profit organization with a focus on school-based health care in New Mexico and the author of the state's official definition of a SBHC.

Our Mission

The New Mexico Alliance for School-Based Health Care represents school-based health centers (SBHCs) in New Mexico and collaborates with other partners to promote, facilitate and advocate for comprehensive, integrated, and culturally competent health care, and health education in schools.

Our Vision

New Mexico students are healthy and ready to learn.

Our Core Values

- We believe in universal access to affordable, high quality health care provided in schools and communities because good health is essential for student success, and health care, like public education, is a right.
- We believe in advocating for the health of children and youth and for the provision of high quality, accessible, confidential, comprehensive, integrated, and culturally competent health care in schools.
- We believe in celebrating diversity in the community of students, parents, providers, and schools.
- We believe that SBHCs, as a valuable component of the health care delivery system, must be appropriately funded and reimbursed.

Our Work

- Provide training and technical assistance to keep SBHCs open and thriving.
- Advocate locally and nationally to keep SBHCs on the radar of funders and decision makers.
- Policy development to keep SBHCs sustainable and high quality.
- Develop and provide tools and resources to support SBHCs and their patients.

Learn more about our work and find additional resources for school-based health on our website: www.nmasbhc.org.

INTRODUCTION

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.

1. SBHCs provide quality health care services such as: immunizations; asthma management; diabetes management; and reproductive and sexual health services.
2. SBHCs provide quality behavioral health services, such as: grief therapy; help with peer pressure and bullying; substance abuse; and suicide prevention.
3. SBHCs make sure students who don't get medical treatment anywhere else can receive it at school.
4. SBHCs give students medical attention when they need it, catching problems like asthma and diabetes early and preventing bigger problems later.
5. Most importantly, SBHCs keep students healthy and in class so they can learn what they need to know to succeed in life.

SBHCs ARE WIDELY EMBRACED AS BEST PRACTICE

SBHCs are uniquely supportive in communities where there is a high burden of chronic disease, like New Mexico. New Mexico has a higher-than-average burden of asthma among children and a higher number of children with diabetes on campuses. Having an SBHC on campus means a school can support the family's care plan for that chronic illness and be ready to assist if an acute need related to a chronic illness arises, sometimes preventing unnecessary ambulance rides and hospital visits, which save families and the health care system time and money.

SBHCs are particularly important in communities without prevalent public transportation and where families' employment may be at a distance from school campuses. The amount of classroom seat time lost when young people must miss school and productivity lost when parents miss work is reduced when a school has an SBHC. Access to care where families already spend time saves time and money for families and improves health outcomes.

SBHCs are Community Driven

Members of the local and school community, including students themselves, are involved in defining what health care needs are that a new SBHC should address. School administrators are critical partners of the SBHC medical operator in defining operating policies and procedures, from what services are provided to how students are released from class. SBHC staff engage parents in patient

care where possible and appropriate, including through the consent form completion process and planning for management of chronic conditions.

SBHCs Improve Health Care Access

SBHCs are on the frontier of health care innovations, investing in telehealth and mobile clinics to serve rural and frontier communities. In many cases, SBHCs are located in communities with very few other health care options and in the most underserved locations. The medical providers working in SBHCs are positioned, via physical location and child-specialty focus, to catch previously undiagnosed health issues or potentially life-threatening conditions that can present in childhood and adolescence (scoliosis, pediatric cancers, heart disorders, etc.).

SBHCs are Outcomes Oriented

SBHCs that receive funding from NMDOH collect, submit and review data with supportive evaluation experts to increase the quality of care on specific measures that align with national SBHC goals (e.g. increasing attention to BMI, ensuring risk screening completion, etc.). SBHCs are important in addressing the need to decrease hospitalizations (e.g. for asthma exacerbation) and increase preventive care (e.g. increasing our state's EPSDT rates). SBHCs are appreciated by educators for their ability to increase seat time and decrease absenteeism by addressing children's unmet health care needs. Unmet health care needs are typically half of the top ten causes of chronic absenteeism, with asthma, oral health, mental health, and diabetes as the issues most often cited.

1. OVERVIEW

Welcome to The New Mexico School-Based Health Center Planning Guide. This guide serves as a roadmap for individuals and organizations involved in the planning and implementation of SBHCs. It provides a comprehensive framework that addresses key considerations, steps, and resources needed to establish successful SBHCs in New Mexico. By integrating elements from the Youth Healthcare Alliance in Colorado and the California School-Based Health Alliance guides, we have adapted and contextualized best practices to align with New Mexico's specific requirements, challenges and the community/cultural uniqueness of our state.

This manual covers various aspects of SBHC planning, including assessing community needs and opportunities, engaging stakeholders, understanding funding options, navigating legal and regulatory requirements, and addressing operational considerations. It provides guidance on establishing collaborative partnerships, developing a sustainable funding strategy, designing effective facilities, ensuring compliance with licensing and certification requirements, and delivering high-quality health care services within the school setting.

Throughout this manual, you will find practical steps, tools, checklists, and guides to assist you in each stage of the planning process. It is important to note that while this manual provides valuable guidance, it is crucial to engage with local resources, stakeholders, and state agencies to ensure compliance with specific New Mexico requirements and regulations.

We hope that this New Mexico School-Based Health Center Planning Manual will serve as a valuable resource and inspire collaborative efforts to enhance student health outcomes and support academic success in our state. By combining the wisdom and experiences of our other state alliances, the national school-based health alliance, and our unique New Mexico context, we can lay the foundation for successful SBHCs that positively impact the lives of our students and communities.

SCHOOL-BASED HEALTH CENTER MODELS

SBHCs encompass a wide variety of models. Some of the main categories are shown below:

- **Physical On-Site SBHC:** The SBHC is a fixed or portable facility located within the school or situated on the school campus. It provides direct, in-person health care services to students and staff.
- **School-Linked SBHC:** The SBHC is a fixed clinic that specializes in serving the school population and is located within proximity to a school (within a specific distance). While not on the school campus, it is easily accessible to students.
- **Telehealth Only SBHC:** The SBHC services are delivered entirely remotely. The health care provider is located off-site and students and staff access health care services remotely via telehealth technology. On-site support is available to facilitate these services. This model may include school staff, CHWs, or MAs who support students in accessing these services within the school.

- **Mobile SBHC:** The SBHC operates from a mobile unit, such as a van, bus, or other vehicle, that travels to different school locations. Services are provided either inside the mobile unit or in a designated area on the school campus. Mobile SBHCs have regular schedules to visit schools and serve students.
- **Hybrid SBHC:** A combination of on-site physical services and telehealth options. This type of SBHC offers flexibility by providing some services in person within the school, while other services, such as specialist consultations, may be accessed remotely through telehealth. There also may be on-site physical services at certain times and telehealth services when on-site services are unavailable.
- **Hub:** The Hub SBHC is a central, fully equipped health center or clinic where health care providers are physically located. This can be a physical on-site SBHC or another clinic. This facility serves as the primary base for delivering health care services. In addition to providing in-person care, the Hub extends its reach by offering telehealth services to multiple schools, referred to as "spokes." The Hub may also coordinate specialty care, referrals, and other comprehensive health services for the students at the spoke locations.
- **Spoke:** A Spoke SBHC is a telehealth only school-based health center where all health care services are provided remotely through telehealth. There are no on-site health care providers; instead, a school nurse, Community Health Worker (CHW), Medical Assistant (MA), initiates and facilitates the telehealth consultations. Students and staff receive primary care, behavioral health care, and acute care via virtual connections to health care providers based at a central Hub SBHC or clinic. This model ensures access to care without the need for a physical on-site SBHC or provider, leveraging technology to connect students with health care providers.

New terms are often introduced to describe a variation on one of these models. For example, recently there has been a movement to include **wellness rooms** in schools around New Mexico. Typically, a "Wellness Room" is run by the school and has behavioral health as its primary focus. We would not consider this to be a School-Based Health Center, but wellness rooms and similar initiatives are excellent opportunities for partnership and referrals to the SBHC.

Some SBHCs serve only students of the associated school(s) while others are additionally available for siblings, other students, family members, school staff, and/or the wider community. In some cases, these services are strictly circumscribed - e.g., only immunizations for teachers and staff. In other cases, the same wide scope of services is available for all those who walk through the doors.

WHO OPERATES SCHOOL-BASED HEALTH CENTERS?

SBHCs are operated by Federally Qualified Health Clinics (FQHCs), hospitals, universities, Indian Health Services (IHS), private medical practices, Regional Education Cooperatives (RECs), and other health care and community-based organizations.

TYPES OF SERVICES THAT ARE PROVIDED BY SBHCS

Each local community decides which specific services will be offered at its SBHC. Ideally, services are designed to meet the needs of the student population based on data in the Youth Risk and Resiliency Survey (YRRS) and other youth health studies. SBHCs funded by the DOH provide both primary care and behavioral health services. Those services vary but many include the following:

Medical

- Primary care for injuries and illness
- Annual comprehensive physicals
- Sports physicals
- Immunizations and laboratory tests
- Over-the-counter medications and prescriptions
- Referrals to and coordination with outside services such as x-rays and other services not available at the SBHCs

Behavioral Health

- Alcohol and substance abuse screening and counseling
- Mental health awareness and outreach, including suicide prevention
- Screening for depression and other behavioral health conditions and risk factors.
- Individual, group, and family therapy
- Crisis intervention

Prevention

- Health promotion and risk reduction programs, including educational efforts that encourage healthy lifestyles to reduce, among other things: teen pregnancy, obesity/diabetes, and STDs
- Health risks and assets assessment
- HIV/AIDS education
- Nutrition, sports, and physical activity promotion

Other Services that May Be Offered

- Clinical and behavioral health case management
- Health education
- Telehealth services, enabling SBHC practitioners to consult with off-site medical specialists via closed-circuit television or phone.
- Reproductive health services (Note: this service varies by the community, with some schools offering care on-site, some providing screening and consultation, and some referring students to community and public health clinics.)
- Oral health services, including screening, cleaning, X-rays, and limited restoration.

COMMUNITY SCHOOLS AND SBHCS

A community school is a school that utilizes a “whole child” approach to education. They integrate a focus on academics with health, social services, community development and community engagement. A robust community school will include the following four pillars:

- Integrated student support,
- Family and community engagement,
- Collaborative leadership and practices for educators and administrators, and
- Extended learning time and opportunities.

The New Mexico SBHC model is a strong complementary asset to the goals and vision for community schools in the state. SBHCs are a way for community schools to bring reliable, affordable, quality health care services to students and their families in an accessible and coordinated way.

- SBHCs address the five outlined student needs in the Community Schools Framework
- SBHCs create a site in a community school where school and community resources can be organized together and co-located
- SBHCs allow the community school to provide wrap-around services and care to students to help close the achievement gap and break down physical and mental health barriers to learning
- Having support for basic needs allows students to participate fully in their education

For more information about SBHCs & Community Schools, see: <https://www.schoolhealthcenters.org/community-schools/>

QUESTIONS EVERY SBHC ADVOCATE SHOULD BE ABLE TO ANSWER

(see Appendices for a customizable FAQ template for your community)

What is a school-based health center (SBHC)?

In New Mexico there are more than 70 school-based health centers (SBHCs), which provide quality health services to students, where students are — in school. SBHCs are important safety net clinics in New Mexico, providing easily accessible health care when, in many cases, the closest clinic or hospital may be miles away. School-based health centers provide quality, integrated, youth-friendly, and culturally responsive health care services to keep children and adolescents healthy, in school, and ready to learn.

Do parents favor SBHCs?

Yes. Parents appreciate SBHCs because:

- SBHCs help their child to stay healthy and in school.
- Parents miss less work. Without an SBHC, when a child is sick, the parent must miss work to take the child out of school and be seen at the nearest health care facility.
- SBHC services are provided to all students, whether or not the student has insurance.

What services are provided at a SBHC?

The ideal SBHC model includes integrated physical and behavioral health care services. At a minimum, primary care, including urgent, acute, prevention and wellness care, is at the core. In addition to behavioral health, expanded services including substance abuse support, dental health, reproductive health, nutrition education, case management and health promotion may also be offered at the SBHC. SBHCs provide a youth-friendly environment designed to meet the unique health care needs of all youth, through supportive and collaborative relationships with youth, families, school administration, school health staff (school nurse, school counselor, health educator, etc.), school districts and boards. Each SBHC decides what services it will provide based on the needs of their community.

What age groups do SBHCs serve?

SBHCs can serve any age depending on the certification of the medical providers and the needs and wants of the school and community. Many SBHCs have protected hours for students to seek services but are open before and after school to serve school staff, families, and community members. Each school decides if the SBHC will be open to people beyond the students.

Do students need parental permission to receive services at SBHCs?

Yes. The SBHC will require the parent or legal guardian to sign a consent form before their minor child may receive services at the SBHC. Because the SBHC will take the approach that the clinician, parents, and child should work together to resolve health problems, the staff will promote strong family communication and make every effort to involve parents.

Do parents need to be present for students to receive services?

If the parent or legal guardian has signed a consent form, he/she does not need to be present for the student to receive services. Parents are always welcome to be present, though, and encouraged to participate in their child's care.

Are parents notified when their child receives services?

Unless prohibited by law, parents will be kept informed about student visits to SBHCs. By law minors can consent to certain behavioral health services and reproductive health services depending on their age.

How much will it cost for a child to receive services at a SBHC?

SBHCs will bill insurance if the child is insured. For those who are not insured SBHCs will not charge for the visit. No child will be refused services based on an inability to pay. If insurance companies require the collection of co-payments and deductibles for services provided SBHCs will not collect co-payments from students.

How do students get to a SBHC?

SBHCs are located on or near school property. Many schools have procedures in place for students to leave class to attend appointments or be seen for urgent care visits. If a SBHC is available at a neighboring school (not on or very near their campus) SBHCs have different procedures for student transportation. Each SBHC and school has its own procedures for students visiting a SBHC.

Do SBHCs provide abortion services?

No. SBHCs are prohibited by law to provide abortion services. They can provide reproductive health services that could include STI testing and treatment, pregnancy tests, and pre-natal care if those services are available at the SBHC.

Do SBHCs take money away from classrooms?

No. SBHCs get their funding from many different sources. Schools generally provide only in-kind support to their SBHCs, such as space, utilities, and custodial services. School districts recognize that student achievement gaps can be closed if students are physically and mentally healthy.

How are SBHCs in New Mexico funded?

New Mexico SBHCs are funded through a mix of sources, including federal, state, and local government dollars, private grants and donations, insurance billing, and in-kind support.

Shouldn't school districts just focus on education?

Studies have found direct links between SBHC use and learning readiness. Schools cannot do their job of educating if students are not in school or are unable to concentrate because of physical or behavioral health concerns. Research shows that students who use SBHCs are less likely to be absent or tardy and more likely to graduate or be promoted than non-users.

Do SBHCs eliminate the need for school nurses and school counselors?

No. SBHCs do not replace school nurses or counselors. Rather, they complement services already being provided by placing additional resources in the schools. School nurses and counselors are vitally important to comprehensive health care for students.

Do SBHCs take patients away from local providers?

No. SBHCs collaborate with and make referrals to community medical providers. SBHCs are another entry point for children who may not otherwise be able or willing to seek help outside the school. 32/33 New Mexico counties face a shortage of primary care providers, SBHCs help address the health care shortage for New Mexicans.

Are health care providers at SBHCs qualified?

Yes. All providers at SBHCs are qualified, and the services they provide will be limited to their scope of practice. SBHCs typically have a nurse practitioner, physician assistant, or a physician on staff along with a medical assistant and a SBHC coordinator. Some SBHCs also employ community health workers.

2. PLANNING FOR A SBHC

VISIT AN EXISTING SBHC

Once you have determined that you are interested in establishing a SBHC in your community, you should visit at least one existing SBHC. First-hand knowledge of the start-up and daily operations from SBHC staff members can go a long way in helping you to visualize a center in your school and community and in helping you to prepare a plan. Contact the New Mexico Alliance for School-Based Health Care (NMASBHC) to locate a SBHC near you.

SET GOALS

Goals establish a general direction for your program. Broader than objectives, examples of goals for a SBHC are to improve access to quality physical and mental health services for school-aged youth, and to improve students' educational performance (e.g., through improved attendance.)

USE THE CHECKLIST AS A GUIDE FOR WHERE TO GO NEXT

SECURE SBHC PLANNING GRANTS

Securing funding early in the planning process is essential to ensure that your SBHC has the resources needed to succeed. The New Mexico Alliance for School-Based Health Care (NMASBHC) offers planning grants that support SBHC development through three distinct phases. Additionally, operational funding from the New Mexico Department of Health (NMDOH) becomes available every four years, making planning grants a crucial resource for communities, schools, and medical sponsors in different stages of development.

PLANNING PHASES AND GRANT AVAILABILITY

3. IDENTIFYING NEEDS AND OPPORTUNITIES

- Assessing the needs of a community is a crucial step when planning for a school-based health center . This process allows stakeholders to gain a comprehensive understanding of the health challenges and gaps in services that exist within the community. You can utilize the Needs Assessment Tool provided in the appendices but here are some examples of important ways to collect information when planning for a SBHC.
Conduct a Comprehensive Health Needs Assessment: A comprehensive health needs assessment involves gathering data and information on various aspects of the community's health. This includes demographic data, health indicators, social determinants of health, existing health care services, and barriers to access. Collaborate with local health departments, schools, community organizations, and health care providers to collect relevant data and conduct surveys, focus groups, and interviews with key stakeholders. This assessment will provide a clear picture of the prevalent health issues, disparities, and unmet health care needs in the community.
- **Identify Health Disparities and Vulnerable Populations:** New Mexico is a diverse state with unique health challenges. Analyze data on health outcomes, health care access, and social determinants of health. This information will help tailor the services and programs offered by the SBHC to address the specific needs of the community, reducing health disparities and promoting health equity.
- **Analyze School-Specific Data:** Schools serve as vital hubs for SBHCs, making it important to analyze school-specific data during the needs assessment. Examine student health records, absenteeism rates, disciplinary referrals, and academic performance indicators. This data can reveal patterns and trends related to physical and mental health issues impacting students' well-being and academic success. Understanding the unique health needs of the student population within each school will inform the development of targeted services and interventions through the SBHC. School specific data can be obtained through partnership with school administration or utilizing New Mexico Public Education Departments data. See data section for more ideas.
- **Engage the Community:** Community engagement is key to gaining a holistic perspective on the community's health needs. Conduct meetings, focus groups, and community forums to actively involve students, parents, school staff, community leaders, and other stakeholders. By soliciting their input, concerns, and aspirations for health care services, the needs assessment process becomes more inclusive and community driven. Engaging the community fosters trust, collaboration, and a sense of ownership, ultimately leading to a more effective and sustainable SBHC that meets the needs of the community it serves.

BEGINNERS GUIDE TO SBHC NEEDS ASSESSMENT

A needs assessment is a critical process for gathering information and identifying the specific needs of a target population. Conducting a needs assessment for a school-based health center in New Mexico involves several steps to ensure its effectiveness and relevance. Here's a step-by-step guide to help you through the process:

Step 1: Define the Purpose and Scope

Clearly articulate the purpose of the needs assessment. Determine the scope by specifying the target population, such as students, teachers, and staff, and identify the geographic area within New Mexico that the assessment will cover.

Step 2: Assemble a Needs Assessment Team

Form a team consisting of individuals with diverse expertise, including school administrators, health care professionals, community representatives, and relevant stakeholders. Assign roles and responsibilities to ensure efficient collaboration throughout the process.

Step 3: Review Existing Data and Literature

Conduct a thorough review of existing data, reports, and literature related to school-based health centers, student health indicators, and any previous needs assessments conducted in New Mexico. This step will help you gather insights, identify knowledge gaps, and avoid duplicating efforts. See Data section for where to find important health and education data.

Step 4: Identify Key Questions

Develop a list of key questions that will guide the needs assessment process. These questions should focus on understanding the health needs of the target population, barriers to accessing health care, available resources, and potential opportunities for improvement.

Step 5: Select Data Collection Methods

Choose appropriate data collection methods based on your needs assessment questions. Common methods include online or paper surveys, interviews, focus groups, observations, and analysis of existing data. Consider the cultural and linguistic diversity of the population when designing the data collection tools.

Step 6: Develop and Pre-test Data Collection Tools

Create surveys, interview guides, and other data collection tools based on the identified methods. Pre-test these tools with a small group of participants to ensure clarity, relevance, and effectiveness. Revise and refine the tools as necessary.

Step 7: Obtain Necessary Approvals and Permissions

Obtain any required approvals or permissions from relevant authorities, such as the school district, parents/guardians, and any institutional review boards, to ensure compliance with ethical guidelines and privacy regulations.

Step 8: Collect Data

Implement the data collection process using the selected methods. Ensure proper training of the data collectors to maintain consistency and minimize bias. Collect both qualitative and quantitative data to gain a comprehensive understanding of the target population's health needs.

Step 9: Analyze and Interpret Data

Organize and analyze the collected data using appropriate statistical software, qualitative analysis techniques, or a combination of both. Look for patterns, themes, and trends in the data to identify common needs and challenges.

Step 10: Synthesize Findings and Generate a Report

Synthesize the results of the data analysis into a comprehensive report. Clearly present the findings, including key needs, recommendations, and potential strategies for addressing the identified health needs. Use data visualizations, such as graphs and charts, to enhance understanding.

Step 11: Share and Disseminate Results

Share the needs assessment report with relevant stakeholders, including school administrators, teachers, health care professionals, parents/guardians, and community representatives. Organize presentations, meetings, or workshops to disseminate the findings and engage stakeholders in a dialogue about potential interventions and solutions.

Step 12: Develop an Action Plan

Based on the needs assessment findings and stakeholder input, develop an action plan outlining specific steps, timelines, and responsible parties for addressing the identified health needs. Include strategies for securing funding, partnerships, and ongoing evaluation and monitoring.

Remember that a needs assessment is not a one-time activity but rather an iterative process. Continuously evaluate and reassess the health needs of the school population to ensure the ongoing relevance and effectiveness of the school-based health center. See Appendices for needs assessment survey templates you can edit to fit your community.

WHERE TO FIND DATA

Finding data that is accurate and community specific is crucial when carrying out your needs assessment. Having up-to-date and accurate data allows you to paint the full picture of health gaps, important social determinants of health, and community assets. It also leads your planning team in the right direction in terms of what services are most important at your SBHC for your specific community. Here are some places to start when looking for data. This is by no means an exhaustive list of where to find data on your community, but it will provide a launching off point to support what you probably already know about our community with the appropriate data to back it up.

- **New Mexico Alliance for School-Based Health Care Website:** www.nmasbhc.org
- **New Mexico Public Education Department (NMPED):** The NMPED collects and publishes education-related data, including information on student demographics, academic performance, graduation rates, and more. Access their website at: <https://webnew.ped.state.nm.us/>
- **Kids Count Data Center:** The Kids Count Data Center, operated by the Annie E. Casey Foundation, offers comprehensive data on child well-being across the United States. Their

website provides state-level data, including indicators related to health, education, economic well-being, and more. Visit their website and select New Mexico:

<https://datacenter.kidscount.org/>

- **New Mexico Indicator-Based Information System (NM-IBIS):** NM-IBIS is a data portal that provides access to a wide range of health-related data specific to New Mexico. It offers various indicators related to child health, including birth outcomes, immunization rates, child abuse, and more. Access NM-IBIS at: <https://ibis.health.state.nm.us/>
- **U.S. Census Bureau:** The U.S. Census Bureau provides demographic data and population statistics that can be useful in understanding the characteristics of children in New Mexico. Their website offers access to the American Community Survey (ACS) and other population-related data: <https://www.census.gov/>
- **New Mexico Youth Risk and Resiliency Survey (NM-YRRS):** The NM-YRRS is a survey conducted by the New Mexico Department of Health to assess health behaviors among students. It covers topics such as substance use, mental health, physical activity, and more. Find the latest NM-YRRS reports at: <https://youthrisk.org/data/newmexico/>
- **New Mexico KIDS COUNT:** New Mexico KIDS COUNT is a program that tracks child well-being in the state. They provide annual reports and publications highlighting various indicators related to child health, education, and other domains. Visit their website for data and reports: <https://www.nmvoices.org/>
- **New Mexico Alliance of Health Councils:** a nonprofit 501(c)(3) organization supporting and advocating for New Mexico's 42 health councils and their community partners. The Alliance offers training, coordination, convening, opportunities for collaboration and advocacy in support of health councils' role in promoting community health. Find data at: <https://www.nmhealthcouncils.org/>
- **New Mexico Behavioral Risk Factor Surveillance System (BRFSS):** The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest on-going telephone health survey system operated by the Centers for Disease Control. By collecting behavioral health risk data at the state and local level, BRFSS has become a powerful tool for targeting and building health promotion activities. Find data at: <https://www.nmhealth.org/about/erd/ibeb/brfss/data/>
- **Integrated Public Use Microdata IPUMS:** a data repository that allows you to customize sets of microdata including health surveys, census data, GIS, and medical expenditure data. Because these sets are publicly available, anyone can access them and IPUMS offers webinars and trainings in how to use their tools <https://healthsurveys.ipums.org/>
- **New Mexico Community Data Collaborative at the Center for Health Innovation Public Health Institute:** The New Mexico Community Data Collaborative at the CHI-PHI has compiled layered maps using ARC GIS to visually map access to healthcare in New Mexico including the locations of existing SBHCs, Health Provider Shortage Areas HPSAs, and social determinants of health for New Mexicans. <https://chi-phi-nmcdc.opendata.arcgis.com/>

4. COLLABORATION AND PARTNERSHIP

Facilitating community and stakeholder partnership and collaboration is essential when planning and opening a new school-based health center (SBHC) in New Mexico. This collaborative approach ensures that the SBHC aligns with community needs, garners support and maximizes its impact. Here are strategies to facilitate community and stakeholder partnership in the planning and opening of an SBHC.

ESTABLISH A SBHC PLANNING COMMITTEE

SBHC success is dependent on leadership that is visionary and collaborative, and that forges partnerships and shared goals, including financing strategies, which will develop and sustain the SBHC.

Shared ownership of the SBHC by the community is essential to its success and sustainability. To achieve this shared ownership, key stakeholders must be engaged in every aspect of the SBHC, including the decision to open and establish a SBHC. The more community and school involvement there is in the SBHC, the greater the likelihood that it will become integral to the lives of the students and, therefore, be able to make an impact on their health and, ultimately, their academic success.

As you develop your relationships for engagement, try to answer the question from a stakeholders' point of view by asking, "What's in it for me?" In this section, there are descriptions of key stakeholders and strategies to engage and integrate with them meaningfully in the SBHC.

With respect to financial sustainability and support, integration with the school and community is crucial. Resources flow from effective integration. Include as many key stakeholders in this committee as possible. Ensure you have representation from parents, youth, teachers, health care providers, school administration, etc. Utilize the SBHC Planning/Advisory Committee to support communication, needs assessments, promotion, and marketing for the SBHC.

STEPS TO ESTABLISH A SBHC PLANNING COMMITTEE

1. **Identify Key Stakeholders:** Begin by identifying the key stakeholders who have a vested interest in the success of the SBHC. This may include students, parents, school administrators, teachers, health care providers, local health departments, community organizations, and policymakers. Reach out to these stakeholders and invite them to participate in the planning process.
2. **Foster Open Communication:** Establish clear channels of communication to facilitate dialogue and information sharing among stakeholders. Regular meetings, email updates, and online platforms can be used to keep stakeholders informed about the progress, challenges, and opportunities related to the SBHC. Encourage stakeholders to provide feedback, ask questions,

and share their insights. Actively listen to their concerns and suggestions, ensuring that their voices are heard and valued throughout the planning and opening phases.

3. **Collaborate on Needs and Opportunities Assessments:** Engage stakeholders in the needs and opportunities assessments process to gain a comprehensive understanding of the community's health needs and assets. Seek their input and expertise to identify gaps in existing services, health disparities, and barriers to access. By involving stakeholders in the assessment, you ensure that the SBHC's services and programs address the specific needs of the community. This process also allows stakeholders to bring already existing resources to the table and integrate into SBHC services. This collaboration builds a shared sense of ownership and investment in the success of the SBHC.
4. **Establish Additional Partnerships:** Cultivate partnerships with local organizations, health care providers, and community leaders to enhance the reach and impact of the SBHC. Collaborate with local health departments, community health centers, nonprofit organizations, and universities to leverage resources, share expertise, and coordinate services. These partnerships can support the SBHC's operations, provide access to specialized care, and facilitate referral networks. Engage in ongoing dialogue and collaboration to foster a seamless integration of services and promote a holistic approach to student health and well-being.
5. **Engage Students as Partners:** Students are key stakeholders in SBHC planning efforts. Incorporate student perspectives by involving them in the decision-making process through student councils, focus groups, or surveys. Encourage them to share their health concerns, preferences for services, and suggestions for the SBHC. Student involvement not only ensures that the SBHC meets their unique needs but also empowers them to take ownership of their health and advocate for the SBHC within the school community. See the Youth Engagement of this guide for more details.
6. **Seek Funding and Resources Together:** Collaborate with stakeholders to identify funding sources and secure resources for the SBHC. This may involve exploring grants, Medicaid reimbursement, community fundraising, and partnerships with health care systems or local businesses. By involving stakeholders in the search for funding, you leverage their networks, expertise, and influence, increasing the chances of securing financial support. Additionally, seek out opportunities for in-kind donations of equipment, supplies, or professional services to supplement the SBHC's resources.
7. **Promote Ongoing Collaboration:** The partnership and collaboration should extend beyond the planning and opening phases. Establish mechanisms for ongoing collaboration and feedback to ensure the SBHC continues to meet the evolving needs of the community. Regularly assess the effectiveness of services, seek stakeholder input on improvements, and involve stakeholders in evaluating the SBHC's impact on student health and academic outcomes. This iterative process fosters a culture of continuous improvement and sustainability.

| SBHC Advisory Planning Committee Overview | |
|--|--|
| Members | Planning Group Responsibilities |
| <ul style="list-style-type: none"> • Medical Sponsor • School staff (school principal, coaches, teachers, counselors, social workers, nurses) • School board members • Superintendent • Students • Parents and families • Youth serving organizations • Health care providers in the community • Community members: faith leaders, business leaders, etc. • Local social service organizations • Department of health staff • Other relevant organizations or key stakeholders in your community | <ul style="list-style-type: none"> • Facilitate communication between SBHC and community members • Determine SBHC vision, mission, and goals • Conduct needs and opportunity assessments • Provide input into the SBHC services • Marketing and promoting the SBHC • Facilitate the collection of feedback from students, families, and staff regarding the SBHC • Seek funder relationships and conduct fundraising • Evaluate planned/existing services and provide feedback on proposed services and expansion • Advocate for SBHCs at the local, state, and national levels |

ENGAGING PARENTS AND FAMILIES

Families and parents are key allies to assure full enrollment and engagement of their children in the SBHC, to support its development and sustainability and to champion the program when threats emerge.

BENEFITS FOR FAMILIES

- SBHC services help their child to stay healthy and in school. Services can include those for physical, behavioral (mental health and substance abuse), and oral health. For instance, provision of sports physicals can help students participate in school and community sports programs.
- Students are healthier when prevention services reduce the need for more extensive health care services and when intervention prevents conditions from becoming more severe and difficult to treat.
- Parents miss less work. Without a SBHC, when a child is sick, the parent must miss work to take the child out of school and be seen at the nearest health care facility. For families that rely on an hourly wage, this day of missed work can mean not getting a meal on the table that night.

- SBHC services are provided without charge to the student, whether or not the student has insurance and regardless of ability to pay.
- Parents can access health care providers at the SBHC to receive guidance about health risks, healthy development, and how they can help their children to be healthy and manage illness and injuries.
- SBHCs can make schools more prepared for emergencies. Parents feel more secure knowing that if a national or other emergency occurs during school hours, trained medical practitioners are already on hand at the school.
- SBHCs can partner with schools in developing and implementing the schools' crisis response plan, often making those plans stronger.
- SBHC staff can enhance the school's health education program.

DO SBHCS INTERFERE WITH PARENTAL AUTHORITY?

No. Statewide, parents retain the authority to sign consent forms regarding whether their child can be seen at the SBHC for *standard* services (such as treatment for colds, sports injuries, or asthma). If medication is prescribed, the child's parent and primary care provider are typically notified. Each local school board decides the extent to which *confidential* services will be provided (e.g., reproductive services and mental health care). However, SBHCs provide high quality health care like other health care institutions and may uphold state-mandated rights to services for adolescents. Because SBHCs take the approach that parents and children should work together to resolve health problems, the staff promote strong family communication.

WAYS TO INVOLVE PARENTS AND FAMILIES IN THE SBHC PLANNING PROCESS:

- Administer SBHC Parent Input Survey (see appendices)
- Invite parents to be on the SBHC Planning Committee
- Be present at school registration, open houses, parent meetings and other venues to help families understand the services offered by the SBHC and the benefits of the SBHC to their children and themselves. Transparency goes a long way to garnering family support.
- Work with PTA, parent leaders, and community members to organize health fairs, college prep fairs, and other events that provide active participation of students and families, school staff, and community members.
- Engage youth to lead parent outreach.
- Regularly show appreciation for parent participation and contributions by providing certificates, luncheons, or recognition on marquees, Web sites, and/or newsletters.
- Ensure that all materials sent home are clear, user friendly, and presented in a way that all parents can read and understand. Communicate in a language that is jargon-free. Utilize translators as necessary.
- Use a wide variety of methods for reaching parents such as print form, email, phone, Facebook, TV, radio, newspapers, extracurricular events, and through parent centers.

- Go to where parents gather in the community (church, civic organization meetings, community centers) to promote the SBHC and the need for parent engagement.

SCHOOL ENGAGEMENT AND INTEGRATION

Shared ownership of the SBHC is essential to its success and sustainability. To achieve this shared ownership, school administration must be engaged in every aspect of the SBHC, including the decision to open and establish a SBHC. Once that decision is made, school administration will be involved in: assessment and planning, marketing and outreach, sponsorship and program development, data collection and reporting, and quality improvement. The more school involvement there is in the SBHC, the greater the likelihood that it will become integral to the lives of the students and, therefore, be able to make an impact on their health and, ultimately, their academic success.

CLASS SEAT TIME

This is one of the top concerns of school administration and staff. SBHCs do not reduce seat time, on the contrary, they help keep students in class and ready to learn.

- Students have direct access to health care providers while they are at school and do not have to miss as much class time to receive care.
- SBHCs serve all students, regardless of insurance type or ability to pay.
- Parents do not have to miss work to take their child to the doctor.
- Transportation problems in seeking health care are reduced.

The Student Satisfaction Survey administered yearly at OSAH-sponsored SBHCs asks students about the class time missed using the SBHC versus other health care options. Sharing this kind of data with school administrators can help them understand how the SBHC is supporting student learning.

SCHOOL CALENDAR

SBHC coordination, promotion, engagement, outreach, and operations need to align with the school's calendar and days and hours of operation. Understanding the school calendar is vital to effectively engaging families and students, planning your outreach, and building your clinic workflow around a school year and school schedule.

FOCUS AREAS FOR COORDINATION

- **School Health and Wellness Teams:** Get integrated into these teams as soon as possible to ensure policies on confidentiality are in place.
- **IEP and MSBS:** There are likely to be Medicaid School-Based Services (MSBS) provided for students with Individualized Education Plans (IEPs) and potentially other students as well. Make sure to coordinate with the school around this to avoid any confusion.
- **Services and Confidentiality:** SBHC medical sponsors need to be aware of school board policies that may impact allowable services. Be familiar with FERPA and HIPAA joint guidance to understand where lines are drawn.

KEY RELATIONSHIPS TO DEVELOP AND MAINTAIN

- **School Principal:** Meet semi-annually to plan procedures and promotion (including inclusion on website and other official school communication platforms (robo-calls, marquee, PeachJar, email, etc.); coordinate any necessary meetings with Superintendent and/or School Board. Utilize the SBHC and School Principals' Collaborative Protocol (see appendices)
- **School Nurse or Health Assistant:** Meet regularly to plan triage and referral procedures. See appendices for sample procedure.
- **School Social Worker and/or Counselors:** Meet regularly to plan referrals, assessments, and other procedures
- **School Secretary:** They are usually gatekeepers at the school and are a key partner to engage with regularly. Meet prior to student return in August to review student "travel" procedures and share promotional tools.

OPPORTUNITIES FOR STAFF ENGAGEMENT

- **Teachers:** Ask the Principal to include the SBHC in summer professional development/in-service days to educate all teachers about referrals, "travel" procedures, and other opportunities
- **Health Teachers:** Meet before school begins to plan semester class presentations, tours. Etc. Communicate regularly about any health education needs they may have
- **Science Teachers/English teachers:** Meet before schools begins to plan class presentations. These can be very brief SBHC promotion presentations so as to not use up too much class time.
- **Coaches and Athletic Director:** Meet at least annually to plan sports physicals/EPSTDs and other collaborative opportunities.
- **Community School Coordinators:** Meet regularly to partner on referrals, family outreach, etc. Attend community school events to engage with families and parents and promote SBHC services.

SCHOOL HEALTH ADVISORY COUNCILS (SHACs)

There are two kinds of SHACs defined in regulation and requirement in New Mexico. One is required by DOH/OSAH in its contracts for SBHCs. The other is in NM Public Education Department (NMPED) regulation. They may be the same or separate entities depending on how each school district is organized. As you will see from the descriptions of each below, their work can and should be integrated and aligned. The SBHC leadership should participate actively and/or be a leader.

The purpose of these SHACs is to bring community input to the staff of the SBHC and to develop recommendations related to the services in the center. The SHAC does not set policy or make final decisions but advises and recommends. The SHAC serves as the foundation for the entire community to have a voice in the health of its children.

The membership of your SHAC is directly related to the needs of students in your community and the services that your SBHC offers. For example, even if you do not offer dental services, you may want to include a dentist or dental hygienist so that oral health issues can be addressed. SHACs should reflect the diversity of your community and its students. Because the council should promote and encourage links between the school and the community, it should strive for a diverse and sizable representation to

allow for participation by a greater number of people and enable new voices to be heard. Membership should be open to volunteers interested in school health issues.

Memorandum of Understanding/Memorandum of Agreement (MOUs/MOAs)

The SBHC will be more successful if the school and medical sponsor formalize their partnership through official mechanisms. These can include common strategic plans with shared vision, mission and outcome measures as well as contracts and/or Memorandums of Understanding/Memorandums of Agreement (MOUs/MOAs). These documents clarify roles and responsibilities for each partner, identify roles and responsibilities and increase accountability among all partners. See Appendices for a sample MOU/MOA template.

LONG-TERM COMMUNITY INVOLVEMENT

Conducting your needs assessment and starting a youth advisory committee are all ways to get the community involved in your school-based health center. As mentioned previously, these activities are important to ensure adequate support for a new health center. However, maintaining that community involvement long- term is essential to your school-based health center's ongoing success. Ideas for maintaining community involvement follow:

- Host an open house at the beginning of each school year so that students, parents, and community leaders are familiar with the school-based health center.
- Create a health email newsletter that lets students and parents know what is happening in the school-based health center. (Consider collaborating with an appropriate academic class to produce the publication once a quarter; the class then becomes another recruitment source for your advisory council.)
- Plan a luncheon twice a year with members of the health community.
- Train a cohort of youth to conduct outreach to youth-serving organizations in the community.
- Ask adult and youth stakeholders to help you organize booths or information tables at local community festivals, cultural holidays, or other events that parents, students, and potential supporters are likely to attend.
- Partner with community leaders and other organizations on community activities and events to maintain visibility and position the school-based health center as a recognized resource for meeting the needs of young people in your community.

5. YOUTH ENGAGEMENT

Including youth engagement in New Mexico school-based health center (SBHC) planning efforts is essential for creating services that truly meet the needs of the students. The main constituents or customers of the SBHC are children and youth served by the SBHC. Youth are critical partners that should be involved in every aspect of the mission. The term “youth engagement” is often used to describe many different types of teen programs – from peer mentoring to youth advocacy. For the purpose of this Guide, we are focusing on youth engagement efforts that meaningfully involve teens in decision-making. This decision-making can occur at the clinic level, at state or local government levels, or even nationally. Many young people are willing and able to get involved in some type of policy-setting, but adults typically overlook them as a resource. This oversight is particularly problematic for school health providers since youth are the primary recipients of our care.

Ways Youth Strengthen SBHCs

- Advising on clinic policies, such as when the center is open, what types of services to offer, and, in some cases, whether those services are offered in culturally appropriate ways
- Developing or assisting with marketing efforts that reach teens
- Helping with health education efforts on nutrition, active lifestyles, substance abuse, etc.
- Evaluating services and practices
- Advocating for the health center with policymakers and administrators

In addition to youth engagement being valuable to the SBHC, it is great for the teens involved. Young people involved in decision-making grow developmentally and academically. They build skills that help them become healthy, confident, well-rounded community leaders. Academically, youth involved in policy processes build critical thinking, public speaking, writing and other skills that can boost their grades and workforce preparation. Youth who are involved in their SBHC often develop a positive, nurturing connection with a caring adult employed at the health center. These types of relationships are invaluable to young people.

BENEFITS OF YOUTH ENGAGEMENT FOR YOUNG PEOPLE

- **Amplifying Student Voices:** Youth engagement empowers students to actively participate in decision-making processes that directly affect their health and well-being. By involving students in SBHC planning, their voices, experiences, and perspectives are valued and amplified. Students can provide valuable insights into their unique health challenges, preferences, and ideas for improving access to and delivery of health care services. This collaboration ensures that the SBHC is designed in a way that resonates with the student population it serves.
- **Tailoring Services to Student Needs:** Students are the primary beneficiaries of SBHCs, and their active involvement in planning ensures that the services provided are responsive to their specific needs. Engaging youth allows for a deeper understanding of the health concerns,

barriers to care, and preferences of the student population. This knowledge helps shape the range of services offered by the SBHC, ensuring they are relevant, culturally sensitive, and age-appropriate. By incorporating youth perspectives, SBHCs can better address mental health, sexual and reproductive health, substance abuse, and other issues that directly impact students.

- **Enhancing Program Relevance and Utilization:** When students have a say in the planning process, they feel a sense of ownership and connection to the SBHC. This increased engagement and buy-in result in higher utilization rates and better health outcomes. By involving students, SBHCs can design services and programs that are appealing and accessible, ensuring that students are more likely to seek care and utilize the available resources. Youth engagement fosters a sense of trust, comfort, and confidentiality within the SBHC, making it a safe space where students feel supported and encouraged to address their health concerns.
- **Building Leadership and Life Skills:** Youth engagement in SBHC planning offers a unique opportunity for students to develop leadership, critical thinking, and advocacy skills. By actively participating in decision-making processes, students gain valuable experience in collaboration, communication, and problem-solving. They also develop a sense of responsibility towards their own health and that of their peers. These skills extend beyond the SBHC planning efforts and equip students with lifelong skills that can benefit them in various personal and professional settings.

Including youth engagement in SBHC planning efforts in New Mexico leads to more relevant, effective, and youth-centered services. By valuing student perspectives, tailoring services to their needs, enhancing program utilization, and fostering leadership skills, SBHCs can create an environment where students are actively involved in their own health care, leading to improved health outcomes and overall well-being. Furthermore, youth engagement promotes a sense of empowerment, ownership, and agency among students, fostering a healthier and more inclusive school community.

APPROACHES TO YOUTH ENGAGEMENT

Youth Advisory Committees

In addition to involving youth in your SHAC, you may consider establishing a separate youth advisory committee. This group often consists of 6-10 youth who meet regularly and make recommendations to health center staff. Youth advisory committees are a great way to get youth feedback and help prepare youth to become future members of your SHAC.

However, the success of a youth advisory committee greatly depends on the level of support and mentorship provided by the SBHC. In some cases, new SBHCs simply do not have the staff, funding, or experience to support a youth advisory committee initially. In this circumstance, it is better to wait until the SBHC is better resourced than to launch a youth advisory committee prematurely without adequate staffing and support.

Youth Educators

Another great way to involve youth in the SBHC is to develop peer-mentoring programs. These programs train students to be peer mentors on one or more adolescent health issues, such as nutrition,

substance abuse, or teen pregnancy. The health center oversees this training and provides the space for peer mentors to talk to other students.

Youth-led Evaluation and Research

Before the youth representatives (or any advocates) can be important participants in the decision-making process of your SBHC, they must first do some research. For example, before suggesting that the SBHC promote certain services, youth should survey or canvass other students to see what they think are the most urgent health care needs.

This research step is important, especially for teens. When young people cannot explain the rationale for their recommendations, they run the risk of being disregarded or considered “puppets” of their adult advisors. By contrast, when youth can point to survey results or other research, their credibility increases.

There are traditional means of research such as going to the library, using the internet, reading the newspaper and existing studies, etc. However, it is especially useful for youth and adults when youth conduct their own research. *This research can become part of the SBHC’s needs assessment or ongoing evaluation, often helping the SBHC to meet its own evaluation requirements.*

In this section we address three approaches to youth-led research: surveys, focus groups, and community interviews.

Youth Surveys

Surveys can range from simple to complex. They can be authored by the youth themselves or by their adult partners. For example, it is relatively easy for youth to develop a survey to determine the most important health care needs at the school. They develop a brief questionnaire asking students to rank their top concerns.

Youth-led Focus Groups

Focus groups are another way to gather information. They are small meetings, led by moderators (in this case, youth moderators), where people discuss a topic. Focus groups are forums for discussion and conversation. Their purpose is not just to learn *what* people think about a certain issue, but *why* they think that way. With a small amount of training and practice, youth can moderate focus groups, giving them the power to collect feedback on a policy or a project idea without having to do a full survey.

Youth Interviews of Community Leaders

A final way for youth to do research is to identify key leaders in their school, city or community. The leaders can be elected officials, local citizens, principals, or directors of community organizations. Youth representatives, either alone or with other youth, can organize these meetings.

Youth Advocacy

Once youth go through a research phase to learn about an issue, they can become advocates. In many cases, youth can be more effective than adults because they can hold policymakers' attention. There are two major types of advocacy: direct and grassroots. Each is described below.

Youth-Led Direct Advocacy

Direct advocacy occurs when people attempt to affect policy themselves, such as holding a face-to-face meeting with a policymaker, calling their legislator, or speaking at a hearing.

Youth-Led Grassroots Advocacy

Grassroots advocacy occurs when people organize others to advocate a particular cause. Youth can be very effective at leading petition drives, letter-writing campaigns, organized canvassing, distributing flyers, or organizing rallies.

In sum, grassroots advocacy focuses on organizing other people to take action. By contrast, direct advocacy requires taking action yourself. Youth can be effective advocates using either strategy. More information on this topic is presented in Chapter 9: Advocacy and Coalition-Building.

For more youth engagement resources please visit our website: www.nmasbhc.org/youthengagement

6. FUNDING AND SUSTAINABILITY

Funding is a critical component when establishing and sustaining a school-based health center (SBHC) in New Mexico. Utilizing a combination of funding sources, including state funds, grants, local resources, in-kind donations, and federal funds, can help support the establishment, operations, and growth of an SBHC. Here's a breakdown of strategies to secure funding from these various sources:

- **State Funds:** State funds play a vital role in supporting SBHCs in New Mexico. Familiarize yourself with state funding opportunities specifically earmarked for school-based health initiatives. Sign up with NMASBHC's Newsletter to get up-to-date announcements on funding opportunities through NMDOH. Research and engage with state agencies responsible for allocating funds for health care, education, and community development. Develop a compelling proposal that outlines the need for an SBHC and its potential impact on student health outcomes and academic success. By demonstrating alignment with state priorities, you increase the chances of securing state funding to support the SBHC. The Office of School and Adolescent Health offers operation funds through an RFP process every 4 years. NMASBHC (through funding from NMDOH) offers planning grant funds leading up to the release of the operating funds RFP. See the Planning Grant Matrix on our website for a comprehensive view of the funding cycles.
- **Grants:** Explore grant opportunities at the federal, state, and local levels to supplement the funding for the SBHC. Research foundations, nonprofits, and government agencies that provide grants for health care programs, education, youth services, and community development. Tailor

grant proposals to each funding opportunity, highlighting the unique aspects of the SBHC and its potential to address health disparities and improve student well-being. Ensure that grant applications are well-researched, comprehensive, and demonstrate a clear alignment with the funder's objectives and criteria. If you need support with grant opportunities reach out to NMASBHC staff. NMASBHC provides ongoing planning grants for organizations looking to open a SBHC. Sign up for the NMASBHC Newsletter to be notified of when planning grants are available.

- **Local Resources:** Engage with the local community to identify and leverage available resources to support the SBHC. Reach out to local businesses, community organizations, and philanthropic individuals who may be interested in supporting the SBHC through financial contributions or in-kind donations. Organize community fundraising events, establish partnerships with local health care providers, and collaborate with schools, parent-teacher associations, and other community stakeholders to mobilize resources and generate support. Building strong community relationships can lead to sustained funding and support for the SBHC.
- **In-Kind Donations:** In-kind donations can play a significant role in supporting the operations of an SBHC. Seek donations of equipment, medical supplies, furniture, technology, and other necessary resources from local businesses, health care providers, and community organizations. Reach out to medical equipment suppliers, pharmaceutical companies, and health care facilities to explore potential partnerships or donation programs. By securing in-kind donations, the SBHC can reduce operational costs and allocate limited financial resources to critical services and programs.
- **Federal Funds:** Explore federal funding opportunities that are specifically targeted towards supporting SBHCs and health care initiatives in schools. Research grants and programs offered by federal agencies such as the Department of Health and Human Services (HHS), the Health Resources and Services Administration (HRSA), and the Centers for Disease Control and Prevention (CDC). Stay updated on funding announcements, eligibility criteria, and application deadlines. Develop competitive grant proposals that align with federal priorities and demonstrate the potential impact of the SBHC on improving student health outcomes. Sign up for the NMASBHC Newsletter for up-to-date information on available federal SBHC funding.
- **Partnership Opportunities:** Explore partnerships with health care systems, universities, and nonprofit organizations that may have access to additional funding streams. Collaborate with local health departments, community health centers, and academic institutions to tap into their resources, expertise, and funding opportunities. These partnerships can not only provide financial support but also help strengthen the infrastructure and services of the SBHC through shared resources and expertise.
- **Billing and Reimbursement:** Billing and reimbursement to Medicaid and commercial insurance are crucial for SBHC sustainability.

Remember, securing funding for an SBHC requires a proactive and strategic approach. It's essential to thoroughly research funding opportunities, tailor proposals to meet specific criteria, and build relationships with key stakeholders. By utilizing a combination of state funds, grants, local resources, in-kind donations, and federal funds, the SBHC can establish a sustainable financial foundation to deliver comprehensive health care services to students in New Mexico.

BUDGETING FOR A NEW SCHOOL-BASED HEALTH CENTER

There are many different models and strategies to budget for a SBHC. Determining the total cost of a SBHC takes many factors into account. Some of those factors are listed below, but this list is not exhaustive. There can be other services or ideas your community and school would like to implement that you can include in your own budget. See appendices for an estimated cost of opening a SBHC from the New Mexico Department of Health. You can use the information below to create your own budget for your SBHC. See appendices for a SBHC budget template.

1. Personnel Expenses

- Medical Staff Salaries (Doctors, Nurses, Nurse Practitioners, etc.)
- Administrative Staff Salaries
- Support Staff Salaries (Receptionists, Medical Assistants, etc.)
- Employee Benefits (Health insurance, retirement plans, etc.)
- Professional Development and Training

2. Medical Supplies and Equipment

- Pharmaceuticals and Medications
- Medical Equipment (examination tables, diagnostic equipment, etc.)
- Medical Supplies (gloves, syringes, bandages, etc.)
- Laboratory Supplies

3. Facility Expenses

- Rent/Mortgage (if applicable)
- Utilities (electricity, water, heating/cooling, etc.)
- Maintenance and Repairs
- Cleaning Services

4. Information Technology

- Computer Hardware and Software
- Electronic Health Record (EHR) System
- Internet and Networking
- IT Support Services

5. Outreach and Community Engagement

- Marketing and Advertising
- Educational Materials
- Community Events
- Partnerships and Collaborations

6. Insurance and Legal

- Liability Insurance
- Legal Services
- Licensing and Certification Fees

7. Miscellaneous

- Office Supplies
- Staff Training and Continuing Education
- Travel and Conferences
- Contingency Fund

8. Grants and Funding

- Identify potential sources of grants and funding specific to school-based health centers in New Mexico.

9. Total Budget Summary

- Summarize the total expenses for each category and calculate the overall budget. Remember to conduct thorough research and consult with relevant stakeholders to ensure your budget is accurate and comprehensive. Additionally, it's recommended to adapt this template based on your specific requirements and local regulations.

7. SBHC FACILITIES

When establishing school-based health centers (SBHCs) in New Mexico, there are specific facility requirements that must be met to ensure a safe and appropriate health care environment for students. These requirements encompass licenses, architectural considerations, necessary waivers, and compliance with guidelines set by the Health Resources and Services Administration (HRSA). Here is an overview of the facilities requirements for school-based health care in New Mexico:

- **Licensing and Certifications:** SBHCs in New Mexico must comply with all applicable licensing and certification requirements. This includes obtaining appropriate licenses from the New Mexico Department of Health and other relevant state agencies. Licensing requirements vary based on the type of services provided and may include licenses for medical services, mental health services, dental services, and pharmacy services. SBHCs must adhere to regulatory standards to ensure the safety, quality, and compliance of their operations.
- **Architectural Requirements:** The physical layout and design of SBHC facilities must meet specific architectural requirements to ensure accessibility, privacy, and functionality. This includes having adequate space for clinical examinations, counseling sessions, waiting areas, administrative offices, and storage of medical supplies and equipment. Architectural considerations should also prioritize the comfort and confidentiality of students and comply with building codes, fire safety regulations, and Americans with Disabilities Act (ADA) accessibility guidelines.
- **Required Waivers:** SBHCs may need to obtain waivers or exemptions for certain regulations or requirements to accommodate the unique nature of their operations within school settings. This can include waivers related to building codes, zoning restrictions, or specific licensing requirements. Engaging with local authorities, school districts, and relevant agencies is crucial to understanding and obtaining the necessary waivers to establish and operate an SBHC effectively.
- **HRSA Requirements:** HRSA provides guidelines and requirements for SBHCs across the United States. These guidelines encompass various aspects, including operational standards, service delivery models, billing and reimbursement policies, and quality improvement initiatives. SBHCs in New Mexico must align their practices with HRSA guidelines to qualify for federal funding opportunities and support. Compliance with HRSA requirements ensures that SBHCs meet nationally recognized standards and best practices in the provision of school-based health care.
- **Equipment and Supplies:** SBHCs must have appropriate medical equipment, supplies, and resources to support the delivery of comprehensive health care services. This includes essential medical instruments, examination tables, diagnostic tools, pharmaceutical supplies, first aid kits, and age-appropriate health education materials. SBHCs should establish procurement

processes, inventory management systems, and protocols for maintenance and calibration of equipment to ensure efficient and safe operations.

- **Safety and Security:** Student safety and security are paramount in SBHC facilities. SBHCs must establish policies and procedures to address safety protocols, emergency preparedness, infection control measures, and safeguarding student health information. This includes ensuring adequate lighting, security systems, privacy measures, and adherence to HIPAA regulations for protecting patient confidentiality.
- **Collaboration with School Administration:** Collaboration with school administrators and districts is crucial in meeting facilities requirements. SBHCs should engage in ongoing communication and coordination with school officials to align with school policies, address facility-related concerns, and integrate health care services seamlessly into the school environment. Collaborative efforts help ensure that SBHCs operate in harmony with the school community and facilitate effective student support.

By adhering to the facilities requirements outlined above, SBHCs in New Mexico can provide safe, accessible, and high-quality health care services to students. It is essential to consult with relevant state authorities, local agencies, and HRSA guidelines to ensure compliance and create an environment that supports the health and well-being of students within the school setting.

8. SBHC READINESS

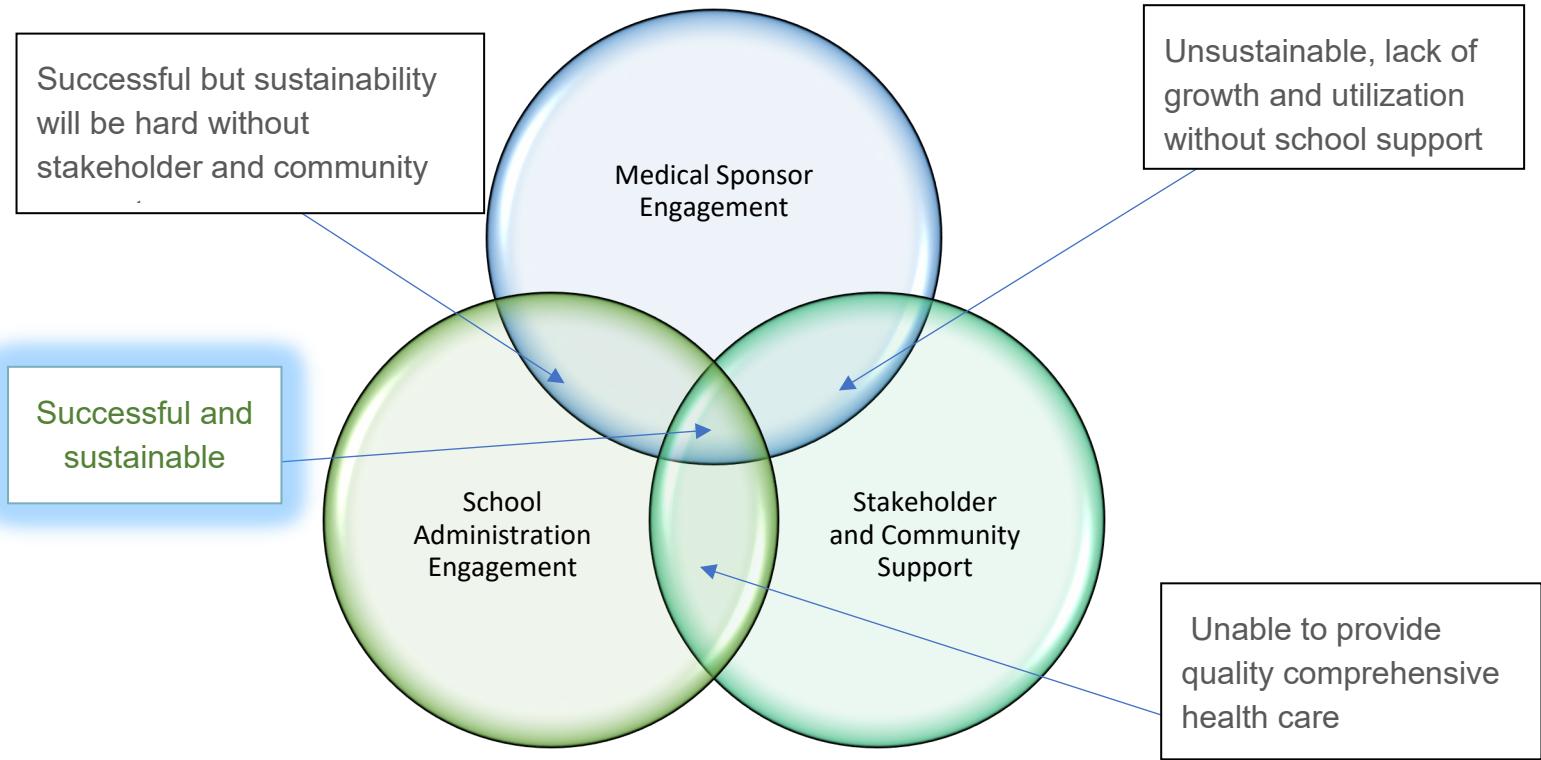
IDENTIFYING OPPORTUNITIES: NEW MEXICO READINESS CRITERIA FOR NEW SBHCS

To assess a community's readiness to support a new School-Based Health Center (SBHC), the New Mexico Alliance for School-Based Health Care (NMASBHC) recommends answering the criteria included in this table and mapping the answers in the Readiness Framework that follows. See Appendices for Readiness Criteria Tool.

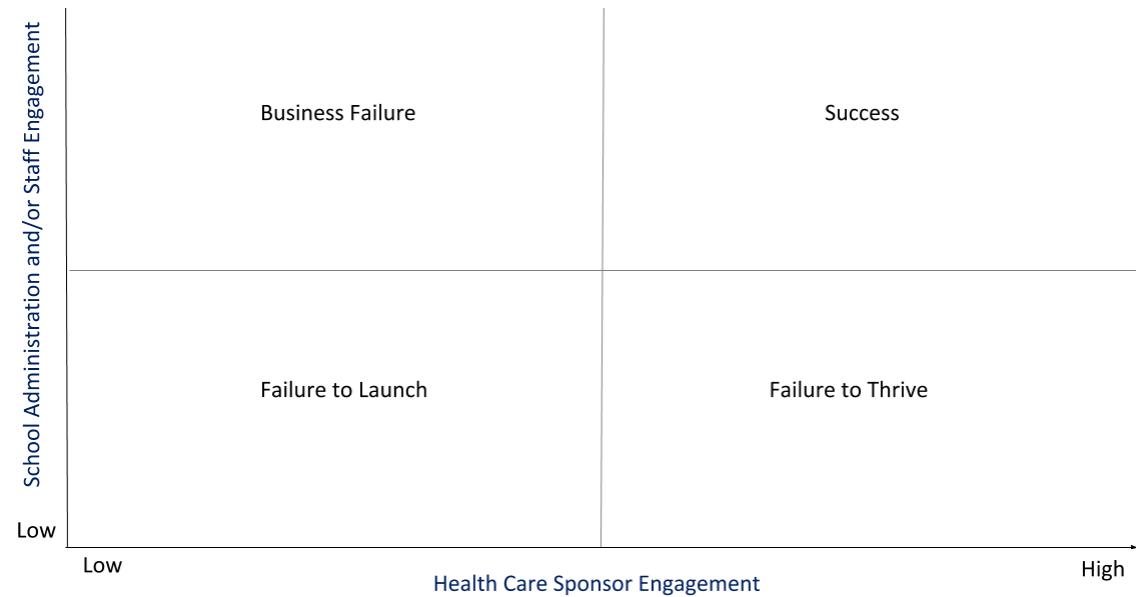
| Criteria | Completed | Notes |
|--|-----------|-------|
| 1. Leadership from the School and/or District is outwardly supportive of the SBHC and is actively engaged in planning | | |
| Alignment with school and district priorities along with significant proximity to existing SBHCs | | |
| The school or district is aware that the students need the SBHC's services | | |
| There is the willingness to create space for the SBHC | | |
| Leadership has a good relationship/willing to engage with the health care sponsor - a designated staff member is actively engaged in planning | | |
| The school and/or district organization is willing to devote financial or in-kind resources to launch the center | | |
| The school and/or district is willing to help raise funds for the SBHC | | |
| Awareness of leadership opposition to any element of SBHC scope of services (family planning, immunizations, etc.)? | | |
| 2. Leadership from the Medical Sponsor is outwardly supportive of the SBHC and is actively engaged in planning | | |
| Eligible medical sponsor <ul style="list-style-type: none">• Federally Qualified Health Center (FQHC)• Private medical practice• Hospital• University medical group• Indian Health Services• Insert others... | | |
| Medical sponsor has local proximity and/or accessibility to the proposed school | | |
| Medical sponsor has identified a coordinator and has designated staff actively engaged in the planning | | |
| Experience with or ability to integrate primary care and behavioral health care | | |
| Medical sponsor has experience with diverse populations including the pediatric population | | |

| | | |
|--|--|--|
| Medical sponsor has behavioral health services or can partner with an additional entity to provide those services | | |
| The medical sponsor is willing to devote financial or in-kind resources to launch the center (measured by commitments during planning) | | |
| The medical sponsor is willing to help raise funds for the SBHC (measured by willingness to write grants and present project to potential funders) | | |
| The sponsoring organization has sufficient business acumen to run a SBHC | | |
| Payer Mix Knowledge | | |
| Knowledge about how to manage a varied payer mix | | |
| Successful record managing Medicaid, uninsured, and privately insured patients | | |
| | | |
| | | |
| | | |
| Stakeholders' (community) perceived need for a SBHC and the services the center provides (stakeholder support) | | |
| Student SBHC readiness surveys | | |
| School staff SBHC readiness surveys | | |
| Family/parent SBHC readiness surveys | | |
| Student focus groups | | |
| School staff focus groups | | |
| Family/parent focus groups | | |
| NM SBCH Planning Grant Data Worksheet complete | | |
| | | |
| Community capacity/desire for change | | |
| Community resources are engaged in SBHC planning | | |
| Community members participate on the planning team | | |
| Local clinicians understand the role of the SBHC and are supportive | | |
| Potential barriers are identified | | |
| | | |
| Other local, state, or federal revenue opportunities to support a SBHC | | |
| Potential grants | | |
| In-kind donations | | |
| Monetary donations | | |
| Fundraising events | | |
| | | |

This framework displays the readiness to open a new SBHC according to indicators from school administration engagement, medical sponsor engagement, and stakeholder/community support.



Framework showing readiness to open a new SBHC according to indicators from School Administration and Medical Sponsor's Level of Engagement.



9. OPERATIONS

The operations of school-based health centers (SBHCs) in New Mexico are guided by the New Mexico Department of Health's Office of School and Adolescent Health. The Office provides a comprehensive operation guide to ensure the delivery of high-quality health care services to students within the state. Here is an overview of SBHC operations and requirements in New Mexico:

Definition and Purpose: SBHCs in New Mexico are defined as comprehensive health care delivery sites located within or near schools. The primary purpose of SBHCs is to provide accessible and integrated medical, behavioral health, and preventive services to students, promoting overall health and well-being.

- **Service Delivery:** SBHCs offer a range of services, including primary care, mental health and counseling, dental care, preventive care, health education, and reproductive health services. These services are tailored to meet the specific needs of the student population, addressing both physical and mental health concerns.
- **Staffing Requirements:** SBHCs in New Mexico are staffed by a multi-disciplinary team that typically includes health care providers (physicians, nurse practitioners, physician assistants), mental health professionals (psychologists, counselors), dental providers, and support staff. The staffing requirements may vary depending on the size and scope of the SBHC.
- **Collaborative Partnerships:** SBHCs are encouraged to establish collaborative partnerships with schools, local health departments, health care organizations, community-based organizations, and other stakeholders. These partnerships help ensure coordinated care, access to specialized services, and support for referral networks.
- **Licensing and Certification:** SBHCs must comply with all applicable state and federal laws and regulations governing health care facilities. This includes obtaining necessary licenses, certifications, and accreditations. SBHCs must adhere to privacy and confidentiality laws, such as HIPAA, to protect student health information.
- **Billing and Reimbursement:** SBHCs in New Mexico are expected to establish billing systems to seek reimbursement for services provided. This includes billing Medicaid, private insurance, and other funding sources. The Office of School and Adolescent Health provides guidance and resources to support SBHCs in navigating the billing and reimbursement processes.
- **Quality Improvement:** SBHCs are encouraged to engage in ongoing quality improvement activities to enhance service delivery and outcomes. This includes monitoring key performance indicators, conducting patient satisfaction surveys, participating in quality improvement collaboratives, and implementing evidence-based practices.
- **Evaluation and Reporting:** SBHCs are required to collect and report data to assess the impact of services and inform decision-making. The Office of School and Adolescent

Health provides guidance on data collection, reporting requirements, and evaluation frameworks to support SBHCs in demonstrating their effectiveness.

- **Continuous Support and Technical Assistance:** The New Mexico Alliance for School-Based Health Care and The Office of School and Adolescent Health provide continuous support, technical assistance, and professional development opportunities to SBHCs in New Mexico. This includes training programs, networking events, and access to resources aimed at improving the quality and sustainability of SBHC operations.

By adhering to the operations guide provided by the New Mexico Department of Health's Office of School and Adolescent Health, SBHCs in New Mexico can ensure the provision of comprehensive health care services that meet the needs of students, promote wellness, and support academic success.

NEW MEXICO DEPARTMENT OF HEALTH STANDARDS AND BENCHMARKS

School-Based Health Care Operations Requirements based on the New Mexico Department of Health's School-Based Health Care Standards and Benchmarks 2020 outline the necessary guidelines for delivering high-quality health care services within school-based health centers (SBHCs) in New Mexico. Here are three key areas covered by these requirements:

- **Clinical Practice:** The standards and benchmarks emphasize the importance of providing comprehensive and evidence-based clinical care to students. SBHCs must establish protocols and procedures for delivering primary care, mental health services, preventive care, and reproductive health services. This includes ensuring access to appropriate healthcare providers, maintaining medical records, implementing medication management protocols, and adhering to infection control practices. The standards also highlight the significance of culturally sensitive and trauma-informed care, recognizing the diverse backgrounds and unique needs of students.
- **Collaboration and Coordination:** Effective collaboration and coordination with schools, community partners, and health care providers are essential for successful SBHC operations. The standards encourage SBHCs to establish formal partnerships with schools, engage in care coordination efforts, and participate in multidisciplinary teams to support student health and well-being. This includes conducting regular meetings with school personnel, participating in individualized education program (IEP) teams, and collaborating with community organizations to address the broader social determinants of health that impact students.
- **Quality Improvement and Evaluation:** The New Mexico Department of Health's standards emphasize the need for ongoing quality improvement and evaluation of SBHC services. SBHCs are encouraged to collect and analyze data to assess the effectiveness of their programs, identify areas for improvement, and demonstrate positive health outcomes for students. This involves implementing quality improvement initiatives, measuring performance indicators, conducting patient satisfaction surveys, and engaging in continuous learning and professional development to enhance service delivery and overall program effectiveness.

By adhering to the School-Based Health Care Standards and Benchmarks 2020, SBHCs in New Mexico can ensure that their operations meet the highest standards of quality, safety, and effectiveness. These requirements provide a comprehensive framework for clinical practice, collaboration, and continuous improvement within the SBHC setting, ultimately aiming to improve student health outcomes and support academic success.

10. MARKETING AND PROMOTION

IDENTIFY YOUR AUDIENCE

Your audience may include: School Administrators, Front Office Staff, School Nurse, Activities Director, Athletic Director, Coaches, Athletic Trainers, specific Teachers, Student Group sponsors, Community School staff, GRADS teachers, Family Liaison, Counselors/Social Workers, Transition staff, Special Education staff, Parent Liaisons, local Community Centers, Food and Nutrition staff, Bus Drivers, School Security, Parents, Student Groups, Peer Educators, Senate, Dream Makers, GSA, etc.. You know your champions, supportive parents, students, and partners.

After you identify your audience, consider who to contact for any of the following ideas:

- **Flyer:** Develop a flyer or handout. You can see sample flyers below. These were developed for ABQ Area SBHCs. If you need assistance developing a flyer for your SBHC, please do not hesitate to reach out to NMASBHC staff.
- **Mass Communication:** Schools often have a method to contact parents, students and families. These may include robocalls, e-mails, text messages, Remind, TeamApp or other message platforms. Develop a clear, quick message or flyer to share about your SBHC.
- **Connecting with Students/Prior Patients:** Personal relationships are important. Some SBHCs have called all their past students and patients simply to check-in, remain connected and remind them that services are available. For some, this has increased services for siblings and families.
- **Website:** Many schools have a website to share important information. Schools may use different platforms and email systems to share district wide information and flyers.
- **School Billboards:** Talk to your school administration about putting SBHC hours or contact information on the billboards by the road or entrance to the schools.
- **Social Media:** Some schools use Twitter, Instagram, Tik Tok, Facebook, and other social media platforms to contact students. Perhaps they would be willing to share a quick message. Some SBHCs have their own active Social Media presence.
- **Teachers:** If you have strong teacher partners, ask if they will share a quick message or flyer with their students about SBHC services. Some SBHCs created

a video that their teachers share with students. Health teachers can discuss SBHC services with their classes at the beginning of each semester. You can also view the [NMASBHC video](#). Depending on availability or relationships, you can explore if they would allow a SBHC staff member or provider to be a “guest speaker” for a topic or Q&A. Topics could include: stress, mental health, COVID-19, medical topics, vaccines, reproductive health, healthy relationships, or even medical career pathways.

- **Student Groups:** See which groups are still active and meeting. If you create a short message, or a flyer, ask for it to be shared on their Remind or other informational avenues.
- **packets to students/families:** If the schools are giving food, homework assignments, or any packets that get picked up, ask if you can add a flyer.
- **Targeted Outreach:** Flu shots and immunizations are still needed. The HPV vaccine will soon be needed. Perhaps the PTA is meeting and would allow a presentation. Can you present for Professional Development Days or facilitate a session for staff? Sports seasons are delayed, but sports physicals will eventually be needed. Communicate with the Activities Director, Athletic Trainer or Coaches. Can SBHC services be mentioned, or a flyer given at IEPs? From your check-ins with teachers or staff, you may be hearing about concerns or a rise in different issues, i.e.. STIs, need for birth control, stress, suicide attempts. All are opportunities to remind of services. Think of creative ways to address or be proactive for these important issues.

APPENDICES

The following appendices provide supporting tools, templates, and resources referenced throughout this guide.

- **SBHC Planning Data Collection Toolkit**
(Sample worksheets and surveys for needs assessment and data collection)
- **SBHC Engagement Chat for Students**
(Classroom scripts and outreach tools for youth engagement)
- **SBHC and School Principal Collaborative Protocols**
(Templates for establishing collaborative practices with school leadership)
- **New Mexico Readiness Criteria for New SBHCs**
(Framework for assessing school and community readiness to open an SBHC)
- **SBHC School Engagement and Integration**
(Guidance for building partnerships, aligning with calendars, and integrating SBHCs into school systems)
- **SBHC Frequently Asked Questions**
(Customizable using our word document on our website)
- **SBHC New Mexico Administrative Code**
- **NMDOH SBHC Standards and Benchmarks 2025**
- **New Mexico SBHC Act**

BRINGING HEALTH CARE TO SCHOOLS APPENDICES

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- **New Mexico SBHC Act**

SBHC Planning Data Worksheet

School/District:

Potential Medical Sponsor:

County:

Indicate "unavailable" for any data you cannot find or is not yet collected

| School Demographics | | | | |
|--|-----------------|--------------------------|---|-------------|
| | Metric (# or %) | Year to which Data Apply | Geographic Area | Data Source |
| School enrollment: | | | School/School District (please indicate) | |
| Race | | | | |
| % White: | | | School/School District (please indicate) | |
| % Black or African American: | | | School/School District (please indicate) | |
| % American Indian or Alaskan Native: | | | School/School District (please indicate) | |
| % Asian: | | | School/School District (please indicate) | |
| % Native Hawaiian or Other Pacific Islander: | | | School/School District (please indicate) | |
| % Multiracial: | | | School/School District (please indicate) | |
| Ethnicity | | | | |
| % Hispanic or Latino: | | | School/School District (please indicate) | |
| % White alone, not Hispanic or Latino: | | | School/School District (please indicate) | |

| | School District/School(s) | % Eligible for FRL | % Homeless students | % Students | % Annual dropout | Graduation rate (HS only) | Absenteeism rate |
|--|---------------------------|--------------------|---------------------|------------|------------------|---------------------------|------------------|
|--|---------------------------|--------------------|---------------------|------------|------------------|---------------------------|------------------|

| | | | | with IEP or 504 plan | rate (HS only) | | |
|---|--|--|--|-------------------------|-------------------|--|--|
| School District Name | | | | | | | |
| Potential host school to be served by SBHC | | | | | | | |
| Additional school to be served | | | | | | | |
| Additional school to be served | | | | | | | |

| Access to Healthcare Providers | | | | |
|--|--------------------|-----------------------------|-----------------|-------------|
| | Metric (# or %) | Year to which Data Apply | Geographic Area | Data Source |
| Healthcare Provider Shortage Area (HPSA)? | (Y/N) | | | |
| Medically Underserved Area/Population? | (Y/N) | | | |
| Distance/travel time to nearest primary care provider: | | | | |
| | | | | |

| Health Indicators | | | | |
|-----------------------------------|--------------------|-----------------------------|-----------------|-------------|
| | Metric (# or %) | Year to which Data Apply | Geographic Area | Data Source |
| Teen pregnancy rate age 15-17: | | | County | |
| # Adolescent suicide attempts: | | | County | |
| School immunization rate: | | | School | |
| Asthma rates: | | | School | |
| | | | | |

| Other – Please include other relevant community data points | | | | |
|---|--------------------|-----------------------------|-----------------|-------------|
| | Metric (# or %) | Year to which Data Apply | Geographic Area | Data Source |
| | | | | |
| | | | | |
| | | | | |

Collect perceived “health needs” by students, parents, faculty, community members, and healthcare provider agencies. Focus groups, and/or surveys are both effective strategies for gathering this information. Use these guiding questions to summarize your findings. These can also be important tools for educating the community about your desire for a SBHC and the planning process. Suggested survey questions for each group can be found below.

Qualitative Data

1. Student input:
 - a. Summarize what students feel are the student health needs.
 - b. Describe how student input was collected. 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.
2. Parent or guardian input:
 - a. Summarize what parents feel are the student health needs.
 - b. Describe how parent/guardian input was collected. If focus groups were utilized, note how many were conducted and how many people participated.
 - c. If parent/guardian surveys were utilized, describe how they were publicized, distributed, and collected. Include the number of surveys distributed and the number completed and returned.
3. School staff input:
 - a. Please describe what teachers and school staff feel are the student health needs.
 - b. Describe how school staff input was collected. If focus groups were utilized, note how many were conducted and how many people participated.
 - c. If school staff surveys were utilized, describe how they were publicized, distributed, and collected. Include the number of surveys distributed and the number completed and returned.
4. Community provider input:
 - a. Please describe what community providers feel the student needs are.
 - b. Describe how community provider agency input was collected. If focus groups were utilized, note how many were conducted and how many students 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.

Student Input

Determining the best way to survey students and host focus groups to collect qualitative data is important in the planning process. It is also important to utilize the best method of survey administration for the population you are surveying. Many people may be more likely to complete a survey on their phone than on paper. However, if you have close relationships with teachers or school staff who can administer the survey to their students during the school day then you have a captive audience and an easy way to collect surveys at time of completion. The method of surveying is something you should discuss with your planning team and figure out what the best fit is for your population.

Incentives for survey completion or participation in focus groups is a great way to increase participation. If you are hosting a youth focus group providing food, gift cards, or other incentives is a great way to increase participation. Below is a sample survey you can adapt to fit your school. Feel free to add or remove questions this is a starting point for those who haven't collected this kind of data in the past.

School-Based Health Center Planning Process Student Input Survey

As a student of (insert school name) your opinion about needed health services is very important.

A planning team is exploring the opportunity to open a new School-Based Health Center in your school and we need your help. We would like to ask you a few questions. Your responses to this survey will help the planning team understand what kinds of services are needed. Your answers are completely confidential.

DO NOT PUT YOUR NAME ON THESE PAGES. YOUR ANSWERS ARE STRICTLY CONFIDENTIAL

What is a School-Based Health Center (SBHC)?

School-Based Health Centers are health clinics located on or near a school campus that provide physical, mental, and dental health services to students and their families.

1. What grade are you in?

- 5th
- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th

2. What is your gender?

- Female
- Male
- Non-binary
- Transgender
- Other _____

3. What are the best things about your school?

- Teachers
- Students
- Other school staff (nurses, counselors, principal, front office staff)
- After school activities/student groups
- Sports
- School spirit
- Inclusive environment
- Other (what are other great things about your school?)

4. What are the three biggest problems/challenges at your school?

- Crowded classes
- Drugs or Alcohol use
- Bullying
- Teachers/administrators are too strict
- Teachers/administrators are too lenient
- Too much pressure/stress
- Aggressive or violent behavior by students

- Racism
- Lack of community

5. We would like your opinions on health problems students at your school face. Please rate each of the problems listed below on a scale of 1-5 (1 not really a problem to 5 being a big problem)

- Depression
- Teeth hurt/problems with teeth
- Unplanned pregnancy
- Stress
- Sexual health (Sexually transmitted diseases, birth control, safe sex)
- Drug use (any)
- Smoking/tobacco use (including e-cigarettes, chewing tobacco, vaping pens, cigarettes, etc.)
- Alcohol use
- Kids are hungry and don't have enough to eat at home
- Lack of physical activity
- Students need glasses
- Other (please describe):

6. How safe do you feel? Please rate the school on the topics below

| | Very safe | Somewhat safe | Not very safe | At risk | Great risk |
|---|-----------|---------------|---------------|---------|------------|
| How safe you feel in the school building? | | | | | |
| How safe you feel when outside in the areas right around your school? | | | | | |
| How safe are you from being pressured to use tobacco, alcohol and/or drugs? | | | | | |
| How safe are you from gang violence, bullying (because of race, sexual orientation, size, etc.) or other violence in your school? | | | | | |

7. During the last 12 months have you seen a Dentist, Doctor or healthcare provider, therapist, counselor, or social worker?

- Yes
- No

8. The last time you went to the doctor, dentist, or other healthcare provider did a parent or family member have to miss work to take you?

- Yes
- No

9. The last time you saw a doctor, dentist or other healthcare provider did you have to miss school?

- Yes
- No

10. If your school had a School-Based Health Center (SBHC), would you go there for care? (check one answer)

- I would definitely use the SBHC
- I would probably use the SBHC
- I would probably not use the SBHC
- I definitely would not use the SBHC
- I am not sure

11. If you think you would use the SBHC, what hours would be best for you?

- Before school
- During school
- During lunch
- Immediately after school
- Evenings
- Saturdays

12. What services do you think you and your friends might use at a SBHC?

- Care for illness or injury (things like a sore throat, earache, sprained ankle, fever, etc.)
- Care for problems like asthma and diabetes
- Physical exams and sports physicals
- Lab tests (strep throat culture, blood tests, etc.)
- Medications
- Immunizations/vaccinations
- Treatment of skin problems (rashes/acne)
- Counseling (for depression, stress, substance use, family/relationship issues, or other problems)
- Dental services
- Help to quit smoking
- Help to eat healthier or exercise more
- Sexual health (pregnancy tests, birth control, sexually transmitted diseases, safe sex practices, etc.)
- Other (please describe):

13. Do you want to share any other information about your school, the needs students may have that weren't mentioned here, how a school-based health center would be helpful for you and your classmates, or anything else?

School-Based Health Center Planning Process Family and Parent Input Survey

A planning team, that includes staff from (insert school name) and staff from the potential medical sponsor (insert medical sponsor name), is exploring the opportunity to open a School-Based Health Center.

A SBHC brings the healthcare providers into a school so students can avoid health related absences and receive the support they need to succeed in the classroom. SBHCs are staffed by a multi-disciplinary team of qualified medical and mental health professionals.

Services provided may include: physical exams, including sports physicals; immunizations; care for acute, minor injury and illness; management of chronic conditions such as asthma, allergies, and diabetes; counseling services; routine lab tests and throat cultures; prescriptions and medications; health wellness education; referral to community providers and agencies; and assistance to families with enrollment into Medicaid and CHP+. Students with a signed parental consent will be eligible to receive services at the School-Based Health Center.

Why School-Based Health Centers?

School-based health centers provide health care to all children who have parental permission, regardless of insurance coverage or ability to pay.

Regular Preventive Care

When health care is far away, expensive, or difficult to access, children are less likely to receive regular preventive care. School-based health centers offer care where the children are -- in schools.

Keeping Children in School

School-based health centers help keep children in school and ready to learn, treating acute and chronic health problems immediately and returning students to class as soon as possible.

Strong Parent and School Support

When parents give permission for their child to be seen at a school-based health center, they know they will not have to miss work to care for minor problems, and that their child will receive prompt attention from health providers trained at working with youth. School administrators and teachers are extremely supportive of school-based health centers because health centers allow them to focus on their role of educating students who are healthy and ready to learn.

To help us plan for the school-based health center, we would like you to answer a few questions about the health needs of your child. This information will help us decide what types of services and programs to offer at the school-based health center.

Your answers are completely confidential. You do not need to put your name anywhere on this form.

1. What physical health problems or needs has your child had in the past month? Check all that apply.

- a. Headaches
- b. Toothaches or dental problems
- c. Sore throat or strep throat
- d. Stomachaches
- e. Colds/fever
- f. Skin problems or rashes
- g. Often feeling really tired
- h. Being bullied or bullying
- i. Emotional concerns, stress, depression, anxiety, worry
- j. Problems with eating or weight
- k. Injuries or accidents
- l. Coughing/breathing issues

Other (please describe):

2. When was the last time your child had a thorough physical exam. Often these are called Well Child Exams or Comprehensive Wellness Exams.
 - a. Within the last year
 - b. More than a year ago
3. Have you been told by a doctor that your child has any of the following chronic health problems?
 - a. Asthma
 - b. Attention deficit or hyperactivity
 - c. Diabetes
 - d. Seizures
 - e. Allergies
 - f. Other _____
4. Where do you regularly take your child for health care? Check all that apply.
 - a. Family doctor or clinic
 - b. Emergency room
 - c. Regular source of health care
 - d. Other _____
5. Do you have a regular source of dental care for your child?
 Yes No
6. Do you have someone you could go to for counseling services for behavioral problems? (e.g., unusual or extreme fears, depression, nervousness, stress)
 Yes No
7. How do you currently pay for health services?
 - a. Private insurance or belong to an HMO
 - b. Medicaid, Child Health Plan Plus, or social security
 - c. Armed Services medical plans
 - d. No insurance and generally pay out-of-pocket
 - e. Other _____
8. Have you had any problems getting Health Care, Mental Health Care or Dental Care for your child?
 Yes No
9. What are the reasons you have not been able to get these services for your child?
 - a. Transportation
 - b. Health Insurance
 - c. Costs too much
 - d. Hours not good for me
 - e. Don't have a regular doctor
 - f. Hard to get an appointment
 - g. Can't take time off work
 - h. Other: _____

10. If we opened a School-Based Health Center, how likely would you be to take your child there for service? Check one.

- a. Would definitely use the Center
- b. Would probably not use the Center
- c. Would probably use the Center
- d. Would definitely not use the Center

11. At what hours would you be most likely to use the clinic? Check all that apply.

- Before school
- During school
- During lunch
- Immediately after school
- Evenings
- Saturdays

THANK YOU!

School-Based Health Center Planning Process School Staff/Administration Input Survey

A planning team, that includes staff from (insert school name), staff from the potential medical sponsor (insert medical sponsor name), and caregivers/community members is exploring the opportunity to open a School-Based Health Center.

A SBHC brings the healthcare providers into a school so students can avoid health related absences and receive the support they need to succeed in the classroom. SBHCs are staffed by a multi-disciplinary team of qualified medical and mental health professionals.

Services provided may include: physical exams, including sports physicals; immunizations; care for acute, minor injury and illness; management of chronic conditions such as asthma, allergies, and diabetes; counseling services; routine lab tests and throat cultures; prescriptions and medications; health wellness education; referral to community providers and agencies; and assistance to families with enrollment into Medicaid and CHP+. We are in the process of conducting a needs assessment to determine the specific health needs of students and their families. In order to help us plan for the School-Based Health Center, we would like to ask you a few questions about what you see as the health needs of the children in your classroom. This information will help us decide where the greatest need is and what types of services and programs to offer at the SBHC. Your answers are completely confidential. You do not need to put your name anywhere on this form. Thank you for your help.

1. What do you like best about the school?

- Supportive leadership
- Dedicated students
- Supportive parents
- Professional growth opportunities
- Dedication to student achievement
- Positive school climate
- Team approach
- Dedicated colleagues (other teachers and school staff)
- Other – please specify

2. What do you think are the biggest problems/challenges for your school?

3. What do you think are the biggest health challenges faced by students in your school?
4. How safe is your school? Please rate the school on the following issues.

| | Very safe | Somewhat safe | Not very safe | At risk | Great risk |
|--|-----------|---------------|---------------|---------|------------|
| Staff in the school building | | | | | |
| Students in the school building | | | | | |
| Staff when outside school in immediate neighborhood | | | | | |
| Student exposure to alcohol and drugs in the community | | | | | |
| Student exposure to gangs in community and/or school | | | | | |

5. What is happening in your community – both positive and challenging that impacts children and teens?
6. On a scale of 1-5 (1 not really a problem, 5 being a big problem).

- Depression
- Teeth hurt/problems with teeth
- Unplanned pregnancy
- Stress
- Sexual health (Sexually transmitted diseases, birth control, safe sex)
- Drug use (any)
- Smoking/tobacco/nicotine use (including e-cigarettes, chewing tobacco, vaping pens, cigarettes, etc.)
- Alcohol use
- Kids are hungry and don't have enough to eat at home
- Lack of physical activity
- Students need glasses
- Other (please describe):

7. We would like your perception on other issues. Please rate each of the problems listed below on a scale of 1-5 (1 not really a problem, 5 being a big problem).

- Tobacco/Nicotine use
- Alcohol use
- Drug use
- Problems at home
- Academic problems
- Pregnancy, sexual health
- Depression/anxiety and other mental health issues
- Violence, bullying, and other behavior problems
- Other (please list):

8. What are the most pressing problems children and teens face in your community? (check all that apply)

- Untreated physical health issues
- Untreated dental health issues
- Untreated mental health issues
- Teen pregnancy
- Weight issues
- Behavior issues
- Tobacco/nicotine use
- Alcohol/drug use
- Dating issues
- Violence/bullying
- Self-harm
- Suicide ideation
- Child abuse/neglect
- Other (please describe):

9. For students who might use the SBHC, what hours would be best? (check all that apply)

- Before school
- During school
- During lunch
- Immediately after school
- Evenings

- Saturdays

10. What school-based health services do you think are needed? (check all that apply)

- Care for illness or injury (such as sore throat, earache, sprain)
- Care for such chronic medical conditions such as asthma and diabetes
- Physical exams, sports physicals
- Lab tests (throat culture, blood test)
- Medications
- Immunizations/shots
- Treatment of skin problems (acne, rash)
- Counseling (for depression, substance use, family/relationship issues or other problems)
- Dental services
- Help with stopping smoking, tobacco use, or nicotine use
- Health with weight loss, healthy eating, exercise
- Sexual health (pregnancy prevention, sexually transmitted infection treatment and prevention, birth control, etc.)
- Other – please describe

11. Other comments or questions?

SBHC Engagement Chat for Students

Materials

- Consent Forms
- OSH Parent Letter
- OSH Faculty Letter
- SBHC Student Bookmarks
- SBHC Appointment Request Form (Students)

Pre-Planning

- Obtain Class & Bell Schedules
- Prepare Printed Materials for Distribution
- Prepare Outreach Plan to Follow-Up for Student Appointments, Consent Collections and MH Referrals

• Introduce Yourselves

- **Introduce yourselves and that you work at the SPONSOR Health Center**
 - *We're here to make sure all students know about the health services you have in your school building.*

Note: While you conduct your presentation, ask the teacher to distribute the consent forms.

• SBHC Basics (e.g., location, hours, staff)

- **Student Participation:** *Raise your hand if you knew that there is a SPONSOR Health Center right here in your school building? Does anyone know where it is located?*
- **Describe an SBHC**
 - *SPONSOR operates a school health center right here in the building. It is similar to a doctor's office or community clinic, but it provides free healthcare services to students during the school day.*
- **Location:** In Room _____
- **Hours of Operation:** Open daily **SBHC Hours**
- **SBHC staff names and roles**

• SBHC Services

- **Student Participation:** *Does anyone know what kind of services they offer at the school health center?*
- **Explain all services provided**
 - **Medical:** Check-ups and physicals (including for sports & working papers), vaccines, care for chronic illnesses (diabetes, asthma, etc.), sick visits, first aid, and confidential reproductive and sexual health services.
 - **Reproductive & Sexual Health Services:** all services are completely confidential, including from your parent/guardian; includes a wide range of birth control methods (pills, patch, ring, IUD, implant, emergency contraception/Plan B), testing for sexually transmitted infections, condoms, pregnancy testing, and health education.
 - **Mental Health Care (update as needed):** Counseling services for any student who is sad, stressed, anxious, having issues at home or at school, or just needs someone to talk to.
 - **Dental Care (IF APPLICABLE):** teeth cleaning, dental x-rays, sealants, and restorative care.

- **Services available for all students AT NO COST, regardless of health insurance**
 - *If you have insurance, they will charge your insurance company but not you – there is no co-pay.*
 - *If you don't have insurance, services will be provided at no cost, and you will never receive a bill.*

• Confidentiality

- **All services are CONFIDENTIAL!**
 - *Information will only be shared with your school in emergencies or to protect your safety or the safety of others.*
 - *Information will be shared with your parent/guardian about your general healthcare but NOT reproductive or sexual health services, or counseling services (unless there is a safety concern).*
 - *Any services related to your sexual health are confidential and protected by State Law – they will not be shared with your parent/guardian unless you give your permission.*

• Next Steps

- **Sign Up!**
 - **Parental Consent Form:** *Please bring this home and return the completed form to _____.* Once you sign-up, you will be able to use the health center for the entire time you go to school here.
 - *Remind your parent/guardian that even if you already have a doctor, it's important to sign up with the health center in case you get sick or injured at school.*
 - *We have consent forms available in English and Spanish, but if your parent/guardian needs it in another language, just stop by the health center.*
 - **Adult Student Consent Form:** *If you are 18 years or older, you may complete your own Adult Student Consent Form and return it to _____.*
 - **Self-Consent for Sexual & Reproductive Health Services:** *Even if your parent/guardian chooses not to sign you up for the health center, you can still receive confidential sexual and reproductive health services (birth control, STI testing, etc.) – just visit the health center and ask!*
- **Receiving Services**
 - **Get a Pass:** Explain school-specific pass system.
 - **Appointments:** *You can schedule an appointment for a time that is convenient for you – this helps prevent long wait times!*
 - **Walk-Ins:** *You can also walk-in for urgent needs, including sexual and reproductive health services and counseling services.*

• Where to Get More Information

- **Visit us at the SBHC:**
 - *Get a check-up, counseling services, birth control, or any service that you need.*
 - *You can also stop by to say hello, meet the staff, or ask us a health question!*
- **Request an Appointment Now!**
 - *Complete the SBHC Appointment Request Form to schedule an appointment and the SBHC team will reach out to you.*

OSH Staff: Collect Interest Forms and bring to SBHC Staff to schedule appointments.

• Follow-up Questions and Alterations

- **Fall**
 - *Interested in playing a sport. You can receive sports physicals at the SBHC.*
- **Spring**
 - *Interested in working in the summer. You can receive physicals for working papers.*
- **9th grade:**
 - *You can also stop by to meet the staff!*
 - *Once you are enrolled into the SBHC you will be a member for as long as you are a student at the campus.*
- **12th grade:**
 - *Can get a physical before going to college.*

Questions:

- *If your parent doesn't complete the SBHC consent form, can you still get a pregnancy test or sexual health service? Elaborate on the response.*
- *If you don't have an appointment at the SBHC but aren't feeling well, can you walk in?*
- *What do you need to go to the health center? (Pass)*
- *Will the medical provider speak to your parents regarding you accessing Sexual Health Services?*
- *Where is the SBHC located?*
- *Where will you return the completed SBHC consent?*
- *How much do you have to pay for the services at the SBHC?*

School-Based Health Center & School Principal Collaborative Protocols

(Discussed and completed in a joint meeting in Fall and updated annually with each Principal on Campus)

School: [Enter Name]

School Principal: [Enter Name]

Date: [Date Completed]

Collaborative Protocols Meeting Participants: [Enter Names]

SECTION ONE

A) DAILY OPERATIONS COLLABORATION:

| Collaboration and Facilitation | SBHC should contact the following School Personnel (Phone #) |
|--|--|
| Designated Liaison to the School Health Center? (School Leadership) | Contact: |
| Where will parents submit completed SBHC consent forms? (School Secretary, SBHC Mailbox, Parent Coordinator?) <i>SBHC will pick up daily from designee.</i> | Contact: |
| Process for providing students with a pass to the SBHC | Contact: |
| Access to the student class schedules | Contact: |
| Distribution of daily student appointment reminders | Contact: |
| Assistance in recalling students who miss important appointments | Contact: |
| Designated staff who handle student immunization needs | Contact: |
| Access to parent contact information and medical insurance information | Contact: |
| Process for Mental Health Referrals to the SBHC Clinician | Contacts: |
| Dates of Principal Council Meetings and Safety / BRT Meetings (SBHC Manager/Designee need to be invited and be present at meetings) | Council Dates and Periods : Safety Dates and Periods: |
| Dates of Guidance/ Student Support (PPT) Committee Meetings | Meeting Dates : |
| Who is contact for the School Crisis Team and when do they have meetings? | Contacts: Meeting Dates: |
| Name of Parent Coordinator and dates of scheduled Parent Meetings. (SBHC teams should be invited to Parent Meetings/Events) | Contacts: Meeting Dates: |
| Designated 504 coordinator and their role in follow-up and parent communication. (Completed MAF/DMAF forms need to be provided to medical provider) | Contact: Role with Parents: |
| Notification when a sick student needs to be sent home | Contact: |
| Distribution of Faculty Letters/Flyers on SBHC services. Dates of faculty professional development days. (SBHCs should be invited to present on SBHC services/updates or a desired health topic) | Contact: Meeting Dates: |

School Year: 2024-2025

| Collaboration and Facilitation | SBHC should contact the following School Personnel (Phone #) |
|--|---|
| Name of Campus Custodial Engineer primarily for Evenings/Weekends. (<i>SBHC needs to be aware of power outages that affect SBHC refrigeration system and vaccine temperatures.</i>) | Contact (s) : SBHC Manager to be contacted if power outage occurs : SBHC Contact Name : |
| Provide School Safety Plan to the SBHC in the Fall Semester | Contacts: |
| Community Based Organizations (CBO) that exist on Campus and contacts for each CBO. | CBO Names: Contacts: |
| If Applicable, Name of Contact for LYFE program and YABC program | LYFE Contact: YABC Contact: |

B) STUDENT ENROLLMENT COLLABORATION:

| Collaboration and Facilitation | SBHC should contact the following School Personnel (Phone #) |
|---|---|
| Inclusion of the Parental SBHC Consent form with school registration documents | Contact: |
| Placing SBHC information and the Parent Consent Form on the School Website (<i>location needs to be easily visible to parents/guardians</i>) | Contact: |
| Distribution of the SBHC Consent Form to Parents including emails, robo call announcements, and other messages about SBHC consent and services. | Contacts: |
| Approval to post SBHC Marketing Materials (Posters/Flyers) throughout school campus | Contact: |
| Conducting tabling events in the cafeteria or at main entrance to market SBHC services to students. | Contacts |
| Conducting classroom or advisory groups presentations (15 minutes) to inform students about SBHC services (SBHC engagement chats) (<i>Specify if different person per grade level</i>) | Contacts: |
| Other School Events: | Contact: |

SECTION TWO**EMERGENCY PROCEDURES: SBHC & School Leadership communications on emergency situations**

| Emergency or Urgent Issues | Assigned School Contact Person(s) | Notification Process/Other Notes |
|--|-------------------------------------|-----------------------------------|
| <u>First Aid and Emergency Care:</u> The SBHC Medical Practitioner will provide first aid and emergency care services to <u>ALL STUDENTS</u> on campus whether they are enrolled or not enrolled the SBHC, as per the NYCDOE MOU. | | |
| List staff trained to administer the following during an emergency: Epipen administration and CPR administration <i>(as per chancellor regulations)</i> | EpiPen: CPR: | List AED locations in the school: |
| Notification of a 911 Medical or Psychiatric Emergency needing ER transportation and school designated escort to accompany student. | Contact(s): Designated escort: | |
| Notification of post-dismissal Medical or Psychiatric emergencies. | Contact: | |
| Notification of suicidal behaviors (serious ideations, plans, attempts, etc.) | Contact: | |
| Notification of an ACS report made by the SBHC ? <i>(SBHC personnel will provide OSH Principal form to designee)</i> | Principal : Designated Contact : | |
| Notification of a Police Report made in a student-related incident? | Contact: | |
| Notification of inappropriate or harmful behavior by a teacher/school staff toward a student | Contact: | |
| Notification of student-to-student bullying, harassment, and/or assaults | Contact: | |
| Notification of campus safety concerns: planned violence/threats, selling drugs, carrying weapons, etc. | Contact: | |
| Notification of imminent danger in the SBHC | Security Contact: | |

Protocols Completed by:

School Principal/Designee Signature : _____

SBHC Program Manager Signature : _____

Collaborative Protocol Copies need to be shared with Principal, School Leadership, SBHC team and the Office of School Health Manager.

The SBHC Manager is responsible for providing the Principal & School Leadership a list of all SBHC Staff and their role at the beginning of each School Year.

This document needs to be reviewed annually with the Continuing Principal and their Leadership to capture new updates to staff designees if applicable. A new Collaborative protocol document needs to be initiated and completed once there is a NEW PRINCIPAL for the School.

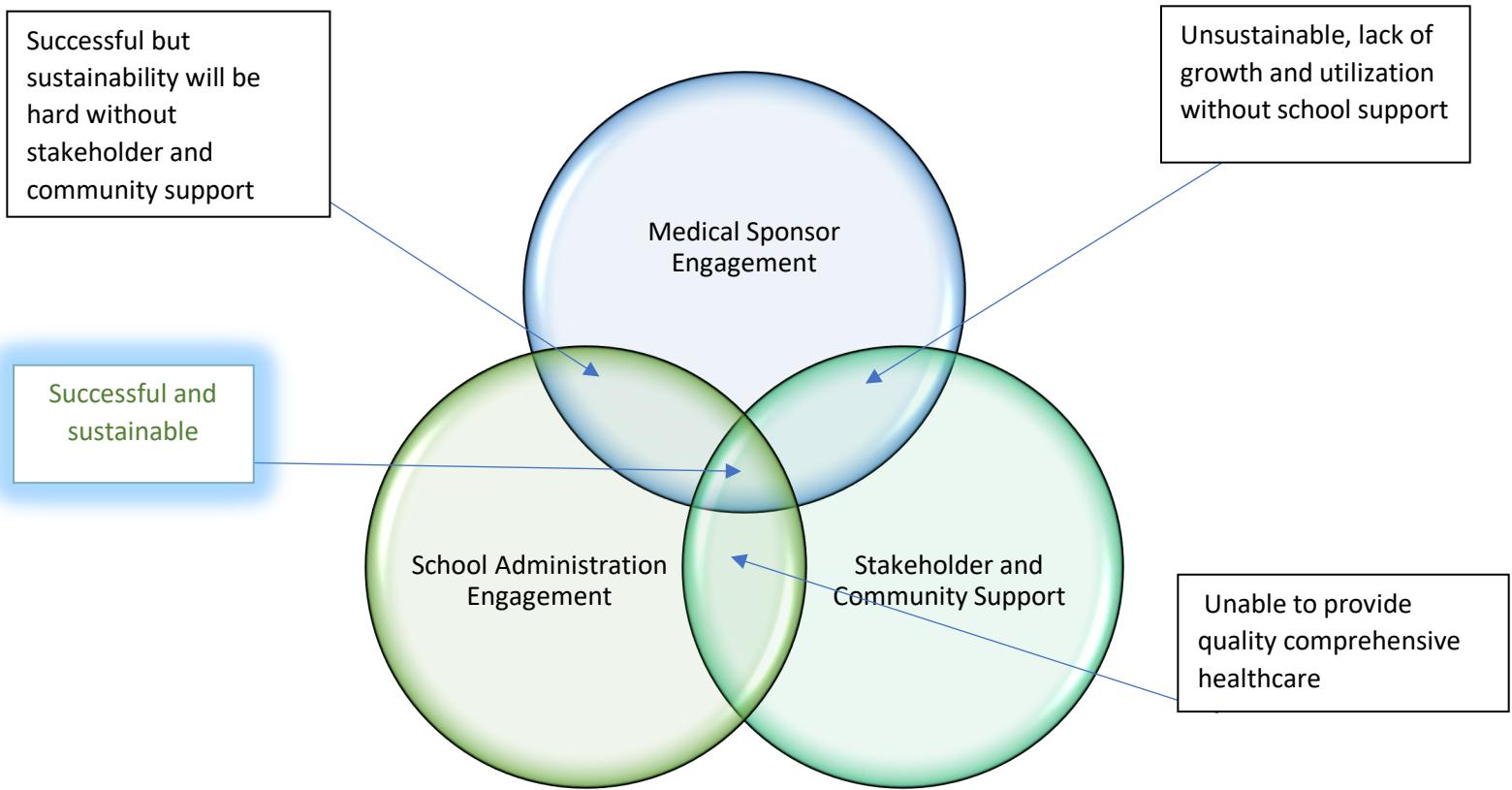
New Mexico Readiness Criteria for New School-Based Health Centers

To assess a community's readiness to support a new School-Based Health Center (SBHC), the New Mexico Alliance for School-Based Health Care (NMASBHC) recommends answering the criteria included in this table and mapping the answers in the Readiness Framework that follows.

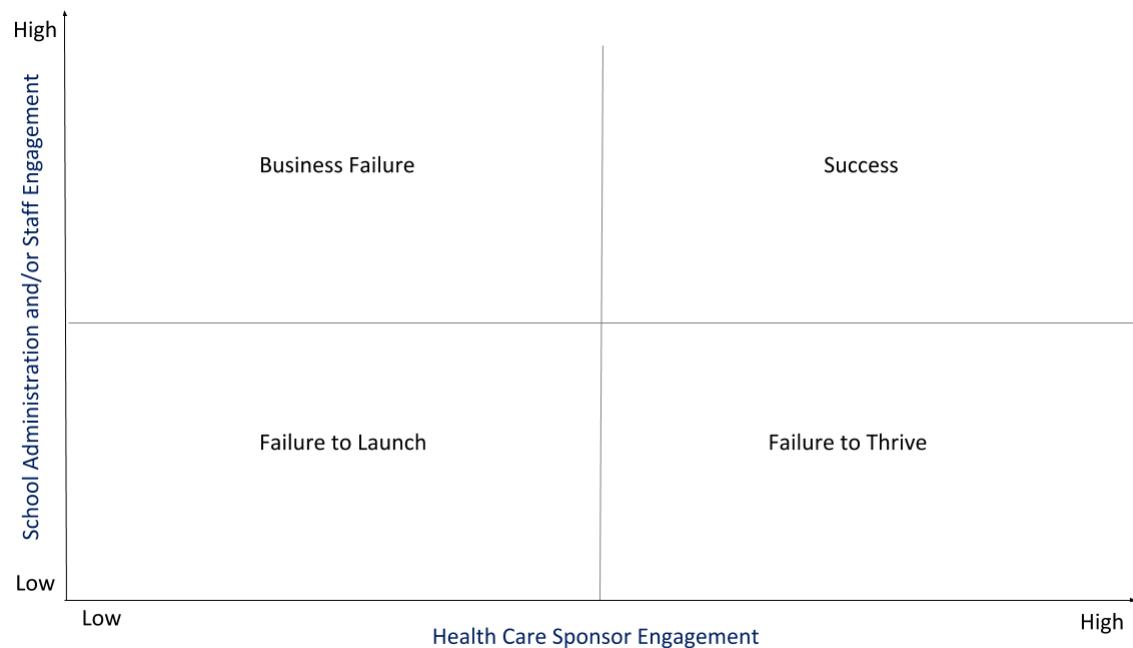
| Criteria | Completed | Notes |
|---|-----------|-------|
| 1. Leadership from the School and/or District is outwardly supportive of the SBHC and is actively engaged in planning | | |
| Alignment with school and district priorities along with significant proximity to existing SBHCs | | |
| The school or district is aware that the students need the SBHC's services | | |
| There is the willingness to create space for the SBHC | | |
| Leadership has a good relationship/willing to engage with the health care sponsor - a designated staff member is actively engaged in planning | | |
| The school and/or district organization is willing to devote financial or in-kind resources to launch the center | | |
| The school and/or district is willing to help raise funds for the SBHC | | |
| Awareness of leadership opposition to any element of SBHC scope of services (family planning, immunizations, etc.)? | | |
| | | |
| 2. Leadership from the Medical Sponsor is outwardly supportive of the SBHC and is actively engaged in planning | | |
| Eligible medical sponsor <ul style="list-style-type: none"> • Federally Qualified Health Center (FQHC) • Private medical practice • Hospital • University medical group • Indian Health Services • Insert others... | | |
| Medical sponsor has local proximity and/or accessibility to the proposed school | | |
| Medical sponsor has identified a coordinator and has designated staff actively engaged in the planning | | |
| Experience with or ability to integrate primary care and behavioral health care | | |
| Medical sponsor has experience with diverse populations including the pediatric population | | |
| Medical sponsor has behavioral health services or can partner with an additional entity to provide those services | | |
| The medical sponsor is willing to devote financial or in-kind resources to launch the center (measured by commitments during planning) | | |

| | | |
|--|--|--|
| The medical sponsor is willing to help raise funds for the SBHC (measured by willingness to write grants and present project to potential funders) | | |
| The sponsoring organization has sufficient business acumen to run a SBHC | | |
| Payer Mix Knowledge | | |
| Knowledge about how to manage a varied payer mix | | |
| Successful record managing Medicaid, uninsured, and privately insured patients | | |
| | | |
| | | |
| | | |
| Stakeholders' (community) perceived need for a SBHC and the services the center provides (stakeholder support) | | |
| Student SBHC readiness surveys | | |
| School staff SBHC readiness surveys | | |
| Family/parent SBHC readiness surveys | | |
| Student focus groups | | |
| School staff focus groups | | |
| Family/parent focus groups | | |
| NM SBCH Planning Grant Data Worksheet complete | | |
| | | |
| Community capacity/desire for change | | |
| Community resources are engaged in SBHC planning | | |
| Community members participate on the planning team | | |
| Local clinicians understand the role of the SBHC and are supportive | | |
| Potential barriers are identified | | |
| | | |
| Other local, state, or federal revenue opportunities to support a SBHC | | |
| Potential grants | | |
| In-kind donations | | |
| Monetary donations | | |
| Fundraising events | | |
| | | |

Framework showing readiness to open a new SBHC according to indicators from school administration engagement, medical sponsor engagement, and stakeholder/community support.



Framework showing readiness to open a new SBHC according to indicators from School Administration and Medical Sponsor's Level of Engagement.



SBHC School Engagement and Integration

SBHC success is dependent on leadership that is visionary and collaborative, and that forges partnerships and shared goals, including financing strategies, which will develop and sustain the SBHC.

Shared ownership of the SBHC is essential to its success and sustainability. To achieve this shared ownership, school administration must be engaged in every aspect of the SBHC, including the decision to open and establish a SBHC. Once that decision is made, school administration will be involved in: assessment and planning, marketing and outreach, sponsorship and program development, data collection and reporting, and quality improvement. The more school involvement there is in the SBHC, the greater the likelihood that it will become integral to the lives of the students and, therefore, be able to make an impact on their health and, ultimately, their academic success.

Medical Sponsor Coordination

SBHC school coordination time is not reimbursable. This work is integral to developing strong relationships with the school and ultimately can help determine the success of the SBHC. The SBHC medical sponsor must decide where the responsibility of coordination is placed. Here are examples of who coordinates SBHC work:

- A standalone SBHC coordinator position
- SBHC's medical assistant
- Another staff person at the medical sponsor's organization

Class Seat Time

This is one of the top concerns of school administration and staff. SBHCs do not reduce seat time, on the contrary, they help keep students in class and ready to learn.

- Students have direct access to health care providers while they are at school and do not have to miss as much class time to receive care.
- SBHCs serve all students, regardless of insurance type or ability to pay.
- Parents do not have to miss work to take their child to the doctor.
- Transportation problems in seeking health care are reduced.

The Student Satisfaction Survey administered yearly at OSAH-sponsored SBHCs asks students about the class time missed using the SBHC versus other health care options. Sharing this kind of data with school administrators can help them understand how the SBHC is supporting student learning.

School Calendar

SBHC coordination, promotion, engagement, outreach, and operations need to align with the school's calendar and days and hours of operation. Understanding the school calendar is vital to effectively engaging families and students, planning your outreach, and building your clinic workflow around a school year and school schedule.

Focus Areas for Coordination

- School Health and Wellness Teams

Get integrated into these teams as soon as possible to ensure policies on confidentiality are in place.

- IEP and MSBS

There are likely to be Medicaid School-Based Services (MSBS) provided for students with Individualized Education Plans (IEPs) and potentially other students as well. Make sure to coordinate with the school around this to avoid any confusion.

- Services and Confidentiality

SBHC medical sponsor needs to be aware of school board policies that may impact allowable services. Be familiar with FERPA and HIPAA joint guidance to understand where lines are drawn.

Key Relationships to Develop and Maintain

- School Principal

Meet semi-annually to plan procedures and promotion (including inclusion on website and other official school communication platforms (robo-calls, marquee, PeachJar, email, etc.); coordinate any necessary meetings with Superintendent and/or School Board

- School Nurse or Health Assistant

Meet regularly to plan triage and referral procedures. For sample procedure visit...

- School Social Worker and/or Counselors

Meet regularly to plan referral, assessment, and other procedures

- School Secretary

They are usually gatekeepers at the school and are a key partner to engage with regularly. Meet prior to student return in August to review student “travel” procedures and share promotional tools.

Opportunities for Staff Engagement

- Teachers

Ask the Principal to include the SBHC in summer professional development/in-service days to educate all teachers about referrals, “travel” procedures, and other opportunities

- Health Teachers

Meet before school begins to plan semester class presentations, tours. Etc. Communicate regularly about any health education needs they may have

- Science Teachers/English teachers

Meet before schools begins to plan class presentations. These can be very brief SBHC promotion presentations so as to not use up too much class time.

- Coaches and Athletic Director

Meet at least annually to plan sports physicals/EPSDT and other collaborative opportunities

- Community School Coordinators

Meet regularly to partner on referrals, family outreach, etc. Attend community school events to engage with families and parents and promote SBHC services.

MOUs/MOAs

The SBHC will be more successful if the school and medical sponsor formalize their partnership through official mechanisms. These can include common strategic plans with shared vision, mission and outcome measure as well as contracts and/or Memorandums of Understanding/Memorandums of Agreement (MOUs/MOAs). These documents

clarify roles and responsibilities for each partner, identify roles and responsibilities and increase accountability among all partners.

Proposed [SCHOOL NAME] School-Based Health Center

Frequently Asked Questions

[MEDICAL SPONSOR NAME], [SCHOOL DISTRICT NAME], and its community partners are currently exploring the opportunity to offer school-based health services to students enrolled in [SCHOOL DISTRICT]. They are hoping to gain support and grant funds to open the student health center by [INSERT DATE]. Below are answers to questions you might have about the proposed school-based health center.

What is a school-based health center (SBHC)?

In New Mexico there are more than 70 school-based health centers (SBHCs), which provide quality health services to students, where students are — in school. SBHCs are important safety net clinics in New Mexico, providing easily accessible health care when, in many cases, the closest clinic or hospital may be miles away. School-based health centers provide quality, integrated, youth-friendly, and culturally responsive health care services to keep children and adolescents healthy, in school, and ready to learn.

Do parents favor SBHCs?

Yes. Parents appreciate SBHCs because:

- SBHCs help their child to stay healthy and in school.
- Parents miss less work. Without an SBHC, when a child is sick, the parent must miss work to take the child out of school and be seen at the nearest health care facility.
- SBHC services are provided to all students, whether or not the student has insurance.

What services will be provided at the School-Based Health Center

The ideal SBHC model includes integrated physical and behavioral health care services. At a minimum, primary care, including urgent, acute, prevention and wellness care, is at the core. In addition to behavioral health, expanded services, including, substance abuse support, dental health, reproductive health, nutrition education, case management and health promotion may also be offered at the SBHC. SBHCs provide a youth-friendly environment designed to meet the unique health care needs of all youth, through supportive and collaborative relationships with youth, families, school administration, school health staff (school nurse, school counselor, health educator, etc.), school districts and boards.

What age groups will the School-Based Health Center serve?

[TAILOR TO FIT SCHOOL POPULATION]

Does the student need parental permission to receive services?

Yes. The student health center will require the parent or legal guardian to sign a consent form before their minor child may receive services in the center. Because the School-Based Health Center will take the approach

that the clinician, parents, and child should work together to resolve health problems, the staff will promote strong family communication and make every effort to involve parents.

Does the parent need to be present for the student to receive services?

As long as the parent or legal guardian has signed a consent form, he/she does not need to be present for the student to receive services. Parents, are always welcome to be present, though, and encouraged to participate in their child's care.

Will the parent be notified when their child receives services?

Unless prohibited by law, parents will be kept informed about student visits to the health center. By law minors can consent to behavioral health services and reproductive health services depending on their age.

How much will it cost for my child to receive services at the health center?

The SBHC will bill insurance if the child is insured. For those who are not insured the SBHC will not charge for the visit. No child will be refused services based on an inability to pay. Insurance companies require the collection of co-payments and deductibles for services provided SBHCs will not collect co-payments from students.

How will my child get to the School-Based Health Center?

[TAILOR TO FIT GEOGRAPHIC LOCATION AND TRANSPORTATION LIMITATIONS THAT MAY EXIST]

Do School-Based Health Centers provide abortion services?

No. School-Based Health Centers are prohibited by law to provide abortion services. They can provide reproductive health services that could include, STI testing and treatment, pregnancy tests, and pre-natal care if those services are available at the SBHC.

Do SBHCs take money away from classrooms?

No. SBHCs get their funding from many different sources. Schools generally provide only in-kind support to their SBHCs, such as space, utilities, and custodial services. School districts recognize that student achievement gaps can be closed if students are physically and mentally healthy.

How are SBHCs in New Mexico funded?

New Mexico SBHCs are funded through a mix of sources, including federal, state and local government dollars, private grants and donations, insurance billing, and in-kind support.

Shouldn't the school district just focus on education?

Studies have found direct links between SBHC use and learning readiness. Schools cannot do their job of educating if students are not in school or are unable to concentrate because physical or behavioral health concerns. Research shows that students who use SBHCs are less likely to be absent or tardy and more likely to graduate or be promoted than nonusers.

Will the SBHC eliminate the need for the school nurses and school counselors?

No. SBHCs do not replace school nurses or counselors. Rather, they complement services already being provided by placing additional resources in the schools. School nurses and counselors are vitally important to comprehensive health care for students.

Will the SBHC take patients away from local providers?

No. The SBHC will collaborate with and make referrals to community medical providers. SBHCs are another entry point for children who may not otherwise be able or willing to seek help outside the school.

Will the healthcare providers at the SBHC be qualified?

Yes. All providers at the SBHC will be qualified, and the services they provide will be limited to their scope of practice.

| | | | |
|------------------------------------|--|--|------------|
| SUB-TOTAL VISIT REVENUE | | | \$0 |
| LESS BAD DEBT 5% | | | \$0 |
| TOTAL PATIENT VISIT REVENUE | | | \$0 |

| | |
|-----------------------------------|------------|
| GRANTS & OTHER FUNDING | |
| NMDOH | |
| Foundation Grants | |
| Other government grants | |
| Corporate donations | |
| Other | |
| TOTAL GRANTS | \$0 |



**New Mexico Standards and Benchmarks
For
School-Based Health Centers**

December 2024

Introduction

Definition of a New Mexico School-Based Health Center (SBHC)

School-based health centers provide quality, integrated, youth-friendly, and culturally responsive health care services to keep children and adolescents healthy, in school, and ready to learn.

Description of New Mexico SBHC

SBHCs provide integrated, youth-friendly, and culturally responsive health care to keep children and adolescents healthy, in school, and ready to learn. Located on or near school property, SBHCs operate independently yet in collaboration with the school system. A typical SBHC is staffed by a multidisciplinary team from a community-based health organization and offers primary care, behavioral health, and additional services like substance abuse support, oral health, reproductive health, and nutrition education.

SBHCs are designed to meet the unique health needs of youth through collaboration with families, school staff, and community partners.

Purpose of the New Mexico Standards and Benchmarks for SBHC

These standards describe the SBHC model and aim to ensure high-quality services, reduce variability, and promote sustainability. Compliance is required for funding from the New Mexico Department of Health (DOH), Office of School and Adolescent Health (OSAH) and for SBHC certification through the New Mexico Healthcare Authority.



Figure 1 - Key Components of a Successful NM SBHC

Accountability

The SBHC routinely evaluates its performance against accepted standards of quality to achieve optimal outcomes for students.

- A. **Medical Records** - SBHC will maintain medical records in accordance with NMAC 16.10.17 – Management of Medical Records.
- B. **Data Collection and Reporting**
 1. SBHC must have the capacity collect and electronically submit data to OSAH, or OSAH contractor by the 5th of every month.
 2. SBHC collects and reports on key performance measures, including individual and population-level outcomes, to assure accountability to partners, payers, funders, and other stakeholders.
 3. Minimum data set includes:
 - (a) date of service
 - (b) the unique student identifier
 - (c) date of birth
 - (d) gender
 - (e) race
 - (f) ethnicity
 - (g) insurance status
 - (h) location of visit
 - (i) provider
 - (j) CPT visit code
 - (k) ICD-10 (or its successor) Diagnostic code
 - (l) Dental providers use acceptable dental codes
4. **Experience Surveys** - SBHC annually assesses patient, school, and community experience with services and assess unmet needs through patient and school experience survey.
5. **SBHC will submit Annual Operational Plans detailing:**
 - i) Hours of operation including hours of all clinical services available at the SBHC:
 - (1) Hours of primary care available (required)
 - (2) Hours of behavioral health care available (required)
 - (3) Hours of dental care available (optional)
 - (4) Case management (optional)
 - (5) Comprehensive health education (optional)
 - (6) Operating expenses
 - ii) Two interim progress reports will be submitted detailing progress or changes in operations
 - iii) OSAH must be notified of changes in operational hours, staffing, and quality improvement work within one week of changes occurring.
6. **Quality improvement**
 - i) SBHC implements a quality improvement system that monitors and evaluates the appropriateness, effectiveness, and accessibility of its services.
 - ii) Clinical, practice management, or sustainability measures are determined based on data demonstrating clinic and student need.
 - iii) Written plan for improvement is documented in Operational Plan and reported to OSAH annually.
 - iv) Written record of progress with supporting data is reported twice a year in Operational Plan Progress reports.
 - (a) One person at each SBHC is designated as the quality improvement lead and is responsible for monitoring and reporting progress.

7. **Policies** – Each SBHC is required to have written policies and procedures which outline processes for SBHC operations, sustainability, and compliance with the New Mexico Standards and Benchmarks for SBHC.

C. SBHC Certification Process

1. SBHC receiving funding from the New Mexico Department of Health complete a certification process when first contracted with the DOH SBHC program and recertify every three years.
2. Recertification reviews must be conducted prior to the expiration of the initial certification and every three years after. SBHCs are subject to revocation if significant deviations from the Standards and Benchmarks is found.
3. Certification is a joint process between DOH and the New Mexico Health Care Authority (HCA). A certification schedule is maintained by the HCA. School-based health center sponsors will receive at least a 30 day notice of certification visits.

Access to Care

The SBHC assures students' access to health care and support services to promote student health and well-being.

A. Physical location on a school-campus

1. SBHC is located within the school building, on or near a school campus.
2. SBHC is welcoming to students and ensures patient privacy is safeguarded.
3. SBHC operates within an appropriate physical space that complies with all laws and regulations governing health clinics, not limited to:
 - (a) Health Resources and Services Administration (HRSA)
 - (b) Americans with Disabilities Act (ADA)
 - (c) Occupational Safety and Health Administration (OSHA)
 - (d) Federal, state and local building codes

B. Telehealth and mobile health

1. Telehealth or mobile units may be utilized to support delivery of an array of healthcare services for students at school. Services may include primary care, including care for common chronic health conditions such as asthma and diabetes, oral health care, and mental health care.
2. SBHC sponsoring organizations will work with school districts to determine services provided, location within the school for private telehealth access for students, and schedule of mobile services.

C. Operations

1. Hours of operation are clearly posted and include protected student-only hours highlighted if the clinic is open to the public.
2. SBHC policy to accept walk-ins and offer same-day appointments whenever possible.
3. School and SBHC have a clear protocol for referrals from faculty and staff.
4. Students will be seen regardless of ability to pay or bill insurance.
 - i) Bills will not be sent to families.
 - ii) Student visits that are uncompensated because of lack of insurance or inability to pay will not be sent to collection agencies.
 - iii) Funds from DOH SBHC contract may be used to supplement expenses associated with provision of care for students without insurance or those seeking confidential services.
5. Medicaid eligibility determiner must be accessible to students without health insurance.

6. SBHC must have a process in place to fulfill administrative requests, prescriptions, and clinical questions when clinic is not open, or provider is not available.
7. SBHC has a policy and procedure in place for patients to access care for urgent issues when SBHC is not open (e.g. primary care physician on-call, nurse hotline, emergency room, urgent care center, or behavioral health crisis line).
8. SBHC has referral or transition process in place to ensure continuity of care for students requiring follow-up during times when school is not in session and the SBHC is not open, such as summer, winter break, and spring break.
 - i) This, especially, includes those receiving behavioral health services or care for any chronic health condition, such as asthma or diabetes.
9. SBHC does not discriminate against patients based upon race, color, sexual orientation, religion, national origin, age, disability, sex, health insurance status, or ability to pay.
10. SBHC that make services available to populations other than students from the school where the SBHC resides, such as faculty and/or school personnel, family of student users, students from other schools or other people in the community must:
 - i) prioritize the care of the student body and assure their safety and privacy.
 - ii) Have an agreement in place with school administration/district and procedure in place for allowing non-students/faculty access to the campus.
11. SBHC complies with all federal, state and local laws and regulations governing health care practices, may include, but not limited to:
 - (a) NMAC 16.10.17 – Management of Medical Records.
 - (b) Clinical Laboratory Improvement Amendments (CLIA)
 - (c) NM Board of Pharmacy
 - (d) Code of Federal Regulations (CFR)
 - (e) Vaccines for Children Program (VFC)
 - (f) Health Insurance Portability and Accountability Act (HIPAA)
 - (g) Family Educational Rights and Privacy Act (FERPA)
 - (h) Centers for Medicare & Medicaid Services (CMS)

D. Consent & Confidentiality

1. SBHC obtains from parent/guardian of students an informed written consent covering all non-confidential services.
2. SBHC will comply with all NM State laws regarding minor consent for confidential services including:
 1. Sexually Transmitted Disease - 24-1-9 NMSA 1978
 2. Pregnancy – 24-1-13.1 NMSA 1978
 3. Contraception – 24-8-5 NMSA 1978
 4. Emergency Conditions - 24-10-2 NMSA 1978
 5. Mental Health (including substance abuse) [rev.2007] – 32A-6A-14, NMSA 1978
 6. Consent for Certain Minors Fourteen Years or Older (homeless youth or parent of a child) - 24-7A-6.2 NMSA 1978
3. SBHC records are kept separate from school nursing and school academic records per HIPAA regulations.
4. SBHC has written policy addressing exchange of information between the SBHC and school health personnel which is in accordance with HIPAA/FERPA requirements

Integration

The SBHC demonstrates an integrated model of care, assimilates into the school environment to support student success and coordinates with relevant outside health systems that share in the well-being of its patients.

- A. The SBHC promotes a culture of collaboration and health across the entire school community.
 - a. SBHC has shared vision with school for student success.
 - b. SBHC has a formalized understanding of how it collaborates with school administration, teachers, and support staff—school nurses, psychologists, and counselors—to ensure the partnership meets student needs efficiently, effectively, and seamlessly.
- B. SBHC partners with the school to achieve improved outcomes for students struggling with attendance, behavior, or academic performance issues.
- C. SBHC is aware of and may assist in development of school policies, procedures, and structures that support student health, safety, and academic achievement (school improvement, school wellness/safety plans, alternatives to discipline, IDEA team, etc.).
- D. SBHC collaborates with school in the management and implementation of school's crisis prevention and intervention plans.
- E. SBHC promotes population health and prevention through services such as, provision of subject matter expertise, group, classroom-based, and school-wide efforts which address health risk factors and encourage wellness.
- F. SBHC engages parents/guardians/caregivers in the care of their student, as well as, in health education and promotion events to promote family wellness.
- G. The SBHC coordinates across relevant systems of care that share in the well-being of its patients.
 - a. **Internal integration** - SBHC has policies for integration of care within the SBHC, including referrals and warm hand-offs and care team wrap-up meetings.
 - b. **Care coordination** - SBHC has policies for coordination and integrative efforts (including exchange of health information as appropriate) with existing systems utilized by student—primary care, behavioral health, oral health, vision providers, and health plans—to improve continuity of care, reduce fragmentation, and prevent duplication of services.
 - c. **Care partners** - SBHC has referral and follow-up policies and procedures to ensure access to after-hours care (e.g., primary care physician, nurse hotline, emergency room, urgent care center, or behavioral health crisis line) and/or coverage beyond clinical capacity—including, oral health care, reproductive health care, and specialty health care.
 - d. **Parent/guardian/caregiver engagement** - SBHC has a policy to inform and educate parents/guardians/caregivers about a child's health issues and involve them as supportive participants in the student's health care whenever appropriate and possible.

Student Focus

The SBHC team and services are organized around relevant pediatric and adolescent health issues that affect student well-being and academic success.

- A. **Evidence-based standards**

1. SBHC is guided by evidence-based standards of care and follows nationally recommended best practices from professional organizations such as:
 - (a) The American Academy of Pediatrics (AAP)
 - (b) US Preventive Taskforce (USPTF)
 - (c) Centers for Disease Control and Prevention (CDC)
 - (d) Other guidelines set forth by national boards/academies of health on issues affecting health and development of children and adolescents.
2. SBHC services and materials are age appropriate and respectful of cultural and linguistic diversity.

B. Confidentiality

1. SBHC is aware of, follows, and notifies patient of NM confidentiality and minor consent laws.
 - (a) 24-1-9 NMSA 1978 – Sexually Transmitted Disease
 - (b) 24-1-13.1NMSA 1978 – Pregnancy
 - (c) 24-8-5 NMSA 1978 – Contraception
 - (d) 24-10-2 NMSA 1978 – Emergency Conditions
 - (e) 32A-6A-14, 15 NMSA 1978 – Mental Health (including substance abuse)
 - (f) 24-7A6.2 NMSA 1978 Consent for Certain Minors Fourteen Years and Older (homeless youth or parent of a child)
2. SBHC protects confidentiality of patient information as required by state and federal law when transmitted through conversation, billing activity, telemedicine, or release of medical records.

C. Patient engagement

1. SBHC meaningfully engages students in a variety of functions, including:
 - i) needed clinical services
 - ii) clinic operational hours and processes
 - iii) community asset mapping and needs assessment
 - iv) evaluation of services
 - v) youth-led outreach and promotion
 - vi) peer-to-peer health education
 - vii) advocacy mobilization on behalf of their health needs.

Sustainability

The SBHC employs sound management practices to ensure a sustainable business model.

A. SBHC sponsoring agency

1. A sponsoring agency is an entity that provides oversight of the SBHC and provides the following:
 - (a) Funding
 - (b) Staffing
 - (c) Medical oversight
 - (d) Liability insurance
 - (e) Billing support
2. SBHC may have more than one sponsor:
 - (a) A written agreement must be in place among sponsoring agencies outlining the roles and responsibilities of each organization in SBHC operations, i.e.,
 - (i) Administrative requirements:
 1. Serves as the fiscal agent for DOH contract
 2. Ensures overall fiscal sustainability of SBHC

3. Has the overall responsibility for adherence to the *Standards and Benchmarks* to other SBHC sponsors, the SBHC providers and staff, as well as the school administration
4. Ensures a designated staff person responsible for the overall coordination and operations of the SBHC
5. Ensures that clinic facility and providers are credentialed appropriately to bill Medicaid and private insurers (when applicable)
6. Negotiates and maintains written agreements and relationships with the school
7. Negotiates and maintains written agreements with other agencies or medical groups that provide services in the SBHC
8. Ensures mechanisms are developed to coordinate SBHC services with school and other agencies
9. Is responsible for collection and reporting of data
10. Ensures timely completion and submission of reports to DOH and other funders
11. Ensures any clinical contractors store and maintain all records in accordance with NMAC 16.10.17 – Management of Medical Records

(ii) Health care related requirements:

1. Ensures professional liability coverage for medical, behavioral health and other professional clinical staff
2. Ensures provision medical provider to SBHC
3. Provides clinical oversight of SBHC providers and healthcare services
4. Oversees written clinical policies and procedures
5. Oversees written policies and procedures for credentialing of medical providers
6. Is responsible for credentialing and privileging of medical providers
7. Is responsible for medical records in accordance with NMAC 16.10.17 – Management of Medical Records
8. Ensures maintenance of CLIA Waiver
9. Ensures maintenance of pharmacy license

- (b) Written policies and procedures must be in place to describe how division of responsibilities will occur.
- (c) Written policies and procedures must be in place describing how an integrated model of care will be achieved with multiple agencies.

B. Financial Sustainability

1. Financial policies and procedures should:
 - (a) support and guide a sound business plan based on financial strategies that rely on stable and predictable funding sources, maximize patient revenue, and minimize the role of grants to support operations for the long-term.
 - (b) Provide direction for maintaining student confidentiality when billing for services.
2. Budget considerations should consider the cost of the program and sources of revenue, including, but not limited to:
 - (a) Direct and indirect costs such as:
 - (i) Staffing
 - (ii) Facility expenses
 - (iii) Pharmacy
 - (iv) Administration

- (v) Care coordination
- (vi) Health promotion
- (b) Expected patient volume by provider needed to cover operational costs.
 - (i) Payer sources
 - (ii) Reimbursement trends
- (c) SBHC understands and utilizes an appropriate accounting system to collect and report financial data.

AN ACT

RELATING TO HEALTH; ENACTING A NEW SECTION OF THE
PUBLIC HEALTH ACT TO CREATE AND OPERATE SCHOOL-BASED HEALTH
CENTERS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. A new section of the Public Health Act is enacted to read:

"SCHOOL-BASED HEALTH CENTERS--CREATION AND OPERATION.--

A. The department shall provide funding, technical assistance, clinical oversight and other necessary support for the creation and operation of school-based health centers.

B. School-based health centers receiving funding from the department shall be regulated by the department to provide services pursuant to Subsection E of this section.

C. School-based health centers shall be established in schools, within the boundaries of school campuses or within safe walking distances from school campuses as determined by the school and the school-based health center operator, in communities based on:

(1) need for services:

(2) operator availability; and

(3) support from local educational

authorities.

1 D. School-based health centers shall work in
2 cooperation with schools and school districts and be operated
3 by licensed health care providers, including hospitals,
4 federally qualified health centers, the department's public
5 health nurses and other qualified health care providers.

6 E. School-based health centers shall provide
7 services through licensed providers, including:

8 (1) primary health care;
9 (2) preventive health care, including
10 comprehensive health assessments and diagnosis;
11 (3) treatment of minor, acute and chronic
12 conditions;
13 (4) mental health care;
14 (5) substance use disorder assessments,
15 treatment and referral;
16 (6) crisis intervention; or
17 (7) referrals as necessary for additional
18 treatment, including inpatient care, specialty care,
19 emergency psychiatric care, oral health care and vision
20 health care services.

21 F. The department shall adopt and promulgate rules
22 for the regulation, operation and oversight of school-based
23 health centers receiving funding from the department.

24 G. For purposes of this section:

25 (1) "department" means the department

1 of health;

2 (2) "mental health care" means services
3 related to emotional, psychological and social well-being;

4 (3) "preventive health care" means services
5 that include screenings, checkups and patient counseling to
6 stop or slow the progression of illness, diseases and other
7 health problems; and

8 (4) "primary health care" means health care
9 services that include providing preventive care, promoting
10 wellness and treating common illnesses."

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TITLE 7 HEALTH
CHAPTER 30 FAMILY AND CHILDREN HEALTH SERVICES
PART 15 SCHOOL-BASED HEALTH CENTERS

7.30.15.1 ISSUING AGENCY: New Mexico department of health, public health division.
[7.30.15.1 NMAC - N, x/x/2025]

7.30.15.2 SCOPE: These rules apply to school-based health centers in New Mexico that are funded by the New Mexico department of health, and all persons who provide services within those SBHCs.
[7.30.15.2 NMAC - N, x/x/2025]

7.30.15.3 STATUTORY AUTHORITY: These rules are promulgated pursuant to the following statutory authorities: the Department of Health Act, Subsection E of Section 9-7-6 NMSA 1978, which authorizes the secretary of the department of health to "...make and adopt such reasonable and procedural rules and regulations as may be necessary to carry out the duties of the department and its divisions"; and the Public Health Act, Subsection F of Section 24-1-44 NMSA 1978, which authorizes the department to adopt and promulgate rules for the regulation, operation and oversight of school-based health centers receiving funding from the department.
[7.30.15.3 NMAC - N, x/x/2025]

7.30.15.4 DURATION: Permanent.
[7.30.15.4 NMAC - N, x/x/2025]

7.30.15.5 EFFECTIVE DATE: [Date], unless a later date is cited at the end of a section.
[7.30.15.5 NMAC - N, x/x/2025]

7.30.15.6 OBJECTIVE: The purpose of this rule is to implement Section 24-1-44 of the Public Health Act. This rule governs the regulation, operations and oversight of school-based health centers (SBHC) in New Mexico receiving funding from the department, and establishes minimum standards for implementation of the provisions of the statute. The school-based health center program supports communities in promoting the health and well-being of the school-age population and local community through the evidence-based best practice within a public health framework. These rules establish the procedure and criteria New Mexico department of health shall use to certify, suspend, and decertify school-based health centers. Certification of an SBHC by the state SBHC program is voluntary; an operating SBHC choose not to participate in certification, only certified SBHCs are eligible for funding from New Mexico department of health.
[7.30.15.6 NMAC - N, x/x/2025]

7.30.15.7 DEFINITIONS:

- A. Definitions beginning with "A":** [RESERVED]
- B. Definitions beginning with "B":** "Behavioral health" means mental health, lifestyle and health behaviors, substance misuse, life stressors and crises.
- C. Definitions beginning with "C":** "Child" means a person below the age of 18.
- D. Definitions beginning with "D":** "Department" means the New Mexico department of health.
- E. Definitions beginning with "E":** [RESERVED]
- F. Definitions beginning with "F":** "FERPA" means Family Educational Rights and Privacy Act.
- G. Definitions beginning with "G":** [RESERVED]
- H. Definitions beginning with "H":**
 - (1) "Health"** means a state of physical and mental well-being, not merely the absence of disease.
 - (2) "HIPAA"** means Health Insurance Portability and Accountability Act.
- I. Definitions beginning with "I":** [RESERVED]
- J. Definitions beginning with "J":** [RESERVED]
- K. Definitions beginning with "K":** [RESERVED]
- L. Definitions beginning with "L":** [RESERVED]
- M. Definitions beginning with "M":** "Medicaid" means medical assistance eligibility, pursuant to Title XIX of the Social Security Act, by the medical assistance division of the New Mexico health care authority.
- N. Definitions beginning with "N":** [RESERVED]

O. Definitions beginning with “O”: [RESERVED]

P. Definitions beginning with “P”:

(1) **“Provider”** means any individual or entity furnishing health care at the SBHC.

(2) **“Primary health care”** means basic care of a patient’s health needs across a wide continuum, including preventive and well care as well as minor and acute illness or injury.

Q. Definitions beginning with “Q”: [RESERVED]

R. Definitions beginning with “R”: **“Reproductive health”** means state of wellbeing in all matters related to the reproductive system and to its functions and process.

S. Definitions beginning with “S”:

(1) **“School-based health center (SBHC)”** means a health care clinic located in a school, a school campus or and is organized through school and health provider agreements and offer both physical and behavioral health care.

(2) **“School-based health center program (program; SBHC program)”** means the New Mexico department of health, school-based health center program.

(3) **“SBHC site”** means an individual SBHC clinic or access point.

(4) **“SBHC system”** means the SBHC sponsoring agency and all the school-based health centers operating under that entity.

(5) **“Sponsoring agency”** means an entity that provides, either directly or via contract with another entity, SBHC services that include (but need not be limited to):

- (a) Funding;
- (b) Staffing;
- (c) Clinical oversight;
- (d) Liability insurance; and
- (e) Billing support.

(6) **“Student”** means a child or adolescent who is enrolled in school.

T. Definitions beginning with “T”: **“Telehealth”** means patient care via a two-way, real-time interactive communication between a patient and a medical or behavioral health provider at a distant site through telecommunications equipment that includes, at a minimum, audio and visual equipment.

U. Definitions beginning with “U”: [RESERVED]

V. Definitions beginning with “V”: [RESERVED]

W. Definitions beginning with “W”: [RESERVED]

X. Definitions beginning with “X”: [RESERVED]

Y. Definitions beginning with “Y”: [RESERVED]

Z. Definitions beginning with “Z”: [RESERVED]

[7.30.15.7 NMAC - N, x/x/2025]

7.30.15.8 STANDARD OF COMPLIANCE: The degree of compliance required throughout these rules is designated using the words “shall”, “must”, or “may”. “Shall” or “must” means mandatory. “May” means permissive. The use of the words, “proper” and “appropriate” mean the degree of compliance that is generally accepted throughout the professional field and by those who provide school-based health center services to the public in facilities governed by these rules. However, if any other applicable statute or rule requires mandatory or stricter compliance for school-based health center services than these rules, the school and the SBHC sponsoring agency must comply with the stricter compliance requirements.

[7.30.15.8 NMAC - N, x/x/2025]

7.30.15.9 SCHOOL-BASED HEALTH CENTER OPERATIONS AND SERVICES:

A. Location: A school-based health center shall be located within a designated clinic space in a school, on a school campus, or adjacent to a school campus within a safe walking distance. School-based health care may also be delivered in a mobile clinic on or near a school campus or offered via telehealth as determined by the school and SBHC sponsoring agency. An SBHC shall operate within an appropriate physical space and comply with all federal, state, and local laws and regulations governing health care practices.

B. Consent to services: An SBHC shall obtain parental, guardian, or student consent for services in accordance with applicable state and federal laws.

C. Non-discrimination: In accordance with state and federal non-discrimination laws, an SBHC shall not discriminate against patients based upon race, color, sexual orientation, gender, gender identity, religion, national origin, immigration status disability, health insurance status, or ability to pay.

D. Hours of operation: An SBHC shall be open during hours accessible to students.

E. Clinical services: SBHC clinical services shall be provided by professionally qualified staff who are appropriately certified and professionally licensed in the state of New Mexico. SBHC clinical providers shall provide age appropriate, relevant health services to children and students. Services may include:

- (1) Comprehensive primary health care, including, health assessments, diagnosis, and treatment of minor, acute, and chronic medical conditions;
- (2) Well-child examinations, referrals to and follow-up for specialty care, mental health and substance use disorder assessments and treatment;
- (3) Crisis intervention, counseling and treatment;
- (4) Oral health services;
- (5) Vision services; and
- (6) Reproductive health services, including but not limited to diagnosis and treatment of sexually transmitted diseases, HIV testing and counseling, and provision of contraceptives.

F. Storage of supplies and medications: SBHC sites shall abide by state regulations and standards for the proper storage of medical supplies, medications, 16.19.10 NMAC

G. Referral for services: SBHC shall refer to a continuum of health services not available at the SBHC, including those related to physical health conditions, mental health conditions, substance abuse services, vision and oral health services as needed, services may include but are not limited to:

- (1) vaccinations;
- (2) community support programs;
- (3) inpatient care; and
- (4) outpatient care and programs.

H. Health coverage: All school-based health centers shall take steps to ascertain a student's insurance coverage, health plan, and primary care provider to ensure continuity of care.
[7.30.15.9 NMAC - N, x/x/2025]

7.30.15.10 SCHOOL-BASED HEALTH CENTER CERTIFICATION: School-based health centers must meet all requirements for certification in the New Mexico standards and benchmarks for school-based health Centers to be eligible to apply to the program for certification. The department may perform reviews of SBHCs as it deems necessary to ensure continued compliance with the New Mexico standards and benchmarks for school-based health centers. Reviews may include site visits, reviews of records and documents, or such other oversight as determined necessary by the department. An SBHC shall make documents and premises available for inspection upon the program's request.

[7.30.15.10 NMAC - N, x/x/2025]

7.30.15.11 DATA COLLECTION AND SHARING:

A. Medical record: A school-based health center shall maintain and store a medical record for each patient in accordance with applicable laws. *See, e.g., 16.10.17.10 NMAC ("Retention, Maintenance and Destruction of Medical Records").*

B. Data collection: An SBHC shall participate in data collection for statewide evaluation. Data measures shall be determined by the state of New Mexico school based health center program. School-based health centers shall ensure confidentiality in the storage and sharing of health information, in accordance with applicable state and federal confidentiality laws, including HIPAA and FERPA.

C. Student confidentiality: SBHCs shall follow applicable state and federal laws concerning student confidentiality when billing for services.

[7.30.15.11 NMAC - N, x/x/2025]

7.30.15.12 SBHC STAFFING:

A. AN SBHC shall provide services through health professionals who maintain up to date New Mexico licensure, training, and proper certification in their individual discipline for the population to be served.

B. The organizational structure of the SBHC must be adequate to provide for appropriate clinic supervision of staff, and to ensure that staff are assigned responsibilities that are consistent with their education and experience and legally within their scope of practice.

C. Staffing of the SBHC must include the designation of an individual as having overall responsibility for the management of the SBHC.

[7.30.15.12 NMAC - N, x/x/2025]

7.30.15.13 FINANCIAL SUSTAINABILITY:

A. The SBHC sponsoring agency is responsible for employing financial practices that balance the long-term fiscal health of the SBHC.

B. The SBHC sponsoring agency shall maintain financial policies and procedures that:

- (1) Support and guide a sound business plan based on financial strategies that rely on stable and predictable funding sources, maximize patient revenue, and minimize the role of grants to support operations for the long-term; and
- (2) Require billing Medicaid and other insurers whenever possible.

[7.30.15.13 NMAC - N, x/x/2025]

7.30.15.14 WAIVERS:

A. An SBHC system must notify the program within 20 calendar days of any change that brings an SBHC out of compliance with the certification requirements. An SBHC system must submit a request to the program that includes an explanation of the non-compliant requirement, a plan for corrective action, and date for meeting compliance.

B. The program will review the waiver request and inform the SBHC system of approval or denial of the waiver within two weeks of submission.

C. If the waiver is approved, the SBHC must comply with certification requirements by the identified deadline for compliance.

D. If a waiver is denied; an SBHC site or system does not come into compliance by the deadline for compliance stated on the waiver; or an SBHC is out of compliance with certification requirements and has not submitted a waiver, the program may, within its discretion:

- (1) Require the SBHC to complete an additional waiver with an updated plan for corrective action and updated date for meeting compliance;
- (2) Issue a written warning with a timeline for corrective action; or
- (3) Issue a notice of contemplated action to suspend or revoke SBHC certification(s) or take other disciplinary action in accordance with this rule.

E. An SBHC site with its certification status suspended may have its suspension lifted once the program determines that compliance with certification requirements has been satisfactorily achieved.

F. An SBHC that has been decertified may reapply.

G. If these rules are amended in a manner that requires an SBHC to make any operational changes, the program will allow the SBHC system until the beginning of the next certification year or a minimum of 90 days to come into compliance.

H. The New Mexico school based health center program reserves the right to review any or all selected standards for compliance at all certified sites with a minimum notification of at least five center working days if issues of compliance are raised or come into question.

[7.30.15.14 NMAC - N, x/x/2025]

7.30.15.15 DISCIPLINARY ACTION; RIGHT OF APPEAL:

A. **Denial, suspension, and revocation:** SBHC certification may be denied, suspended, or revoked, or may be subject to any other disciplinary action, for violation of or failure to satisfy any requirement of this rule, and on any of the following grounds:

- (1) abuse, neglect, or exploitation;
- (2) failure to follow established procedures regarding controlled substances;
- (4) disclosure of patient information in a manner not consistent with applicable law(s);
- (3) dispensing, administering, or distributing medications in a manner not consistent with applicable law(s);
- (4) failure to comply with other applicable law(s);
- (5) any false, fraudulent, or deceptive statement made to the program;
- (6) failure to cooperate with the program's review of the SBHC; and
- (7) any conduct that poses a substantial risk of harm to public health or safety.

B. **Notification; other action:** If final disciplinary action is taken, the program may notify the New Mexico health care authority, licensing bodies, and others.

C. **Notice of contemplated action:** The program may issue a notice of contemplated action to deny, suspend, or revoke certification, or take other disciplinary action against an SBHC. The notice shall be served by certified U.S. postal mail (return receipt requested). The notice shall state the grounds for taking the proposed

action, and shall state that the program will take the proposed action unless the SBHC or SBHC applicant mails, within 20 days after service of the notice, a letter (via certified mail, return receipt requested), requesting a hearing.

D. Right to appeal: An SBHC or SHBC applicant may request a hearing to be held before a hearing officer appointed by the cabinet secretary to contest a proposed action under this rule, by mailing a letter via certified mail, return receipt requested, to the program within 20 days after service of the notice of contemplated action. If an SBHC or SBHC applicant fails to request a hearing in the time and manner required, the SBHC or SBHC applicant shall forfeit the right to a hearing, and the proposed action shall become final.

[7.30.15.15 NMAC - N, x/x/2025]

7.30.15.16 HEARINGS:

A. Scheduling the hearing:

(1) Appointment of hearing officer: Upon the program's receipt of a conforming request for hearing, the department shall appoint a hearing officer and schedule a hearing.

(2) Hearing date: The hearing shall be held not more than 60 days and not less than 15 days from the date of service of the notice of the hearing.

(3) Notice of hearing: The department shall notify the SBHC or SBHC applicant of the date, time, and place of the hearing and the identity of the hearing officer within 20 days of the program's receipt of the conforming request for hearing.

(4) Hearing venue: The hearing shall be held in Santa Fe, New Mexico, or may be held via internet-based web video conference by agreement of the parties.

B. Method of service: Any notice or decision required to be served under this section may be served either personally or by certified mail, return receipt requested, directed to the SBHC or SBHC applicant at the last known mailing address shown by the records of the program. The notice or decision shall be deemed to have been served on the date borne by the return receipt showing delivery, or the date of the last attempted delivery of the notice or decision, or the date of the addressee's refusal to accept delivery.

C. Hearing officer duties: The hearing officer shall conduct the hearing, rule on any motions or other matters that arise prior to the hearing, and issue a written report and recommendation(s) to the secretary following the close of the hearing.

D. Official file: Upon appointment, the hearing officer shall establish an official file which shall contain all notices, hearing requests, pleadings, motions, written stipulations, evidence, briefs, and correspondence received in the case. The official file shall also contain proffered items not admitted into evidence, which shall be so identified and shall be separately maintained. Upon conclusion of the proceeding and following issuance of the final decision, the hearing officer shall tender the complete official file to the department for its retention as an official record of the proceedings.

E. Powers of hearing officer: The hearing officer shall have all the powers necessary to conduct a hearing and to take all necessary action to avoid delay, maintain order, and assure development of a clear and complete record, including but not limited to the power to: administer oaths or affirmations; schedule continuances; direct discovery; examine witnesses and direct witnesses to testify; subpoena witnesses and relevant books, papers, documents, and other evidence; limit repetitious and cumulative testimony; set reasonable limits on the amount of time a witness may testify; decide objections to the admissibility of evidence or receive the evidence subject to later ruling; receive offers of proof for the record; take notice of judicially cognizable facts or take notice of general, technical, or scientific facts within the hearing officer's specialized knowledge (provided that the hearing officer notifies the parties beforehand and offers the parties an opportunity to contest the fact so noticed); direct parties to appear and confer for the settlement or simplification of issues, and otherwise conduct pre-hearing conferences; impose appropriate evidentiary sanctions against a party who fails to provide discovery or who fails to comply with a subpoena; dispose of procedural requests or similar matters; and enter proposed findings of fact and conclusions of law, orders, reports and recommendations. The hearing officer may utilize his or her experience, technical competence, or specialized knowledge in the evaluation of evidence presented.

F. Postponement or continuance: The hearing officer, at their discretion, may postpone or continue a hearing upon his or her own motion, or upon the motion of a party, for good cause shown. Notice of any postponement or continuance shall be given in person, by telephone, or by mail to all parties within a reasonable time in advance of the previously scheduled hearing date.

G. Conduct of hearing: Hearings shall be open to the public; provided, however, that hearings may be closed in part to prevent the disclosure of confidential information, including but not limited to health information protected by state and federal laws.

H. Recording: The hearing officer or a designee shall record the hearing by means of a mechanical sound recording device provided by the department for a record of the hearing. Such recording need not be transcribed, unless requested by a party who shall arrange and pay for the transcription.

I. Burden of proof: Except as otherwise provided in this rule, the department has the burden of proving by a preponderance of the evidence the basis for the proposed action. Exception in denied application cases: in cases arising from the denial of an application for certification, the SBHC applicant shall bear the initial burden of proving by a preponderance of the evidence the applicant's qualifications.

J. Order of presentation; general rule: Except as provided in this rule, the order of presentation for hearings in all cases shall be:

- (1) **appearances:** opening of proceeding and taking of appearances by the hearing officer;
- (2) **pending matters:** disposition by the hearing officer of preliminary and pending matters;
- (3) **opening statements:** the opening statement of the department; and then the opening statement of the party challenging the department's action or proposed action;
- (4) **cases:** the department's case-in-chief, and then the case-in-chief of the party challenging the department's action;
- (5) **rebuttal:** the department's case-in-rebuttal;
- (6) **closing argument:** the department's closing statement, which may include legal argument; and then the closing statement of the party opposing the department's action or proposed action, which may include legal argument; and
- (7) **close:** close of proceedings by the hearing officer.

K. Order of presentation in denied application cases: The order of presentation in cases arising from the denial of an application for certification shall be:

- (1) **appearances:** opening of proceeding and taking of appearances by the hearing officer;
- (2) **pending matters:** disposition by the hearing officer of preliminary and pending matters;
- (3) **opening statements:** applicant's opening statement; and then the opening statement of the department;
- (4) **cases:** the applicant's case-in-chief, and then the department's case-in-chief;
- (5) **rebuttal:** the applicant's case-in-rebuttal;
- (6) **closing argument:** the applicant's closing statement, and then the department's closing statement; and
- (7) **close:** close of proceedings by the hearing officer.

L. Admissible evidence; rules of evidence not applicable: The hearing officer may admit evidence and may give probative effect to evidence that is of a kind commonly relied on by reasonably prudent persons in the conduct of serious affairs. Rules of evidence, such as the New Mexico rules of evidence for the district courts, shall not apply but may be considered in determining the weight to be given any item of evidence. The hearing officer may at his or her discretion, upon his or her motion or the motion of a party or a party's representative, exclude incompetent, irrelevant, immaterial, or unduly repetitious evidence, including testimony, and may exclude confidential or privileged evidence.

M. Objections: A party may timely object to evidentiary offers by stating the objection together with a succinct statement of the grounds for the objection. The hearing officer may rule on the admissibility of evidence at the time an objection is made or may receive the evidence subject to later ruling.

N. Official notice: The hearing officer may take notice of any facts of which judicial notice may be taken, and may take notice of general, technical, or scientific facts within his or her specialized knowledge. When the hearing officer takes notice of a fact, the parties shall be notified either before or during the hearing of the fact so noticed and its source, and the parties shall be afforded an opportunity to contest the fact so noticed.

O. Record content: The record of a hearing shall include all documents contained in the official file maintained by the hearing officer, including all evidence received during the course of the hearing, proposed findings of fact and conclusions of law, the recommendations of the hearing officer, and the final decision of the secretary.

P. Written evidence from witnesses: The hearing officer may admit evidence in the form of a written statement made by a witness, when doing so will serve to expedite the hearing and will not substantially prejudice the interests of the parties.

Q. Failure to appear: If a party who has requested a hearing or a party's representative fails to appear on the date, time, or location announced for a hearing, and if no continuance was previously granted, the hearing officer may proceed to hear the evidence of such witnesses as may have appeared or may accept offers of proof regarding anticipated testimony and other evidence, and the hearing officer may further proceed to consider

the matter and issue his report and recommendation(s) based on the evidence presented; and the secretary may subsequently render a final decision. Where a person fails to appear at a hearing because of accident, sickness, or other cause, the person may within a reasonable time apply to the hearing officer to reopen the proceeding, and the hearing officer may, upon finding sufficient cause, fix a time and place for a hearing and give notice to the parties.

R. Hearing officer written report and recommendation(s): The hearing officer shall submit a written report and recommendation(s) to the secretary that contains a statement of the issues raised at the hearing, proposed findings of fact and conclusions of law, and a recommended determination. Proposed findings of fact shall be based upon the evidence presented at the hearing or known to all parties, including matters officially noticed by the hearing officer. The hearing officer's recommended decision is a recommendation to the secretary of the New Mexico department of health and is not a final order.

S. Submission for final decision: The hearing officer's report and recommendation(s) shall be submitted together with the complete official file to the secretary of the New Mexico department of health for a final decision no later than 30 days after the last submission by a party.

T. Secretary's final decision: The secretary shall render a final decision within 45 calendar days of the secretary's receipt of the hearing officer's written report. A copy of the final decision shall be mailed to the SBHC or SBHC applicant by certified mail, return receipt requested, within 15 days after the final decision is rendered and signed.

[7.30.15.16 NMAC - N, x/x/2025]

History of 7.30.15 NMAC: [RESERVED]

NOTICE OF PUBLIC HEARING

The New Mexico Department of Health (“Department”) will hold a public hearing on the proposed adoption of a new rule concerning school-based health centers, to be designated as 7.30.15 NMAC. The hearing will be held on March 28, 2025 at 9:00 a.m. via the Microsoft Teams Internet-based video conferencing system, and via telephone. Members of the public who wish to submit public comment regarding the proposed rule will be able to do so via video conference and via telephone during the course of the hearing, and by submitting written comment.

The proposed rule proposes various minimum standards and requirements for SBHCs that receive funding from the Department, concerning (but not limited to) the following subjects:

- SBHC operations and services, including location, consent to services, non-discrimination, hours of operation, and the provision of clinical services;
- Department inspection and oversight of SBHCs;
- Data collection, sharing of data with the Department, and medical record confidentiality;
- Health center certification;
- Staffing;
- Financial sustainability;
- Requests for waivers of rule requirements; and
- Disciplinary actions, the hearings process, and final decisions on proposed disciplinary actions.

The purpose of the proposed rule is to implement Section 24-1-44 NMSA 1978 of the Public Health Act, which requires that the Department provide funding, technical assistance, clinical oversight, and other necessary support for the creation and operation of school-based health centers (SBHCs).

The legal authority authorizing the proposed rule is Subsection E of Section 9-7-6 NMSA 1978, and Subsection F of Section 24-1-44 NMSA 1978.

A free copy of the full text of the proposed rule can be obtained online from the New Mexico Department of Health’s website at <http://nmhealth.org/about/asd/cmo/rules/> or by contacting the Department using the contact information below.

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To access the hearing via the Internet: please go to <https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting>

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To access the hearing by telephone: please call 1-505-312-4308, phone conference i.d. 513269699#
All comments will be recorded.

Written public comment regarding the proposed rule can be submitted either by e-mail to Stephanie Lopez at stephanie.lopez@doh.nm.gov, or U.S. postal mail to the following address:

Stephanie Lopez
NMDOH OGC
P.O. Box 26110
1190 St. Francis Dr., Suite N-4095
Santa Fe, NM 87502-6110

Written comments must be received by the close of the public rule hearing on March 28, 2025. All written comments will be published on the agency website at <https://www.nmhealth.org/about/asd/cmo/rules/> within 3 days of receipt, and will be available at the New Mexico Department of Health for public inspection.

If you are an individual with a disability who is in need of special assistance or accommodations to attend or participate in the hearing, please contact Stephanie Lopez by telephone at (505) 690-3689. The Department requests at least ten (10) days' advance notice to provide special accommodation.

Affidavit of Publication

STATE OF NEW MEXICO } SS
COUNTY OF BERNALILLO }

Ad Cost: \$166.78
Ad Number: 166710
Account Number: 1060434
Classification: GOVERNMENT LEGALS

I, Bernadette Gonzales, the undersigned, Legal Representative of the Albuquerque Journal, on oath, state that this newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, chapter 167, Session Laws of 1937, and payment of fees has been made of assessed and a copy of which is hereto attached, was published in said publication in the daily edition, 1 times(s) on the following date(s):

February 25, 2025

That said newspaper was regularly issued and circulated on those dates.

SIGNED:



Legal Representative

Subscribed to and sworn to me this 25th day of February 2025.

David Lindsey Montoya
Notary Public
County Bernalillo
ID#: 1140229
My commission expires: 04-26-2027

NM DEPT OF HEALTH
OFFICE OF GENERAL COUNSEL
PO BOX 26110, SUITE N-4095
SANTA FE, NM 87502

| |
|----------------------------|
| STATE OF NEW MEXICO |
| NOTARY PUBLIC |
| DAVID LINDSEY MONTOYA |
| COMMISSION NUMBER 1140229 |
| EXPIRATION DATE 04-26-2027 |

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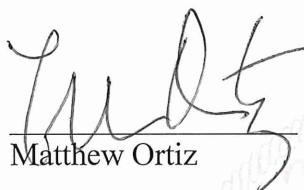
Journal: February 25, 2025

NEW MEXICO
State Records Center and Archives
COMMISSION OF PUBLIC RECORDS
Your Access to Public Information

Affidavit of Publication in New Mexico Register

I, Matthew Ortiz, certify that the agency noted on Invoice # 8017 has published legal notice of rulemaking or rules in the NEW MEXICO REGISTER, VOLUME XXXVI, that payment has been assessed for said legal notice of rulemaking or rules, which appears on the publication date and in the issue number noted on Invoice # 8017, and that Invoice # 8017 has been sent electronically to the person(s) listed on the *Billing Information Sheet* provided by the agency.

Affiant:

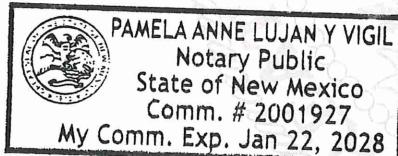


Matthew Ortiz

Subscribed, sworn and acknowledged before me this 28th day of February 2025.

Notary Public:

My Commission Expires:



1205 Camino Carlos Rey | Santa Fe, NM 87507 | www.srca.nm.gov

Hon. Raúl Torrez
Attorney General

Debra Garcia y Griego
Secretary, Department of Cultural Affairs

Hon. Joseph Maestas
State Auditor

Robert E. Doucette Jr.
Secretary, General Services Department

Hon. Maggie Toulouse Oliver
Secretary of State

Stephanie Wilson
State Law Librarian, Supreme Court Law Library

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Michelle Lujan Grisham
Governor

Gina DeBlassie
Interim Cabinet Secretary

New Mexico Department of Health

December 17, 2024

Pamela Lujan y Vigil
Rules Management Analyst
Administrative Law Division
State Records Center and Archives
1205 Camino Carlos Rey
Santa Fe, New Mexico 87507

RE: Request for New Rule Part Designation: 7.30.15 NMAC

Dear Ms. Lujan y Vigil:

The New Mexico Department of Health is in the process of creating a new rule concerning school-based health centers, to be included within the New Mexico Administrative Code. I am writing to request that the new rule part be designated as follows:

Title 7 Health
Chapter 30 Family and Children Health Services
Part 15 School-Based Health Centers

Thank you for your time and consideration of this request. Please let me know if you require any further information.

Sincerely,

Christopher D. Woodward
Acting General Counsel



Michelle Lujan Grisham
Governor

Gina DeBlassie
Interim Cabinet Secretary

New Mexico Department of Health

Via Electronic Mail

December 20, 2024

Craig T. Erickson
Upton & Kery, P.A.
500 Tijeras Ave., NW
Albuquerque, NM 87102

**Re: Appointment Letter, Public Rulemaking Hearing on Adoption of Proposed Rule
7.30.15 NMAC, School-Based Health Centers**

Dear Mr. Erickson:

Pursuant to NMSA 1978, § 9-7-6(E), I hereby appoint you to serve as the hearing officer to preside at the Department of Health's public hearing February 14, 2025. This rulemaking hearing is scheduled for 9:00 a.m. and will be conducted via the Microsoft Teams web conference platform and via telephone, per the attached Notice of Public Hearing.

The hearing will be conducted to receive public comment regarding the proposed adoption of a new rule, 7.30.15 NMAC, "School-Based Health Centers". An exhibit binder will be provided to you prior to the date of the hearing.

Thank you for accepting this appointment.

Sincerely,

Signed by:

A handwritten signature of Gina DeBlassie.

2B5F58D60AD7441...

Gina DeBlassie
Interim Cabinet Secretary

Dec 20, 2024 | 3:50 PM MST

Date

cc: Christopher D. Woodward, Acting General Counsel

Affidavit of Notice to the Public

I, Stephanie Lopez, the undersigned, on oath, swear and affirm that the Notice of the Public Hearing for the proposed adoption of Rule 7.30.15 School Based Health Centers, was provided to the public as identified below:

1. On February 12, 2025, I verified that the Notice of Public Hearing was electronically posted on the New Mexico Department of Health agency website at <https://www.nmhealth.org/about/asd/cmo/rules/>, in accordance with the State Rules Act at NMSA 1978, § 14-4-5.2.
2. On February 12, 2025, I verified that the Notice of Public Hearing was posted on the New Mexico Sunshine Portal website, in accordance with the State Rules Act at NMSA 1978, § 14-4-5.2.
3. No persons have provided a postal address to request written notice by postal mail.
4. On February 12, 2025, I emailed the Notice of Public hearing to the New Mexico Legislative Counsel Service, at lcs@nmlegis.gov, in accordance with the State Rules Act at NMSA 1978, § 14-4-5.2.
5. On February 12, 2025, I emailed the Notice of Public Hearing to Kim Sewell of the New Mexico Small Business Regulatory Advisory Commission, the identified contact person for the receipt of proposed rule changes, at Kim.Sewell@edd.nm.gov, pursuant to the Small Business Regulatory Relief Act at NMSA 1978, § 14-4A-4.
6. On February 12, 2025, I was informed that the Notice of Public Hearing was publicly posted at the Office of School and Adolescent Health headquarters, located at 5300 Homestead Road NE, Suite 100, Albuquerque, NM 87110.
7. On February 12, 2025, I ensured that the Notice of Public Hearing was posted publicly on the exterior doors at the Harold Runnels Building, Department of Health, 1190 S. St. Francis Drive, Santa Fe, NM 87505.
8. On March 14, 2025, I emailed the Notice of Public Hearing to persons who have made a written request for notice from the agency of announcements addressing the subject of rulemakings and who have provided the agency an electronic mail address, in accordance with the State Rules Act at NMSA 1978, § 14-4-5.2. The list of persons who requested notice includes the following persons:

| | |
|------------------|--|
| Tim Gardner | tgardner@drnm.org |
| Lucy Galaviz | lgalaviz@drnm.org |
| Marilyn Wolfe | mwolfe@drnm.org |
| Crystal Hodges | chodges@nmag.gov |
| Rachel S. Gudgel | rachel.gudgel@nmlegis.gov |

FURTHER AFFIANT SAYETH NAUGHT.


Stephanie Lopez, Affiant

STATE OF NEW MEXICO }
COUNTY OF SANTA FE }

SWORN TO and SUBSCRIBED before me on the 14th day of March, 2025 by Stephanie Lopez.


Notarial Officer

State of New Mexico
Notarial Officer
Christopher D. Woodward
New Mexico
State Bar #20823

My Commission Expires:


N/A