

# 2022 NM SBHC Planning Grants

## A webinar for potential applicants

This grant is offered by New Mexico Alliance of School-Based Health Care (NMASBHC) through funding from New Mexico Department of Health, Office of School and Adolescent Health.

## Housekeeping

- **Don't forget to mute yourself if you aren't speaking.**
- Feel free to type questions in the chat box at anytime.
- The hand raise button is a great way to get our attention during the presentation. We welcome questions at any point during this webinar.
- This webinar will be recorded and available on our website early next week.
- There will be a FAQ document on our website that will include questions from this webinar and other questions submitted prior to the webinar.

## Grant Outline

- Applications are due April 8, 2022, via email by 5pm.
- The purpose of this funding opportunity is to stimulate planning and facilitate community collaboration to support intentional expansion of SBHCs in New Mexico.
- Who Should Apply? Schools, school districts, healthcare entities (FQHCs, hospitals, IHS, Tribal Governments, RECs, colleges/universities, community schools, and local non-profit organizations focused on child/adolescent health).
- What is the award amount? \$10,000 - \$20,000, depending on submitted budget, need, size of school, etc.
- What is the project period? 12 months from award announcement.
- Grants will be approved for a 12-month planning period for up to \$20,000. Funds will be dispersed in two phases based on participation in onboarding webinar, required technical assistance calls, and progress reports.

# Goals of the SBHC Planning Grants

This opportunity to be funded will allow grantees to assess and plan for expansion of services, including new brick and mortar SBHCs, new hours of services at existing SBHCs, new telehealth services and new mobile services.

## Goals of the 2022 New Mexico SBHC Planning Grants

- Facilitate expansion of SBHCs, where needed, throughout New Mexico.
- Identify gaps that exist for child and adolescent physical, mental, and social health needs.
- Determine the need and readiness of the school and community for an SBHC model of care.
- Facilitate school system, healthcare system, and community collaboration to develop a plan to address gaps in child and adolescent health.
- Prepare grantee to apply for New Mexico Department of Health funding for opening a SBHC or expanding SBHC services in Spring 2023.

# Application

## Application Checklist:

Prior to submission of the application, use the following checklist and make one final review to confirm that all required information is included and complete.

- SBHC Planning Grant Application** – Completion of each narrative section
- Budget Narrative** – Completion of each narrative section
- Line-Item Budget** – Provide as attachment
- Letter of Partnership from Key Planning Partner** – Provide as attachment. If you are a school/school district applying, the key planning partner will be the potential medical sponsor. If you are a medical sponsor applying, the key planning partner will be the potential school/**school district** leadership. If you are a non-profit, REC, or other entity applying, you will need to include two letters of support, the potential school/school district and the potential medical sponsor.

## Scoring:

- Budget: 25%
- Plan/outline/ideas for planning activities: 30%
- Partnership: 25%
- Youth engagement plan: 20%

## SBHC Planning Grant Application

<b>Name of applicant organization</b>	Click here to enter text.
<b>Type of organization (check only one):</b>	<input type="checkbox"/> FQHC or Look-Alike <input type="checkbox"/> School District <input type="checkbox"/> Hospital or Medical Center <input type="checkbox"/> Single School <input type="checkbox"/> Indian Health Services (IHS) <input type="checkbox"/> Tribal government or 638 <input type="checkbox"/> Local Health Department <input type="checkbox"/> University <input type="checkbox"/> REC <input type="checkbox"/> Other (please describe): Click here to enter text.
<b>Potential medical sponsor:</b>	Click here to enter text.
<b>Potential school district name:</b>	Click here to enter text.
<b>Potential host school name:</b>	Click here to enter text.
<b>Additional school to be served (if applicable):</b>	Click here to enter text.
<b>Additional school to be served (if applicable):</b>	Click here to enter text.
<b>Potential grade level(s) to be served by SBHC (check all that apply):</b>	<input type="checkbox"/> Preschool (0-4) <input type="checkbox"/> School Staff <input type="checkbox"/> Elementary <input type="checkbox"/> Community members over the age of 18 <input type="checkbox"/> Middle <input type="checkbox"/> High school

<b>Person submitting application:</b>	Click here to enter text.
<b>Title:</b>	Click here to enter text.
<b>Please describe your relationship/role with the SBHC planning process:</b>	Click here to enter text.
<b>Contact email:</b>	Click here to enter text.
<b>Contact phone #:</b>	Click here to enter text.
<b>Mailing address where funds can be sent if awarded:</b>	Click here to enter text.

1. Describe how the climate and culture of your school/community are conducive to the implementation of a SBHC.

Click here to enter text.

2. Does the potential school have a school nurse and/or health assistant? If yes, how often are they available to students?

Click here to enter text.

