Annual Status Report

2024-2025

New Mexico's School-Based Health Centers

Presented by:

The Office of School and Adolescent Health

NMHealth

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.

988 SUICIDE & CRISIS LIFELINE

988 LÍNEA DE PREVENCIÓN DEL SUICIDIO Y CRISIS

Do you have questions about how SBHCs work?

Visit the Office of School and Adolescent Health website!

https://www.nmhealth.org/about/phd/pchb/osah/sbhc/

Table of Contents

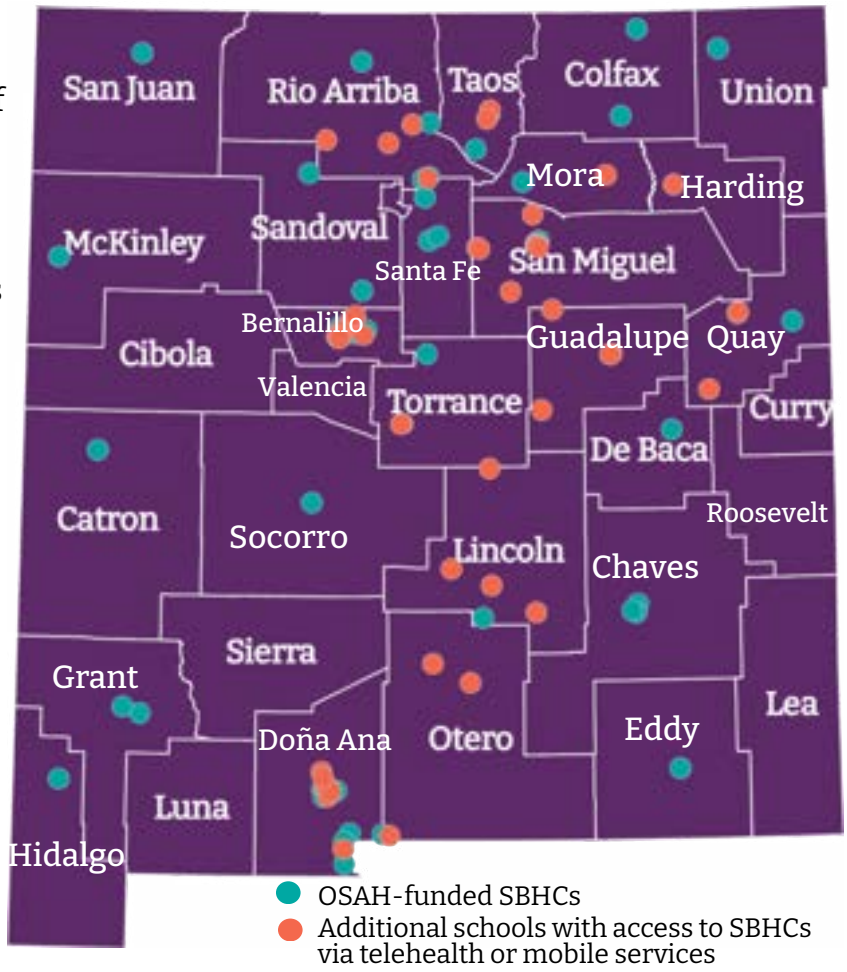
OSAH-Funded School-Based Health Centers

School-based health centers (SBHCs), run by local hospitals, Federally Qualified Health Centers, or community clinics, partner with school districts to operate on campuses. The New Mexico Department of Health's Office of School and Adolescent Health (OSAH) supports SBHCs with funding and technical assistance. SBHCs provide students and their families access to health care in under-resourced districts and in rural regions where provider shortages are acute.

This report showcases the preventive, primary, and behavioral health care services delivered and students reached by the **19 sponsoring organizations** supported by OSAH.

In the 2024-2025 school year, these organizations provided SBHC services to **114 schools across the state**. Patients at these schools receive health services via telehealth or in-person at SBHCs or at mobile clinics hosted by SBHCs.

