

# 2023-2024 ANNUAL STATUS REPORT

NEW MEXICO  
SCHOOL-BASED  
HEALTH CENTERS



# Acknowledgements

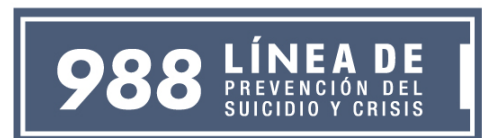
We extend our gratitude to the office of Governor Michelle Lujan Grisham, the New Mexico State Legislature, health systems across the state that are operating school-based health centers (SBHCs), school districts that host SBHCs, and community partners for making the New Mexico SBHC initiative possible.

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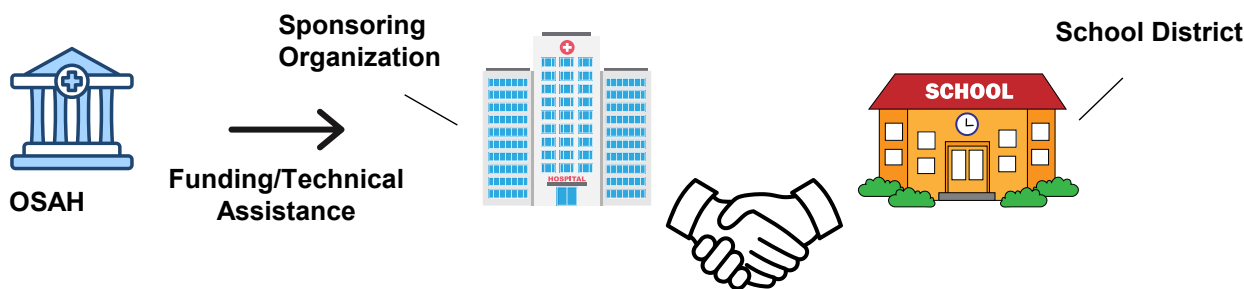
## Call, text, or chat 988

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.



# School-Based Health Centers (SBHCs) in New Mexico

**SBHCs form partnerships with schools, mental and physical health care providers, and community organizations to provide coordinated services.**

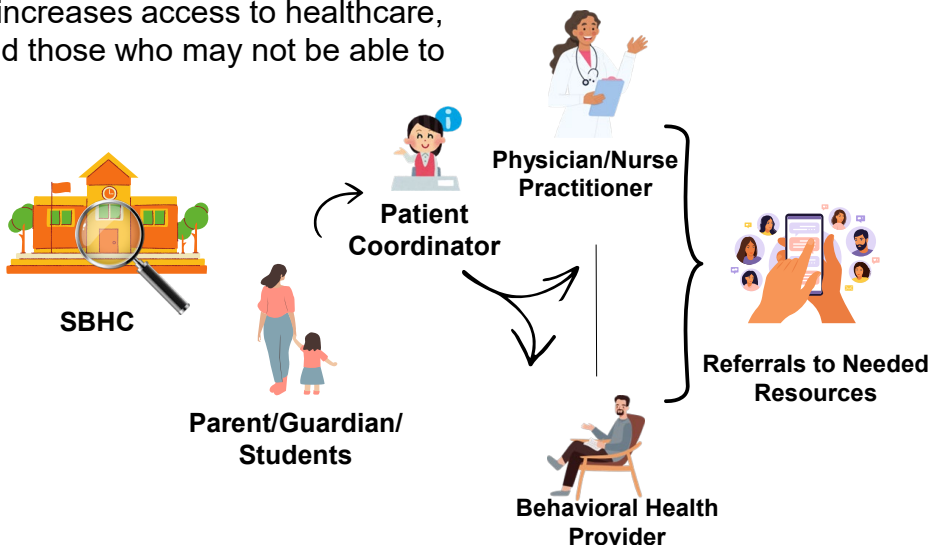


Sponsoring organizations, e.g., local hospitals, Federally Qualified Health Clinics (FQHCs), or community clinics, form partnerships with local school districts to operate SBHCs on school campuses. Also supporting operations is the New Mexico Department of Health's Office of School and Adolescent Health (OSAH), who provides funding and technical assistance to sponsoring organizations and SBHCs.



