



State of New Mexico

Office of the Governor

Bill Richardson
Governor

**Background and Overview
of New Mexico
School-Based Healthcare Centers
December 9, 2004**

Introduction

“Building a Healthy New Mexico” is a comprehensive set of health, education and human services initiatives that Governor Bill Richardson unveiled in October 2004 to combat New Mexico’s ranking as 48th in overall child well being. A collaboration of public agencies including the Governor’s Office, the Department of Health, the Public Education Department, the Human Services Department, the Children, Youth, and Families Department and the Health Policy Commission along with healthcare providers and community leaders throughout the state have embarked upon a bold plan – **to double the number of existing School-based Healthcare Centers (SBHC) in 2005 from 34 to 68.**

School-based healthcare centers play an active role in helping improve the lives of New Mexico’s children because they place a breadth of essential services in exactly the right environment – our schools. SBHCs support student success because healthy students are better learners, and educated students are healthier.

This year the National Assembly on School-Based Healthcare noted the 30th anniversary of the first primary clinic in a Dallas high school. Today, over 1,400 SBHCs deliver primary, preventive and early intervention services to nearly a million children in all grade levels in both urban and rural settings. They span across 45 states and have experienced a ten-fold growth in the past decade.

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

A SBHC is a friendly and easily accessible location on a school campus where students go for health care services. Around the country there are various models but a typical SBHC is designed for the provision of integrated medical *and* behavioral health services.

A SBHC provides trained healthcare professionals who are licensed to:

- assess healthcare and illness conditions
- treat illness and prescribe medication
- counsel students and their families about approaches to wellness, illness management, and resources to meet the student's needs
- make referrals and coordinate outside services such as X-rays, dental work, and other services not available at the SBHC
- serve as a resource to school staff for student health issues

2. What services do SBHCs typically provide?

SBHCs have three levels of services. They range from a Level One to Level Three.

- Level One (basic) provides a minimum staffing of four hours primary care and four hours behavioral health services per week.
- Level Two provides a minimum staffing of 16 hours per week of primary care and 16 hours of behavioral health services per week.
- Level Three (comprehensive) provides a minimum staffing of 40 hours each of primary and behavioral health care.

Services vary depending on their designated level but generally include the following types of care:

Medical

- primary care for injuries and illness
- comprehensive well-child examinations
- immunizations
- over-the-counter medications and prescriptions
- laboratory tests
- referrals to other providers

Behavioral Health

- behavioral health awareness and outreach including anti-stigma and suicide prevention
- screening for depression
- individual therapy
- crisis intervention
- group and family therapy
- alcohol and substance abuse counseling

Prevention

- health promotion and risk reduction program
- health risk and assets assessment
- AIDS awareness education
- Nutrition and physical activity counseling

Reproductive Health Services are offered depending upon individual schools and communities. Some schools may refer students to outside community resources. Others may not offer any type of service.

Additional Services

Other services that could be provided include:

- clinical and behavioral case management
- health educator services for community
- telehealth services particularly for psychiatric consultation
- utilization review and outreach

3. What are the benefits of this healthcare model?

Teens are provided direct admission to healthcare providers while they are at school in a convenient and confidential setting.

- enormous barriers are removed such as transportation and language
- students do not have to miss school to receive health care
- teens learn how to use medical services in a non-intimidating environment
- referrals are made to appropriate community providers
- risk behaviors are identified earlier
- improved health outcomes

By placing a health center inside a school or in a child's or teen's native environment, national experience has shown that students:

- are less intimidated about seeking services
- comply with scheduled appointments with very few "no-shows"
- have access to on-site providers who have the ability to touch-base informally, have a broader understanding of the student's functioning in his or her peer group and in school
- can have their care integrated with primary care and/or behavioral health clinicians
- are provided with role models of healthcare professionals

4. What are the types of treatment being offered today and what are the greatest risks in New Mexico among school-aged children and teens?