Map of 114 OSAH-Funded SBHCs, Telehealth, and Mobile Sites

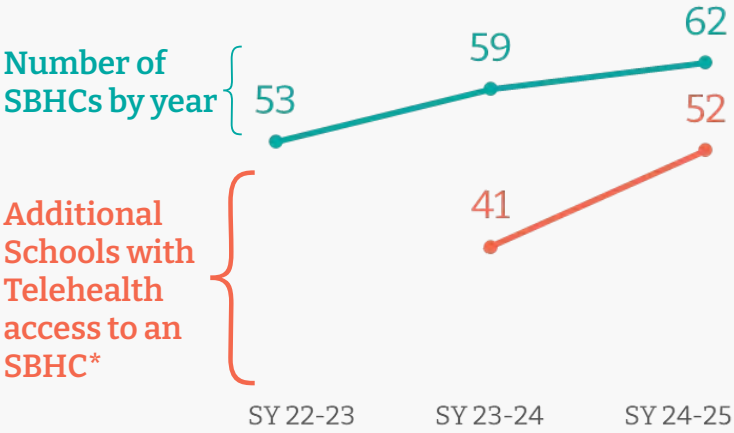


Year over Year, OSAH-Funded SBHCs Reach More Students!

19% more **patients** were served by SBHCs compared to last year.

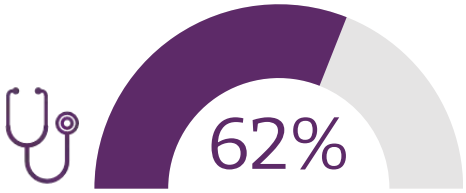
25% more patient **visits** were made to SBHCs compared to last year.

In just three years, **9 new SBHCs opened** and **52 additional schools gained access** to SBHCs through mobile and telehealth services.

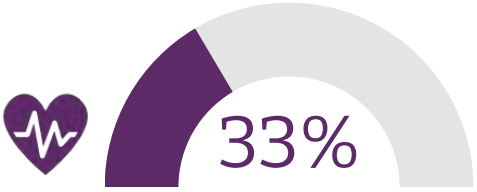


*OSAH began providing funding for SBHCs to establish telehealth and mobile sites at schools without SBHCs in SY 23-24.

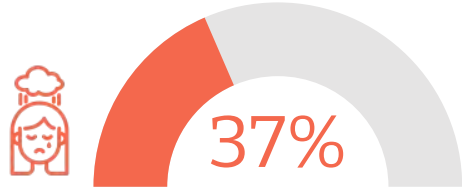
Students are in need of the physical and behavioral health care that SBHCs provide.



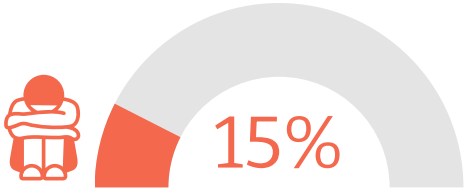
of New Mexicans aged 0-7 years **do not have an established health care provider**.[1]



of New Mexicans aged 12-17 years **did not get their annual adolescent well visit**.[1]



of New Mexican high-schoolers reported persistent feelings of **sadness or hopelessness**.[2]



of New Mexican high-schoolers **seriously considered suicide**, and 8% attempted suicide.[2]

SBHCs are many students' only access to health care.

SBHCs **remove barriers** to health care and social resources by:

- **Providing care to any student**, with no out-of-pocket cost.
- **Conducting comprehensive risk screening** to identify both health and social services needs (e.g., to address hunger, housing).
- **Eliminating transportation barriers** by offering health care services on school campuses (where students spend more of their time) and via telehealth for students without an SBHC on their campus.
- **Delivering coordinated care** through multi-disciplinary teams of community health workers, care coordinators, and medical and behavioral health professionals.
- **Offering services in under-resourced districts** and **rural** regions with provider shortages.

[1] 2022-2023 National Survey of Children's Health (NSCH), in New Mexico
[2] 2022-2023 New Mexico Youth Risk and Resiliency Survey (YRRS)

Who are SBHC patients? 2024-2025

In the 24-25 school year, there were a total of **58,515 patient visits** to OSAH-funded SBHCs.

