



NEW MEXICO SCHOOL-BASED HEALTH CENTERS 4-YEAR REPORT | 2015-2019



NEW MEXICO
DEPARTMENT OF
HEALTH

Helping students feel better, live better & learn better.

SAH
Office of School & Adolescent Health

LETTER FROM THE DIRECTOR

The Office of School and Adolescent Health (OSAH) was founded on a steadfast commitment to the mission of helping youth feel better, live better, and learn better. To that end, school-based health centers (SBHCs) provide a youth-friendly environment designed to meet the unique health care needs of all patients, through supportive and collaborative relationships with students, families, school administration, school health staff (school nurse, school counselor, health educator, etc.), school districts, and school boards.

As the timeline suggests, New Mexico SBHCs have undergone many changes and transformations over the last four decades, but this dedication to the health and academic success connection has been met with laser focus throughout.

SBHCs are uniquely positioned to support the Department of Health's mission to improve the health status of all New Mexicans. OSAH's work is evidenced by the following facts:

- OSAH-funded SBHCs provide accessible services regardless of insurance status or ability to pay and in alignment with New Mexico statutes for minors' rights for receipt of health care services.
- Nearly 40% of visits to NM SBHCs were for behavioral health in the past year. SBHCs are actively eliminating barriers to these important services.
- 88% of OSAH-funded SBHCs are operated by Federally Qualified Health Centers (FQHCs) or large medical groups, linking students and families to medical homes and improving continuity of care.
- All OSAH-supported SBHCs are in Health Professional Shortage Areas.

The following report showcases the amazing work of our partners over the last four years and highlights the continued need for improving and expanding SBHC services throughout New Mexico.

Enjoy!



Jim Farmer
Director
Office of School and Adolescent Health

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INTRODUCTION TO SBHCs



Across the country, more than 2,500 school-based health centers provide primary, behavioral, dental, and other health care services to geographically diverse communities with high needs. Systematic review studies found that SBHCs were associated with improved health-related and educational outcomes. SBHCs impact health directly by increasing access to services and indirectly by promoting increased health literacy and decreased risk behaviors.



Evidence of improved physical health outcomes is strongest for immunizations and other preventive services, asthma-specific outcomes, reproductive health (contraceptive use, prenatal care, low birth weight babies), and non-asthma emergency department visits and hospitalizations.



SBHCs also influence behavioral health. Use of SBHCs has been associated with decreased alcohol and other substance use. Students with mental health or substance use issues are also more likely to use SBHC services. Behavioral health outcomes associated with SBHCs are mixed, and more research is needed to determine their impact.

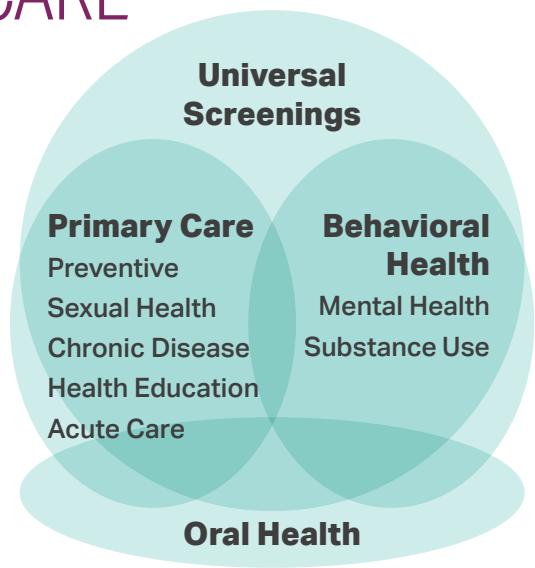


Some evidence shows that SBHCs positively impact academic outcomes. SBHCs may impact academic outcomes by influencing health directly, or improving the extent to which students feel connected to their schools. Evidence of improved educational outcomes associated with SBHCs is strongest for high school completion rates among pregnant adolescents.

SBHC MODEL: INTEGRATED CARE

SBHCs are health clinics in schools or on school campuses. While they work collaboratively, SBHCs differ from school nurses by offering an integrated model of healthcare, providing at least primary care and behavioral health services at each SBHC. Many SBHCs include additional services such as dental, nutrition, or case management. Providing multiple services at one location increases opportunities to meet students' needs more holistically and conveniently where they are already spending most of their days.

Increasingly, SBHCs themselves are integrated into larger health systems. In recent years, FQHCs have become the most common type of sponsor for SBHCs nationally and in NM. This allows SBHCs to share data and referrals with other providers within the same health system to better coordinate and integrate care for SBHC patients.

