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**2018 SBHC Directory Update Form**

*The following information will be used to update NMASBHC’s School-Based Health Center Directory. NMASBHC’s goal is for the directory to provide accurate information about your SBHC for legislators, state agencies, and others that use it.*

***Please fill out all sections that apply to your SBHC.***

**General Information**

|  |  |
| --- | --- |
| **School Name:** | Click here to enter text. |
|  |  |
| **SBHC Name:** | Click here to enter text. |
| **SBHC Phone:** | Click here to enter text. |
| **Best Mailing Address for SBHC:** | Click here to enter text. |
|  |  |
| **Primary SBHC Contact:** | Click here to enter text. |
| **Title:** | Click here to enter text. |
| **Email:** | Click here to enter text. |
| **Phone:** | Click here to enter text. |
|  |  |
| **Sponsor Agency:** | Click here to enter text. |
| **Primary Sponsor Contact:** | Click here to enter text. |
| **Email:** | Click here to enter text. |
| **Phone:** | Click here to enter text. |

**SBHC Services (check all that apply)**

|  |  |
| --- | --- |
| [ ]  Primary medical care[ ]  Behavioral health care[ ]  Immunizations [ ]  Dental care[ ]  Telehealth/telemedicine [ ]  Licensed and operating pharmacy[ ]  Pregnancy tests[ ]  Prenatal/episodic pregnancy care[ ]  Reproductive and sexual health referrals when direct services aren’t available at the SBHC | [ ]  Birth control prescriptions when unable to dispense on-site[ ]  Provide condoms on-site[ ]  Dispense birth control (pills, patches, rings, shots)[ ]  Dispense emergency contraception (Plan B)[ ]  LARCs – Long Acting Reversible Contraception[ ]  STI testing & treatment[ ]  Other services (please list) Click here to enter text. |

**Additional SBHC Information**

|  |  |
| --- | --- |
| **Does your SBHC have a youth leadership group? For example, youth health advisory council, youth advisory group, etc. *If yes, please describe:*** Click here to enter text. | [ ]  Yes [ ]  No |
| **Does your SBHC support LGBTQ+ youth through SafeZones, Gay Straight Alliances, support groups, etc.?** ***If yes, please check all that apply:***[ ]  SafeZones [ ]  Gay Straight Alliance [ ]  GLSN Chapter [ ]  Other (please describe) Click here to enter text.[ ]  Behavioral health support groups [ ]  Other (please describe): Click here to enter text.  | [ ]  Yes [ ]  No |
| **Do you have a waiting list for primary health care visits?** | [ ]  Often [ ]  Sometimes [ ]  Never |
| **Do you have a waiting list for behavioral health care visits?** | [ ]  Often [ ]  Sometimes [ ]  Never |

**What populations does your SBHC serve? (check all that apply)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  0-3  | [ ]  Pre K (4-5) | [ ]  Elementary | [ ]  Middle  | [ ]  High school  | [ ]  Ages 18+  |
| [ ]  School staff and personnel [ ]  Family and siblings of students | [ ]  Students from other schools/districts [ ]  Community members |

**When is your SBHC open to students?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Days** | [ ]  Mon | [ ]  Tues | [ ]  Wed | [ ]  Thurs | [ ]  Fri | [ ]  Sat | [ ]  Sun |
| **Times** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |
| **Is your SBHC open in the summer?** [ ]  Yes [ ]  NoIf yes, provide details that explain (e.g. limited hours, 2 weeks before school, all summer, etc.): Click here to enter text. |

**If your SBHC has specific hours that it is open to people outside of the student body, please indicate those hours below**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Days** | [ ]  Mon | [ ]  Tues | [ ]  Wed | [ ]  Thurs | [ ]  Fri | [ ]  Sat | [ ]  Sun |
| **Times** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**The information collected above will be used to update the Statewide SBHC online directory. The information collected on pages 3 and 4 will only be used at NMASBHC to provide funding opportunities, advocate for SBHCs, and provide technical assistance to SBHCs. It will not be shared in the directory.**

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**2018 School-Based Health Center Services and Needs**

*The following information helps NMASBHC provide and seek funding for SBHCs, advocate for SBHCs, provide technical assistance to SBHCs, and support SBHC staff in the field. This information will not be shared on the SBHC directory.*

**SBHC Services and Care:**

1. If your SBHC isn’t open full time, would you be able to provide more services if it was?

[ ]  YES [ ]  NO [ ]  SBHC open full time

1. Does your SBHC have difficulty recruiting and retaining staff/providers? [ ]  YES [ ]  NO
2. What types of birth control does your SBHC dispense on-site (check all that apply)?