19,945 patients
received care from OSAH-funded SBHCs

65%
of SBHC patients are **middle and high schoolers** (11-19 years old) and 17% are elementary and pre-K children (under 10 years old)[3]

51%
of SBHC patients reported using **Medicaid**

SBHC Patients Report Health Risks and Protective Factors

SBHCs use comprehensive health-risk screenings to identify health needs, as well as patients' strengths and social/behavioral health risks. SBHCs can connect students to needed providers, school supports, and community resources for issues such as hunger, housing insecurity, and other risks at home or at school. Fostering positivity and students' individual strengths can help mitigate the negative impacts of health risks and negative childhood experiences.

Below, SBHC patient screening results highlight common needs, risks, and strengths among the patient population:

Health Risks

25%
reported being worried about or did not have enough money for food.

13%
experienced some type of physical, emotional, or sexual abuse.

7%
are using tobacco or vaping at least weekly.

Protective Factors

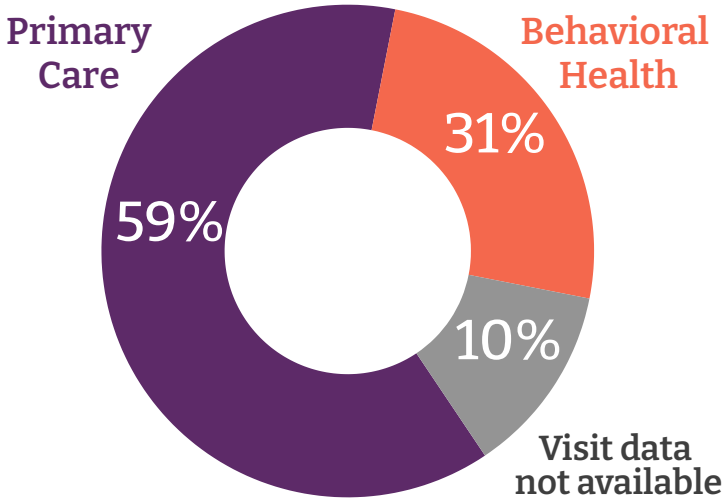
86%
have a positive perception of their body size, shape, or physical appearance.

63%
said they like themselves a lot or very much.

[3] Some SBHCs also served school staff, students' family members, and/or any community member. Non-student populations served by SBHCs depend on the policies of individual SBHCs.

At SBHCs, students access a range of services.

Percent of SBHC visits by Primary Reason for Visit



Total **primary care** visits are up **40%** from last year.

Total **behavioral health care** visits are up **15%** from last year.

Most Common Reasons for Visiting SBHCs

23% of all visits were for **illness or injury**

21% of all visits were for **general wellness**[4]

14% of all visits were for **behavioral adjustment disorders**[5]

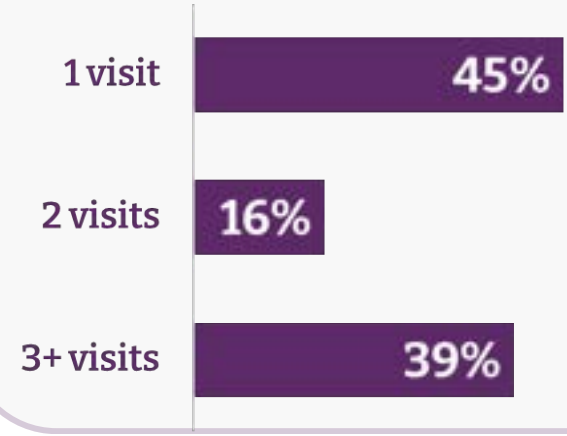
8% of all visits were for **anxiety disorders**

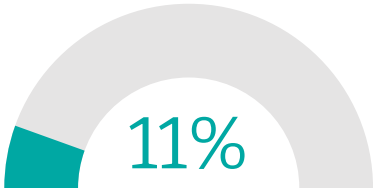
7% of all visits were for **depression**

6% of all visits were for **other emotional or behavioral needs** not listed above

Percent of Patients that Made Multiple SBHC Visits for Care

Over half of patients made two or more SBHC visits in a year.