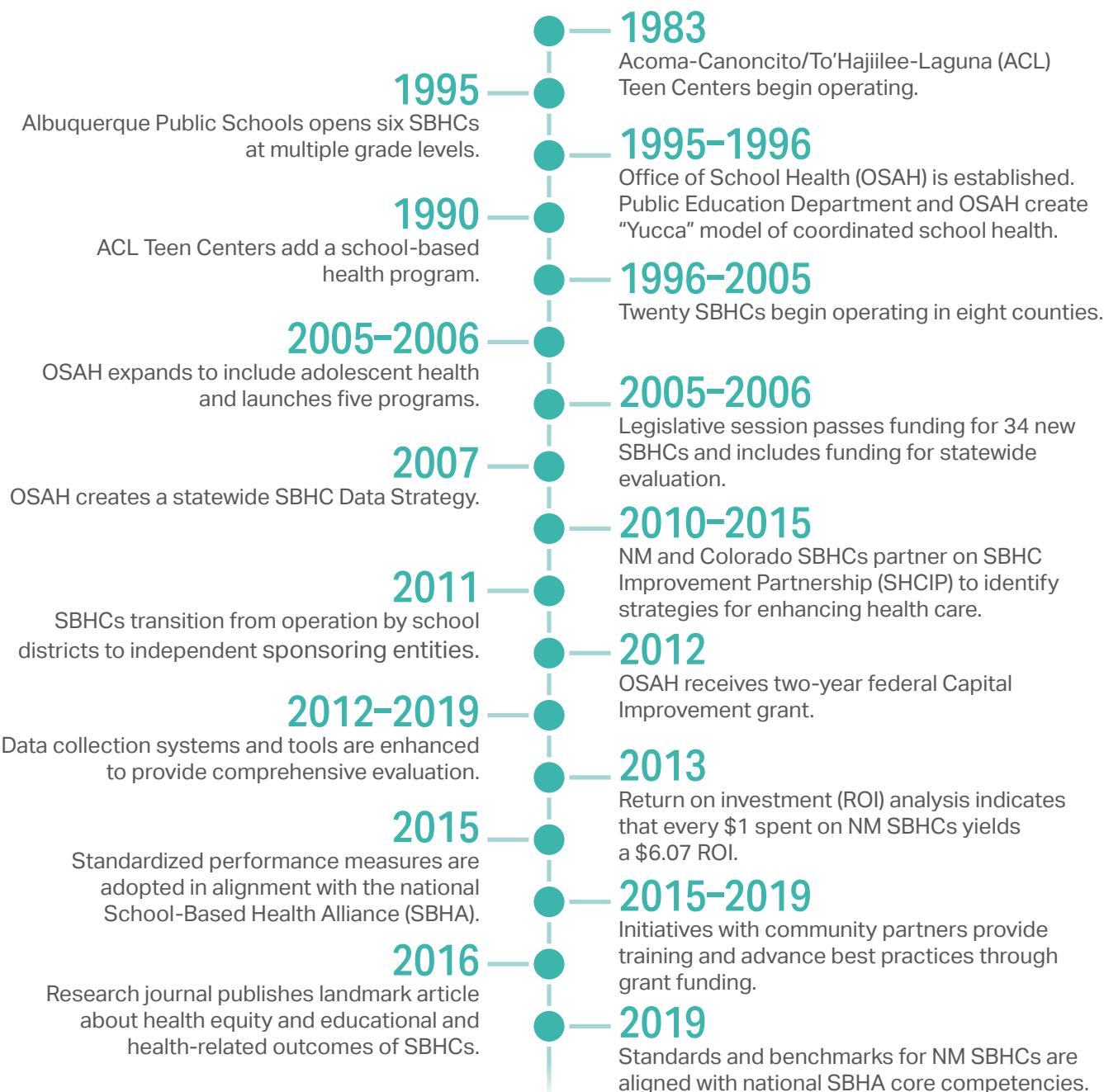


SBHC Integrated Care Model

SBHCs IN NEW MEXICO

Since 1983, SBHCs in New Mexico have achieved numerous milestones as they continue to evolve. Since the beginning of its existence, OSAH focused on coordinated health care, partnerships, and evaluation.

NM School-Based Health Center (SBHC) Timeline of Important Events

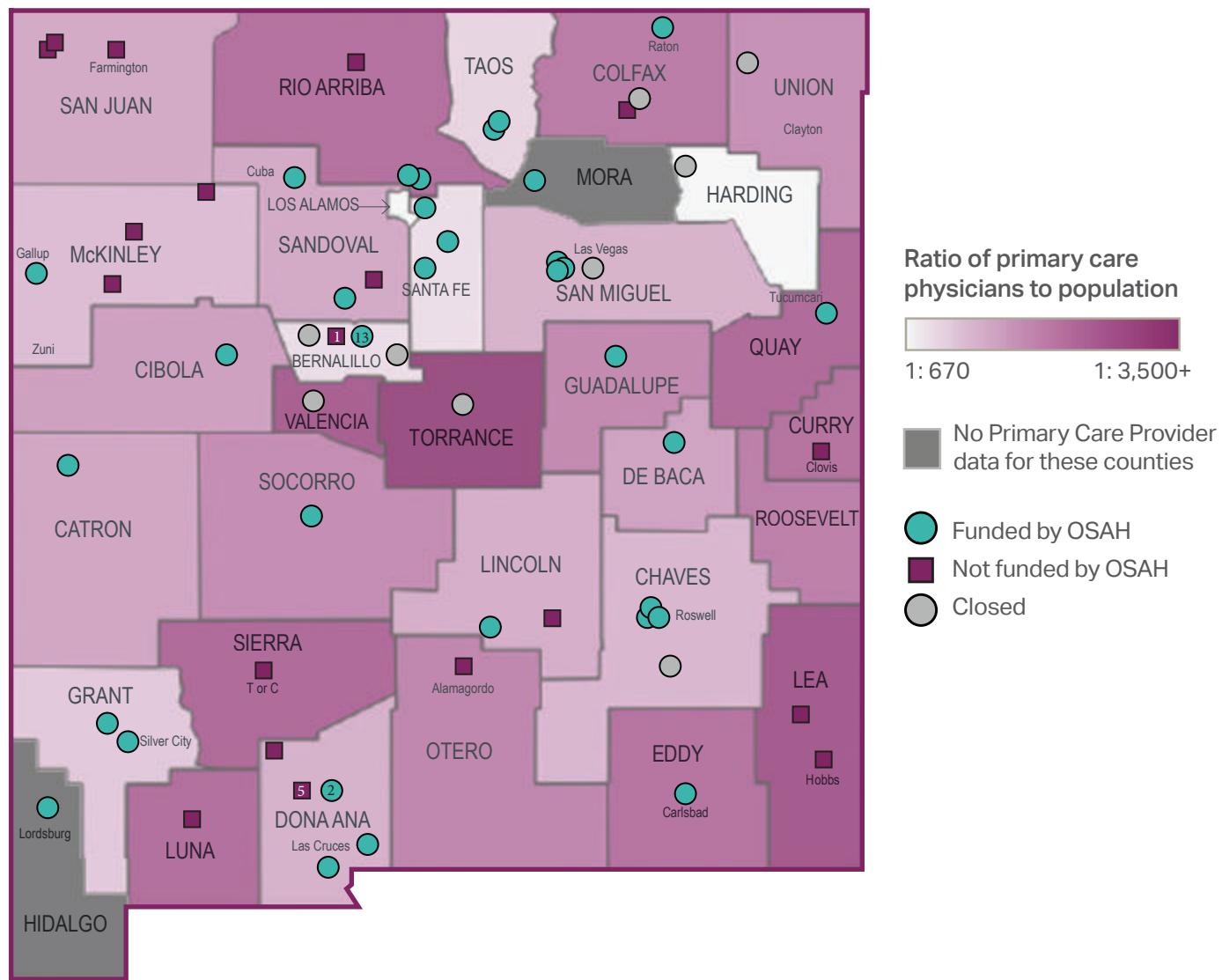


This report uses data from the past four school years (2015-2016 through 2018-2019) to describe risk factors, services received, trends over time, and success stories among New Mexico's SBHCs. Data sources included patient risk screening survey, electronic medical records, patient feedback survey, and programmatic information from SBHC staff. Throughout the report, percentages represent the average, per-year percentage over the 4-year time period unless otherwise indicated (see Technical Notes for more information).