Sponsoring organizations (SOs) provide oversight, resources, and capacity for the SBHCs. OSAH-funded SBHCs provide in-person, telehealth or mobile services to the school campuses they are on, as well as to nearby schools. This increases access to healthcare, especially for rural communities and those who may not be able to physically access an SBHC.

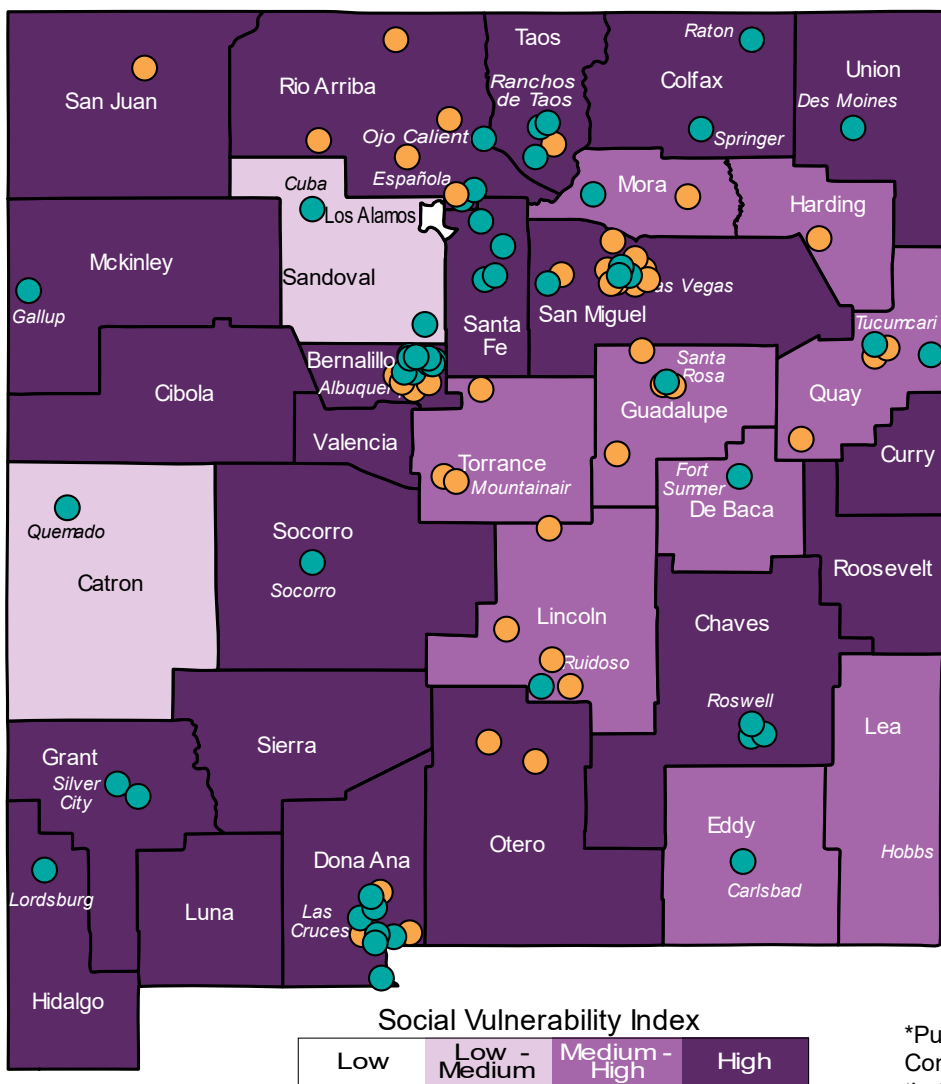
Each SBHC provides integrated medical and behavioral health care to patients. SBHCs work alongside school nurses, counselors, and social workers to provide coordinated services.



# OSAH-Funded School-Based Health Centers

In the 2023-2024 school year, New Mexico Department of Health's Office of School and Adolescent Health (OSAH) provided funding and assistance to 59 school-based health centers across the state, six of them were opened in 2024. Also in 2024, OSAH-funded SBHCs expanded access to health services by providing services to students at 41 additional schools via telehealth and mobile health services.

