



NEW MEXICO SCHOOL-BASED HEALTH CENTERS ANNUAL STATUS REPORT | 2019–2020



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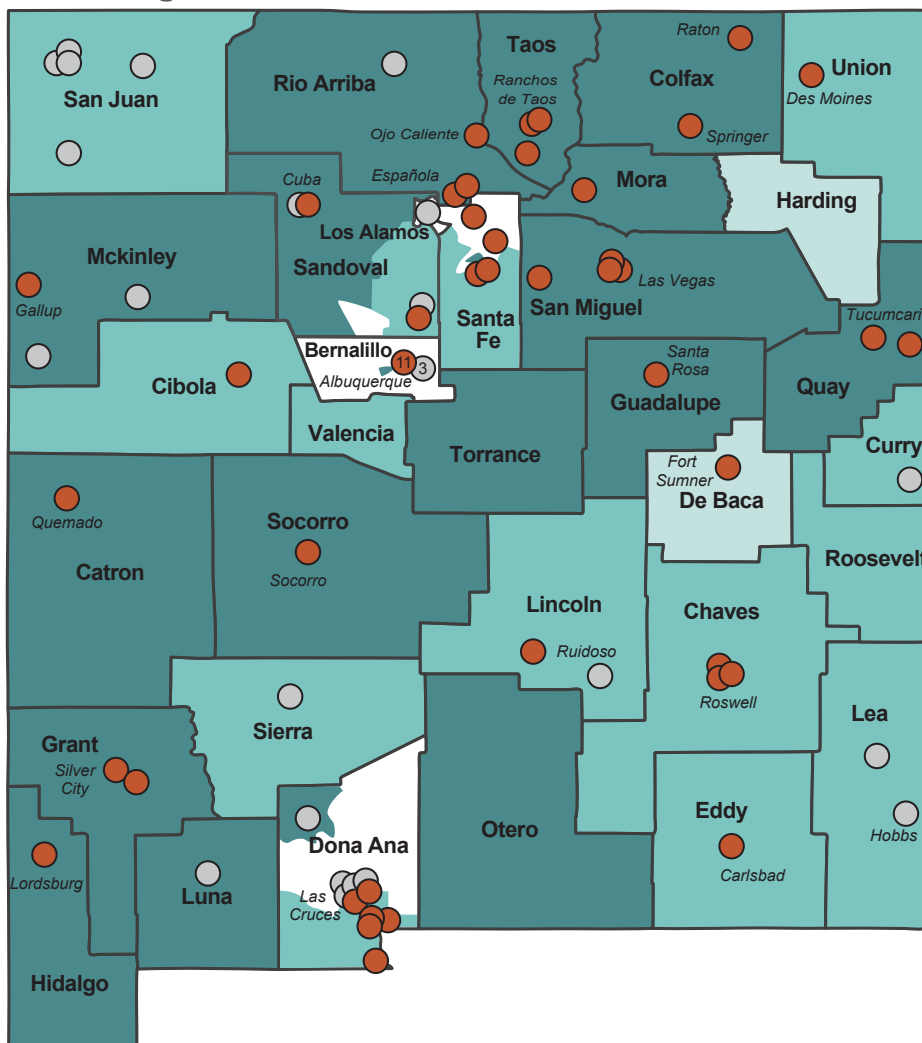


SBHCs IN NEW MEXICO

School-based health centers (SBHCs) have operated in New Mexico for more than 25 years. While there are more than 70 SBHCs statewide, in school year (SY) 2019-20 the New Mexico Department of Health (NMDOH) Office of School and Adolescent Health (OSAH) provided supplemental operational funding and technical assistance to 16 sponsoring organizations to deliver the school-based health model of care in 54 schools. The SBHC model includes provision of both primary and behavioral health care delivered in clinics on or adjacent to school campuses.

