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School-based health centers are critical to the Department of Health's ability to address several of its priority issues. Through these centers, we have a frontline position in the battle against teen pregnancy and suicide, childhood obesity and diabetes, substance abuse and the many other challenges students face as they grow up.

Congratulations to all of the Department of Health staff and our partners in the schools, school districts and the NM Alliance for School-Based Health Centers for the contribution they have made to improving the medical, emotional and behavioral health of New Mexico students.

- Alfredo Vigil, MD

NM Department of Health Secretary

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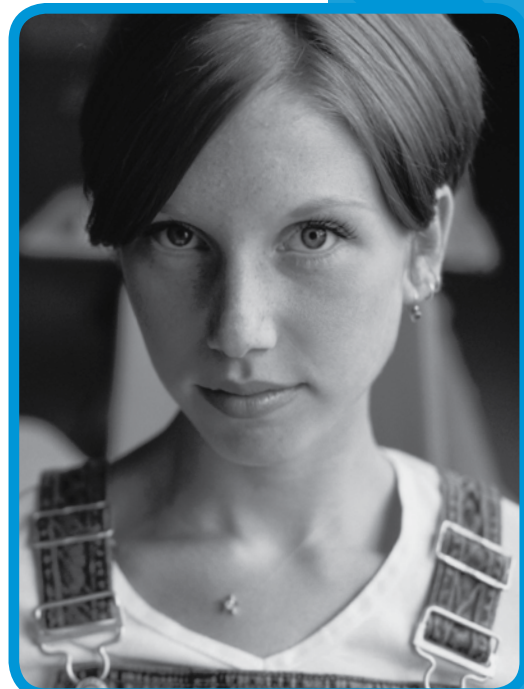
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We know that healthy kids are better learners - and school-based health centers provide much-needed access to essential health and behavioral health services that help keep kids healthy, in school and graduating. SBHC services are culturally competent and geared toward youth. Let's show our commitment to our kids' success by helping ensure that every community that supports and wants a SBHC gets one!"

- Patsy Nelson, President, New Mexico Alliance for School-Based Health Care



School-Based Health Centers (SBHCs) in New Mexico

Bernalillo

Albuquerque High School SBHC
Highland High School SBHC
Van Buren Middle School SBHC
Washington Middle School SBHC
East San Jose School-Based Health Center
School on Wheels SBHC (Hartline Campus)
Rio Grande High School SBHC
RFK Charter School-Based Health Care
Roosevelt Middle School SBHC
Grant Middle School SBHC
Wilson Middle School/NACA SBHC
Freedom High School Wellness Center
School on Wheels SBHC (Western Trails Campus)

Catron

Quemado SBHC

Chaves

Dexter MS SBHC
Goddard High School SBHC
Hagerman SBHC
Lake Arthur SBHC
Mesa Middle School SBHC
Roswell High School SBHC

Cibola

Laguna-Acoma Teen Center
Laguna Middle School SBHC
To'Hajiilee Teen Center

Colfax

Maxwell Wellness Center
Tiger Den Wellness Center (Raton)

De Baca

Ft. Sumner High School SBHC

Doña Ana

Santa Teresa High School SBHC
Gadsden High School SBHC
Ocate High School SBHC
Las Cruces High School SBHC
Gadsden Middle School SBHC
Chaparral High School SBHC

Eddy

CAVE Health Center (Carlsbad)

Grant

Silver Schools Health Center
Cobre Wellness Clinic

Guadalupe

Lion Care Health Center (Santa Rosa)

Harding

Roy SBHC
Hidalgo
Lordsburg Municipal Schools SBHC

Lea

Lovington Student Healthcare Center

Lincoln

Region IX Education Cooperative SBHC (Ruidoso)

Luna

Deming Wildcat Health Center

McKinley

Crownpoint High School SBHC
Gallup Teen Health Center
Thoreau High School SBHC
Tse Yi Gai High School SBHC (Pueblo Pinado)
Zuni Teen Health Center

Mora

Mora SBHC

Otero

Mescalero Apache SBHC

Quay

San Jon SBHC

Rio Arriba

Carlos Vigil Middle School SBHC
Dulce Teen Health Center
Española Valley High SBHC
Teen Wellness Center @ Escalante High School