## Locations of OSAH-funded SBHCs and Schools with SBHC Access Via Telehealth/Mobile Services



**59** OSAH-funded SBHCs increase healthcare access by:

Serving K-12 students and their families, **regardless of their ability to pay.**

Establishing physical locations and mobile units **in under-resourced, rural areas** with a high Social Vulnerability Index.\*

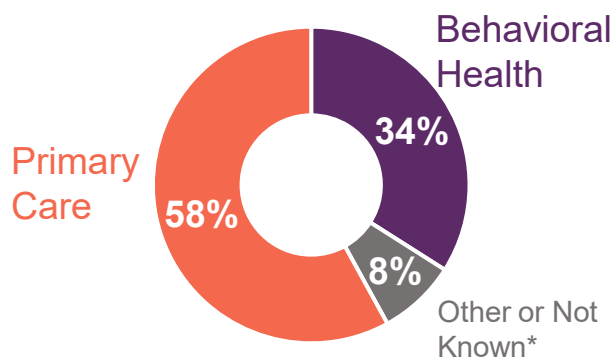
**Lessening class time missed** and **removing transportation barriers** by providing services at/near school and offering telehealth and mobile health services to 41 schools without SBHCs onsite.

\*Published by the U.S. Centers for Disease Control and Prevention (CDC), the SVI is a tool that measures a community's ability to respond to and recover from hazards based on factors like socioeconomic status, household composition, and access to resources.

# Services Provided in 2023-2024 School Year

Adolescents with access to an SBHC typically receive more mental health care than those in schools without an SBHC.<sup>1</sup>

## 46,895 Total Visits to OSAH-funded SBHCs 2023-2024



Average of **25 hours** of behavioral health services provided per week



Average of **21 hours** of primary care services provided per week

## Top 5 Reasons for Visits<sup>†</sup> 2023-2024



**20%** of all visits were for **general wellness**



**19%** of all visits were for **illness or injury**



**13%** of all visits were for **adjustment disorders**



**8%** of all visits were for **anxiety related disorders**



**7%** of all visits were for **depression**

\*Other service or data for reason of visit is missing.

<sup>†</sup> See Glossary for definitions of visit types.



The number of primary care visits to OSAH-funded SBHCs increased from **17,674 visits** last year to **27,206 visits** in the 2023-2024 school year.

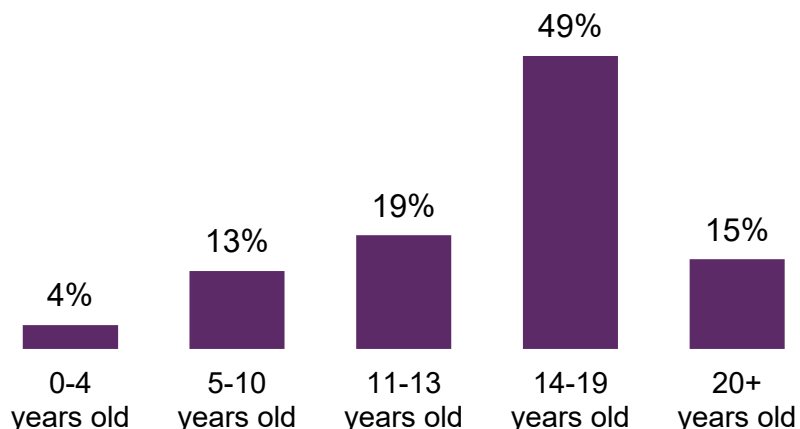
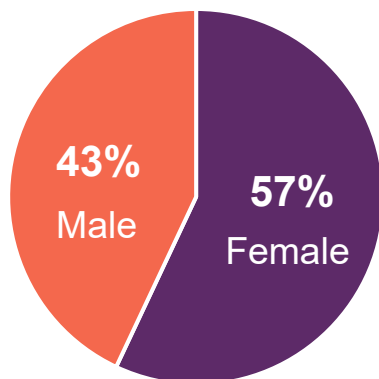
## SUCCESS STORY



“A student presented with low mood, low energy, and little interest in activities, along with sallow skin, shadows under her eyes, and limp hair. She was also in therapy for anxiety and depression symptoms. I referred her for medical evaluation and lab work, which revealed a Vitamin D deficiency. She began taking prescribed vitamin D tablets weekly. In our last visit, she appeared vibrant, with fuller skin, lively hair, and good energy. She reported feeling much better, with reduced depression/anxiety symptoms. This progress may not have happened without our integrated care environment.” – SBHC Staff

# Patients Served in 2023-2024 School Year

OSAH-funded SBHCs served **16,697 patients** in the 2023-2024 school year, most being middle and high school students.



