

NEW MEXICO SCHOOL-BASED HEALTH CENTERS ANNUAL STATUS REPORT | 2021-2022



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*This report includes discussions of and statistics about traumatic experiences and suicide. If you or someone you love is experiencing any kind of emotional or mental health concern, the NM Suicide & Crisis Lifeline is available. Call, text, or chat 988.



SBHCs IN NEW MEXICO

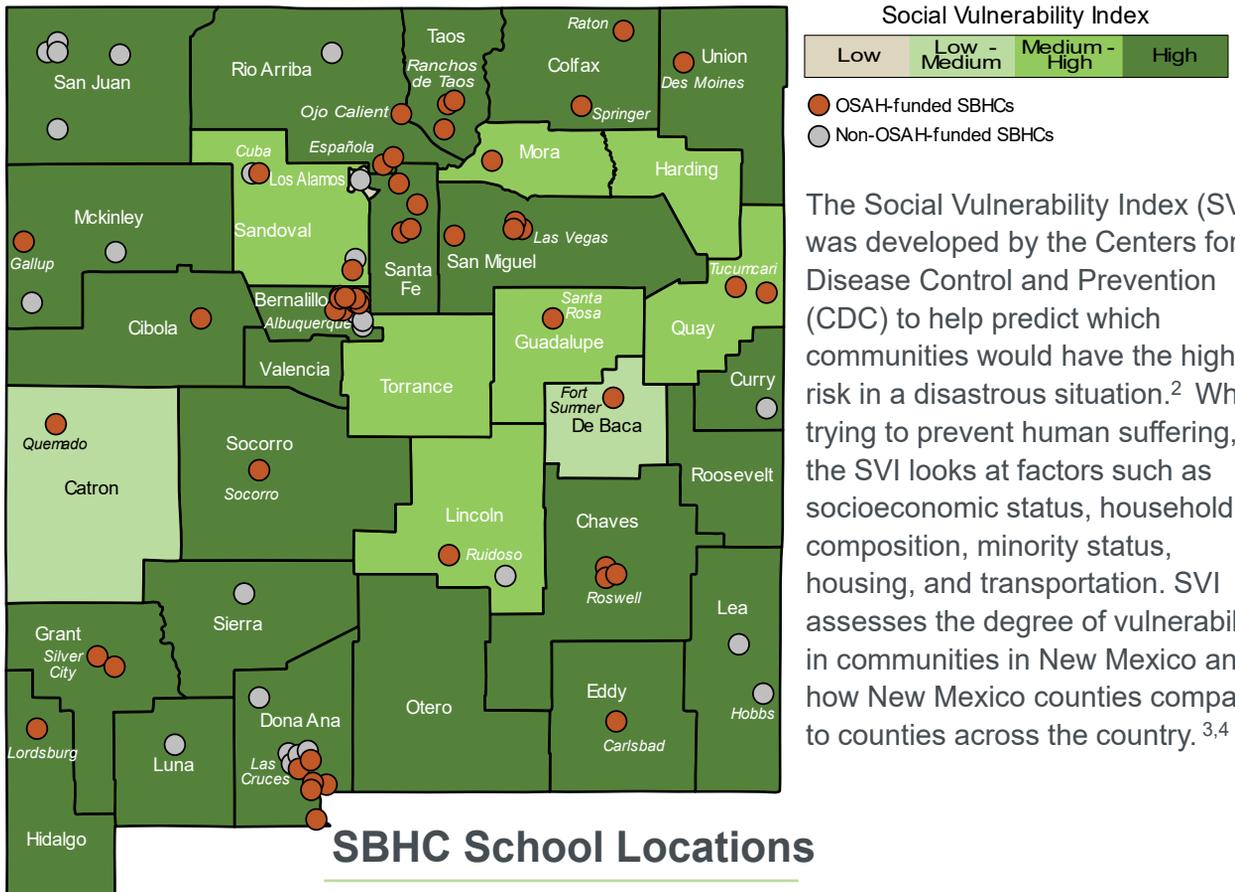
Youth in our communities spend most of their time at school, which makes school-based health centers (SBHCs) uniquely positioned to provide the care students need. Having a clinic on campus provides patients with primary care, behavioral health, and some dental health care. SBHCs can reduce barriers for patients and parents such as lack of transportation and availability to schedule and attend appointments, thus reducing missed appointments.¹

SBHC Utilization

16,144 Patients

42,416 Visits

The majority of SBHCs are in areas with Medium-High to High social vulnerability



- 11 Multi-Grade Schools
- 3 Elementary Schools
- 7 Middle Schools
- 32 High Schools



