



**NMDOH**

NEW MEXICO DEPARTMENT OF HEALTH

# NEW MEXICO SCHOOL-BASED HEALTH CENTERS

## 2022-2023 ANNUAL STATUS REPORT

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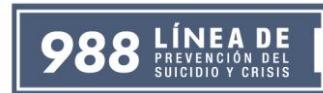
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*This report includes discussion of and statistics about traumatic experiences and suicide.*

**Call, text, or chat 988**

If you or someone you love is experiencing any kind of emotional crisis, mental health, or substance use concern, the NM Suicide & Crisis lifeline is available 24 hours a day, 7 days a week.



# LETTER FROM THE CLINICAL OPERATIONS MANAGER

The New Mexico Department of Health (NMDOH) School-Based Health Centers (SBHC) program established five priority areas in 2019: Access to care, Integrated care, Accountability and evaluation, Student focus, and Sustainability. We believed that addressing these priority areas would improve child and adolescent health in New Mexico. Reflecting on the past four years, we encountered challenges we could have never predicted including a once-in-a-century pandemic, record-breaking fires and floods. The SBHC program has made significant progress, even in the face of unprecedented challenges.

## **Access to care:**

- SBHCs adapted their delivery model to provide access during the pandemic by incorporating telehealth and mobile health services.
- Rural areas have experienced increased access, thanks to funding granted to four Federally Qualified Health Centers (FQHC) operating SBHCs.
- New SBHCs were established with the support of 15 planning mini-grants awarded by NMDOH.
- Access to SBHCs has doubled, benefiting students from 105 schools who now have access to brick-and-mortar, telehealth, or mobile services.

## **Integrated care:**

- More students will have access to both primary care and behavioral health care through the expansion of services. This includes a hub-and-spoke model that utilizes a main clinic (the hub) to provide services to schools without access to an SBHC (the spoke).

## **Accountability and Evaluation:**

- Collaborating with the NM Public Education Department (PED) to link attendance, graduation, and disciplinary data with SBHC utilization and risk data.

## **Student focus:**

- A risk screening focused on elementary-aged students, known as the Just Health Child version, was developed and administered.
- A model for expanding SBHC services to pre-K has been developed.

## **Sustainability:**

- Partnering with the National Alliance for SBHCs and other state networks of SBHCs has helped increase the availability of federal funding for SBHC operations.
- The SBHC Act was passed to improve sustainability and secure funding for SBHCs in New Mexico.

**We remain committed to improving child and adolescent health, and advancing SBHC priorities, regardless of the challenges to come. Plans for the next four years include:**

- Refine and improve telehealth and mobile SBHC delivery models.
- Expand access to care by fostering partnerships with the Office of Community Health Workers, Early Childhood Education and Care Department, Office of Oral Health, and Managed Care Organizations.
- Develop the New Mexico Administrative Code associated with the passage of the SBHC Act.
- Utilize existing data to plan for future expansions, partnerships, and initiatives.

Every child and adolescent in New Mexico deserves quality, affordable, and accessible health care. SBHCs play a crucial role in achieving and supporting these efforts. It is a pleasure to be associated with this community, and I look forward to seeing what the next four years bring.

Thank you for supporting New Mexico children and youth.



