

BRINGING HEALTH CARE TO SCHOOLS 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**

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.

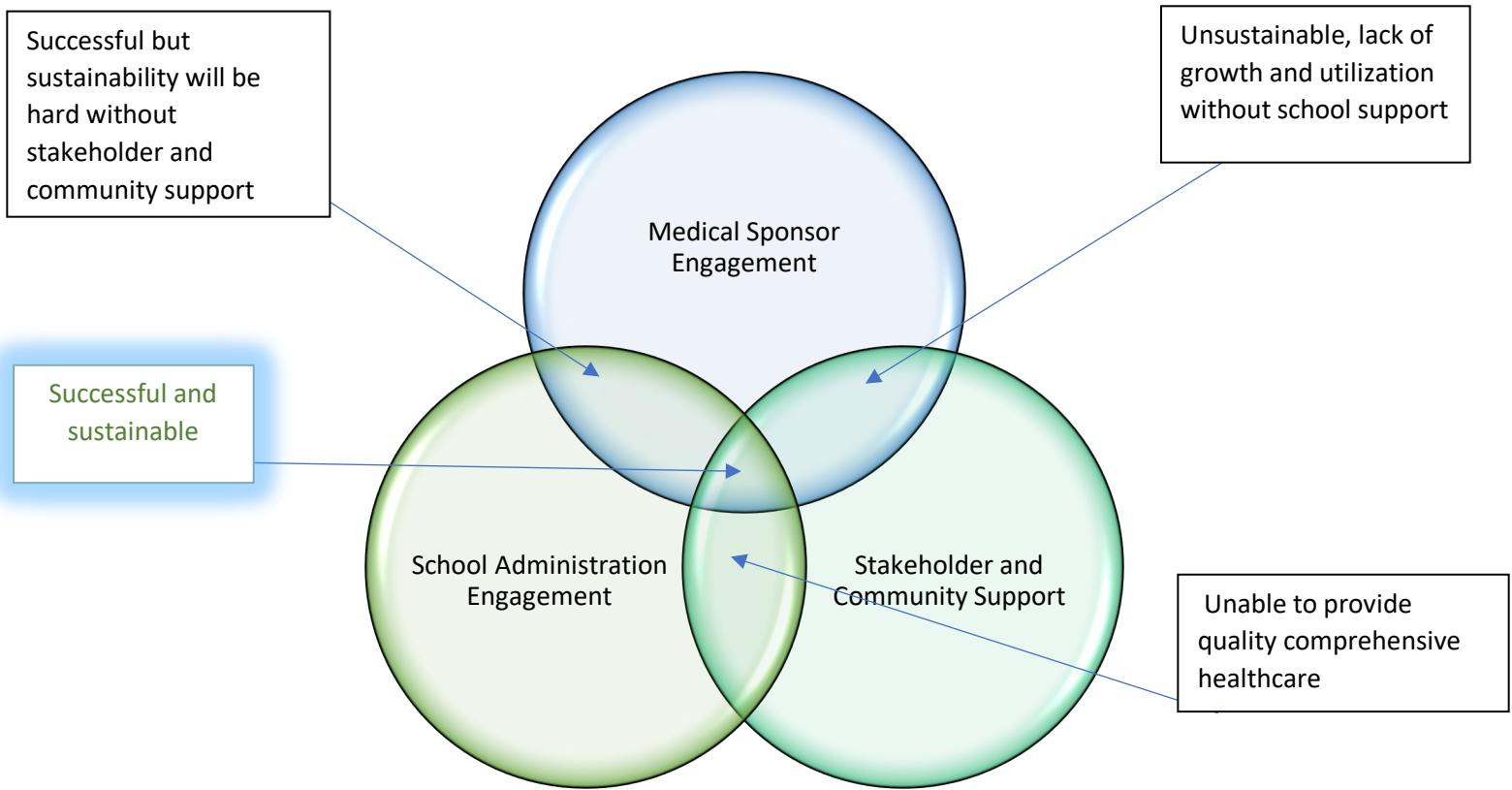
New Mexico Readiness Criteria for New School-Based Health Centers

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.