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

[4] "General Wellness" refers to visits to support continued health, such as immunizations, health education, annual check-ups and sports physicals.

[5] "Behavioral adjustment disorders" is a broad term for conditions that affect how someone responds to major stress. This can include reactions to sudden trauma, ongoing stress after a traumatic event (e.g. post-traumatic stress disorder), or difficulty adjusting to a significant life change.

OSAH-Funded SBHCs by Region

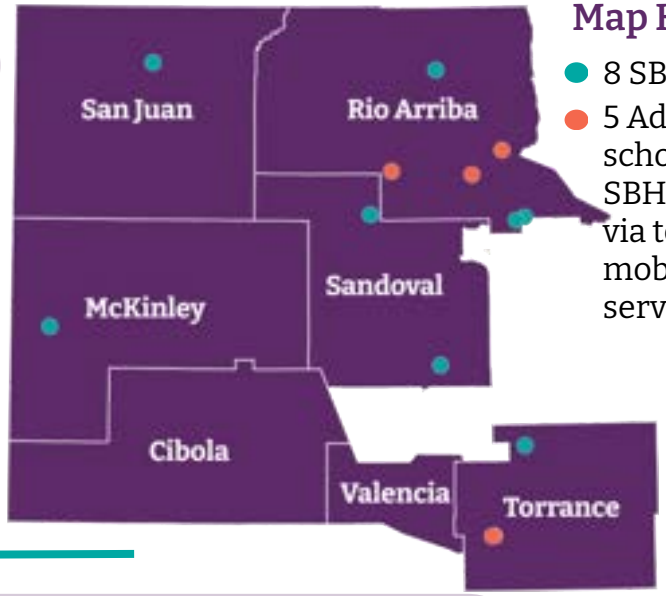
Northwest Region

785 patients served **1,930** visits

Most common reasons for visits:

General Wellness (32%)
Illness or Injury (14%)

Depression (7%)
Behavioral/emotional disorder (6%)
Anxiety (5%)



Map Key

- 8 SBHCs
- 5 Additional schools with SBHC access via telehealth/ mobile services

Bernalillo County

2,936 patients served **9,303** visits

Most common reasons for visits:

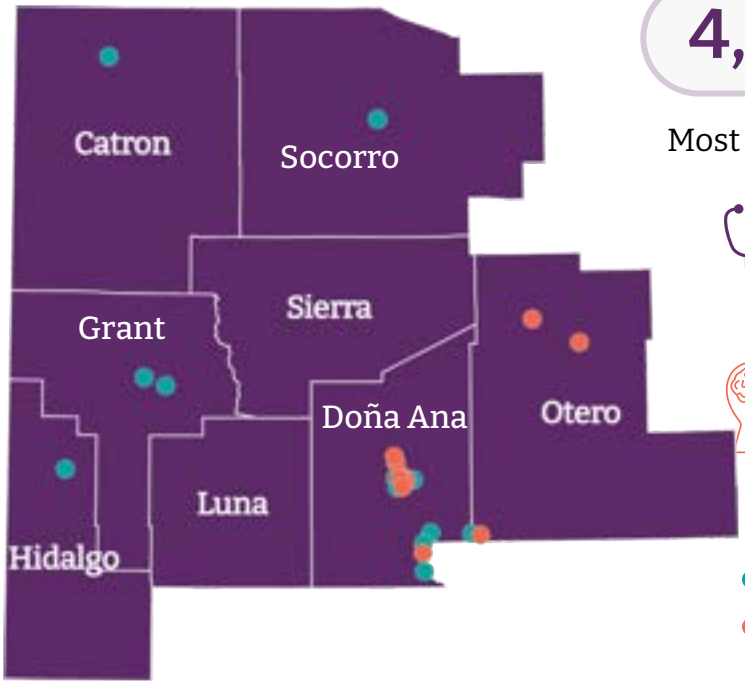
General Wellness (24%)
Other PC Visit (7%)