SBHCs INCREASE HEALTH CARE ACCESS

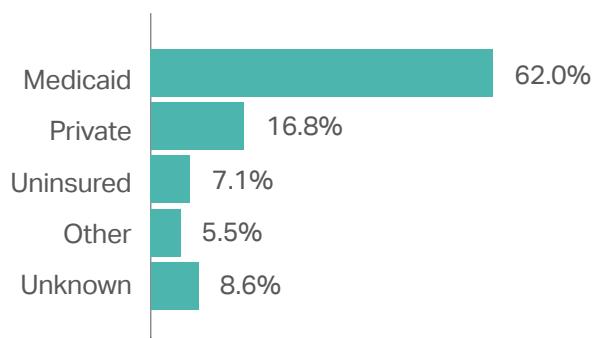
SBHCs serve all patients regardless of ability to pay. Most SBHCs are located in areas of the state with the least access to healthcare as indicated by the ratio of primary care physicians to the population in each county. Including non-OSAH-funded SBHCs, most counties with the least access (dark purple) had at least one SBHC during the past four years. Exceptions were Torrance, Valencia, and Union counties, where SBHCs closed during the past four years, and Roosevelt county.

All SBHCs in New Mexico (2015–2019)



In addition to service availability, insurance status affects access to health care. Many SBHC patients had Medicaid (62.0% of all visits) or private insurance (16.8% of all visits). However, many visits were not covered by any insurance but SBHCs still provided the care.

Insurance Types for SBHC Visits



Even patients with insurance may not have access to healthcare services from any place other than the SBHC, especially in rural areas.

The saturation rate is the percentage of the school population who used the SBHC. Saturation rates increased from 38.0% to 43.1% over the past four years. Saturation rates were substantially higher for schools in the most rural areas, meaning SBHCs may be particularly important to increasing access to health care in these parts of the state.

Most SBHCs served patients other than students at the school where the clinic was located. Most offered health care services to school staff and about half offered services to students from other schools or districts.

A total of about one-fifth of visits had uninsured, other, or unknown insurance status, meaning the patient may not have been able to get care anywhere else.



47.3% of SBHC patients

did not receive healthcare from any other place in the past year, meaning about half of SBHC patients may not have received any health care if the SBHC were not there.

I like the school-based health care because it's faster to get an appointment.

— SBHC Patient

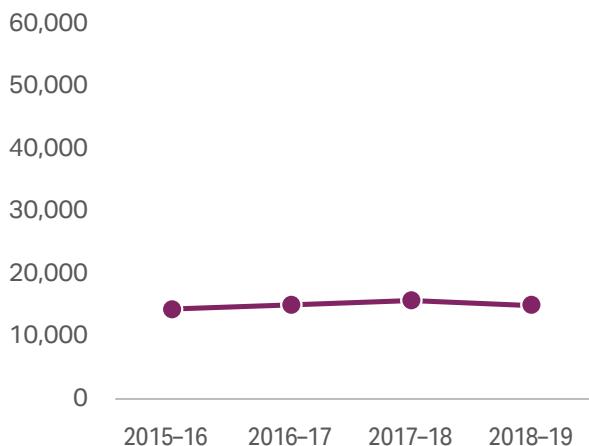
SBHCs

SERVE DIVERSE INDIVIDUALS OF ALL AGES

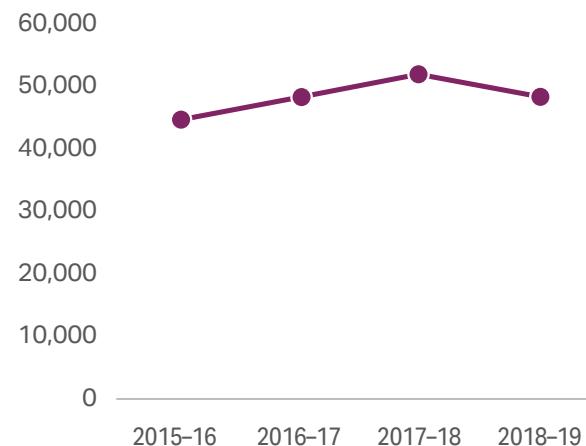
SBHCs are available to all students at the schools where they are located. Many SBHCs also serve students from other schools and adults from the school and/or community. OSAH funded fewer SBHCs in 2018-2019 compared to 2015-2016; therefore, a relatively steady amount of services were provided by fewer SBHCs over the last four years.

41,340 PATIENTS
191,286 VISITS
OSAH-funded SBHCs
2015-2019

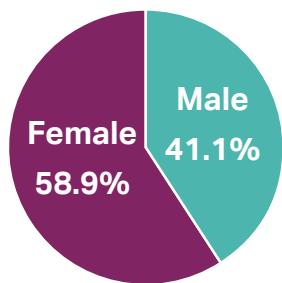
Number of Unduplicated SBHC Patients



Number of SBHC Visits

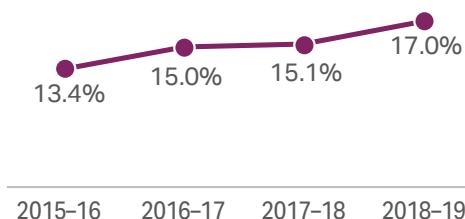


Patient Gender



More SBHC patients were female than male. Many more females than males received sexual health services. When sexual health services were not included, the percentages of males and females were almost equal.

Lesbian, Gay, Bisexual, Transgender (LGBT) or Not Sure Patients



Of patients who completed a risk screen, those who identified as LGBT or not sure increased over the past four years. This is similar to statewide trends and likely due to increased comfort with coming out among LGBT youth.

Age at First SBHC Visit

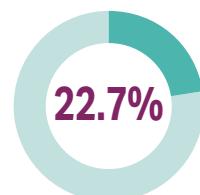


More than half of patients were in high school (14–18 years old) when they first visited SBHCs.

More than half of SBHC patients were Hispanic/Latinx. The percentages of patients who were Hispanic/Latinx and American Indian or Alaskan Native were only slightly lower than statewide averages for statewide populations of children and youth.



Hispanic/Latinx



White non-Hispanic



American Indian or Alaskan Native



Small percentages of patients were Black or African American, Asian, Native Hawaiian/Pacific Islander, or other race.



SUCCESS STORY

Culturally Appropriate Strategies for Serving American Indian/Alaskan Native Patients

Patients: Using Culturally Appropriate Strategies, the SBHC at Native American Community Academy (NACA) Charter School implemented Native Students Together Against Negative Decisions (STAND), a culturally-appropriate evidence-based curriculum. Behavioral health providers use Native STAND to educate NACA students about suicide and substance abuse prevention. As a result of STAND as well as other health promotion activities, NACA SBHC staff noticed that students are more empowered to self-advocate and take control of their health and wellness.

SBHCs PROVIDE INTEGRATED HEALTH CARE

Integrated health care is defined as providing both primary care and behavioral health care services. Ideally, SBHC providers meet patients' immediate needs and also use each visit as an opportunity to assess additional risks and schedule follow-up visits or make referrals.

All OSAH-funded SBHCs in New Mexico provided both primary care and behavioral health services.