SBHC INTEGRATED CARE

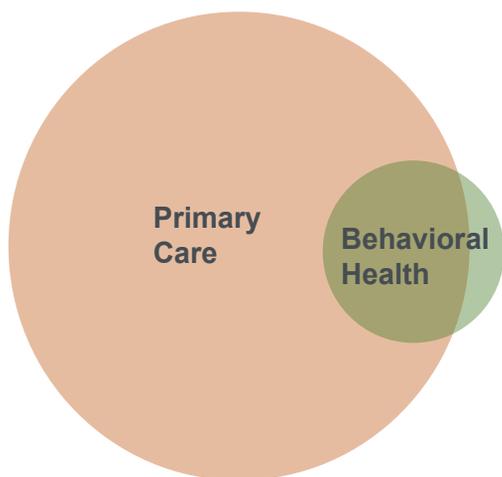
Studies have shown that schools are the most common entry point for youth who are seeking behavioral health care and have proven to be an ideal setting to bridge primary care and behavioral health.^{5, 6} SBHC care is unique because services go beyond the clinic to help patients navigate other determinants of health such as food security, housing, and other community resources.⁷

If not for the SBHC...

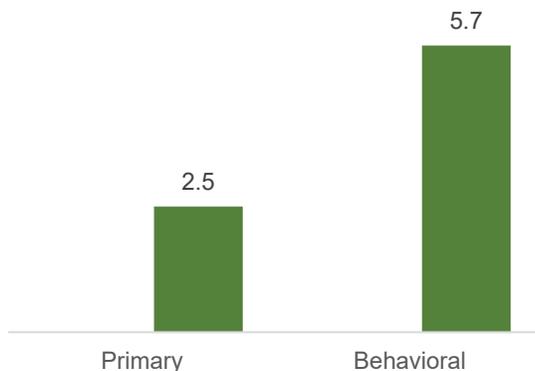
25% of patients would have gone to urgent care or an emergency room

12% of patients would not have received care

Most patients who had a **behavioral health** visit also had a **primary care** visit



The average number of behavioral health visits per patient is higher than primary care visits



“Mental and physical health collaboration has been a big focus this year for our sites. We have seen a number of children greatly improve with this team approach and have had some parents move all the child's medical care to us for that reason.” - SBHC Staff

PRIMARY CARE IN SBHCs

SBHCs collaborate with school staff to supplement the health services that a patient may already be able to access. Given the clinics' proximity to patients and community members, SBHCs can also act as a primary place youth can receive medical care.¹

59% of all visits to the SBHC are for primary care

68% of primary care visits are for **acute care**



Illness, injury



Preventive services



Chronic disease management

15% of primary care visits are for **reproductive health care**



Health education;
reproductive health exams



Care for sexually transmitted infections



Contraception, prenatal services

12% of primary care visits are for **well child checks**



Provide age-appropriate health education



Ensure children and adolescents are growing properly



Ensure immunizations are up to date

5% of primary care visits are for **sports physicals**



Assess problems that may interfere with athletic performance



Ensure athletes are ready for their chosen activity



Provide guidance for avoiding injury



“It has been very helpful having the SBHC located on school ground. It is easy access for staff and patients only miss 15-30 minutes of class time instead of a full day to be seen by an outside provider.” - SBHC Staff

BEHAVIORAL HEALTH IN SBHCs

SBHC behavioral health services include substance use counseling, mental health diagnosis, medication management, and violence and suicide prevention.¹ Generally, adolescents with access to an SBHC receive more mental health services than those in schools without SBHCs. Access to SBHCs is critically important for those residing in rural communities. Those in rural areas face barriers to health care due to transportation issues and limited availability of mental health providers.⁸ Ensuring children and adolescents have access to mental health services is critical as providers work with patients to grapple with the ongoing effects on mental health from the COVID-19 pandemic.⁹

34% of all visits to the SBHC are for behavioral health care

45% of behavioral health visits are for **adjustment disorders***



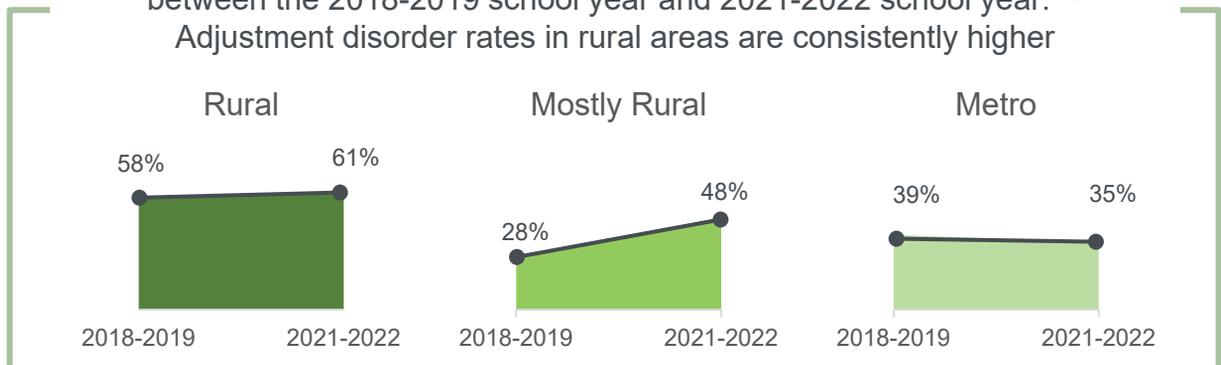
22% of behavioral health visits are for **depression**



14% of behavioral health visits are for **anxiety**



Patient adjustment disorder rates have increased across rural areas between the 2018-2019 school year and 2021-2022 school year.¹⁰ Adjustment disorder rates in rural areas are consistently higher



“Patient reported a sexual assault by a family member, she was suffering with depression and self-harm. The SBHC team helped her report the incident; the patient's mother was very supportive. Patient continues to come to the SBHC and is thinking of returning to her soccer team; she hasn't engaged in self-harm since the report was filed” - SBHC Staff

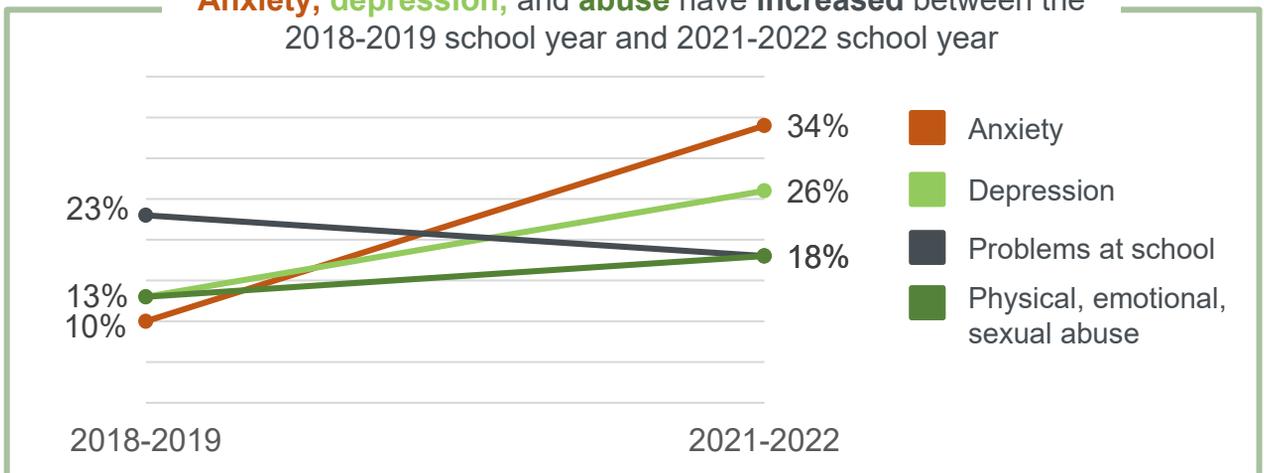
* An adjustment disorder is an emotional or behavioral reaction to a stressful event or change in a person's life (Johns Hopkins)

BEFORE AND AFTER COVID: PATIENT TRENDS

The COVID-19 pandemic has had a large impact on children and adolescents' health and well-being.^{11, 12} Through health risk screenings and an integrated care model, SBHCs help to mitigate consequences of Adverse Childhood Experiences (ACEs) by linking patients to resources and providing trauma-informed care.¹¹

The proportion of anxiety and depression has **increased** since the pandemic

Anxiety, depression, and abuse have **increased** between the 2018-2019 school year and 2021-2022 school year



Patients reported **at least one of the following factors**. The rates **increased** between the 2018-2019 school year and 2021-2022 school year



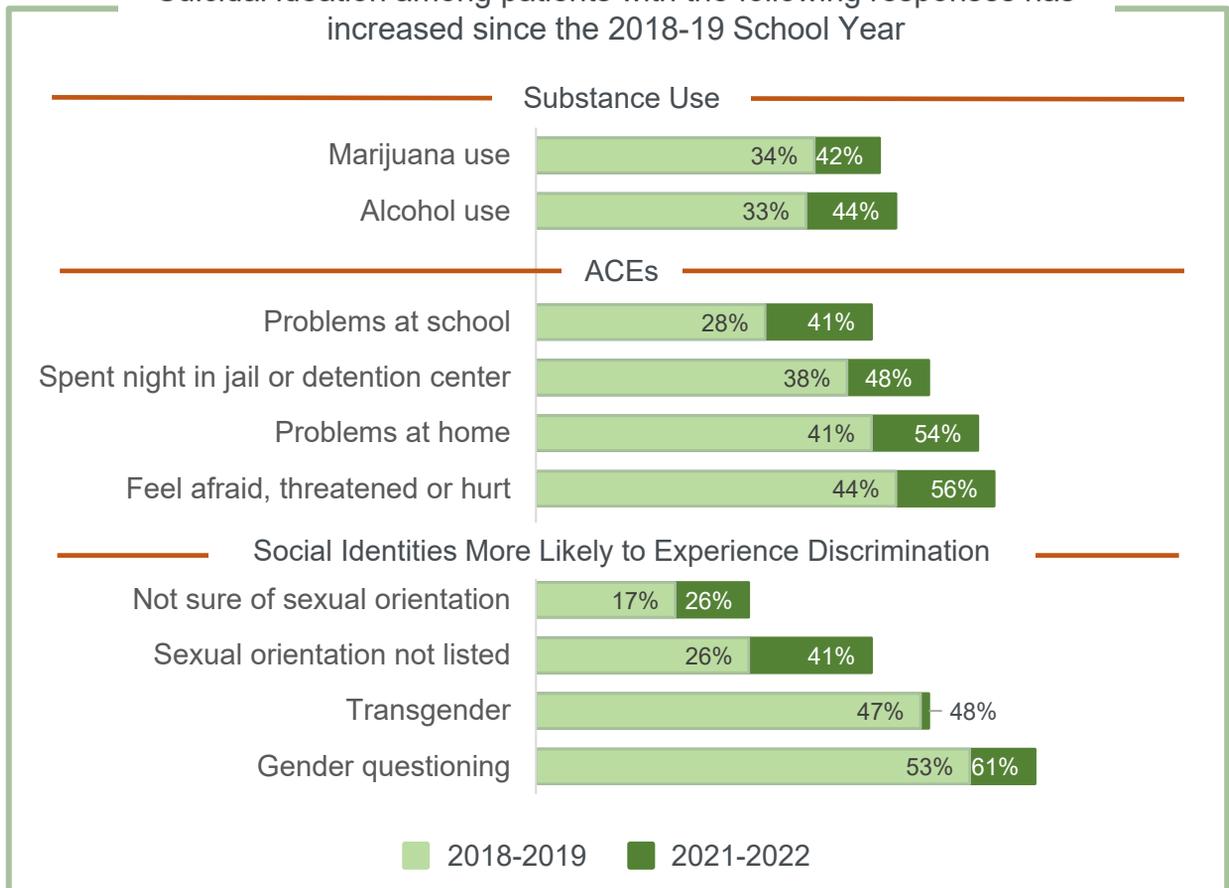
“We had a patient who met our therapist during the Just Health review. They decided to come back for therapy, and addressed their trauma, anxiety and substance use and how those issues were impacting school and relationships. They stayed engaged with therapy for the whole year and were able to graduate. At the time of graduation, they were no longer using any substances and had learned and implemented a number of coping skills for anxiety.” - SBHC Staff

ADOLESCENT SUICIDALITY

Patients who reported factors such as health risk behaviors, ACEs, and certain social identities were more likely to experience discrimination and up to four times more likely to have suicidal ideation than patients without these factors.

17% of screened SBHC patients reported **suicidal ideation**

Suicidal ideation among patients with the following responses has increased since the 2018-19 School Year



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.

89% of patients reported they got what they needed from the SBHC provider in regard to talking about suicide

88% of patients said they are likely to follow the advice of the SBHC staff

NEXT STEPS...

High social vulnerability in the state makes it more difficult for children and families in New Mexico to recover from the events of the last three years. SBHC data from 2021-2022 confirm that children and youth in New Mexico are experiencing increased rates of stress and anxiety. Simultaneously, health professional shortages¹³ are increasing statewide, making access to services more difficult. The Office of School and Adolescent Health (OSAH) School-Based Health Center (SBHC) program is at a crossroads moment in how New Mexico supports and takes care of our children and youth. **Do we accept the status quo, or do we optimistically forge ahead, striving to better support our kids – our future?** With the support and seed funding from the Governor's office, the OSAH SBHC program is choosing the latter. Along with motivated partners, new collaborations, and expanded care delivery models we are taking the following actions to grow SBHC access statewide:



Collaborate

Increase resources to improve access to care for New Mexico's children and youth by **strengthening existing partnerships and exploring new partnerships** with organizations such as the Behavioral Health Collaborative, Early Childhood Education and Care Department, NMDOH Office of Oral Health, Public Education Department, and Human Services Department



Expand

- Partner with FQHCs operating SBHCs to **develop greater capacity for delivery of care** via telehealth and mobile platforms to reach more rural and underserved communities with limited access to care
- Work with the New Mexico Alliance for School-Based Health Care to offer planning/start-up grants enabling communities and schools to create an SBHC on their campuses and evolve OSAH funding distribution to **allow new SBHCs to be funded more frequently than four-year cycles**



Recover

- Continue to improve SBHC data collection and analysis, maintaining our partnership with the Public Education Department to link health and education data to **make data-informed decisions for the SBHC program**

REFERENCES

- ¹ Arenson, Michael, Philip J. Hudson, NaeHyung Lee, and Betty Lai. "The Evidence on School-Based Health Centers: A Review." *Global Pediatric Health* 6 (February 19, 2019): 2333794X19828745. <https://doi.org/10.1177/2333794X19828745>.
- ² Al Rifai, Mahmoud, Vardhmaan Jain, Safi U. Khan, Anupama Bk, Jamal H. Mahar, Chayakrit Krittanawong, 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.
- ³ <https://doi.org/10.1016/j.amepre.2022.03.008>.
"CDC SVI Documentation 2018 | Place and Health | ATSDR," February 10, 2022.
https://www.atsdr.cdc.gov/placeandhealth/svi/documentation/SVI_documentation_2018.html.
- ⁴ Flanagan, Barry E., and Elaine J. Hallisey. "Measuring Community Vulnerability to Natural and Anthropogenic Hazards: The Centers for Disease Control and Prevention's Social Vulnerability Index." *Journal of Environmental Health* 80, no. 10 (June 1, 2018): 34.
- ⁵ Lai, Karen, Sisi Guo, Roya Ijadi-Maghsoudi, Maryjane Puffer, and Sheryl H. Kataoka. "Bringing Wellness to Schools: Opportunities for and Challenges to Mental Health Integration in School-Based Health Centers." *Psychiatric Services* 67, no. 12 (December 2016): 1328–33. <https://doi.org/10.1176/appi.ps.201500401>.
- ⁶ Farmer, Elizabeth M. Z., Barbara J. Burns, Susan D. Phillips, Adrian Angold, and E. Jane Costello. "Pathways Into and Through Mental Health Services for Children and Adolescents." *Psychiatric Services* 54, no. 1 (January 2003): 60–66. <https://doi.org/10.1176/appi.ps.54.1.60>.
- ⁷ Clayton, Serena, Teresa Chin, Samantha Blackburn, and Cecilia Echeverria. "Different Setting, Different Care: Integrating Prevention and Clinical Care in School-Based Health Centers." *American Journal of Public Health* 100, no. 9 (September 2010): 1592–96. <https://doi.org/10.2105/AJPH.2009.186668>.
- ⁸ Mason-Jones, A. J., Crisp, C., Momberg, M., Koech, J., De Koker, P., & Mathews, C. A systematic review of the role of school-based healthcare in adolescent sexual, reproductive, and mental health. *Systematic Reviews*. 2021; 1(1). <https://doi.org/10.1186/2046-4053-1-49>
- ⁹ Summers-Gabr, N. M. (2020). Rural–urban mental health disparities in the United States during COVID-19. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S222–S224. <https://doi.org/10.1037/tra0000871>
- ¹⁰ "USDA ERS - Rural-Urban Continuum Codes." Accessed December 19, 2022. <https://www.ers.usda.gov/data-products/rural-urban-continuum-codes.aspx>.
- ¹¹ Golberstein, Ezra, Hefei Wen, and Benjamin F. Miller. "Coronavirus Disease 2019 (COVID-19) and Mental Health for Children and Adolescents." *JAMA Pediatrics* 174, no. 9 (September 1, 2020): 819–20. <https://doi.org/10.1001/jamapediatrics.2020.1456>.
- ¹² Bellazaire, Amber. "Preventing and Mitigating the Effects of Adverse Childhood Experiences." National Conference of State Legislators, August 2018. https://www.ncsl.org/Portals/1/HTML_LargeReports/ACEs_2018_32691.pdf
- ¹³ <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

