



NEW MEXICO SCHOOL-BASED HEALTH CENTERS ANNUAL STATUS REPORT | 2020–2021



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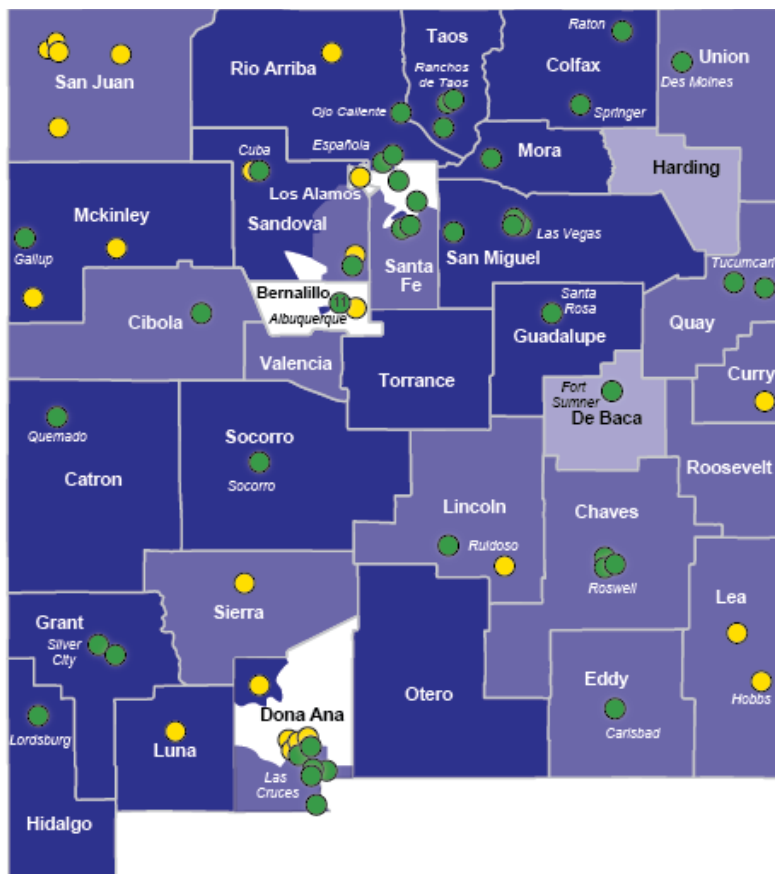


SBHC IN NEW MEXICO

School-based Health Centers (SBHCs) are a critical tool to increase health care access. New Mexico SBHCs are operated by Federally Qualified Health Centers (FQHCs), university medical systems, hospitals, and community medical practices. SBHCs connect children, youth, and their families to larger, local health care organizations while conveniently providing integrated health services to students on or near school campuses.

Of the **77 SBHCs in New Mexico, two-thirds (54) receive supplemental funding and technical assistance** from the New Mexico Department of Health (NMDOH) Office of School and Adolescent Health (OSAH).

Providing Care in Provider Shortage Areas¹



SBHCs are located in areas of the state with the least access to health care, as indicated by the Primary Care Health Professional Shortage Area (HPSA) score. Most counties with extreme shortage (dark purple) have at least one SBHC.

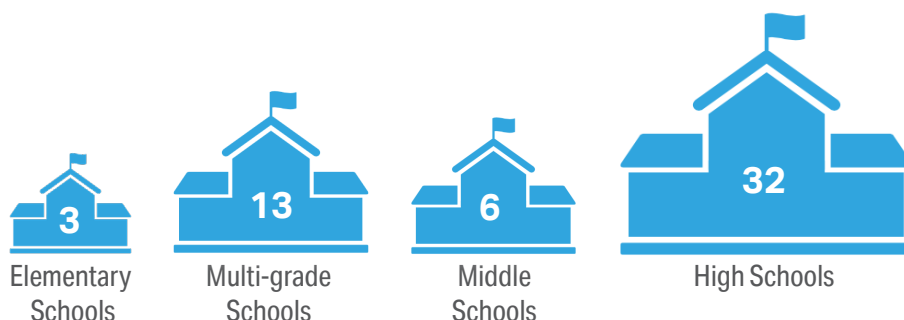


Does not meet the criteria for medical HPSA designation

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

- 54 OSAH-funded SBHCs
- 23 non-OSAH-funded SBHCs

SBHC School Locations



SBHC INTEGRATION

Integrated care has long been a core principle of SBHCs. Physical health and behavioral health are inextricably linked. Primary care providers and behavioral health providers working collaboratively in SBHCs increase the likelihood of better health outcomes for the patients.²



8,771 Patients



24,061 Visits

41%



Behavioral Health



The **most commonly** used diagnosis code for behavioral health is for **adjustment disorders**, which is an unhealthy or excessive emotional or behavioral reaction to an event in a person's life.