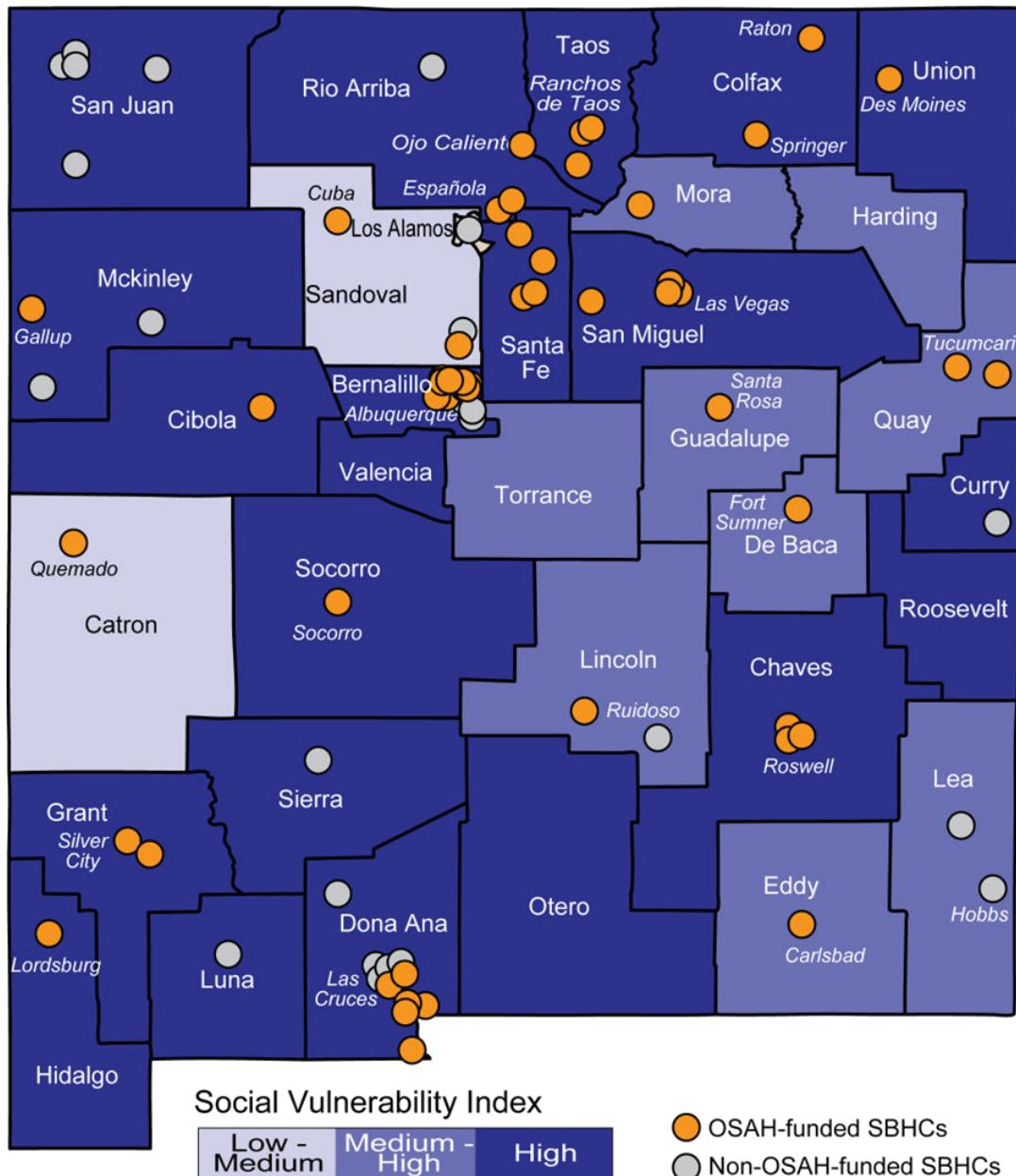
**Kristin Oreskovich**

Clinical Operations Manager, School-based Health Center Program, New Mexico Department of Health

# SBHCs IN NEW MEXICO

Social vulnerability is high across New Mexico, which worsens the effects of hardships such as pandemics, natural disasters or economic downturns. SBHC provide valuable connections for youth and their families to much needed health services and resources in their communities.

Below is a map with the locations of SBHCs in New Mexico. The orange dots indicate Office of School and Adolescent Health (OSAH) funded SBHCs, while the gray dots represent SBHCs that are not funded by OSAH.



The Social Vulnerability Index (SVI) was developed by the Centers for Disease Control and Prevention to help predict which communities would have the highest risk in a disastrous situation.<sup>1</sup> While trying to prevent human suffering, the SVI looks at factors such as socioeconomic status, household composition, minority status, housing, and transportation.<sup>2,3</sup>

# SBHC QUESTIONS & ANSWERS

## How do SBHCs improve access to care?

Because SBHCs are located on school campuses, students can access needed health care without missing school. Similarly, parents don't have to miss work to ensure their children receive care.

## Who can be seen in SBHCs?

SBHC services are available to all students in the school. Where permitted and requested by the school, SBHCs also serve students from other schools in the district, as well as families of students, school staff or community members.

## What does integrated care mean and why is it important?

Integrated care is characterized by close collaboration among healthcare professionals. NMDOH-funded SBHCs are required to provide both primary and behavioral health care. Some also offer oral health screenings, case management, and health education. The benefits of integrated care include improved access to care, quality of care, and patient satisfaction.

## Do SBHCs Provide care to children without parental consent or knowledge?

SBHCs are no different from any other medical practice in the community. They ensure parental consent when required by law and preserve adolescent confidentiality when protected by law and requested by the patient.

## Does the state of New Mexico mandate schools to have an SBHC and the type of care they provide?

No, schools are not mandated to have a SBHC. SBHCs that receive funding from the NMDOH Office of School and Adolescent Health are required to provide both primary and behavioral health care. Otherwise, the services provided are determined in collaboration between the local school and the medical operator with whom they partner.



Fort Sumner High School SBHC Team. Pictured left to right: Anna White, Coordinator; Shantell Moyers, LCSW; Kelsey Kohler, RN; Laney Pierce, CNP.