School-based health center staff value youth as partners in their own care and see any student regardless of ability to pay. Ninety percent of SBHCs are sponsored by Federally Qualified Health Centers (FQHCs), university medical systems, hospitals, and community medical practices. This affiliation connects students and families to local healthcare organizations which can serve as medical homes and improve continuity of care. SBHCs are located in areas of the state with the least access to healthcare, as indicated by the Primary Care Health Provider Shortage Area (HPSA) score. Most counties with extreme shortage (dark teal) have at least one SBHC, including non-OSAH-funded SBHCs.

Providing Care in Underserved Communities ¹



Primary Care Provider Shortage



¹ 32 out of 33 counties are also designated Mental Health Professional Shortage Areas.

□ Does not meet the criteria for HPSA designation

● OSAH-funded SBHCs

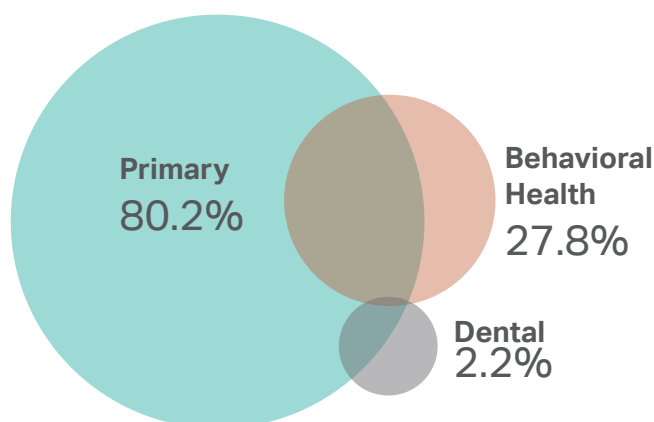
● non-OSAH-funded SBHCs

SBHC UTILIZATION

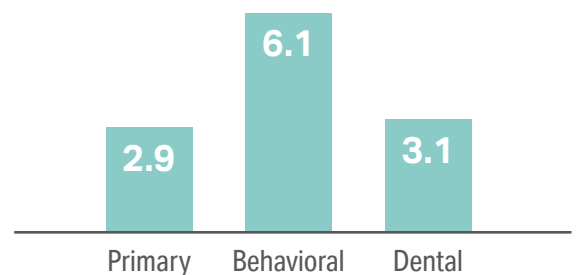
Integrated care has long been a tenet of school-based health centers (SBHCs). Physical health and behavioral health are inextricably linked. Primary care providers regularly screen for behavioral problems and behavioral health issues may present with physical manifestations such as headaches or stomachaches. Behavioral health visits have shown success in reducing recurrence of sexually transmitted infections and improving care of chronic conditions.² Primary care providers and behavioral health providers working collaboratively in SBHCs increases the likelihood of holistic care for the student.³

15,549 patients
46,686 visits

Type of Care Received by SBHC Patients



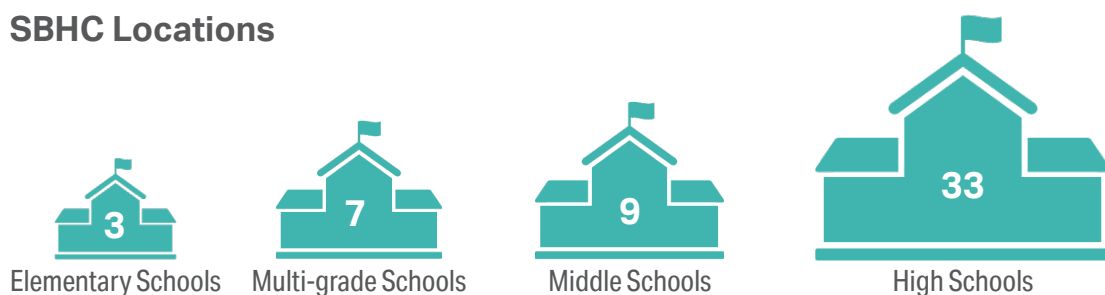
Average Number of Visits per Patient by Type of Care



In addition to requiring more visits to complete treatment, behavioral health providers also spend more time with each patient, which exacerbates the effects of the behavioral health professional shortage in New Mexico.