San Juan

Career Prep SBHC (Central)
McKenzie School-Based Health Center (Navajo Prep)
Newcomb High School SBHC
Newcomb Middle School SBHC
Northwest High School SBHC
Shiprock Adolescent Treatment Center
Shiprock Assoc School, Inc.
Shiprock High School SBHC
Teen Life Center (Shiprock)
Tse' Bit' Ai Middle School SBHC

San Miguel

A. Hammer United World College SBHC
West Las Vegas Student Health Center

Sandoval

Cuba Schools Wellness Center
Jemez Valley SBHC
San Felipe Pueblo Elementary School SBHC
Spartan Wellness Center (Bernalillo)

Santa Fe

Capital High School SBHC
NM School for the Deaf Health Center
Pojoaque Valley High School SBHC
Santa Fe High School SBHC
Santa Fe Indian School Health Center

Socorro

Socorro High School SBHC

Taos

Mesa Vista SBHC
Taos High School Wellness Center
Taos Middle School Wellness Center

Torrance

Mustang Health Center (Mountainair)

Union

Des Moines School-Based Health & Wellness Center

Valencia

Belen High School SBHC



My daughter decided she wanted to go to the SBHC at her school when she needed a physical because she felt it would be quicker. The exam seemed pretty typical but then I noticed that the provider asked my daughter the questions that are normally directed toward the Mom. Throughout the exam, she fully explained everything to my daughter and really took her time with us. Usually, a doctor just doesn't have that much time and is in and out. At one point, the provider asked my daughter about our family history for diabetes and my daughter looked toward me for an answer. The provider said, 'You can look at your Mom for the answer if you don't know, but remember because you'll need to know in the future.' It was clear to me that she was teaching my daughter about how to start to manage her own health care.

- Mother of an 11-year-old client



Why School-Based Health Centers?

Children and youth in New Mexico face a number of risks to their health and behavioral health; ranging from poor nutrition and lack of immunizations to physical abuse, substance abuse and unplanned pregnancy. All of these problems threaten a student's normal development and present barriers to learning.

New Mexico's school-based health centers (SBHCs) help address these problems with a unique health care model that includes comprehensive physical, behavioral, and preventive health services provided to children and adolescents in their school, where they spend the largest portion of their day. These critical health care services are provided to students regardless of their ability to pay.

SBHCs are accessible, convenient, encourage family and community involvement, reduce student absenteeism and reduce parental leave from work for doctor visits.

What do they look like?

SBHCs are comprehensive primary health care centers, housed in elementary, middle and high schools that provide developmentally and culturally appropriate physical, behavioral, and in some cases oral health care, to students who might otherwise not have access to care. SBHCs also promote positive health behaviors by increasing health knowledge and decision making skills through programs that target a range of issues confronting youth.

SBHCs are staffed like a pediatrician or family practice office with a receptionist, nurse, and clinical provider, such as a nurse practitioner, physician assistant, or physician. SBHCs are also staffed with a qualified behavioral health professional and some sites provide oral health services as well. SBHCs are designed to be comfortable and accessible to encourage students to drop by when they need medical attention or want to learn more about a health issue. Although, student focused, SBHCs strive to engage families in their children's care.

Why have SBHCs?