The **second leading** diagnosis code for behavioral health is **anxiety-related disorders**, which are emotions that are characterized by feelings of tension, worried thoughts, and physical changes. These disorders could include **post traumatic stress disorder (PTSD)**, which is an anxiety disorder that can develop when a person experiences a physical injury or severe mental or emotional distress.



The **third most commonly** used diagnosis code for behavioral health is **depression**, which includes 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.

47%



Primary Care



71% of primary care visits are for **acute care** which includes treatment for illness, injury, preventive services, and chronic disease management. SBHCs provide convenient, same-day services to increase access to care.



20% of primary care visits are for **reproductive health care** which includes health education, reproductive health exams, contraception, care for sexually transmitted infections, prenatal services, and any other service related to the reproductive health system.



5% of primary care visits are for **well-child checks**, often referred to as a check-up, to 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.



4% of primary care visits are for **sports physicals** to assess health problems that may interfere with athletic performance and provide guidance for avoiding injuries.

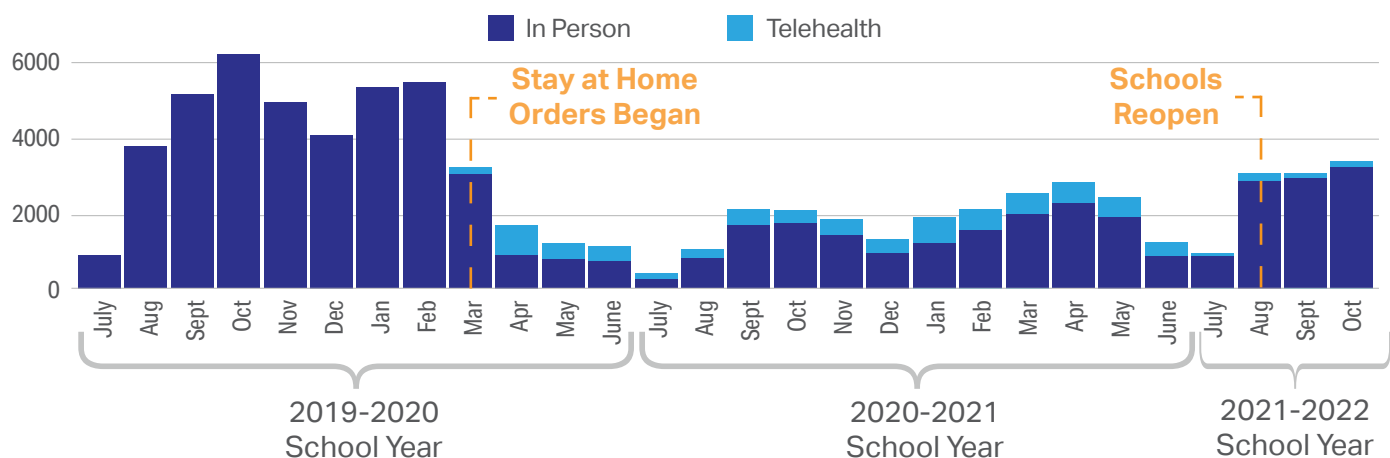
SBHC RESPONSE TO COVID-19

SBHCs, like other clinical practices, quickly adapted clinical operations due to the COVID-19 pandemic. The SBHCs had some struggles and successes:

25%	Had to close due to school closures	20%	Provided professional development to school staff to support student mental health
45%	Redeployed, furloughed, or laid off staff	53%	Improved technology to expand telehealth services
18%	Reduced physical health service hours and/or staffing	75%	Began offering telehealth services for the first time
76%	Struggled with accessing and engaging their patients	41%	Offered COVID-19 testing and/or follow-up
		27%	Offered COVID-19 vaccines and/or follow-up, which resulted in 1,617 administered doses of the vaccine

Telehealth has become a crucial strategy to continue to deliver essential services during the COVID-19 pandemic. In addition to school closures, the decrease in utilization can be attributed to SBHCs having less access to students in remote learning environments and overall drops in student attendance. As schools reopened, struggles to restaff SBHCs and engage students have continued.

SBHC visits by month before and during the pandemic

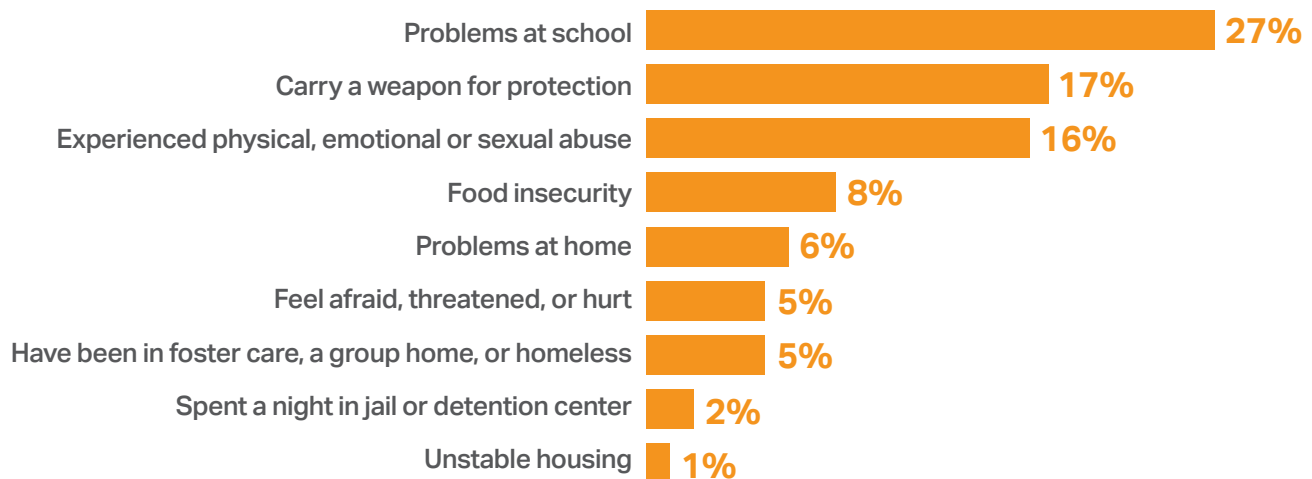


"A success of the SBHC is that we are able to fully incorporate telehealth services for the students and staff members. The option for telehealth services has allowed us to maintain relationships with students (especially students receiving confidential services), and ensure the students are receiving the proper care even while school is closed." - SBHC Coordinator

ADVERSE CHILDHOOD EXPERIENCES

Adverse Childhood Experiences (ACEs) are potentially traumatic events that happen in childhood. ACEs are linked with increased risk for mental health issues, substance use, suicide, violence, risky sexual behaviors, and lower self-esteem.³

44% of students screened at an SBHC reported having at least one ACE risk factor*



* Some patients reported more than one ACE risk factor. Factors included are an expansion from the core 10 ACEs.⁴

The COVID-19 pandemic and school closures intensified the likelihood of children experiencing an ACE. Understanding and addressing risks and experiences of children and youth is necessary to help mitigate the long-term impact of COVID-19. Experiencing the loss of a parent or primary caregiver, as well as the associated stability and love in childhood, is an ACE.^{3,5}

Over 140,000 children across the United States lost a primary caregiver, primarily parents and grandparents, to COVID-19 between April 20, 2020 and June 30, 2021.³

65% of children who lost a primary caregiver to COVID-19 were part of **racial or ethnic minorities**³

49% of **New Mexico children** who lost a primary caregiver to COVID-19 were of **Hispanic ethnicity**³

39% of **Native American children** who lost a parent or primary caregiver to COVID-19 reside **in New Mexico**³



One caring adult can make all the difference.

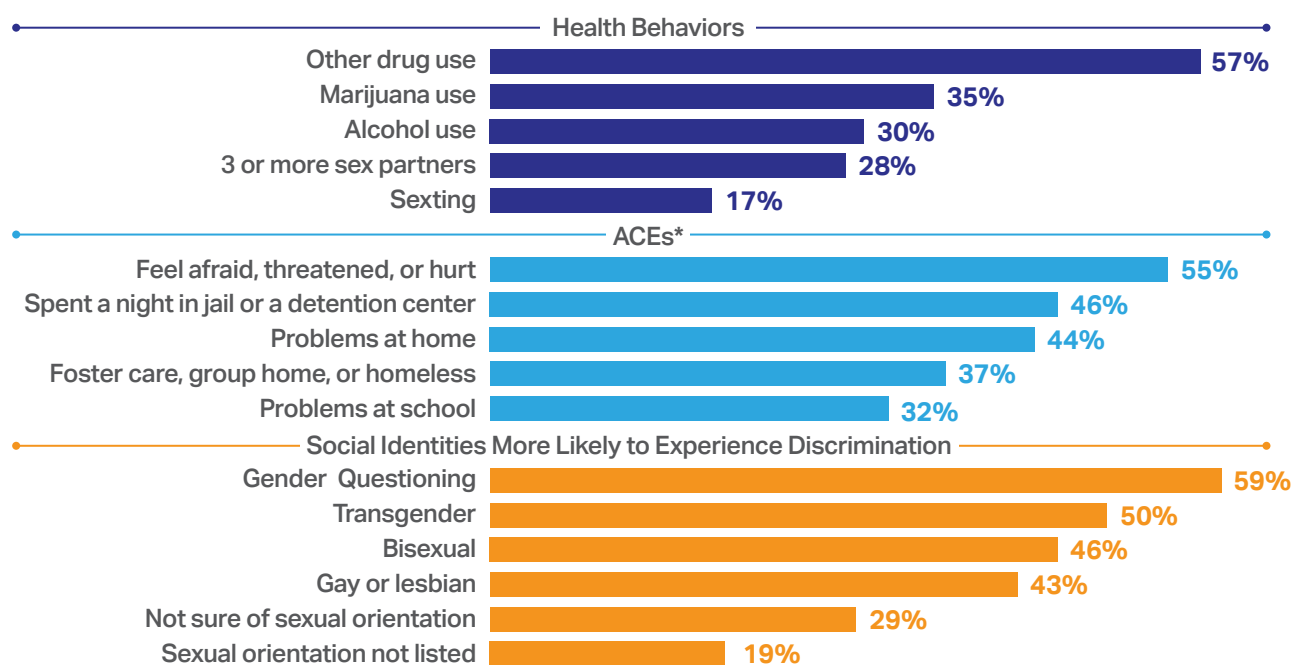
"Our medical provider has been at the Teen Health Center for over 20 years. He provides stability and consistency during a time when these are missing from our lives. This is comforting to adolescents as well as school staff, administration, and teachers." - SBHC Coordinator

ADOLESCENT RISK FACTORS

For over a decade, the **rates of suicide in New Mexico** have been **50% higher than the United States average**.⁶ Rates of suicide for New Mexico youth aged 10-24 have frequently ranked among the top five in the country.⁷ Additionally, suicide has consistently been the first or second most common cause of death for the same age group.⁸

On average, **16% of SBHC users** who were screened comprehensively **reported suicidal ideation**, defined as thinking about, planning, or attempting suicide. Students reporting factors such as health risk behaviors, ACEs, and social identities more likely to experience discrimination are **up to 5 times more likely** to have suicidal ideation than students without these risk factors.

Percent of students with risk factors that can lead to suicide ideation



*Factors included are an expansion from the core 10 ACEs.⁴

SBHC providers learn how to prevent suicide

QPR is an evidence-based suicide prevention program which teaches people how to recognize the warning signs of a suicide crisis and how to Question, Persuade, and Refer someone to help. QPR trainings were held for many SBHCs. In addition, 17 providers from 14 sponsoring organizations became trainers to teach the program to others.

98%

of students report they got what they needed from the SBHC provider in regards to talking about suicide

77%

of students said they are likely to follow the advice of the SBHC staff

63%

of students said that because of receiving care at the SBHC, they have made changes to their health-related behaviors

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

1-855-NMCRISIS (662-7474)

EMERGING STRONGER

COVID-19 highlighted gaps in health care access and forced changes in the way health care is delivered. Across the state, interagency partnerships and communication improved – often sharing best practices and resources, and telehealth and mobile health clinics reached rural and underserved communities with limited access to local health services. Successful recovery from COVID-19 for New Mexico's children and youth will rely on building upon and improving these partnerships and changes in health care delivery.

“**The future wellbeing of our country depends on how we support and invest in the next generation.** Especially in this moment, as we work to protect the health of Americans in the face of a new variant (of COVID-19), we also need to focus on how we can emerge stronger on the other side.”

– Vivek Murthy, M.D., MBA, Surgeon General of the United States

Future efforts for the SBHC program include:



Continue to work toward increasing access to integrated health care for New Mexico children and youth by working with statewide community partners to expand SBHC services to more communities. This can be done by increasing SBHCs in middle schools, elementary schools, and pre-K programs.



Support access to evidence-based youth mental health training. Example include Youth Mental Health First Aid and QPR through the New Mexico Department of Health Youth Behavioral Health Program Training Opportunities – Office of School and Adolescent Health Training Portal (trainmeosah.com) or other programs providing evidence-based youth mental health trainings.



Strongly promote comprehensive health risk screening for at least 75% of students receiving services in SBHCs. We must ask the questions to understand what students' experiences have been during the pandemic, what their current needs are, and how we can help effectively.



Continue to improve data collection and evaluation to understand statewide trends and needs to inform SBHC clinical practice.



Make grant funding available for development of new SBHCs, including alternative access models of health care like telehealth and mobile SBHCs. This will allow partnering schools and health care organizations to achieve the most suitable and sustainable model of integrated health care delivery for their community.



“Access to quality health care in the COVID-19 pandemic is of paramount importance. School-Based Health Center (SBHC) Telehealth Hub and Spoke models are highly successful in providing both increased access to health care and improved quality outcomes during the pandemic and beyond.”
– SBHC Medical Provider

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**New Mexico Department of Health
Office of School & Adolescent Health**

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