

# VALENCIA COUNTY SCHOOL-BASED HEALTH CENTER FEASIBILITY PLAN

*Community Wellness Council*

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## Executive Summary

This feasibility plan outlines the steps to establish a school-based health center (SBHC) in Valencia County, New Mexico. The SBHC aims to provide accessible and comprehensive healthcare services to students, addressing medical, mental health, and preventive care needs. The center will collaborate with local healthcare providers, schools, and community organizations to ensure sustainability and community support. Goals identified for the SBHC includes the following:

- Improve access to primary and preventive healthcare for students.
- Enhance the overall health and well-being of the student population.
- Reduce absenteeism and improve academic performance through better health management.

## Definition of a New Mexico School-Based Health Center

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 a New Mexico School-Based Health Center

A school-based health center (SBHC) is a health clinic located on or near school property that functions separately from and in cooperation with the school nurse's office. The SBHC includes a team of qualified multidisciplinary professionals (typically employed by a community-based health organization) that supports the health, well-being, and success of students. The SBHC enables children/adolescents to thrive in the classroom and beyond. The center's health care providers and the physical characteristics of the center can vary based on student need and facility resources—among other influencing factors. 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.

## Needs Assessment

Valencia County was established by Mexico in 1844 and was confirmed as part of the New Mexico Territory in 1852. The county, which was formerly much larger in area, lost almost 81% of its

territory on June 19, 1981, upon the creation of Cibola County, which occupies the western most portion of Valencia County's former area. Although Los Lunas is the county seat, Belen is the largest town. The population in the county is approximately 75,626 covering a total area of 1,068 square miles. It is the second smallest county in New Mexico by area. The Isleta Pueblo Indian Reservation is in the northern part of the county. Though agriculture (cattle, milk) persists there, construction, healthcare, the Santa Fe railroad yards of Belen, and government employment are among the leading elements in the economy.

The population estimate for Valencia County in 2021 was 77, 190. Valencia County has a diverse population with a significant number of children and adolescents. The youngest population group (0-17 years) makes up the largest segment of the population (17, 735), and the age group 55-64 years comprising a population of 10, 324. The age dependency ratio (ratio of the combined dependent population to the working population) in Valencia County is 60 per 100. Males make up slightly more than half of the population (38, 772) and the female population makes up the remaining 38, 418. The leading causes of death in Valencia County for the total population (2016-2020) was heart disease, followed by cancer, chronic lower respiratory diseases, accidents/unintentional injuries, and stroke rounds out the top five (outlined below in Table 1). Valencia County currently has no inpatient or urgent/emergency health service facilities located within county lines, which makes access to care challenging.

| Leading Cause of Death by Age-Adjusted Rate, Ages 25 and up, Males and Females, 2016-2020 Valencia County, NM |                               |                  |
|---|-------------------------------|------------------|
| Cause of Death  | Age-Adjusted Rate per 100,000 | Number of Deaths |
| Heart Disease   | 237.0                         | 725              |
| Cancer  | 216.1                         | 700              |
| Accidents/Unintentional Injuries  | 101.3                         | 250              |
| Chronic Lower Respiratory Diseases  | 92.6                          | 288              |
| Cerebrovascular Disease (Stroke)  | 50.6                          | 153              |
| Chronic Liver Disease and Cirrhosis   | 38.2                          | 109              |
| Diabetes Mellitus   | 35.2                          | 111              |
| Alzheimer Disease   | 30.4                          | 85               |
| Nutritional Deficiencies  | 26.2                          | 67               |
| Covid-19  | 24.4                          | 68               |
| Intentional Self-Harm (Suicide)   | 23.7                          | 73               |
| Influenza and Pneumonia   | 21.0                          | 62               |
| Kidney Disease  | 20.3                          | 60               |
| Parkinson Disease   | 14.1                          | 42               |
| Septicemia  | 13.7                          | 40               |

Table 1: Leading Causes of Death in Valencia County (Ages 25+)

| Leading cause of Death by Age-Adjusted Rate, Ages 0-24, Males and Females, 2011-2020; Valencia County, NM |                               |                          |
|---|-------------------------------|--------------------------|
| Cause of Death  | Age-Adjusted Rate per 100,000 | Number of Deaths (count) |
| Accidents/Unintentional Injuries  | 23.8                          | 60                       |
| Certain Conditions Originating in the Perinatal Period  | 12.3                          | 27                       |
| Intentional Self-Harm (Suicide)   | 10.9                          | 28                       |
| Assault (Homicide)  | n/a                           | n/a                      |
| Congenital Malformations, Deformations, and Chromosomal Abnormalities                                     | n/a                           | n/a                      |

Table 2: Leading Causes of Death in Valencia County (Ages 0-24)

A school-based health center was established and offered at the Belen High School in Belen, NM until June 2016 in which operations ceased. The Department of Health cited sustainability and utilization as reasons to end the contract. The Community Wellness Council surveyed the community in 2023 to better understand the level of interest in establishing a school-based health center again in Valencia County. This was completed as an innovation of the Medical/Dental Action Team of the 100% Valencia initiative supported by the CWC. This group is comprised of key stakeholders throughout the county. A Google Form was developed and emailed to the listserv of the CWC. Those community members surveyed who knew of the prior SBHC (80%), stated political agendas surrounding reproductive health among the local senators and funding as the reason for the shutdown. The idea of reestablishing the SBHC was in favor of 90% of those community members surveyed and many believed that the ideal location would be at the previously established clinic at Belen High School. Furthermore, the Medical/Dental Action Team has developed an accessibility analysis project reviewing low cost and timely health care options available in the county and potential gaps that may exist.

## Implementation and Financial Plan

In NM (though not in all states), schools do not operate SBHCs. Instead, medical and community agencies operate SBHCs in partnership with schools. SBHCs are federally authorized, but HRSA only provides capital cost grants. The majority of SBHCs bill Medicaid and private insurers; however, not all of their services are billable, including supporting health education and providing confidential services to the privately insured. NMDOH provides multi-year contracts to SBHC sponsors via an RFP process; these monies come from the General Fund and are predicated upon completion of NMDOH/OSAH deliverables. Contracts cover only 1/3 to 1/2 of operating costs. About 70% of NM SBHCs received this funding in FY18. HSD/DOH receive a federal Medicaid match that additionally supports SBHCs. Previously the operating budget (FY12) for the SBHC in Belen was \$80,000. Since the operation of SBHC 12 years ago, the operating costs have increased, and one can

expect something more typical of a \$150,000-200,000 budgetary requirement. Assuming the SBHC can begin to operate in the same physical location, minimal renovation and equipment costs will be needed.

Potential funding sources and steps identified to support a SBHC include:

- Federal and State Grants: Apply for grants specifically aimed at school-based health centers and community health programs.
- Local Funding: Seek funding from Valencia County government and local businesses.
- Private Donations and Fundraising: Organize fundraising events and campaigns to garner community support.
- Insurance Reimbursements: Bill Medicaid, CHIP, and private insurance for reimbursable services provided to students.

## School-Based Health Center (SBHC) / Managed Care Organization (MCO) Project

The SBHC/MCO Project is an agreement between the MCOs, the Department of Health Office of School and Adolescent Health, and the Medical Assistance Division School Health Office. SBHCs are clinics on or near school grounds that provide physical health and behavioral health services to the students at that school. Many of the SBHCs also see students from other schools in the district, as well as staff and community members. Dental services are also offered at some SBHCs. There are 78 SBHCs in NM, and 52 are contracted with Department of Health (DOH) Office of School Adolescence Health (OSAH). The 52 SBHCs contracted with OSAH are allowed to bill Medicaid through this project.

The SBHCs provide onsite primary, preventive and behavioral health services to students while reducing lost school time, removing barriers to care, promoting family involvement, and advancing the health and educational success of school-age children and adolescents. SBHCs play an important role in increasing access to primary and behavioral health services among vulnerable, hard-to-reach or at-risk children and adolescents, particularly in rural and other medically underserved areas of New Mexico.

The partnership between the SBHCs and the Medicaid MCOs has allowed for the development and implementation of several best practice clinical guidelines to direct SBHCs in providing Early & Periodic Screening Diagnosis/Treatment Program (EPSDT) health screens; identifying and managing asthma, depression and obesity/type-2 diabetes; communicating with primary care providers; and working with the MCOs to coordinate and manage recipient care.

SBHCs may be sponsored by Federally Qualified Healthcare Centers (FQHCs), Hospitals, and/or Regional Education Cooperatives.

## Evaluation and Sustainability

The SBHC National Performance Measures (NPMs) were developed to ensure that every child who uses an SBHC receives the highest standard of preventative care. The measures were selected by reviewing measures from national child health quality initiatives and engaging representatives from the field in a consensus-building process that prioritized measures based on their sensitivity, importance, feasibility, and usability for SBHCs. The NPMs assess SBHCs progress to ensuring that every client receives, when appropriate:

- An annual well-child visit
- A risk assessment
- Screening for body mass index (BMI) with nutrition and physical activity counseling
- Screening for Depression with appropriate follow-up
- Screening for Chlamydia among sexually active clients

Utilization metrics are important in measuring how effectively the resources are being used including that of staff time spent. Historically, there were utilization metrics available when the SBHC was in operation in FY12-14. The utilization, captured by number of encounters, is provided in chart 1 below.