Each community is unique but there are common problems throughout the country and state. When students are screened, particularly in areas with significant unmet health needs, the following are the more common reasons for seeking treatment and/or are conditions identified:

- behavioral health issues including substance abuse, depression and suicidal ideation

- obesity and screening for diabetes
- nutrition and fitness
- lack of immunizations
- poorly controlled asthma and other chronic conditions
- effect of early, unprotected sexual activity including pregnancy and sexually transmitted diseases

5. How many SBHCs are there now in New Mexico?

New Mexico has 89 school districts. Currently, there are 34 SBHCs in various communities around the state. Over the next 12 months, it is hoped that an additional 34 will be added - doubling the number. Please see the lists of current and proposed sites/districts.

6. How many SBHCs of each Level will there be?

Please see the attached list of proposed new sites. It is anticipated that of the 34 new SBHCs 16 will be Level One, 14 will be Level Two and four will be Level Three.

7. How do SBHCs differ from the school nurse approach?

School nurses function in partnership with staff of school-based health centers. The role of the school nurse is defined in part by state regulation. School nurses conduct vision, hearing, height, weight, blood pressure and other screenings yearly. They provide counseling regarding health related matters and make referrals as needed. Follow-up care and monitoring students with chronic conditions and special needs are also provided.

In addition to their customary duties, school nurses also address staff health, make presentations to students and staff, participate in Individual Education Planning (IEP) meetings, complete nursing care plans for students with health issues, supervise ancillary staff, confer with parents collaborate with staff and other agencies. School nurses provide education to staff regarding chronic health conditions such as asthma, diabetes and other conditions.

The existing and future SBHCs do not and will not replace school nurses. Rather, they complement services already being provided by placing additional resources in the schools. The school nurse/SBHC partnership centers on increasing compliance with treatment plans, facilitating access to care, monitoring outcomes of care, assessing care needs, and providing case management. School nurses are also a critical partner for ensuring both coordination of health services and student or family follow-up.

8. How were the new 34 sites selected?

Comprehensive analyses of health status factors and economic factors that affect the health of children and adolescents were conducted to place SBHCs in communities where the following factors were high (including but not limited to): percent of children living

in poverty; the percent of families headed by single parent; teen suicide rate; teen birth rate; high school drop-out rate; percent of teens not in school or working; percent of children without parent employment.

9. How much will these new centers cost and what will the funding provide?

The Governor will include \$3 million in capital costs for the new sites in his FY06 budget. The \$3 million for operations will come from the general fund, and will be complemented by federal matching dollars for Medicaid eligible services for Medicaid eligible children/adolescents. Please note that the SBHC capital is separate from school capital out-lay. Existing sites collectively operate on a budget of \$500,000 from the general fund per year. Some of these existing sites have federal or foundation support from other sources.

Capital needs vary from one site to the next depending on the school but may include costs for architect fees, construction fees, medical equipment and instruments, furniture and telephones. Operating costs also vary depending on the level of service and may include salaries of mid-level or behavioral health, utilities, telephone service, medical supplies, insurance, and training.

There is a need above and beyond what state funding provides and the SBHC collaborative will seek partnerships with many constituents.

10. Who operates the SBHCs now?

SBHCs operate through different partnerships. Some sponsoring organizations are primary care Federally Qualified Healthcare Centers. Some school districts sponsor their own SBHCs with funding provided through grants, use of district funds, and/or via their billing of services to Medicaid and other third-party payers such as parents' insurance.

Other sponsoring organizations include Tribal entities and the Indian Health Services. The University of New Mexico Health Sciences Center operates SBHCs in Albuquerque Public Schools - East San Jose Elementary School, Washington Middle School, Van Buren Middle School, Highland High School, and Albuquerque High School.