3. If applicable, describe your community's SBHC planning efforts up to the present, including accomplishments and setbacks. Include information about how your planning effort has already engaged local partners, in particular the host school staff, school board, parents, youth, medical sponsor, etc. Describe how this funding would help you continue or begin this process.

Click here to enter text.

4. List and describe current and potential partners. Describe how you are currently working together or how you intend to engage them. Describe how you will bring potential partners together in meetings, focus groups, planning teams, etc., in the SBHC planning process. Potential partners could include, but are not limited to:

- School systems, i.e., local school administrators (principals, teachers, etc.), school superintendents, school health personnel (nurses, social workers, counselors, etc.), and school boards
- Medical service providers - Federally Qualified Health Centers (FQHCs), local hospitals, private family practices in the community, universities, etc.
- Local planning organizations (e.g. County Health Councils)



- Behavioral and mental health providers and organizations
- Community leaders
- Parents and PTA members
- Faith community members, etc.

Click here to enter text.

5. Include a description of the community needs and resources assessment you'll be using to provide evidence for gaps in healthcare for students in your school or district. You can utilize a template that NMASBHC will provide to selected applicants or plan to utilize your own version that emphasizes areas of biggest need.

Click here to enter text.

6. Describe how you will facilitate planning, collaboration, coordination, and communication for the development of a school-based health center within your community.

Click here to enter text.

7. Describe a plan to incorporate school staff and administration into your planning efforts.

Click here to enter text.

8. Describe a plan to incorporate parents, families, and guardians into your planning efforts.

Click here to enter text.

9. Describe how you will incorporate healthcare entities into your planning efforts.

Click here to enter text.

10. Describe a plan to incorporate youth involvement into your SBHC planning efforts. Some examples may include youth focus groups, youth advisory committees, or youth feedback surveys.

Click here to enter text.

11. Describe any known factors within the community that would support the development of a school-based health center, i.e., number of uninsured, limited number of providers and clinics in the community, limited number of school nurses/school health assistants in district, etc.

Click here to enter text.

12. At present, do you think that your partnership will be most interested in:

- Expansion of hours at existing SBHC
- Creation of new brick/mortar SBHC
- Expansion of SBHC services to a new school via telehealth
- Creation of new mobile SBHC

Please check all those that apply; we understand that this is speculative and that planning may reveal best options.

**Applicants must provide a letter of partnership from their key planning partner. If applicant is a school system, a letter of support must be provided from the potential medical sponsor and vice versa. Letters of support should be on partner's letterhead and include a signature (electronic signatures accepted) from someone in leadership with decision making responsibilities. If you need support connecting with a medical sponsor or school district/school administration, please contact NMASBHC as soon as possible.**

## Budget Narrative

Provide a detailed budget for this planning grant, including how the awarded funds will be used to meet the identified planning activities necessary to determine if a SBHC model is the right fit for your community and/or increase readiness for applying for state funding in Spring 2023.

1. List potential community engagement or planning activities you would like to complete utilizing this funding.

[Click here to enter text.](#)

2. Describe the fiscal plan(s) for hiring additional staff, providing additional compensation to existing staff, or the contracting of a consultant who will help the potential grantee with the SBHC planning process.

[Click here to enter text.](#)

3. Include a brief outline of grantee plan, information regarding hiring a consultant, description of utilizing school staff time or medical sponsor staff time to support planning year.

[Click here to enter text.](#)

4. Provide brief job descriptions for personnel who will be supported by these funds, if applicable. You may include in the space below or attach job descriptions.

[Click here to enter text.](#)

Please include a line-item budget for the following expenditures:

- Staff/consultant salary expenses
- Meeting facilitation, communications (i.e., postage, printing of flyers), community engagement activities
- Travel, office supplies, etc.
- Other expenses you have described in the budget narrative. Funds may be available for space renovation, furniture, medical equipment, and supplies after the planning phases are completed and funded prior to such expenditures.



## Questions?

*You know how the saying goes... “the only bad question is the one you didn’t ask.”*

Chances are if you have a question about the application, process, eligibility, etc. someone else has the same question. Feel free to ask your questions in the chat box or out loud. You can use the hand raise function if you would like. All questions and answers will be recorded for our FAQ document.

## Technical Assistance and Support:

For support with your application, questions about the application process, assistance connecting with a medical sponsor or other partners in your community, or any other application related support, please contact Kim Sabo.

- [kimberly@nmasbhc.org](mailto:kimberly@nmasbhc.org)
- 541-944-6026

For questions related to other NMASBHC support, please contact Nancy Rodriguez.

- [nancy@nmasbhc.org](mailto:nancy@nmasbhc.org)
- 505-404-8059

***We look forward to receiving your applications!***