SERVICES AVAILABLE

PRIMARY CARE: 14.27 hours per week

BEHAVIORAL HEALTH: 19.26 hours per week

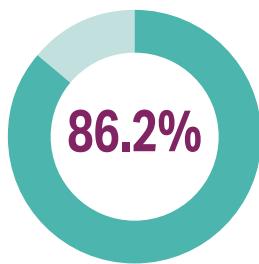
DENTAL: 17 SBHCs per year

Although more patients had primary care visits, those who received behavioral health services had more visits per year.

SERVICES DELIVERED

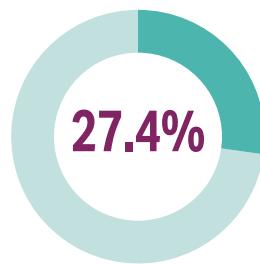
Patients who Received each Type of Visit per Year

Primary Care (PC)



Average of
2.2 PC visits
per patient

Behavioral Health (BH)



Average of
4.2 BH visits
per patient

Dental



Average of
2.5 dental visits
per patient

In addition to having multiple visits of the same type, many patients received different types of visits in the same year. For example, many of those with behavioral health visits also had primary care visits.

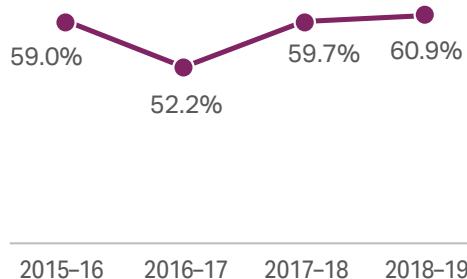
Overlapping Visit Types among SBHC Patients



RISK SCREENING

SBHCs conduct comprehensive screening for physical and behavioral health risks in order to use every visit as an opportunity to provide integrated health care. Providers use immediate results from the risk screening to address each patient's needs. In the SBHCs that collected screening data electronically, more than half of patients 11 through 20 years old were screened.

Risk Screening Rates (11 < 21-year-olds)



More than half of patients 11 through 20 years old completed electronic risk screening.

My experiences are good and [providers] always check up on more than I actually come in for.

— SBHC Patient

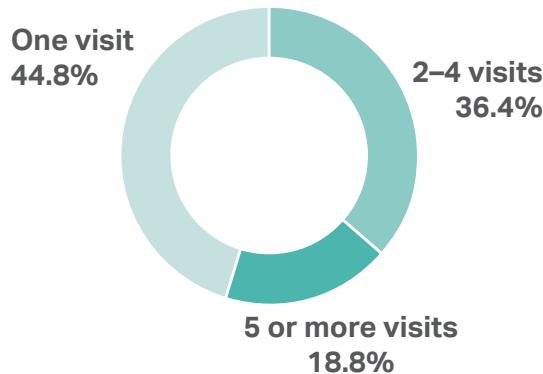
After high school, I want to go to college to study teaching or being a therapist.

— SBHC Patient

The risk screening tool also assesses patients' interests and strengths. For example, patients are asked to share future life goals and most mention career or education goals. Providers report using this information to connect better with their patients.

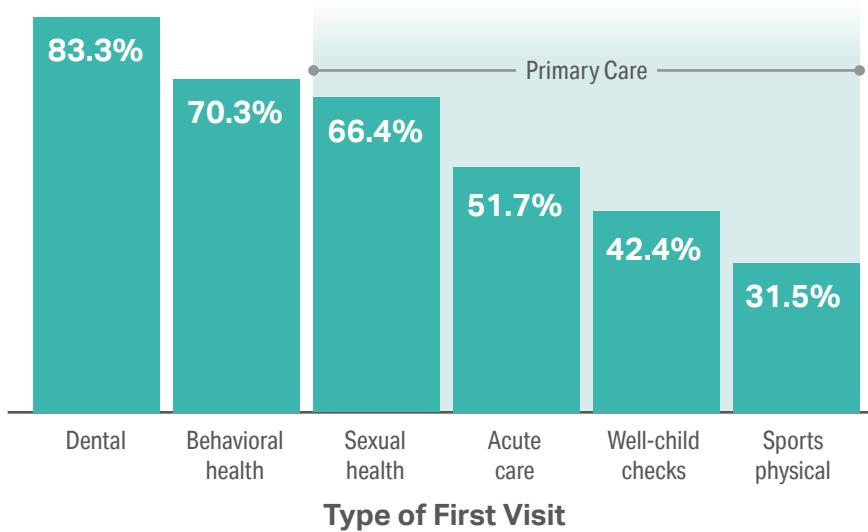
Ideally, risk screening and the integrated health care model result in SBHC patients coming back for multiple visits.

Annual Number of Visits per Patient



More than half of patients had more than one visit per year.

Patients who Came Back for a Second Visit of Any Type per Year



Patients who first came to the SBHC for a dental visit were most likely to come back, while those who first came for sports physicals were least likely to come back for any reason.



They're really good at providing you with help and making sure you're doing well. It's good to have a place to go where I can get that help. And it's easier to go and do it on my own than with my parents.

— SBHC Patient



SUCCESS STORY

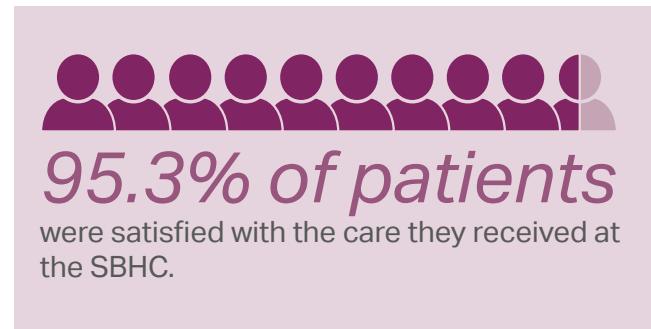
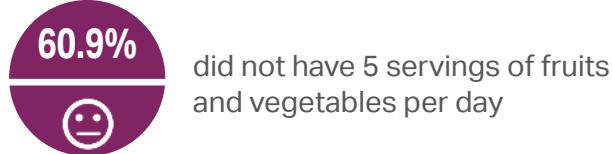
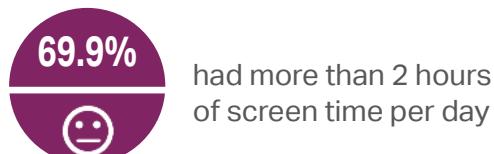
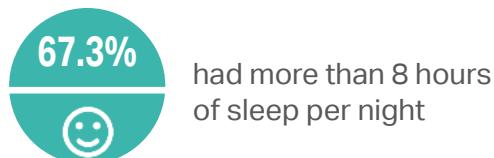
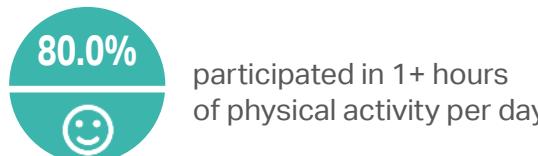
Increasing Risk Screening Rates: Albuquerque High School SBHC increased its screening rate from 69% to 77% in one year, even as the clinic experienced transition in staff. The team established a process within the clinical workflow to administer the electronic risk screening tool at the first visit unless the student required urgent or emergency care. For these students, the risk screening was administered at follow-up within 30 days. The full-time clinic coordinator had a daily routine in place to identify which patients needed to complete the risk screening tool during follow-up appointments.