# SBHC STATEWIDE UTILIZATION



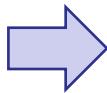
There are a total of **53 Office of School and Adolescent Health-funded SBHCs** in the state.



On average, SBHCs across the state provide **18 hours of primary care**, and **21 hours of behavioral health** care each week.



Over five years, SBHCs have served **72,381** patients with **205,968** visits.



**57%** of SBHC visits were categorized as **Primary Care\***

**43%** of SBHC visits were categorized as **Behavioral Health\***



SBHCs provide integrated care, which improves access to care, quality of care, and patient satisfaction. **38% of patients** who had a **behavioral health** visit also had a **primary care visit**.

## SUCCESS STORY



"A parent brought in their child for their annual visit. While at the appointment, mom asked if her other child could also be seen at the SBHC the same day. We added them to the soonest available appointment. Mom was pleased she could have the siblings seen at the same clinic on the same day." – SBHC Staff

\*See Page 17 for more details

# STATEWIDE SBHC DATA



**SBHCs keep students in the classroom and out of the emergency room.**

**82%** of students who visited the SBHC reported missing zero or one class during the day.

**16%** of students who visited other care providers reported missing the entire day of school.

**2%** of those who visited the SBHC reported missing the whole day.

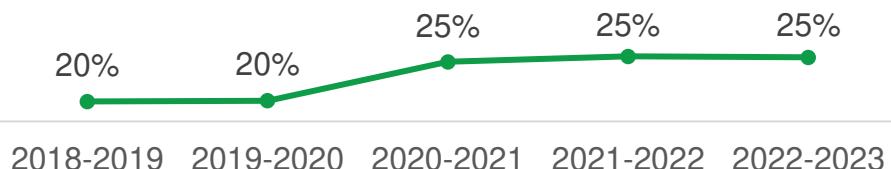
**32%** of students would have gone to urgent care or an emergency room if not for the SBHC.

**29%** of students have only received care from the SBHC.

The top five reasons to visit an SBHC\*\*:

## **#1 General Health**

**5-year average is 23%**



## **#2 Adjustment Disorder**

**5-year average is 23%**



## **#3 Illness or Injury**

**5-year average is 16%**



## **#4 Contraception**

**5-year average is 12%**



## **#5 Depression**

**5-year average is 10%**



## **SUCCESS STORY**



A student was referred to us from the school health office because of a rash consistent with Acanthosis Nigricans (a symptom of diabetes). We discovered she is pre-diabetic and were able to get her connected with her primary doctor and establish lifestyle modifications." - SBHC Staff

# NM ADOLESCENT SUICIDE RISK

SBHCs strive to screen their patients for issues such as depression, anxiety, and suicide risk. These screenings play a vital role in ensuring adolescents have access to behavioral health care to reduce the risk of suicide.<sup>4</sup>

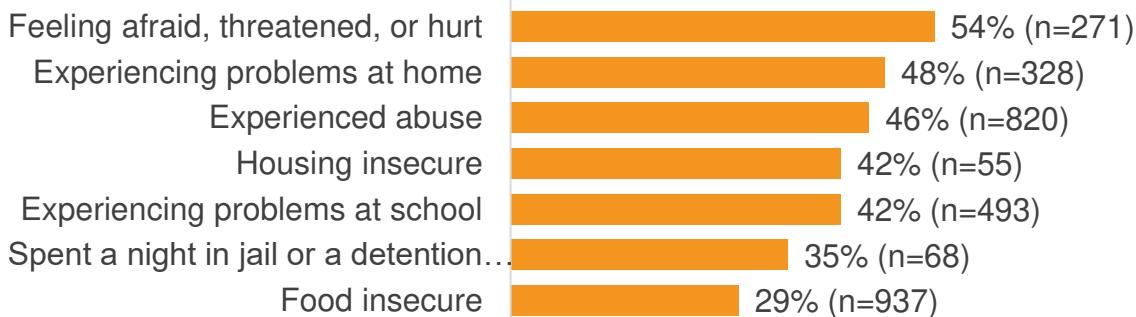
**15% of SBHC patients screened in 2022-23 reported suicidal ideation.**

Rates of suicide risk are higher for patients reporting the following life factors:

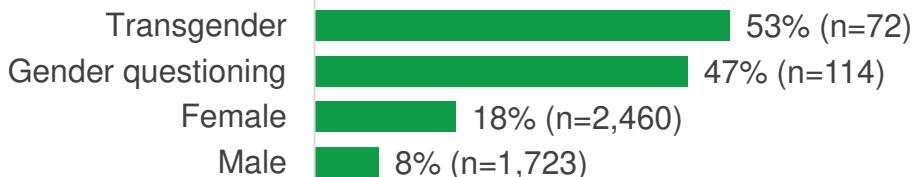
## Substance Use



## Adverse Childhood Experiences



## Gender Identity



## SUCCESS STORY



"A patient with depressed mood, low self-esteem, history of self-harm, history of suicidal thoughts, and a previous suicide attempt said he had never received mental health care. Five months after beginning therapy, and medication, he reports that he hasn't had urges for self harm or suicidal ideation and has new friendships." - SBHC Staff