☐ Birth control pills

☐ Birth control patch (Xulane)

☐ Birth control ring (NuvaRing)

☐ Depo-Provera shot

☐ Cannot dispense birth control

1. What types of LARC does your SBHC provide

[ ]  Kyleena

[ ]  Liletta

[ ]  Mirena

[ ]  Skyla

[ ]  Paraguard

[ ]  Nexplanon

1. Is there a need in the students served by your SBHC to address tobacco use (smoking, chew, e-cigs, JUUL, etc.)? [ ]  YES [ ]  NO
2. Does your SBHC provide dental services (check all that apply)?

☐ preventative services

☐ preventative and restorative services

☐ Neither

1. Does your SBHC see students who are homeless (living with friends, couch surfing, living in a car/shelter, temporarily living with extended family, etc.)? [ ]  YES [ ]  NO
2. Do you serve students whose families experience hunger/food insecurity? [ ]  YES [ ]  NO
3. Does your SBHC provide food referrals or assistance with food? [ ]  YES [ ]  NO
4. What screening tools does your SBHC use? Check all that apply.

[ ]  Student Health Questionnaire (SHQ) [ ]  RAAPS [ ]  CHADIS

[ ]  AAP Food Insecurity Screening Tool [ ]  Just Health [ ]  Other (please describe): Click here to enter text.

1. If you use the Student Health Questionnaire, do you use the electronic iPad version (eSHQ)?

 [ ]  YES [ ]  NO

1. Does your SBHC currently provide the HPV vaccine? Click here to enter text.
2. What other vaccines does your SBHC provide? Click here to enter text.
3. Do your SBHC providers see students who are experiencing bullying at school? [ ]  YES [ ]  NO
4. Does your SBHC help the school address campus climate? (for example…anti-bullying, teen dating violence, etc.)
5. Is your SBHC able to provide care for medically fragile children or children with special health care needs? [ ]  YES [ ]  NO
6. Is your SBHC able to serve expectant and parenting teens? [ ]  YES [ ]  NO

*If yes, do you need resources on*

[ ]  Breastfeeding and supplies

[ ]  OB referral information

[ ]  early childhood development

[ ] Referral to home visiting

[ ]  Childcare assistance resources and referrals

*Other* Click here to enter text.

**Collaboration and Communication:**

1. Do you need support collaborating with school officials? [ ]  YES [ ]  NO
2. Do you need support collaborating with your school’s nurse? [ ]  YES [ ]  NO
3. Would you like to collaborate more with other SBHCs in your city, county or region? [ ]  YES [ ]  NO
4. Do you need any additional support educating youth, staff, and school personnel about adolescent confidentiality? [ ]  YES [ ]  NO
5. Will someone from your SBHC attend Head 2 Toe this school year? [ ]  YES [ ]  NO [ ]  UNSURE

**Financial Sustainability and Billing:**

1. Does your SBHC absorb the cost of confidential care for privately insured patients? [ ]  YES [ ]  NO

*If yes, can you share an average* ***monthly*** *cost absorbed by your SBHC?* Click here to enter text.

1. Do you need support coordinating with managed care organizations (MCOs) to ensure provider credentialing? [ ]  YES [ ]  NO
2. Do you need support with billing and reimbursement with Medicaid MCOs? [ ]  YES [ ]  NO
3. Do you need support collaborating with MCO care coordinators for patient care? [ ]  YES [ ]  NO
4. Do you need support with billing and reimbursement from private insurers? [ ]  YES [ ]  NO
5. Do you need support with Medicaid? [ ]  YES [ ]  NO

If yes, please describe Click here to enter text.

**NMASBHC Support:**

1. We are launching a new website this fall! Please describe any types of information that NMASBHC could provide on our new website that would be helpful to your SBHC? Click here to enter text.
2. Does your SBHC have any annual events that you would like our staff/board members to attend or otherwise support? Click here to enter text.
3. What are the top 3 supplies you wish your SBHC could afford?
	1. Click here to enter text.
	2. Click here to enter text.
	3. Click here to enter text.
4. What are the top 3 challenges at your SBHC?
	1. Click here to enter text.
	2. Click here to enter text.
	3. Click here to enter text.
5. What is an area in which your SBHC team excels or has expertise (e.g. billing, serving LGBTQ+ students, addressing substance use, engaging youth, etc.) Click here to enter text.
6. Anything else you want us to know or any other support you may need that we missed?

 Click here to enter text.

*Thank you for participating in the New Mexico SBHC Directory Update and Services Survey! We appreciate all the hard work you do for school based health care in our state. With this vital information, we can continue to advocate for and support school based health at local, state, and national levels. We hope your gift card shows our gratitude.*

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