SBHCs PROVIDE PRIMARY HEALTH CARE

All SBHCs provide primary care services which may include well-child checks (WCCs), sexual health services, sports physicals, immunizations, and acute care visits. Acute care visits include services for illness, injury, preventive services, and chronic disease management.

RISK FACTORS

Patients who were screened reported both healthy and less healthy behaviors with implications for primary or preventive health.



I love it here. Everyone's so nice, friendly, and welcoming. I never feel judged and always feel like they can help me.

— SBHC Patient

SERVICES RECEIVED

86.2% OF PATIENTS RECEIVED PRIMARY CARE SERVICES PER YEAR

Primary Care Visit Type

Patients per Year

Food for Thought

Acute care (all patients)



This category includes illness, injury, preventive services, and chronic disease management. The high percentage of patients who visited SBHCs for these reasons suggests that SBHCs increase access to care by providing convenient, same-day services.

Sexual health (11 < 21 years)



Some people think SBHCs primarily provide sexual health services. Although about one-fourth of patients 11 < 21 years old likely rely on these services, a majority of SBHC patients did not get sexual health services (see Sexual Health section). In fact, only 15.4% of all visits were for sexual health.

Well-child checks (WCCs) (0 < 21 years)



State and national leaders have encouraged SBHCs to conduct WCCs. New Mexico's SBHCs experienced multiple challenges to conducting WCCs, including insurance billing regulations, data sharing limitations, and limited office and summer hours.

Immunizations (0 < 21 years)



More data are required, including how many patients needed immunizations but did not receive them and how many patients received immunizations from other providers. Other states have linked with the statewide immunization registry to identify and report SBHC patients who are up-to-date on immunizations.

Sports physicals (0 < 21 years)



SBHCs used to be encouraged to conduct full WCCs when patients came in for sports physicals, but insurance billing regulations have made this more difficult in recent years.



SUCCESS STORY

Providing Primary Care: During a comprehensive wellness exam, a 14-year old patient was identified as high risk for developing diabetes due to family history of diabetes and hypertension, and a BMI in the 99th percentile. Despite previous unsuccessful attempts to lose weight, the patient agreed to a BMI Care Plan. SBHC providers completed a dietary assessment and blood work, and assessed readiness for change and knowledge of food and nutrition. Counseling was provided specific to the patient's assessment results. The patient lost 9 pounds and 4 waist circumference inches and committed to continuing new healthy behaviors over the summer months.

SBHCs PROVIDE SEXUAL HEALTH SERVICES

Sexual health services may include visits for contraceptives, sexually-transmitted infection (STI) screening and treatment, pregnancy, and other reproductive health needs. The risk screening tool includes many questions about sexual health risk factors to help providers identify and support patients' sexual health needs.

RISK FACTORS

Of patients 11 through 20 years old who were screened, 38.3% per year reported ever having sex. This percentage changed little across years. Of those who had sex:

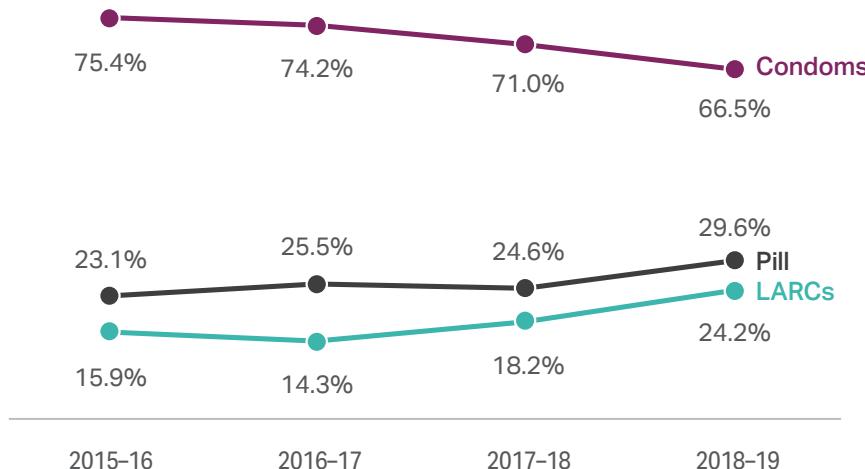


59.7% said they always used condoms. Females were less likely than males to always use condoms (54.3% vs. 71.9%). Females who used long-acting reversible contraceptives (LARCs) were even less likely to always use condoms (47.3%).



75.3% reported using a method to prevent pregnancy.

Pregnancy Prevention Methods among Patients Screened (11 < 21 years)



Over the past four years, use of the pill and LARCs increased while use of condoms as a method to prevent pregnancy decreased, consistent with national decreases in condom use among youth.

I had a great experience and I plan on coming back for any birth control check-ups.

— SBHC Patient

SERVICES RECEIVED

24.4% OF PATIENTS 11 < 21 YEARS OLD RECEIVED SEXUAL HEALTH SERVICES PER YEAR

Of those who received sexual health services:



Most patients who received sexual health services had visits for contraceptives.

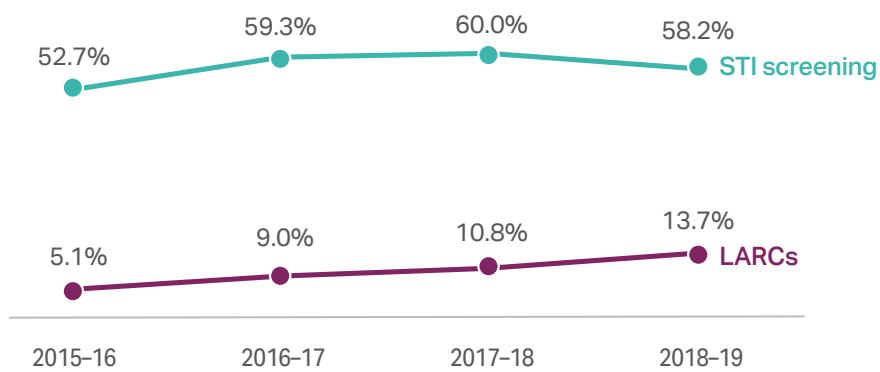
Had contraceptive visits

Had STI screenings

Additionally, 6.8% received STI treatment and 2.4% received services related to pregnancy and pregnancy testing per year. Females were much more likely than males to receive sexual health services (36.7% vs. 5.7%).