\*OSAH and Apex Evaluation recognize there are more gender identities. Electronic Health Record (EHR) data collection, however, is limited.

**At OSAH-funded SBHCS, patients get multiple health needs met in one place.**



**31%** of patients had 2 or more **primary care services**.



**12%** of patients had 2 or more **behavioral health services**.



**11%** of patients used **both primary and behavioral care services** at the SBHC.

**OSAH-funded SBHCs keep students in the classroom.**

**81%** of patients who visited an OSAH-funded SBHC reported **missing zero or one class** during the day.



In contrast, **25%** of those who visited other care providers reported **missing the entire day of school**.

# OSAH-Funded SBHCs by Region in 2023-2024

## Northwest Region

Not including Bernalillo County



14 OSAH-funded SBHCs and schools with telehealth/mobile access



2,837 Clinic Visits

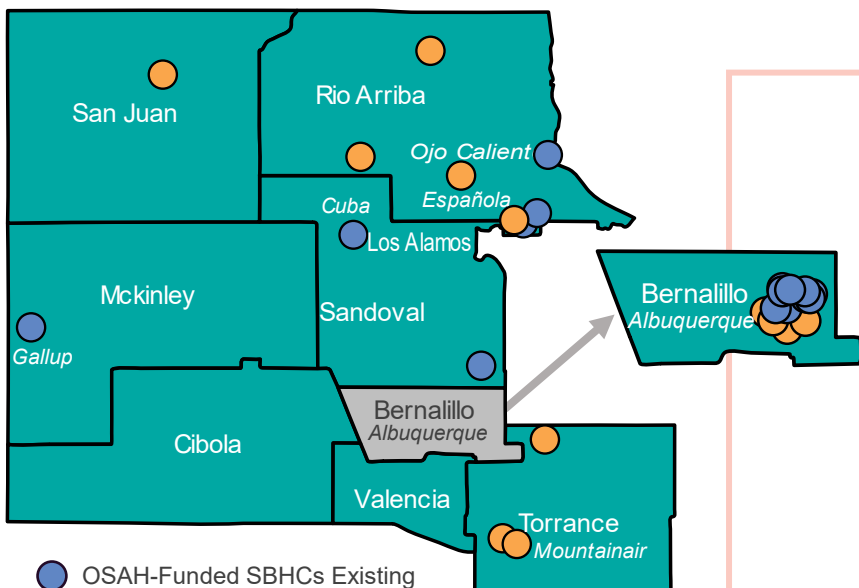


Top reasons for visits:

- General Wellness (24%)
- Depression (20%)
- Anxiety (14%)
- Adjustment Disorder (13%)
- Illness or Injury (5%)



960 Patients Served



- OSAH-Funded SBHCs Existing
- OSAH-Funded SBHCs Opened and Schools with Telehealth/Mobile Access in 2024

## Bernalillo County



16 OSAH-funded SBHCs and schools with telehealth/mobile access



2,731 Patients Served



8,576 Clinic Visits



Top reasons for visits:

- General Wellness (21%)
- Anxiety (18%)
- Adjustment Disorder (13%)
- Depression (11%)
- Contraception (9%)