Depression (15%)
Adjustment disorder (12%)
Anxiety (11%)

Map Key

- 16 SBHCs
- 8 Additional schools with SBHC access via telehealth/ mobile services

Southwest Region



4,648 patients served **12,365** visits

Most common reasons for visits:

General Wellness (18%)
Illness or Injury (16%)
Sexually transmitted infection (7%)

Adjustment disorder (15%)
Behavioral/emotional disorder (10%)

Map Key

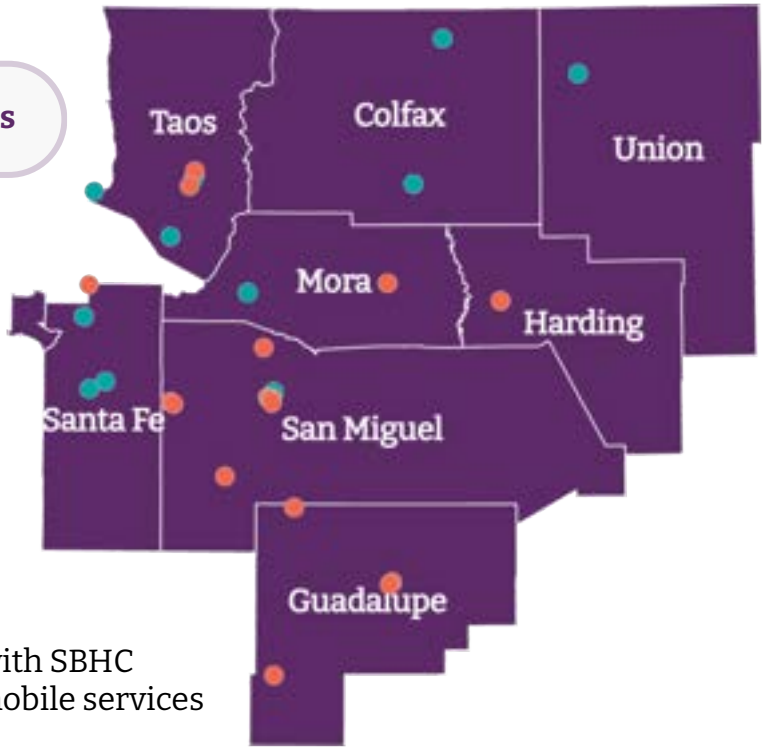
- 13 SBHCs
- 11 Additional schools with SBHC access via telehealth/mobile services

Northeast Region

9,717 patients served **30,147** visits

Most common reasons for visits:

- Illness or Injury (26%)
- General Wellness (17%)
- Other type of primary care (10%)
- Adjustment disorder (8%)
- Anxiety (7%)