Sixty-one percent of SBHC patients identified as female and **39%** male. SBHCS serve diverse populations: **57%** Hispanic/Latino(a); **23%** white non-Hispanic; **8%** American Indian or Alaska Native; **2%** black/African American; and **10%** other race.

SBHC Locations



PRIMARY CARE IN SBHCS

Thirty-two of New Mexico's 33 counties are, at least partially, designated Primary Care Health Professional Shortage Areas (HPSAs) by the Health Resources and Services Administration (HRSA). Challenges in accessibility of primary care related to lack of providers or insurance puts children and youth at risk for delayed identification of preventable and treatable conditions, negative long-term health care outcomes, and increased healthcare costs.¹

50%
of all visits are
for primary care

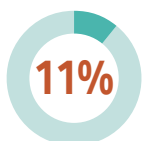
Many children and adolescents receive primary care services outside of the SBHC. However, **12%** of students reported that SBHCs are their **only** source of care. SBHCs are an effective way to improve access to primary care where children and adolescents spend most of their time – in school. Primary care includes the following five types of visits:



Acute care includes treatment for illness, injury, preventive services, and chronic disease management. SBHCs provide convenient, same-day services to increase access to care.



Reproductive health care includes health education, reproductive health exams, contraception, sexually transmitted infection care, prenatal services, and any other service related to the reproductive health system.



Well-child checks - often referred to as a check-up - verify that children and adolescents are growing and developing properly, ensure immunizations are up to date, and provide important age-appropriate health education and guidance.



Immunizations are provided by SBHCs to help students stay up-to-date on required vaccinations and prevent disease.



Sports physicals assess health problems that may interfere with athletic performance and provide guidance for avoiding injuries.



The principal referred a student to the SBHC, and screening helped identify that this patient was kicked out of the house and did not have access to essentials. The SBHC provided care for a sore throat and cough, care that the patient would not have been able to receive elsewhere. The principal provided the student with clothes and school supplies from the Community Closet.