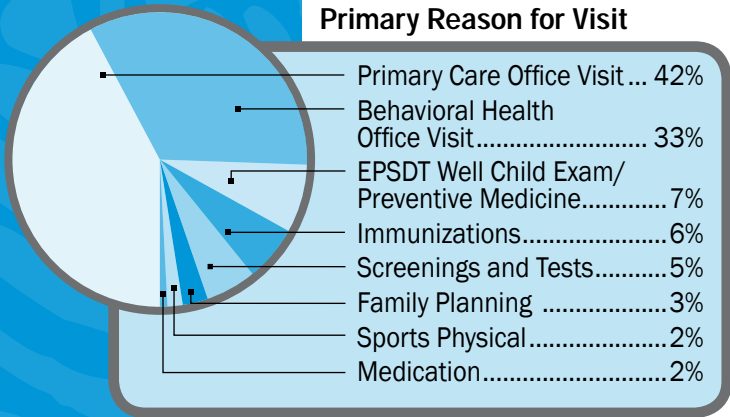
Healthy kids learn better

SBHCs are prevention focused

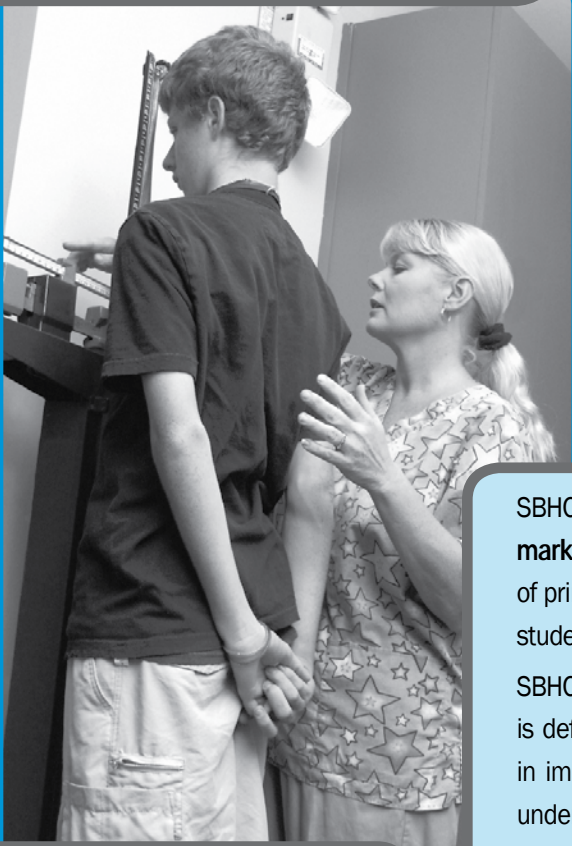
SBHCs serve children who otherwise would not get care

SBHCs are held to stringent clinical standards

Primary Reason for Visit



46,496 students in New Mexico have access to a SBHC at their schools.¹



Forty-seven SBHCs are approved to bill Medicaid.

School-Based Health Care in New Mexico

In 2004, Governor Bill Richardson announced his intention to double the number of SBHCs in New Mexico from 34 to 68 and have a SBHC in each county of the state. The 81 SBHCs currently in New Mexico are located in 30 counties, and serve students in urban, rural, and frontier settings. SBHCs are found in all levels of schools, from high schools to elementary schools, but are most commonly located in high schools.

Number of school programs served by a SBHC²

- 2 birth to 3 programs
- 16 preschools
- 29 elementary schools
- 44 middle schools
- 66 high schools

Department of Health-Funded SBHCs

The Office of School and Adolescent Health (OSAH) of the New Mexico Department of Health works to improve student and adolescent health through integrated school-based or school-linked health services. OSAH supports 59 of New Mexico's SBHCs. In 2008, OSAH implemented a new electronic patient manage-

DOH's 59 SBHCs Served

- 16,121 clients
- 44,806 visits

SBHCs in New Mexico adhere to a rigorous set of **standards and benchmarks** that address all aspects of SBHC functioning, including the delivery of primary and behavioral health care, as well as safe guarding the rights of students and families.

SBHCs engage in a continuous process of **Quality Improvement (QI)**. QI is defined as a process to effect changes in provider practices that result in improvements in care. Research has dramatically improved providers' understanding of how to improve health and decrease disease, and it is the job of QI to translate this knowledge into practice. **OSAH**, in partnership with **UNM's Envision NM** supports the work of SBHCs around QI by building upon providers' motivation to change, and providing training and skill development to implement changes that result in sustainable improvements in care.

¹ New Mexico Public Education Department

² Some SBHCs are based in one school location but provide services to students across that district.