Visits for long-acting reversible contraceptives (LARCs) increased over the past four years. The number of SBHCs that provided LARCs increased from 11 in 2015-2016 to 23 in 2018-2019. Visits for STI screening also increased over the past four years.

Patients with Sexual Health Visits (11 < 21 years)



Both self-reported use and visits for LARCs increased over the past four years.



SUCCESS STORY

Providing Inclusive Sexual Health Services: During a sports physical, a sexually-active patient indicated hesitancy to approach family members about sexual health, as the patient was not heterosexual. The provider discussed safe sex practices and completed a full STI test, which tested positive for syphilis. The SBHC provider was able to treat immediately and counseled the patient on preventing STIs, including PReP for HIV transmission. The patient's self-assessed risk for HIV was low, and thus the patient declined PReP. However, the patient was very appreciative of the inclusive support and care offered at the SBHC.

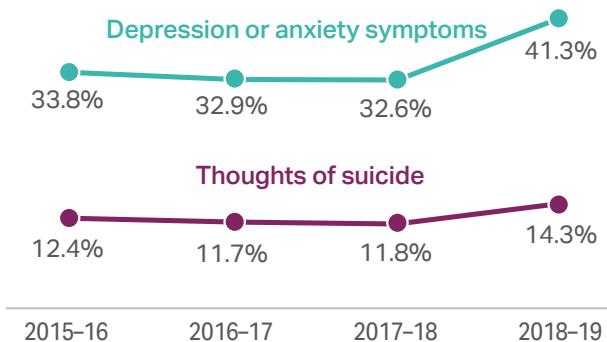
SBHCs PROVIDE BEHAVIORAL HEALTH CARE

Behavioral health services help patients address mental health and substance use issues and risk factors. The risk screening tool includes many questions about behavioral health risk factors to help providers identify and support patients' behavioral health needs.

RISK FACTORS

Mental Health

Behavioral health risk factors increased among patients 11 through 20 years old who were screened over the past four years. These trends are consistent with state and national data.



Both mental health symptoms and thoughts of suicide increased over the past four years among SBHC patients who were screened, mirroring national trends.

Substance Use



24.5% of patients 11 through 20 years old who were screened used marijuana, alcohol, or other drugs per year.

Substance Use among Patients Screened per Year (11 < 21 years old)



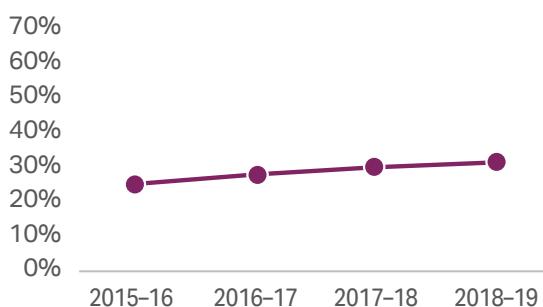
SERVICES RECEIVED

27.4% OF PATIENTS RECEIVED BEHAVIORAL HEALTH SERVICES PER YEAR

More than one time, I have felt like I didn't want to be alive anymore. But I went in and they helped me.

— SBHC Patient

Patients with Behavioral Health Visits



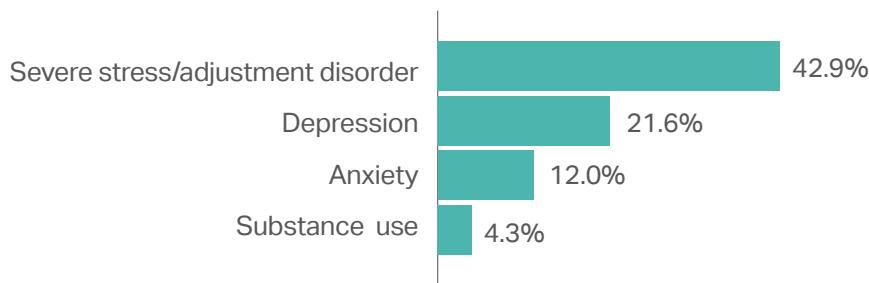
Number of Behavioral Health Visits



SBHCs responded to the increased need for behavioral health services over the past four years.

The percentage of patients and number of visits for behavioral health increased substantially over the past four years. More than 500 additional individuals were served and more than 5,000 additional visits were provided for behavioral health in 2018–2019 compared to 2015–2016.

Most Common Types of Behavioral Health Visits per Year



SUCCESS STORY

Responding to Behavioral Health Needs: One patient self-referred to the SBHC at the end of the school year and indicated struggling with personal self-esteem and cyber-bullying. The patient completed a comprehensive risk screen, which indicated substance misuse as well. In response, the therapist implemented SBIRT, a brief intervention for substance misuse, and continued supporting the patient's behavioral health needs. One year later, the patient reported no longer using or feeling the need to use substances, despite initially lacking readiness to change. The patient met all treatment goals one week before graduation.

SBHCs PROVIDE DENTAL HEALTH SERVICES

RISK FACTORS

Most patients who were screened did not have substantial dental risk factors per year, which changed little over the four years.



Received dental care from any place in past 6 months



Had tooth pain

SERVICES RECEIVED

5.5% OF ALL PATIENTS RECEIVED DENTAL SERVICES PER YEAR

This percentage of patients receiving dental services increased to 26.5% when only the six SBHCs that reported dental encounter data were included.

Among patients who received dental services, those with two or more dental visits per year increased from 59.7% in 2015–2016 to 75.8% in 2018–2019. This suggests that dental patients increasingly received regular dental care at the SBHC.

Across all four years, six SBHCs submitted encounter data for dental services, but many others reported providing dental services.

These others likely collaborated with outside organizations to provide limited dental services at their SBHCs but did not share data systems. Therefore, available data about dental services underestimates the number of patients served and visits provided.

6 SBHC provided dental services on a regular basis

3,303 patients received dental services at SBHCs over four years.