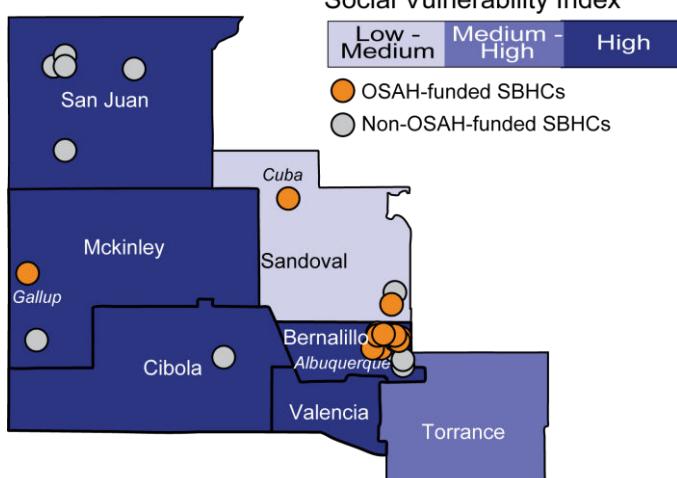
**93%** of patients said they **got what they needed** from the SBHC provider with regard to **talking about suicide**.

**96%** of patients said they were likely to **follow the advice of the SBHC staff**.



**Call, text, or chat 988**  
If you or someone you love is experiencing any kind of emotional crisis, mental health, or substance use concern, the New Mexico Suicide & Crisis lifeline is available 24 hours a day, 7 days a week.

# NORTHWEST SBHC HIGHLIGHTS



There are 15 OSAH-funded SBHCs in the region



On average, SBHCs across the region provide **17 hours of primary care**, and **19 hours of behavioral health** care each week.



Over five years, the SBHCs have served **13,595** patients with **50,331** visits.



**47%** of SBHC visits were categorized as **Primary Care\***



**53%** of SBHC visits were categorized as **Behavioral Health\***



SBHCs provide integrated care, which improves access to care, quality of care, and patient satisfaction. **41% of patients** who had a **behavioral health** visit also had a **primary care visit**.

## SUCCESS STORY



"We have been working with a transgender student who has struggled with major depression, anxiety, a history of trauma, gender dysphoria, and has been homeless or couch surfing for most of the year. Our team has helped him get Medicaid, provided therapy and medication management, and are assisting with finding housing."