## Northeast Region



39 OSAH-funded SBHCs and schools with telehealth/mobile access



7,780 Patients Served

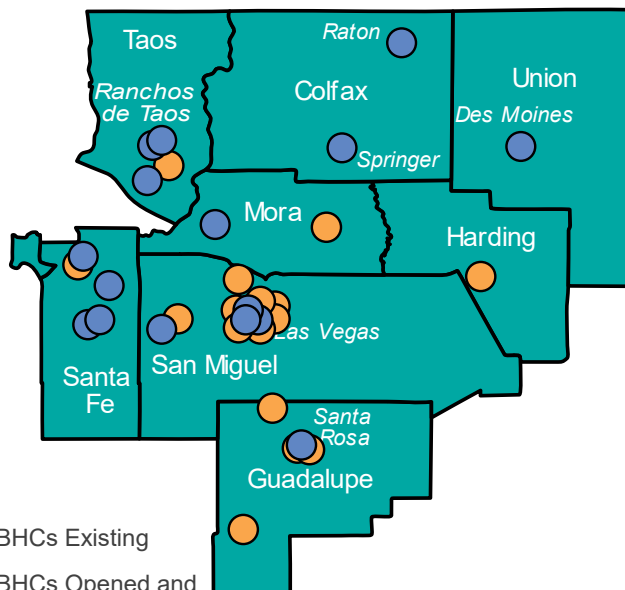


21,795 Clinic Visits



Top reasons for visits:

- Illness or Injury (27%)
- General Wellness (20%)
- Adjustment Disorder (7%)
- Anxiety (6%)
- Contraception (4%)

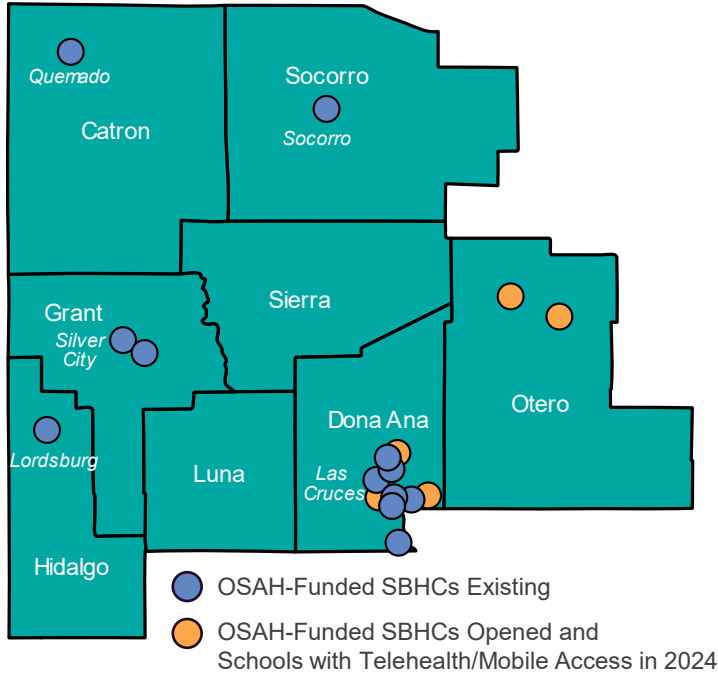


- OSAH-Funded SBHCs Existing
- OSAH-Funded SBHCs Opened and Schools with Telehealth/Mobile Access in 2024