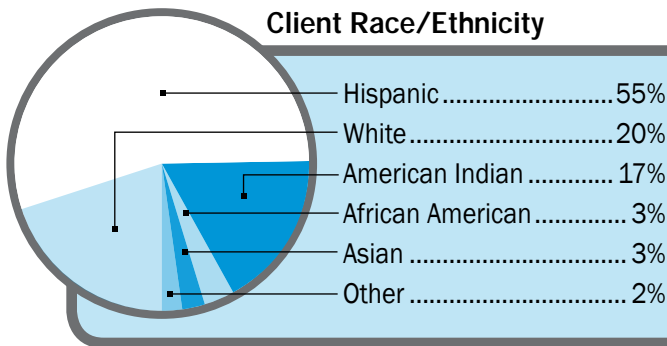
ment system that is used directly by 43 sites to manage all patient data, with an additional 18 sites exporting data from their existing systems. Previously, data was manually self-reported by site and was a simple aggregate report. The new data system allows for immediate access to more comprehensive and reliable data. This electronic patient management system is also building the capacity for SBHCs to broaden their revenue sources by allowing them to bill Medicaid for services. The data included in this report are drawn from this data management system and represents the efforts of OSAH's 59 SBHCs from July 1, 2008 to June 30, 2009.

Gender of SBHC Clients

Female 9,440

Male 6,072

Client Race/Ethnicity



Native American-Serving SBHCs

Documented disparities in health coverage and care show that Native Americans continue to be at a disadvantage in the U.S. health system, with Native Americans lacking insurance coverage at much higher rates than Whites. While the Indian Health Service (IHS) provides a source of basic health care for some Native Americans, services vary widely across tribes, with many communities having only small IHS clinics. IHS services are limited by significant shortfalls in funding and show large gaps in preventive care.⁴ The rural nature of most Native American communities compound difficulties in accessing health services. Access to quality health services is also impacted when non-Native providers come to Native communities with varying biases and experience levels. As a result, trust issues arise that can result in lack of completion of care. These health care access challenges contribute to dramatic health disparities among Native Americans in areas such as diabetes, obesity, suicide, unintentional injuries, and motor vehicle deaths.⁵

Five Most Frequent Physical and Behavioral Health Diagnoses

Diagnoses ³	Number of Visits	Percent of All Visits
Physical Health		
Routine Child Health Exam	3,219	5.8
Medical Exam Other	1,838	3.3
Contraceptive Management Other	1,737	3.1
Vaccine for Dtp Combined	913	1.7
Acute Upper Respiratory Infection Unspecified	777	1.4
Behavioral Health		
Adjustment Disorder Unspecified	3,294	6.0
Counseling Unspecified	3,142	5.7
Depressive Disorder, NOS	1,711	3.1
Attention Deficit with Hyperactivity	1,659	3.0
Other Counseling	1,338	2.4

Elev8 New Mexico is part of a national effort to promote student success by providing integrated health, extended day learning and family support services in middle schools, thereby assuring a full-service community school environment. A central component to the **Elev8** model is the presence of a SBHC within the school. In New Mexico, **Elev8** is located at Wilson and Grant Middle Schools, and the Native American Community Academy in Albuquerque, Gadsden Middle School in Anthony, and Laguna Middle School.

³ Multiple diagnoses can be made in the same visit.

⁴ Zuckerman, S., Haley, J., Roubideaux, Y., and Lillie-Blanton, M. (2004). Health service access, use, and insurance coverage among American Indians/Alaska Natives and Whites: What role does the Indian Health Service play? *American Journal of Public Health*, 94(1) 53-59.

⁵ Indian Health Service. Available at <http://info.ihs.gov/Disparities.asp>. Accessed December 10, 2009.

Native American-serving SBHCs help by providing services to youth at school, where they spend the majority of their time. The 32 Native American-serving SBHC in New Mexico offer culturally competent primary care and behavioral health services and foster healing by building trusting relationships.

In New Mexico, the Native communities served by SBHCs have experienced a number of successes by focusing on the unique cultural strengths and resources in the community. One important way this is done is through Youth Advisory Groups and School Health Advisory Councils, which provide community and youth input into the functioning of the SBHC. Successes thus far include some SBHCs obtaining IHS, tribal and community support to provide comprehensive services that include traditional healing and cultural practices. Some SBHCs have responded to alarmingly high rates of youth suicide in their communities by successfully implementing prevention projects such as Native HOPE, a youth suicide awareness program.