- SBHC Staff

\*See Page 17 for more details

# NORTHWEST – TOP 5 REASONS FOR SBHC VISITS\*\*

## #1 General Health



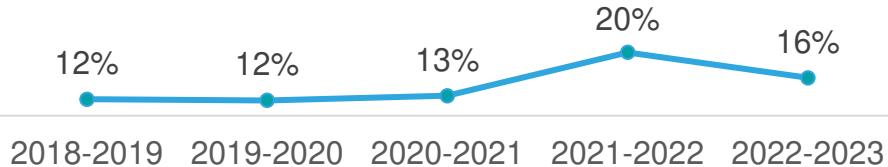
## #2 Adjustment Disorder



## #3 Anxiety



## #4 Depression



## #5 Contraception

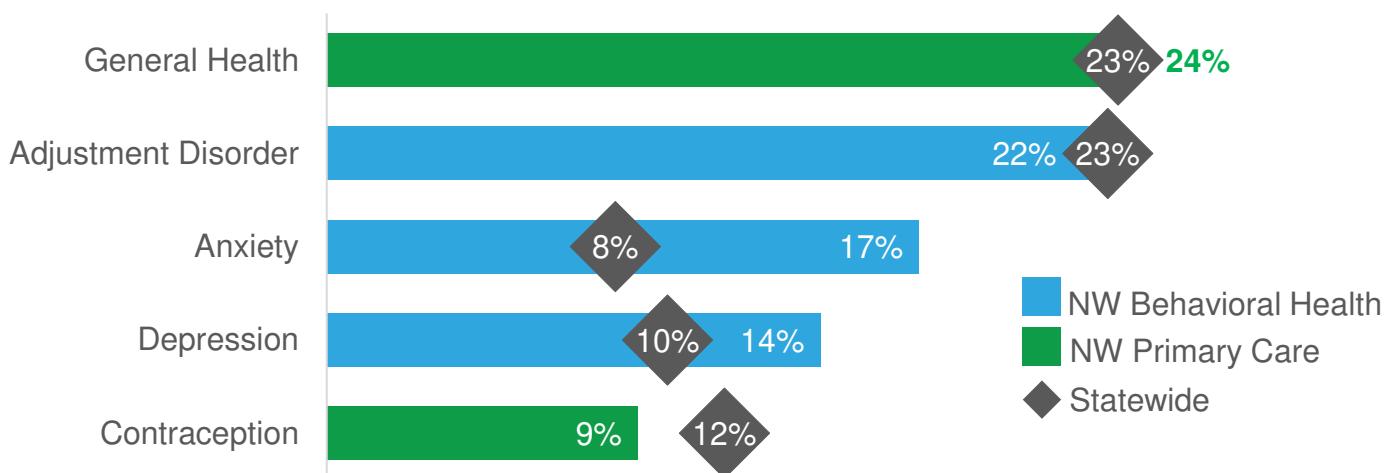


### SUCCESS STORY

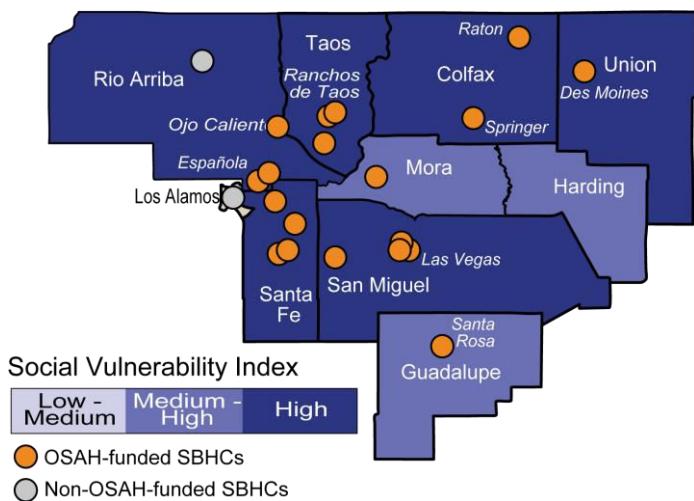


"We see a patient with a complex emotional and childhood history. He engages with the SBHC often and has built relationships with the providers. Supporting him and being a trusting place he can visit has been very helpful for his success. He attends school and is an A student." – SBHC Staff

Visits for **general health**, **anxiety**, and **depression** are higher than the **state five-year average**.



# NORTHEAST SBHC HIGHLIGHTS



There are **18** OSAH-funded SBHCs in the region



On average, SBHCs across the region provide **17 hours of primary care**, and **19 hours of behavioral health** care each week.



Over five years, the SBHCs have served **30,407** patients with **75,690** visits.



**68%** of SBHC visits were categorized as **Primary Care\***



**32%** of SBHC visits were categorized as **Behavioral Health\***



SBHCs provide integrated care, which improves access to care, quality of care, and patient satisfaction. **35% of patients** who had a **behavioral health** visit also had a **primary care visit**.

## SUCCESS STORY



"I like coming here because I feel safe and supported. I don't feel judged when asking for help. Since I started coming, I have learned a lot about how to take care of myself and make better decisions about my body. All the staff make me feel comfortable."  
– SBHC Patient

