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LEGISLATIVE EDUCATION STUDY COMMITTEE
BILL ANALYSIS
55th Legislature, 1st Session, 2021

Bill Number	<u>SM15</u>	Sponsor	<u>Campos</u>
Tracking Number	<u>.219603.1</u>	Committee Referrals	<u>SRC/SHPAC</u>
Short Title	<u>School-Based Health Care</u>		
Analyst	<u>Juliani</u>	Original Date	<u>2/15/2021</u>
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BILL SUMMARY

Synopsis of Bill

Senate Memorial 15 (SM15) asks the Department of Health (DOH) and the Public Education Department (PED) to create jointly a strategic plan addressing means to support and guide the setting of standards for school-based health clinics (SBHCs), analyze the hub-and-spoke model and other promising practices of healthcare delivery, and provide guidance on developing a cost-benefit analysis of SBHCs.

FISCAL IMPACT

The development of a guide for school districts to use to set standards for SBHCs and guidelines for local school community partners in developing a cost-benefit analysis of SBHCs will likely involve a cost for both DOH and PED in creating and distributing any printed materials.

SUBSTANTIVE ISSUES

SM15 requests the strategic plan from DOH and PED to do the following:

- Consider potential funding mechanisms to support SBHCs based on successful models with partners that may include school districts, city government, county government, state government, healthcare providers, and community partners;
- Provide a guide for each school district to use to set standards for SBHCs in school settings during and after the Covid-19 pandemic;
- Provide an analysis of the hub-and-spoke model designed to improve health and education for students and their families during and beyond the Covid-19 pandemic; and
- Offer guidelines for local school community partners to develop a cost-benefit analysis of the use of SBHCs and the return on investment post-Covid-19 where the need for local and timely medical and behavioral healthcare is critical in addressing challenges related to effective education.

The memorial requests the strategic plan address the needs for school-based medical and behavioral healthcare and for a comprehensive plan to remove barriers to care identified during and after the Covid-19 pandemic, while examining the benefits of the hub-and-spoke model and other promising practices.

SB15 requests that stakeholders read, review, and analyze the strategic plan, and copies of the memorial be transmitted to members of the Legislature, the secretary of public education, the secretary of health, school superintendents, school board members, city council members, county commissioners, county health councils, and leaders of higher education departments of medicine, nursing, public health, education and social work.

SM15 does not provide a timeframe for the proposed work or a deadline by which the work is to be completed, leaving its completion open-ended and undetermined.

School-Based Health Centers in New Mexico. In New Mexico, 79 school-based health centers (SBHCs) at 48 high schools, 11 middle schools, four elementary schools, and 16 combined campuses operate throughout every region of the state, providing quality health services to students at those schools. Many of the SBHCs also see students from other schools in the district, as well as staff and community members. Fifty-two of the state’s SBHCs contract with DOH’s Office of School Adolescence Health to provide services. 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 represent an important safety net in New Mexico, providing easily accessible healthcare when, in many cases, the closest clinic or hospital may be miles away.

According to the New Mexico Alliance for School-Based Health Care (NMASBHC), in 2015 a statewide, multi-partner work group offered an official definition of SBHCs as places that “provide quality, integrated, youth-friendly, and culturally responsive healthcare services to keep children and adolescents healthy, in school, and ready to learn.” An SBHC, a clinic on or near a school campus functioning separately from but in cooperation with a local school nurse, is staffed by a group of qualified multidisciplinary professionals (typically employed by a community-based health organization) that can vary based on student need and facility resources. While the ideal SBHC model includes integrated physical and behavioral healthcare services, all SBHCs provide primary care, including urgent, acute, preventive, and wellness care. Expanded services, including substance abuse support, behavioral health, dental health, reproductive health, nutrition education, case management, and health promotion, may also be offered.

Standards and Requirements. DOH’s Office of School and Adolescent Health has developed a set of standards and benchmarks for SBHCs to assure quality of services, reduce variability, and increase sustainability. Each SBHC must have a written policy and procedure manual outlining its processes for compliance with the New Mexico standards and benchmarks for SBHCs and must provide evidence of adherence to the standards and benchmarks in order to receive funding from the Office of School and Adolescent Health. SBHCs must operate within an appropriate facility in compliance with all laws and regulations governing health facilities, including NMAC 7.11.2, *Requirements for Facilities Providing Outpatient Medical Services*, Health Resources and Services Administration (HRSA), the *Americans with Disabilities Act* (ADA), Occupational Safety and Health Administration (OSHA), and federal, state and local building codes.

SBHCs During Covid-19. During spring 2020 school closures, SBHCs emphasized providing continuity of care and maintaining connections with students. From March 13 to June 2020,

SBHCs made 1,924 telehealth visits. According to a November 2020 LFC study, DOH data showed in FY21 all 52 centers funded by the department were offering telehealth appointments, and 60 percent were offering on-site visits – an improvement from the spring, when service delivery dropped due to school closures and provider capacity for telehealth was more limited.

In October 2020, PED, in collaboration with the Office of School and Adolescent Health, received a five-year federal grant for nearly \$12 million to improve access to school-based mental health services through hiring 400 behavioral health service providers in school districts and charter schools, selected on the basis of family income, substance abuse rates, student suicide rates, and student-provider ratios, with priority given to rural areas and those serving predominantly Native American populations.

Hub-and-Spoke Model for Providing Healthcare. The hub-and-spoke model in healthcare refers to a method of organization involving the establishment of a main site or hub, which receives the heaviest resource investments and supplies the most intensive medical services, complemented by satellite sites or spokes, offering more limited services distributed throughout the service area. The satellite facilities often address basic healthcare needs, but patients who require more intensive medical interventions are routed to the hub for treatment. Research has found the hub-and-spoke model to be a highly scalable and efficient design. In cases where access is impractical, additional hubs may be developed, creating a wider network and providing greater opportunities to enhance healthcare services in rural communities.

Student Health and Student Outcomes. A 2016 analysis from the National Association of School Nurses (NASN) found access to school-based nursing care improved student and school district outcomes, including general health of students and school staff, increased attendance and productivity, and reduced rates of chronic absenteeism and school drop-outs. Research has shown school-based nursing reduces chronic absenteeism by providing outreach to students and families to meet their individual needs, helping students and families access needed physical or mental healthcare providers, ensuring students feel safe at school, and providing student and family support during the school day.

ADMINISTRATIVE IMPLICATIONS

The development of a joint strategic plan by DOH and PED will require each department to dedicate personnel time and resources to its completion.

OTHER SIGNIFICANT ISSUES

According to the PED and Department of Health *Annual School Health Services Summary Report for FY19*, New Mexico has a statewide ratio of students to school nurses of 620-to-1, meeting NASN's recommendation of 750-to-1. However, many school districts in New Mexico fall significantly short of this recommended threshold. During a presentation to LESC at its November 2020 interim meeting, the president of NMSNA indicated many rural school districts have a student-to-nurse ratio ranging from 800-to-1 to 1,900-to-1.

Eighteen school districts, all in rural areas of the state, currently lack a full-time school nurse. In an attempt to remedy this gap, many rural school districts partner with one of the state's 79 federal- and state-funded school-based health centers to provide health services to students. Many also contract nursing services through regional education cooperatives or share full-time school nurse positions with other small school districts. For FY20, the Legislature appropriated \$1 million for

RECs and \$1.4 million for school-based health centers to supplement their services to public schools.

SOURCES OF INFORMATION

- LESC Files

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