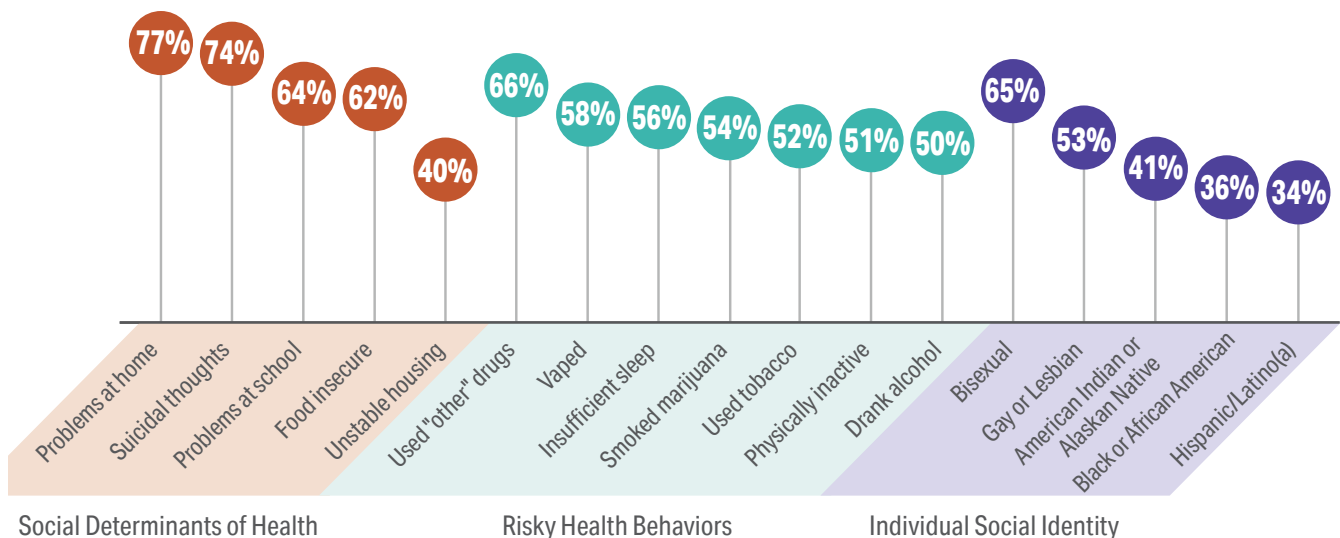
BEHAVIORAL HEALTH IN SBHCs

In 2020 - and more than ever due to COVID-19 - behavioral health services offered by SBHCs are important to ensure the well-being of young people. SBHCs provide access and reduce barriers to receiving mental health services.

On average, **36% of all SBHC patients reported depression or anxiety symptoms.** Individuals who have other adverse social determinants of health, risky health behaviors, and some social identities may be more likely to report depression or anxiety symptoms.

40%
of all visits are
behavioral health

For example, in the graph below **77%** of individuals who reported problems at home also reported depression or anxiety symptoms.



93% of the SBHC patients with a diagnosis for mood or anxiety disorders had a behavioral health visit with a provider at the SBHC.



A senior in high school came to the SBHC looking to develop skills to manage anxiety symptoms and reduce substance use. It was identified the patient was also dealing with suicidal ideation. The SBHC therapist and patient made a safety plan involving family members and continued to develop coping skills to deal with anxiety and manage stressful situations. By graduation, the patient no longer reported anxiety symptoms or suicidal ideation's. The patient even reported doing well in school and starting a job!

REPRODUCTIVE AND SEXUAL HEALTH IN SBHCs

New Mexico has the seventh highest teen birth rate in the United States.⁴ Sexually transmitted infections (STIs) among New Mexico teens are also greater than the national average, putting New Mexico youth at risk for long-term reproductive health complications.⁵

SBHCs provide a broad range of reproductive health services, including STI testing, diagnosis, and treatment. Many clinics provide contraception, including long-acting reversible contraceptives (LARCs). OSAH-supported SBHCs also offer health education, reproductive health exams, prenatal services, and testing, counseling, and treatment for HIV/AIDS.

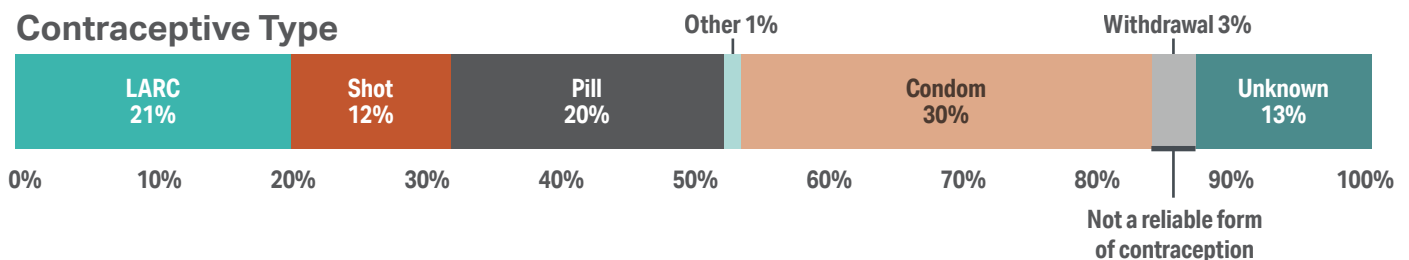
14%
of all visits
are for
reproductive
health

42%

of adolescent SBHC patients reported ever having sex.

76%

of sexually active adolescents reported using a contraceptive method.



63% of patients reporting using LARC, shot, or pill as a contraception method also reported using condoms, which indicates these patients may also be considering STI prevention. **All** of the SBHCs provide reproductive health education and offer on site care or make referrals for reproductive health services.



A patient came in for STI testing and was quite shy. The SBHC provider discussed sexual and other health behaviors with the patient, and eventually moved on to the patient's real inquiry - pre-exposure prophylaxis (PrEP). The provider was able to get the patient started on it. The patient was grateful there was a safe place to go and the provider could assist with a difficult decision. Since then, the patient has come in several more times for various things and no longer hesitates about being open with the provider!

SBHCs ADAPTED TO COVID-19

Following school closures in mid-March 2020 due to COVID-19, SBHCs transitioned to ensure SBHC patients received the care they needed. Despite creative solutions and adapted operations, like community health care clinics across the state, SBHCs also experienced a decrease in visits.



55%

remained physically open, overcoming challenges due to their host schools being closed



98%

implemented telemedicine platforms, something most had the capacity to do before COVID, but few did on a regular basis



76%

referred patients to another clinic, including community clinics of their own sponsoring organizations, as well as to other providers

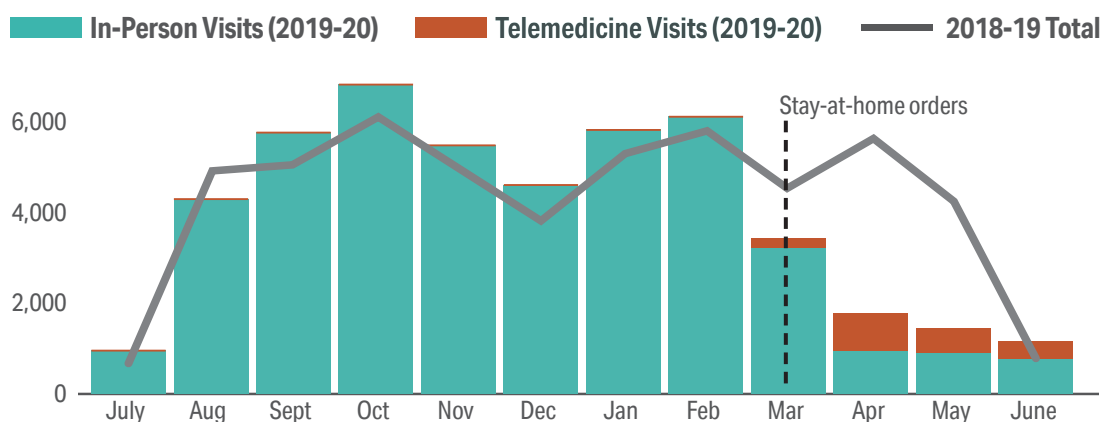


59%

prioritized SBHC patients at non-SBHC clinics with more appointment times

School closures affected utilization.

SBHC monthly visits decreased in March following school closures, but SBHCs continued serving patients. Telemedicine visits between March 16 and June 30, 2020 totaled 1,924 - an increase of 3,336% from cumulative telemedicine visits before March 16, 2020.



To make contact with their school population, one sponsoring organization's SBHC team rode the school bus routes several times during April and May and dispersed nearly 200 oral care health packages and information regarding hand washing techniques, COVID-19, and remaining physically and mentally healthy.

TELEHEALTH IN SBHCs

While telemedicine was minimally offered by SBHCs prior to school closures, it became a critical way of providing care as schools remained closed and public health orders stayed in place. Temporary changes to telehealth billing regulations made by the New Mexico Human Services Department increased the likelihood of reimbursement for services delivered by telemedicine and contributed to the dramatic expansion in telemedicine services offered by SBHCs.

80%
of SBHCs reported
receiving reimbursement
for telemedicine

Four of the top five diagnoses for telehealth visits were stress, anxiety, attention-deficit hyperactivity disorder, and depression.



Stress



Contraceptive
Management



Anxiety



Attention-Deficit
Hyperactivity
Disorder



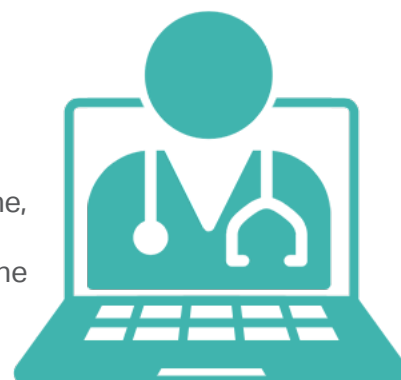
Depression

The number two diagnosis was contraceptive management indicating a commitment by SBHC primary care providers and adolescents to prevent unintended teen pregnancies.