\*See Page 17 for more details

# NORTHEAST – TOP 5 REASONS FOR SBHC VISITS\*\*

## #1 General Health



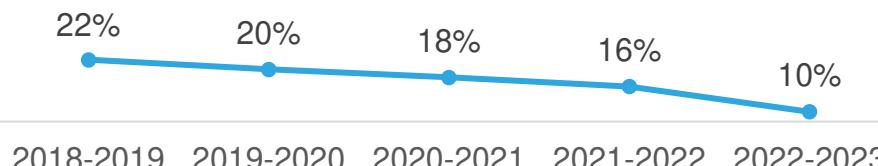
## #2 Illness or Injury



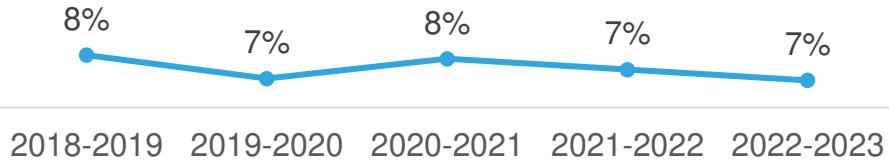
## #3 Contraception



## #4 Adjustment Disorder



## #5 Depression



## SUCCESS STORY



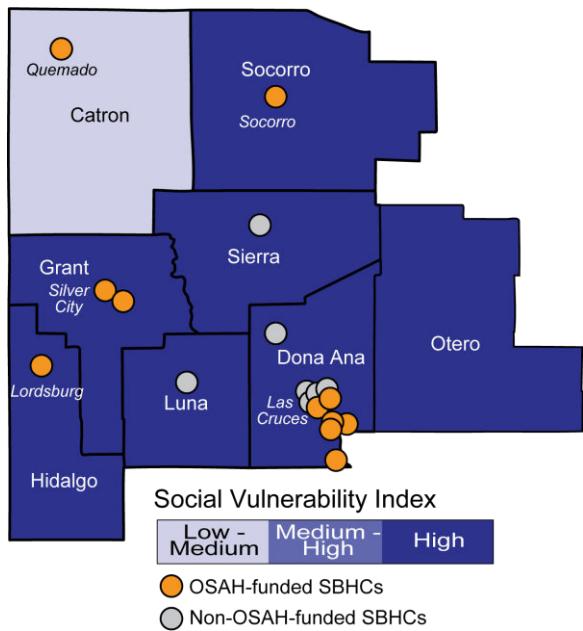
"I realized the importance of SBHCs when the students asked to continue therapy over the summer. Meeting them at school provides support in context of their everyday stressors and builds trust to continue therapy outside of school. It is truly community mental health." – SBHC Staff

Visits for **illness** and **contraception** are higher than the **state five-year average**.



\*\*Descriptions for visit types can be found on Page 16

# SOUTHWEST SBHC HIGHLIGHTS



There are 11  
OSAH-funded  
SBHCs in the region



On average, SBHCs across the region provide **18 hours of primary care**, and **18 hours of behavioral health** care each week.



Over five years, the SBHCs have served **14,016** patients with **44,037** visits.



**57%** of SBHC visits were categorized as **Primary Care\***



**43%** of SBHC visits were categorized as **Behavioral Health\***



SBHCs provide integrated care, which improves access to care, quality of care, and patient satisfaction. **48% of patients** who had a **behavioral health** visit also had a **primary care visit**.

## SUCCESS STORY

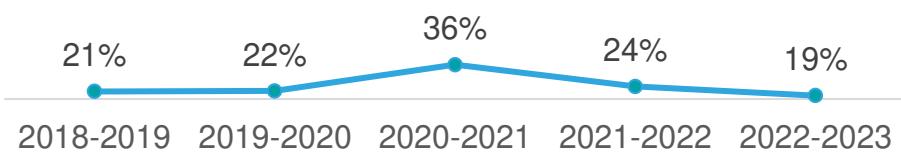


“After losing his father, a patient came in and reported episodes of self-harm, lack of sleep, and failing grades. We have seen him for over a year, and he has not reported any of those issues in the last 6 months. He’s passing all his classes this year.” – SBHC Staff