11. What is the school's commitment or requirement?

Under this major initiative, school districts are being given funds for a SBHC with a level of service based on their community's need and health status. Partners will then be brought to the table to develop a SBHC based on the needs and desires of the school, parents, teachers, healthcare providers, the Public Health Department, city or county government and interested local employers. Naturally, school superintendents will have input into how their district utilizes existing and future space, and the types of services offered.

It is anticipated that a Memorandum of Understanding document will spell out the relationship between the Department of Health and the school district so that roles and the types of services provided by the SBHC will be clearly delineated.

12. Will these new SBHCs bypass community providers?

SBHCs will work in concert with community providers. Referrals will go back to the community. SBHCs are another entry point for adolescents who may not otherwise seek help outside the school. In many communities local healthcare providers may be actively involved in providing healthcare in the SBHC.

Primary Care providers generally see children under the age of 13. Adolescents who often do not access to healthcare resources are the group most at risk for a variety of problems. It is anticipated that SBHCs will serve as important entry points into the healthcare system in their community.

13. Do SBHCs interfere with parental rights and responsibilities?

Students may seek healthcare and counseling without written parental consent. However, each school board will determine what types of services will require signed parental consent before services are delivered to children and adolescents. In fact, SBHCs promote family communication by assisting youth to involve their parents in the resolution of their health problems.

14. What about the education needs of a school? Don't SBHCs take away resources that could be used for education?

Funding resources designated for SBHCs enhance the school and the students they serve. Studies have shown that achievement gaps can be closed if students are physically and mentally healthy. Schools are communities within larger communities and New Mexico needs all its communities to benefit from greater health resources.

Funding provided for SBHCs is in addition funds provided for education. Resources will not be taken away from education to go to SBHCs.

15. What can the community do to help SBHCs?

Enormous possibilities exist and SBHCs welcome the support of community providers, hospitals, managed care organizations, employers, volunteers, parents and others.

16. Can SBHCs receive reimbursement for their services?

Medicaid and insurance will be billed where applicable. (SBHCs are part of the Salud! managed care provider networks.) Schools are able to bill for those services provided to children and adolescents covered by these payment sources. In 2003, Medicaid school-

based services provided direct health care services to more than 14,000 students with special education needs, up from 9,000 the year before.

In some cases, parents help pay for services that they find easier to access for their children at a school site rather than taking them off site during school hours. However, all these sources cover only a small portion of the operational costs. Therefore, partnerships with local organizations and businesses and grants make up the rest of the overhead costs.

17. What are the next steps?

To be successful, SBHCs need the support of parents, teachers, local businesses, healthcare companies and volunteers. The expansion of these centers is a top priority for our state. The Governor has called on us to be bold and move New Mexico forward. This is a step toward that goal.

18. Where can I go for more information?

The following experts and organizations can be contacted for more information:

- Jane McGrath, M.D. – School Health Officer, Office of School Health/Department of Health – 841-5877 or janemc@doh.state.nm.us
- Kristine M. Meurer, Ph.D. – School Health Director, Department of Education – 827-1828 or kmeurer@ped.state.nm.us
- Laurie A. Mueller – School Health Director, Department of Health – 827-2377 or lauriem@doh.state.nm.us
- Kris Carrillo, LISW – Program Manager, Office of School Health/Department of Health – 841-5884 or kriscc@doh.state.nm.us
- Mary Blea, R.N. – SBHC Consultant, Department of Health – 841-5876 or maryB1@doh.state.nm.us
- Kari Nordby – Medicaid School-Based Services Coordinator – Human Services Department – 827-3199 or kari.nordby@state.nm.us
- Karen Meador – Deputy Director, Health Policy Commission – 424-3200, extension 113 or kmeador@hpc.state.nm.us
- Ken Warner – Bureau Chief, Children’s Behavioral Health/Children, Youth, and Families Department – 827-7623 kswarner@cyfd.state.nm.us
- Websites: www.nasbhc.org , www.healthinschools.org, www.state.nm.us/hsd/mad/schoolhealth.html