Many families used the SBHC to help their children cope with COVID-19 and the accompanying stressors on personal lives, school lives, and family situations through office visits, telephonic visits, and televideo visits.

Expansion of telehealth offerings to students in schools without an SBHC may increase healthcare access to children and adolescents in rural and frontier areas.⁶ Broadband access and infrastructure are increasingly recognized as determinants of health.⁷ Improved infrastructure and connectivity for telemedicine, as well as confidence in continued billing claims reimbursement, remain critical for continuation and future success of telemedicine access and delivery in schools.

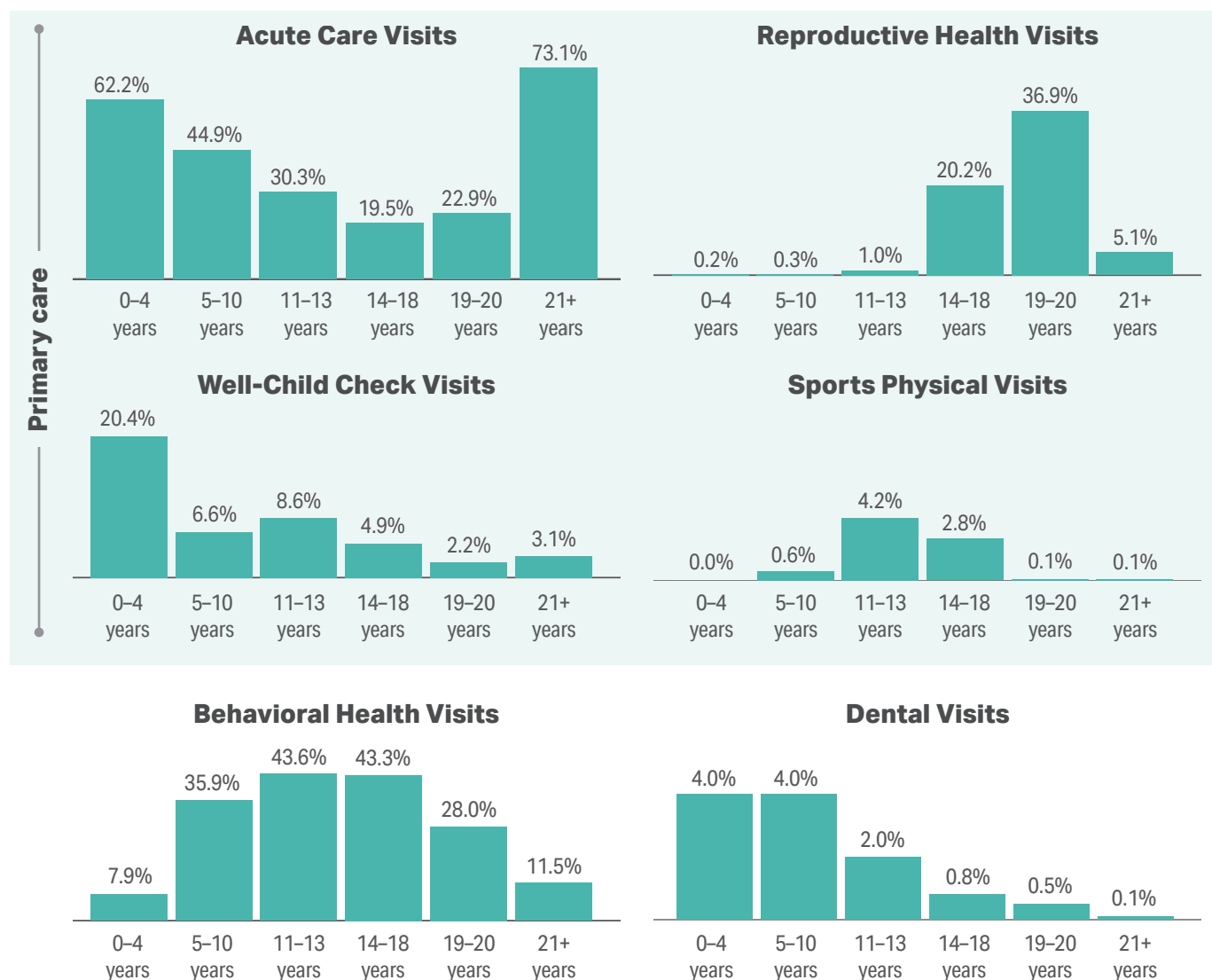


SBHCs

MEET UNIQUE NEEDS FOR DIFFERENT AGES

While SBHCs primarily serve school-age children and youth, SBHC patients ranged from 0-86 years old in school year 2019-20 - including graduated former students, school teachers and staff, and family members of students - illustrating the role SBHCs play as points of access to healthcare.

Age	SBHC Patients in Age Group	Group	Common Visit Types
0-4 years old	390	Babies/Toddlers	Acute care and well-child check
5-10 years old	1,727	Elementary School	Acute care and dental
11-13 years old	3,016	Middle School	Well-child check and sports physicals
14-18 years old	8,303	High School	Behavioral and reproductive health
19-20 years old	382	Young Adults	Reproductive health
21+ years old	1,678	Adults	Acute care



WHAT'S NEXT

The Office of School and Adolescent Health (OSAH) is committed to the following goals for the 2020-2021 school year:

EXPAND SBHC program models to increase access to healthcare.

Healthcare organizations experienced unprecedented challenges during the 2019-2020 school year, and SBHCs were not exempt. In the face of these challenges, SBHCs and their sponsoring organizations advanced telehealth initiatives and used mobile units to connect with patients in communities. These efforts are encouraging for future delivery of primary and behavioral health care in school districts that

don't have an SBHC. Utilizing a hub and spoke model of healthcare delivery - the hub being the SBHC and the spoke being outlying communities - SBHCs have an opportunity for outreach and to offer primary care and behavioral health services to students in multiple schools within a district, increasing access to care in rural and frontier communities.