\*See Page 17 for more details

# SOUTHWEST – TOP 5 REASONS FOR SBHC VISITS\*\*

## #1 Adjustment Disorder



## #2 General Health



## #3 Contraception



## #4 Depression



## #5 Illness or Injury

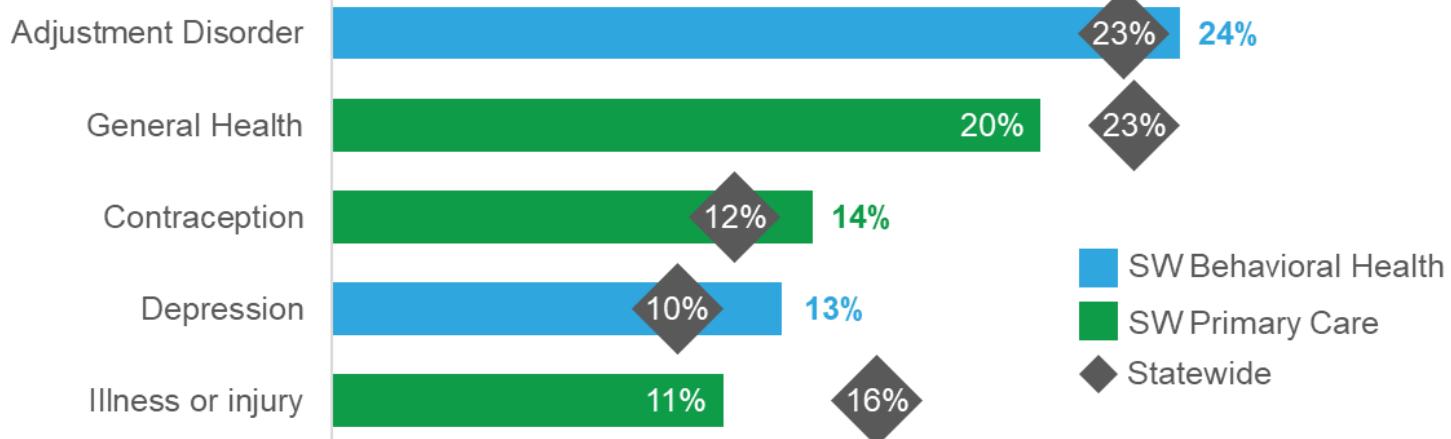


### SUCCESS STORY



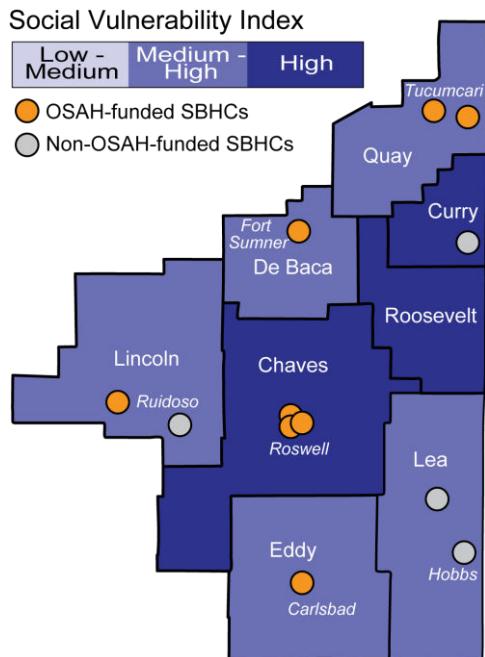
"A student came in feeling constantly tired and drained. Other providers dismissed it as normal teenage fatigue. We listened and discovered they were anemic with low Vitamin D. They thank me often for listening and helping them get back to normal." – SBHC Staff

Visits for **adjustment disorder**, **contraception** and **depression** are higher than the **state five-year average**.



\*\*Descriptions for visit types can be found on Page 16

# SOUTHEAST SBHC HIGHLIGHTS



There are 8  
OSAH-funded  
SBHCs in the region



On average, SBHCs across the region provide **12 hours of primary care**, and **21 hours of behavioral health** care each week.



Over five years, SBHCs have served 14,363 patients with 35,910 visits.



**53%** of SBHC visits were categorized as **Primary Care\***



**47%** of SBHC visits were categorized as **Behavioral Health\***



SBHCs provide integrated care, which improves access to care, quality of care, and patient satisfaction. **24% of patients** who had a **behavioral health** visit also had a **primary care visit**.

## SUCCESS STORY



"We're thankful for the SBHC because kids can access mental/physical healthcare and don't have to leave and miss school. Our school and community are blessed to have these services on campus that help our kiddos!" – SBHC Staff