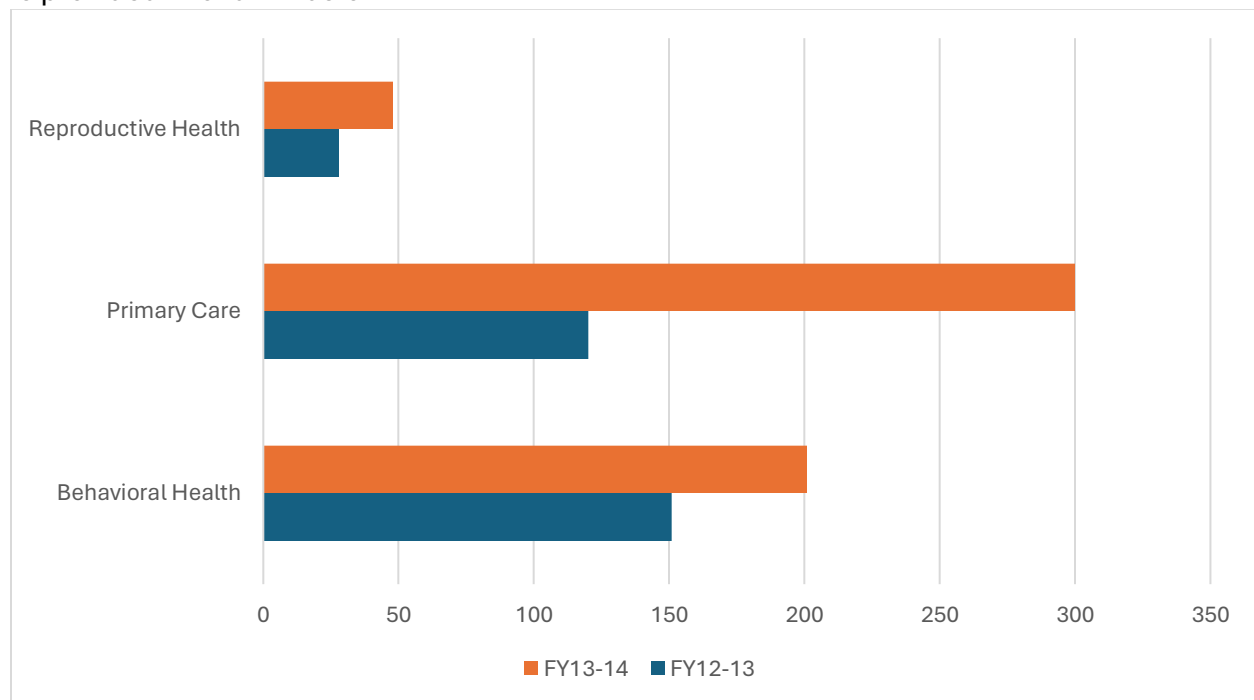


Chart 1: Belen SBHC Utilization

As part of the continuous improvement cycle metrics will be tracked and evaluated. Feedback will be collected regularly from students, parents, and staff to identify areas for improvement. Completion of the cycle includes the implementation of quality

improvement initiatives based on data and feedback. The long-term sustainability of the SBHC will involve several thoughtful steps that are developed with stakeholders. Establishment of a diverse funding base to ensure financial stability. Engagement in advocacy to secure ongoing support from state and local government and finally, fostering a strong community presence through outreach and health promotion activities.

## Timeline

### Year 1: Planning and Set-up

- Conduct needs assessment and stakeholder consultation.
- Secure funding and finalize partnerships.
- Renovate facility and procure equipment.
- Recruit and hire staff.

### Year 2: Launch and Initial Operations

- Open the center and begin providing services.
- Implement marketing and community engagement strategies.
- Monitor initial performance and gather feedback.

### Years 3-5: Expansion and Evaluation

- Expand services based on community needs and feedback.
- Continuously evaluate performance and make necessary adjustments.
- Strengthen partnerships and secure additional funding sources.

## Conclusion

Establishing a school-based health center in Valencia County is a feasible and impactful project that can significantly improve the health and well-being of students. Through careful planning, community engagement, and sustainable practices, the SBHC can provide essential healthcare services, enhance educational outcomes, and foster a healthier community.