SUCCESS STORY

Obtaining Consent for Dental Services: Robert F. Kennedy Charter School

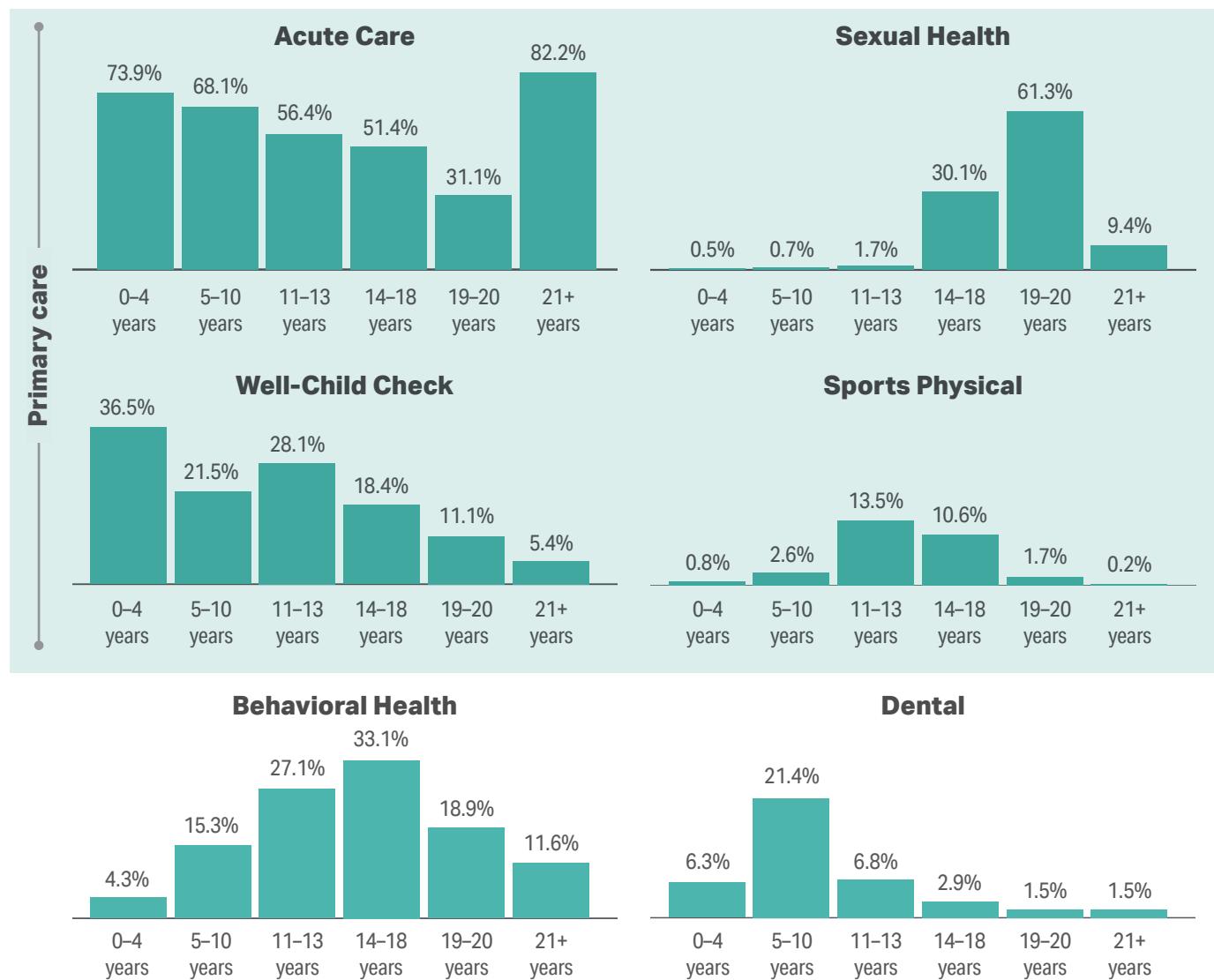
experienced challenges providing dental services due in part to the number of students without signed consent for services. The SBHC coordinator and school social workers partnered to ensure that dental consents were completed during school registration and transferred to the dental service contractor. The clinic then scheduled dental services for two days during the fall semester. The dental service contractor provided dental exams, cleanings, and minor cavity repairs to all students with signed consent for dental services.

SBHCs

MEET DIFFERENT NEEDS FOR AGE GROUPS

SBHCs served patients from 0 to 93 years of age over the past four years. Visit patterns differed across age groups, including frequency and type of visits. While these differences are logical based on developmental needs of each age group, they highlight the breadth and depth of services provided at SBHCs and illustrate the important role SBHCs play within the broader health care system.

Age	Group	Common Visit Types
0–4 years	Babies/Toddlers	Acute care and well child check
5–10 years old	Elementary School	Acute care and dental
11–13 years old	Middle School	Well-child check and sports physicals
14–18 years old	High School	Behavioral and sexual health
19–20 years old	Young Adults	Sexual health
21+ years old	Adults	Acute care



WHAT'S NEXT

SUMMARY OF KEY FINDINGS

OSAH-funded SBHCs served 41,340 patients with 191,286 visits over the past four years in New Mexico. OSAH and SBHCs supported collection of risk screening, patient encounter, and patient experience data consistently over these four years. Several key findings emerged from the data presented throughout this report.

Topic	Successes	Opportunities
Access to Care	OSAH supported 55 SBHCs across 25 counties over the four years. Five additional counties had SBHCs with other funding sources.	Facilitate and support development of SBHCs in counties with the poorest healthcare access and no or limited SBHCs.
Patient Diversity	Proportions of Hispanic/Latinx, American Indian/Alaskan Native, and LGBT patients were similar to those in the state as a whole.	Attract more males to SBHCs, especially for sexual health services.
Integrated Care	All SBHCs provided primary and behavioral health care with even more hours of behavioral health than primary care services.	Develop more strategies to link patients who come for primary care visits to behavioral and/or dental services as needed.
Sexual Health	Most patients with sexual health visits received contraceptives and visits for LARCs increased.	Ensure increased LARC use is not associated with decreased protection against STIs by offering health education and STI screening.
Behavioral Health	The number of patients and visits for behavioral health increased, reaching more than one-fourth of patients each year and reflecting increased need.	SBHCs increased capacity to meet the demand, in large part because of statewide provider shortages, but did not initially intend to be patients' main behavioral health provider. Now some SBHCs have wait lists.
Dental	The percentage of patients who were seen multiple times in the same year for dental services increased over the four years.	Ensure all dental services are documented and submitted in encounter data when possible.
Community Services	Almost 1 in 10 patients were 21+ years old.	Continue providing services that meet needs of different age groups.

VISION FOR THE FUTURE

The future vision for SBHCs in NM directly supports and adds to several opportunities identified from the past four years. The OSAH-funded SBHC model of care has five key components: access to care, integrated care, accountability and evaluation, student focus, and sustainability. As SBHCs continue to gain recognition as important contributors to the healthcare system, it is important to remain true to these key components while continuing to deliver quality health services.