CONTINUE existing partnerships and develop new ones to increase access to care, improve sustainability, and advance health equity.

A diverse network of partners is essential to the ongoing success, sustainability, and advancement of school-based healthcare. The OSAH SBHC program has consistently worked with other New Mexico Department of Health programs, the Human Services Department, Managed Care Organizations, Federally Qualified Health Centers, and the New Mexico Alliance for School-Based Health Care. These partnerships have helped to address barriers for operations and access, challenges in reimbursement, and identification opportunities to support

best practice initiatives in school-based health care, such as substance abuse prevention, suicide prevention awareness, and access to contraception. The OSAH SBHC program added an initiative in partnership with the Public Education Department in the 2019-2020 school year to evaluate the impact of school-based health care on academic achievement. Continuing collaboration on this project is a primary focus for OSAH in the 2020-2021 school year.

IMPROVE data tools and quality.

In the last year, the OSAH SBHC program has enhanced the quality of program data by improving reporting of data and the tools used to collect it. This year, the OSAH SBHC program initiated bi-annual SBHC site data calls to help identify and explore discrepancies and solutions to improve data quality.

The OSAH SBHC program is beginning to migrate application-based data collection tools from an Apple iPad application to a web-based platform that enhances convenience for students and clinicians, which is important for expanding

telehealth across the state.

Over the coming year, the OSAH SBHC program is implementing an SBHC/school collaboration survey. Preliminary data show the importance of working relationships as well as opportunities for growth and improvement.

The OSAH SBHC program is also implementing an electronic, comprehensive health screening tool for elementary-age SBHC patients that allows more comprehensive assessment of the needs of younger students and their families.

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