# OSAH-Funded SBHCs by Region in 2023-2024

## Southwest Region



16 OSAH-funded SBHCs and schools with telehealth/mobile access



2,898 Patients Served



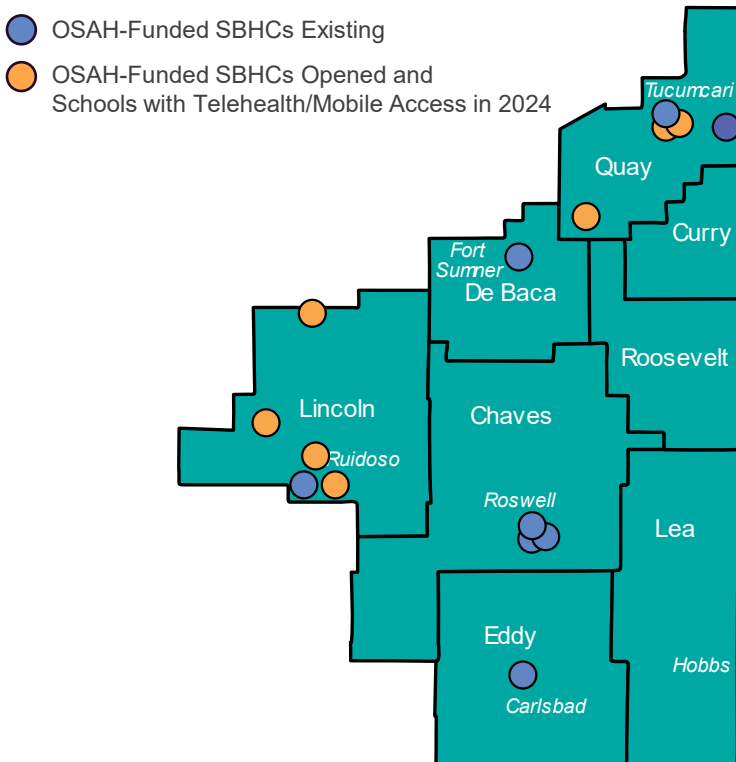
9,057 Clinic Visits



Top reasons for visits:

- Adjustment Disorder (19%)
- General Wellness (15%)
- Illness or Injury (13%)
- Behavioral/Emotional Disorder (13%)
- STI (9%)

## Southeast Region



15 OSAH-funded SBHCs and schools with telehealth/mobile access



2,328 Patients Served



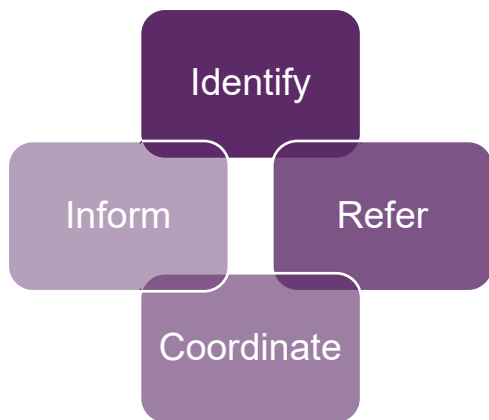
4,630 Clinic Visits



Top reasons for visits:

- Adjustment Disorder (30%)
- General Wellness (25%)
- Illness or Injury (24%)
- Anxiety (4%)
- Behavioral/Emotional Disorder (2%)

# OSAH-Funded SBHCs Identify Students' Needs



Comprehensive health-risk screening tools are used in SBHCs to:

- Identify physical and behavioral health services that could benefit patients.
- Make referrals for social services that address hunger, housing insecurity, and other risks being experienced at home.
- Develop and coordinate customized care plans with school health teams for high-risk students.
- Inform investments and initiatives by gaining insights as to the needs and risks student populations are facing year-to-year.

## OSAH-Funded SBHCs completed **4,526 screenings\*** 2023-2024 School Year

The below results highlight some of the more common needs/risks reported by students in areas of overall wellbeing, mental health, and substance use. † This list does not represent all the needs/risk measures for which OSAH-funded SBHCs screen.

### Wellbeing

- 31%** reported sleeping less than 8 hours a night.
- 23%** reported worrying about or did not have enough money for food.
- 21%** reported getting less than 1 hour of exercise a day.

### Mental Health

- 25%** reported having anxiety symptoms.
- 17%** reported having depression symptoms.
- 12%** reported suicidal ideation.

### Substance Use

- 5%** used tobacco at least weekly.
- 2%** used alcohol at least weekly.
- 7%** used marijuana at least weekly.

\*OSAH-funded SBHCs utilize a comprehensive screening tool, Just Health™. This tool is an age-appropriate, clinical survey made of standardized and validated screening tools designed to provide holistic insight into a patient's health, wellbeing, and risk factors.

† Listed percentages represent the percent of screenings in which a student reported the need/risk. While it is not often, it is possible for a single student to be screened more than once within the same school year.

# OSAH-Funded SBHCs Leverage Students' Strengths

Positive Childhood Experiences (PCEs) are defined as “safe, stable, nurturing relationships and environments”. PCEs promote positive youth development and mitigate short- and long-term negative impacts of Adverse Childhood Experiences (ACEs).<sup>2</sup>

OSAH-funded SBHCs increase patients' PCEs by:

- Serving as caring adults who listen to and support their patients.
- Establishing trauma informed practices.
- Strengthening parent-child and child-school relationships.
- Implementing positive-youth development programs and peer-led groups (varies by location).
- Leveraging patients' strengths identified through comprehensive screening.