OSAH Priorities for Next Four Years

Access to Care	Develop tools to improve school-SBHC collaboration, develop strategies to serve rural and low population areas more efficiently, and remove operational and other barriers to opening new SBHCs.
Integrated Care	Set SBHCs apart as an emerging best practice to advance health equity by integrating primary care, behavioral health, and dental services. Improve and evaluate systems coordination with schools and districts, local health systems, and managed care organizations to better support students toward academic achievement and health outcomes.
Accountability & Evaluation	Support SBHCs in New Mexico in moving beyond accountability to learning and continuous improvement to informing policy efforts. Refine evaluation tools and processes to maximize data collection. Report and highlight clinical performance and contributions to the health of New Mexico youth, as well as recognize gaps and opportunities for improvement.
Student Focus	Continue to support SBHCs as places where students are treated as respected experts in their own health, receive accurate information on relevant health topics, and become more connected to the educational, health, and social systems that serve them. Support development of health literacy for students to be more informed and empowered consumers of health services.
Sustainability	Support SBHCs in developing sound business practices to remain sustainable. Connect SBHCs with local health providers, FQHCs, and hospitals to increase the likelihood of SBHC sustainability, integrated care, and continuity of care for patients. Partner with SBHCs, HSD, and MCOs to identify opportunities to support best practice implementation and address challenges in insurance reimbursement.

NEXT STEPS

Align with SBHA

OSAH is aligning SBHC performance measures with the national School-Based Health Alliance (SBHA). OSAH will report performance measure results as well as SBHC census data to SBHA, which will help demonstrate the value and effectiveness of SBHCs in New Mexico and across the country.

Improve data quality

Focusing on New Mexico's SBHC performance measures, each SBHC will review their site's data regularly with Apex, the statewide evaluation partner, to identify and explore data discrepancies and identify technical or workflow solutions to improve data quality. OSAH and Apex will also support all SBHCs in increasing risk screening rates.

Expand technology

Funding has been allocated to SBHCs who are not currently using an electronic adolescent health behavior screening tool to purchase mobile devices for this purpose. Electronic screening will improve data collection and reporting for both patient risk screening and patient experience surveys. Web-based data collection and reporting tools will also be updated.

Develop elementary school risk screening tool

The majority of New Mexico SBHCs used an electronic risk screening tool for middle and high school students for the past four years. OSAH is part of a multi-state work group created to develop an interview-style screening tool for elementary school students that will launch in 2020.

Support school-SBHC collaboration

During spring 2020, OSAH will form work groups to develop a survey about collaboration between host schools and SBHCs. The survey will gauge awareness of SBHCs as well as utilization and referrals made to SBHCs by school staff. The survey will also seek input from school staff about how to minimize time out of the classroom for SBHC visits and how to collaboratively support students in getting the care they need. Additionally, OSAH will partner with the NM Public Education Department to assess possibilities for assessing SBHC impact on academic achievement.

*Me encanta la forma en que me ayudaron,
estoy tan contento de tener apoyo en mi escuela.*

*[Translation: I love the way you helped me,
I'm so glad to have support in my school.]*

— SBHC Patient

TECHNICAL NOTES

Readers are strongly encouraged to read this section to understand all data presented in this report and especially prior to citing data from this report.

DATA SOURCES

Source	Description	In the Report
Encounter data	Electronic medical record data for every SBHC visit, including patient name, ethnicity, race, date of birth, unique patient identifier; service date; and diagnostic and billing codes. Each SBHC transfers encounter data to Apex monthly using standard templates and secure procedures.	<ul style="list-style-type: none">• All "Services Received" sections• Number of unduplicated patients and visits• Primary care, behavioral health, and dental visits• Age, gender, race, ethnicity• Insurance type
Risk screening data	Risk screening assessment completed on mobile devices by SBHC patients, including the Electronic Student Health Questionnaire (eSHQ) or Just Health. Assessments include validated tools such as PHQ-2 and CRAFFT. Each patient 11 through 20 years of age is supposed to complete a risk assessment annually. Data collected using electronic risk screening tools are stored in a secure database maintained by Apex.	<ul style="list-style-type: none">• All "Risk Factors" sections• Sexual orientation• Health risk behaviors• Sexual risk behaviors• Methods to prevent pregnancy• Depression/anxiety symptoms and thoughts of suicide• Substance use
Student feedback survey	Anonymous web-based survey administered annually to SBHC patients by SBHC staff, including questions about care received and satisfaction with the SBHC. All data in this report were from the 2018-2019 student feedback survey (n=2,347) except one measure that was not included in that survey (percent of patients who received healthcare from another place in the past year was from 2016-2017 survey).	<ul style="list-style-type: none">• Ease of making an appointment• Received services they needed• Did not receive healthcare from another place in the past year• Missed less class time by going to the SBHC
Operational plan	Web-based form completed by SBHC staff bi-annually, including hours and services offered, populations served, and success stories. Data collected in the operational plan are stored in a secure database maintained by Apex.	<ul style="list-style-type: none">• Hours of primary care and behavioral health services• Dental services offered• Populations served• Success stories

DATA ANALYSIS

Time period

Data in this report were for school years 2015–2016 through 2018–2019 and included data from SBHCs that received OSAH funding at some time during the four years.

Interpretation

All percentages in this report should be interpreted as the average per-year percentage over four years unless otherwise indicated. For example, the prevalence of behavioral health visits should be stated as: “27.4% of all SBHC patients received behavioral health services per year, on average.” This precise wording was not included with every percentage in the report in order to improve readability.

Time trends

Differences across school years were examined for every measure in this report and were included when they were larger than five percentage points and meaningful. Statistical significance was not used as the primary criteria because large sample sizes meant that even small trends were statistically different over time. If a time trend was not presented for a measure, there were no meaningful differences over time.

Summing to 100%

Categories in a given graph or table may not sum to 100% for two reasons: 1) rounding, or 2) individual patients or visits may be represented in multiple categories (e.g., race).

Deduplication process

Encounter data were deduplicated using two steps. First, encounters with matching unique patient identifier and SBHC site were labeled as the same patient. Second, exact matches of first name, last name, date of birth, and SBHC site were labeled as the same patient even if the unique patient identifier did not match. SBHCs often assign different unique patient identifiers to the same patients to keep confidential services separate from non-confidential services. Previous reports only used the first step to deduplicate encounter data; therefore, numbers in this report for prior years will not match previous reports.

Risk screening data were deduplicated using only the second step because these data did not contain unique patient identifiers.

DATA LIMITATIONS

Unduplicated counts

Encounter or risk screening records may have included errors in name or date of birth fields. These may have resulted in multiple records for the same patient being counted as multiple patients (if the patient also had different unique patient identifiers) because the deduplication process used exact matches.

Gender

Encounter data did not consistently include non-binary gender categories across SBHCs. Therefore, only male and female were reported.

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All schools should have a school-based health center, they are great. Always have a great experience.

— SBHC Patient

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