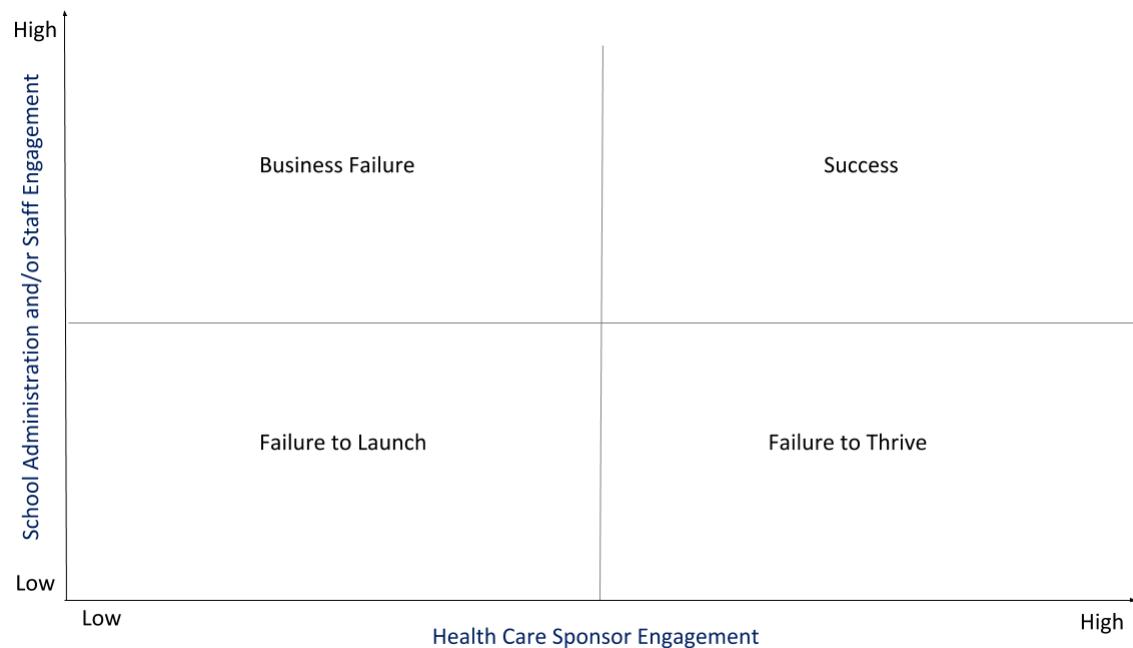
Criteria	Completed	Notes
1. Leadership from the School and/or District is outwardly supportive of the SBHC and is actively engaged in planning		
Alignment with school and district priorities along with significant proximity to existing SBHCs		
The school or district is aware that the students need the 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 school 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.

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

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

(1) primary health care;

(2) preventive health care, including

comprehensive health assessments and diagnosis;

(3) treatment of minor, acute and chronic

conditions;

(4) mental health care;

(5) substance use disorder assessments,

treatment and referral;

(6) crisis intervention; or

(7) referrals as necessary for additional

treatment, including inpatient care, specialty care,

emergency psychiatric care, oral health care and vision

health care services.

F. The department shall adopt and promulgate

for the regulation, operation and oversight of school-based health centers receiving funding from the department.

G. For purposes of this section:

(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.

The public hearing will be conducted to receive public comment on the proposed rule. Any interested member of the public may attend the hearing and may submit data, views, or arguments on the proposed rule either orally or in writing during the hearing.

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

Then enter the following meeting i.d. code and passcode where indicated on the screen: meeting i.d. code 261 704 461 719, passcode m4tw78vd. Then click the “Join a meeting” button.

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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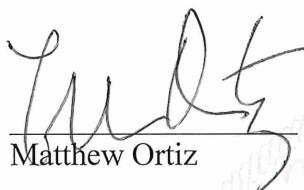
Journal: February 25, 2025

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:

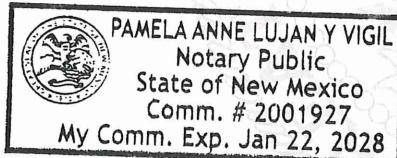


Matthew Ortiz

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

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.

The public hearing will be conducted to receive public comment on the proposed rule. Any interested member of the public may attend the hearing and may submit data, views, or arguments on the proposed rule either orally or in writing during the hearing.

To access the hearing via the Internet: please go to <https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting>, then enter the following meeting i.d. code and passcode where indicated on the screen: meeting i.d. code 261 704 461 719, passcode m4tw78vd. Then click the “Join a meeting” button.

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.



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" in black ink.

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