Map Key

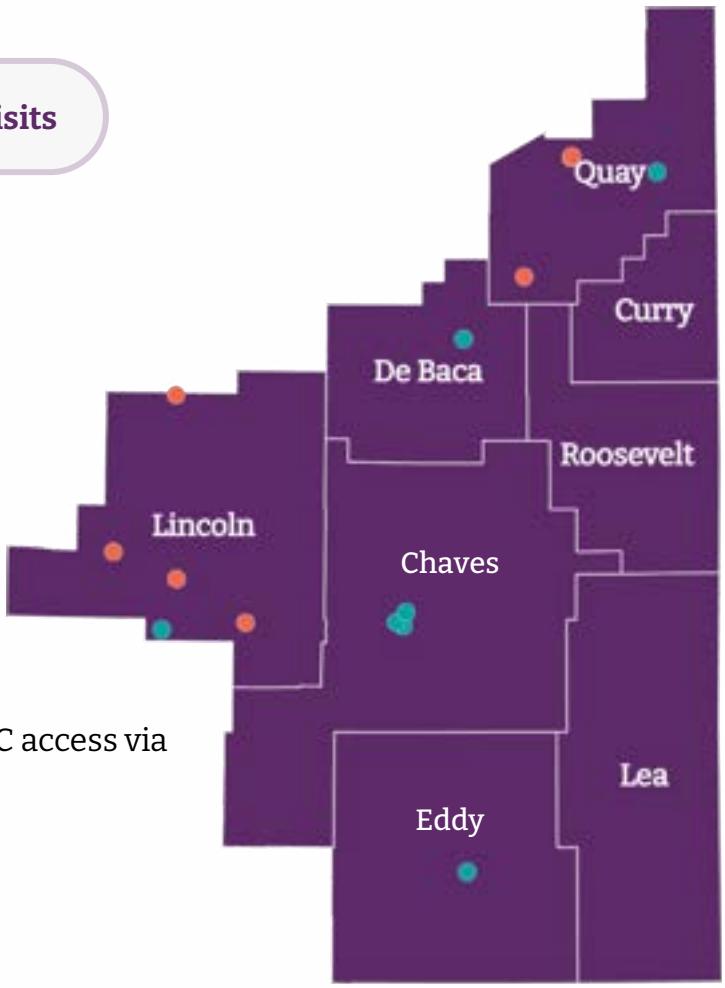
- 17 SBHCs
- 21 Additional schools with SBHC access via telehealth/mobile services

Southeast Region

1,859 patients served **4,770** visits

Most common reasons for visits:

- Illness or Injury (25%)
- General Wellness (16%)
- Other type of primary care (4%)
- Adjustment disorder (35%)
- Anxiety (5%)



Map Key

- 8 SBHCs
- 7 Additional schools with SBHC access via telehealth/mobile services

What students and providers want you to know!

SBHCs reduce school absences.

Receiving care at school, instead of traveling to a provider elsewhere, means less class time is missed for health and behavioral health appointments.

of surveyed patients reported **missing zero or one class** to visit their SBHC.

Without SBHCs, I wouldn't get the care I need to succeed at school.

> "I was having trouble with my vision; however, my insurance didn't cover much ... SBHC staff helped me get glasses through a program and I'm now able to see the board. My grades have gone up, all because of the glasses."
>
> SBHC Patient

SBHC providers take the time to listen and connect you to care.

When students have a positive connection to their school, they have improved academic and health outcomes.[6]

> "I'm getting to know many students, especially frequent visitors, and building trust so that they feel cared for at our clinic. Parents and staff have also shared that they appreciate that we are conveniently located at school."
>
> SBHC Provider

of surveyed SBHC patients say they have a **supportive teacher or adult at school** who listens to them.

[6] EdResearch for Action . May 2024. Strengthening School Connectedness to Increase Student Success. (Issue Brief #29). https://edresearchforaction.org/wp-content/uploads/55011-EdResearch-School-Connectedness-Brief-29-REV.pdf

SBHCs are critical for early intervention and prevention.

> "A student referred for immunizations also screened for severe depression and anxiety. She was referred to an SBHC social worker for weekly behavioral health therapy. The SBHC coordinator also connected her family with a local community health program, which now covers doctor's appointments, therapy, medications, and vision care. The student is currently excelling in school."
>
> SBHC Provider

> "A patient had multiple emergency department visits for health concerns without much relief. At our clinic she was able to access medical and behavioral health care from providers who really listened to her; together we were able to connect her physical symptoms with her emotional trauma, and get her relief."
>
> SBHC Provider

SBHCs empower youth to take ownership of their health.

> "We created a Wellness Program at the school to help students lead a healthier lifestyle. One of the students was struggling with eating heathier and staying consistent in exercising. At the beginning of the program they would walk occasionally, very rarely ate fruits and vegetables. By the end of the program, she was doing 60-minute strenuous activity five days a week, and eating fruits and veggies daily; she said her parents would walk with her, so it meant more family time!"
>
> SBHC Provider

of surveyed SBHC patients agreed that they were **empowered to make healthy life changes** after receiving care from their SBHC.

NMHealth

Report Prepared by:

apex