## Supportive Relationships

Supportive relationships with an adult or peer positively influence school engagement, social skills, and a sense of purpose and autonomy.



**52%** of respondents say **there is a teacher or some other adult who listens to them** when they have something to say at their school.\*



**61%** of respondents say they **have a friend their own age who they can talk to about any concerns or problems** at their school.\*

## Positive Self Image

A higher positive self image leads to more self-confidence, an ability to change the situation, and an ability to better cope with adversity.



**85%** of respondents do **not have any concerns or questions about the size or shape of their body or their physical appearance**.



**63%** of respondents, overall, **like themselves**.<sup>†</sup>

\* The response options included: not at all, a little, somewhat, pretty much, and very much true.

† This item asked how much they liked themselves on a scale of 1(not much) - 5 (a lot). Responses of 4 or 5 were classified as liking themselves.

# OSAH's History of Championing Student Health

OSAH's 40+ years demonstrate its responsible stewardship of public funds and ability to convene stakeholders, including 60+ school districts and numerous agencies serving New Mexico's youth. Key achievements include **securing funding through legislative collaboration, establishing performance measures for evaluation and transparency, and achieving a sixfold return on investment.**

**1983:** Acoma-Canoncito/ To'Hajiilee-Laguna (ACL) Teen Centers open.

**1995:** Albuquerque Public Schools open 6 SBHCs at multiple grade levels.

**1996:** Office of School Health (OSAH) is established.

**2005:** 20 SBHCs begin operating in 8 counties.

**2006:** Legislators pass funding for 34 new SBHCs & statewide evaluation.

**2007:** OSAH creates a statewide SBHC Evaluation Strategy.

**2011:** SBHCs transition from operating by school districts to medical sponsoring agencies.

**2013:** Return on investment (ROI) analysis indicates that every \$1 spent on NM SBHCs yields a \$6 ROI.

**2015:** Standardized performance measures adopted in alignment with national School-Based Health Alliance (SBHA).

**2019:** Standards & benchmarks for SBHCs are aligned with national SBHA core competencies.

**2023:** Bill to codify SBHCs is passed by state legislation.

**2024:** NM SBHCs expanded from 53 to 100 access points. In 2025 we plan to work on identifying key areas for continued growth and secure resources for new centers.

# OSAH's Commitment to a Healthy New Mexico

**In 2024, the Department of Health committed to a North Star of becoming the healthiest state in the country by 2040.**

This is a big goal, and to successfully achieve it means we have to commit to improving the health and wellbeing of today's children and youth. Reaching the North Star will be challenging, and SBHCs have a role to play in the effort.

Looking ahead, the SBHC Program will continue the expansion efforts that began in FY23. We expect five more brick and mortar SBHCs to open in FY 25, as well as 11 additional schools to gain access to telehealth services. The program will continue to offer SBHC planning grants to schools and medical organizations interested in expanding SBHC services, ensuring communities wanting an SBHC in the future have the ability and resources in place to do so and are eligible to apply for supplemental funding from OSAH.

By 2030 we look forward to expanding services to include access to oral health care in SBHCs in at least five locations. Evidence shows that oral health impacts overall health and quality of life.

By 2040, the goal is for OSAH-funded SBHCs to be equipped to provide comprehensive, integrated health services in all 89 school districts. Currently, 54 school districts and 16 charter schools have access to OSAH-funded SBHC services.



Photographed: Staff from some OSAH-funded SBHCs.

## SUCCESS STORY



“The SBHC is an amazing way to get the help you need. I’ve had the best experiences here for the past year and half. I struggled a lot with my mental health and the SBHC has really helped with that.” – SBHC Patient

# References

1. Guo JJ, Wade TJ, Keller KN. Impact of school-based health centers on students with mental health problems. *Public Health Rep.* 2008 Nov-Dec;123(6):768-80. doi: 10.1177/003335490812300613. PMID: 19711658; PMCID: PMC2556722.
2. Centers for Disease Control and Prevention. (n.d.). *Risk factors for adverse childhood experiences (ACEs)*. Centers for Disease Control and Prevention. <https://www.cdc.gov/aces/risk-factors/index.html>

# 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.

**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 Wellness:** supporting continued health and wellbeing, 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.



Report Prepared By:

