



**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.

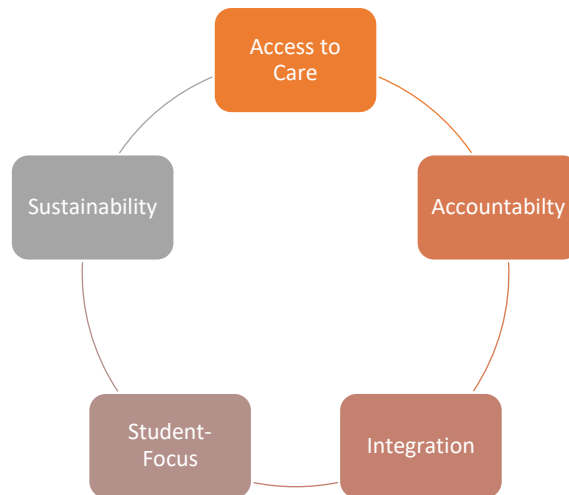


Figure 1 - Key Components of a Successful NM SBHC

# 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 5<sup>th</sup> 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) 24-1-13.1 NMSA 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.