\*See Page 17 for more details

## SOUTHEAST – TOP 5 REASONS FOR SBHC VISITS\*\*

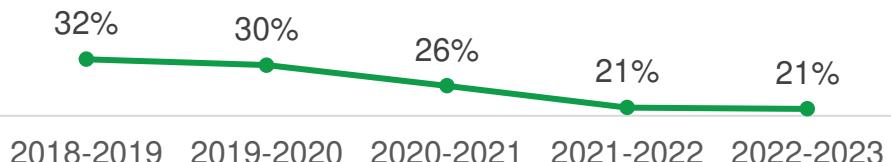
### #1 Adjustment Disorder



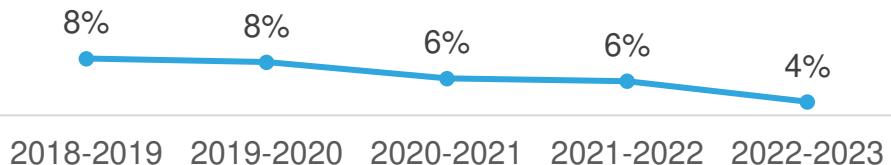
### #2 General Health



### #3 Illness or Injury



### #4 Depression



### #5 Anxiety

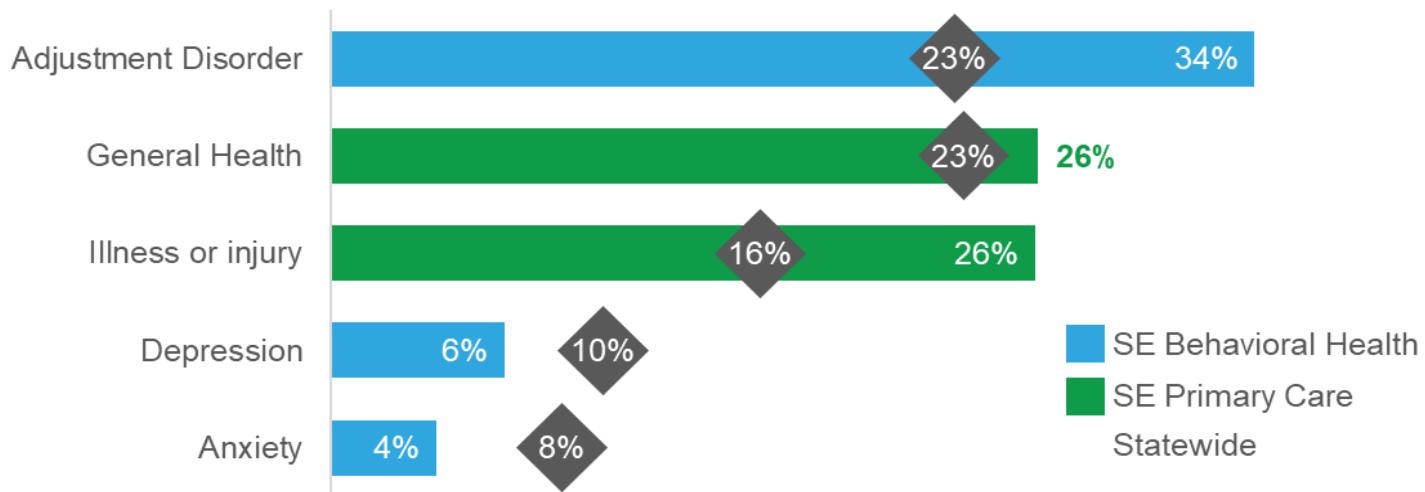


#### SUCCESS STORY



"A student shared concern for their peer who was talking about suicide. Our Behavioral Health provider called the student in to discuss options with his parents to get him help. They were referred to a psychiatrist who provided medication and counseling for depression and suicidal thoughts." – SBHC Staff

Visits for **adjustment disorder**, **general health** and **illness** are higher than the **state five-year average**.



\*\*Descriptions for visit types can be found on Page 16

# VISIT TYPE GLOSSARY

**Adjustment Disorder:** an unhealthy or excessive emotional or behavioral reaction to an event in a person's life.

**Anxiety Related Disorders:** emotions that are characterized by feelings of tension, worried thoughts and physical changes.

**Chronic Disease:** the management, check-up, treatment coordination and patient education around chronic illnesses such as asthma, diabetes, obesity, and cardiac diseases.

**Contraception:** contraception management, and general counseling and advice on contraception.

**Depression:** symptoms such as disturbed sleep, poor concentration or indecisiveness, low-self-confidence, poor or increased appetite, suicidal thoughts or acts, agitation or slowing of movements, and guilt or self-blame.

**General Health:** supporting continued health and well-being, providing important age-appropriate health education and guidance, immunizations, yearly check-ups and sports physicals.

**Illness or Injury:** acute health conditions such as ear, nose, and throat issues, skin issues and rashes, gastrointestinal problems, and injuries to the body.

**Reproductive Health:** includes pelvic pain, gynecologic and menstruation issues, pregnancy exams or tests, and sexual health education.

**Sexually Transmitted Infections:** screening, treatment and management of sexually transmitted infections such as chlamydia.

## REFERENCES

<sup>1</sup> Al Rifai, Mahmoud, Vardhmaan Jain, Safi U. Khan, Anupama Bk, Jamal H. Mahar, Chayakrit Krittawong, Shiva Raj Mishra, Sourbha S. Dani, Laura A. Petersen, and Salim S. Virani. "State-Level Social Vulnerability Index and Healthcare Access: The Behavioral Risk Factor Surveillance System Survey." *American Journal of Preventive Medicine* 63, no. 3 (September 1, 2022): 403–9.

<sup>2</sup> Al Rifai, Mahmoud et al. "State-Level Social Vulnerability Index and Healthcare Access: The Behavioral Risk Factor Surveillance System Survey." *American Journal of Preventive Medicine* vol. 63,3 (2022): 403-409. doi:10.1016/j.amepre.2022.03.008

<sup>3</sup> "CDC SVI Documentation 2020 | Place and Health | ATSDR," August 5, 2022. [https://www.atsdr.cdc.gov/placeandhealth/svi/documentation/SVI\\_documentation\\_2020.html](https://www.atsdr.cdc.gov/placeandhealth/svi/documentation/SVI_documentation_2020.html)

<sup>4</sup> Paschall, Mallie J., and Melina Bersamin. "School-based health centers, depression, and suicide risk among adolescents." *American Journal of Preventive Medicine* 54.1 (2018): 44-50.

\* Primary care and behavioral health visits were categorized based on diagnosis codes used for the visit. As a result, the total number of primary care and behavioral health visit types reported is smaller than the number of total visits. Uncategorized visits were either missing a primary diagnosis code, a dental visit, or appeared in the data less than 30 times over five years.

# NMDOH

NEW MEXICO DEPARTMENT OF HEALTH



Report prepared by:



evaluation that works