Native American-serving SBHCs do face unique challenges. Some SBHCs are supported solely by the IHS, but due to limited funding these SBHCs are challenged to provide all needed services. Additionally, funds generated by IHS-supported SBHCs go to IHS and not necessarily back to the SBHC. These challenges are amplified by the fact that the Bureau of Indian Education and IHS have no dedicated infrastructure to support the work of SBHCs. To address these challenges, some Tribal-SBHCs have become self-sustaining through Medicaid reimbursement and others have obtained funding from the New Mexico Department of Health and Elev8.

Health Equity

Reduced access and use of health care services can result from economic, geographic, linguistic, cultural or health care financing issues and are primary determinants of health inequities. Eliminating socioeconomic, racial, and ethnic disparities in health requires efforts to prevent disease, promote health and deliver quality care.

SBHCs in New Mexico help by enhancing health equity and eliminating health disparities by providing accessible, geographically-based care, regardless of insurance coverage. This care is comprised of a full range of health services that include comprehensive physical exams, diagnosing and treating acute and chronic conditions, physical and behavioral health screenings, administering vaccinations, and health education and promotion.

⁶ American Community Survey, 2008

⁷ Families USA (Oct, 2008). Left Behind: New Mexico's Uninsured Children. Available at <http://www.familiesusa.org/assets/pdfs/uninsured-kids-2008/new-mexicopdf>. Accessed on December 10, 2009.

⁸ Ibid.

⁹ Newacheck, P. W., Stoddard J.J., Hughes, D.C., and Pearl, M. (1998). Health insurance and access to primary care for children. *New England Journal of Medicine*, 338, 513-519.

Access To Care

Children and families in New Mexico face many barriers to accessing consistent and reliable health care. New Mexico families bear a disproportionate economic and social burden compared to the rest of the U.S. population. An estimated 25 percent of New Mexico's children under 18 live in poverty, the fifth highest rate in the U.S.⁶

New Mexico has the third highest percentage of uninsured children in the nation, with 18 percent or one out of six children in the state being uninsured.⁷ The number of uninsured children in New Mexico increased by more than six percent between 2003 and 2007, and is likely to continue to grow. Eighty-six percent of New Mexico's uninsured children live in working families.⁸

Compared to children who have health insurance, uninsured children are less likely to have contact with a physician, receive prescription drugs or have regular preventive check-ups and immunizations.⁹



The [SBHC] is a tribute to students and faculty. For a student to learn all they can, they have to be healthy. That's what this clinic will provide. We have been looking forward to this day...access to healthcare is essential, and this new center is an important step in assuring all our students have an equal opportunity to receive health services that will result in students being successful not only in school, but later on in the careers they choose.

- Laguna Pueblo Governor John E. Antonio, Sr.



SBHCs help by offering health care access to a school's entire student population and, in some cases, to the entire school district or community. Access to health care is easier and more convenient. Relationships with providers are consistent, services are provided regardless of a student's ability to pay, and SBHC providers are focused on adolescent health issues. This care includes:

- Performing routine physical and sports exams
- Diagnosing and treating acute and chronic illness
- Treating minor injuries/illnesses
- Providing vision, dental and blood pressure screenings
- Administering vaccinations
- Preventing and treating alcohol and drug problems
- Providing health education and wellness promotion
- Providing students with behavioral health counseling
- Prescribing and dispensing medication
- Providing reproductive health services

A primary goal of New Mexico's SBHC programs is to assure access to comprehensive, high-quality care for children and youth, particularly to those at risk for health problems and with poor access to or utilization of primary health care. SBHCs address this goal in part by serving students regardless of their insurance status. SBHCs also help families enroll eligible children in Medicaid so they will have coverage when the SBHC is not open or when they need hospitalization. The goal of assuring access to health care stems from a fundamental understanding of the connection between the physical and behavioral health needs of children and their ability to learn and succeed at school. Having access to comprehensive care within the school building supports academic success by allowing students to receive care where they learn so they avoid health-related absences and get support to succeed in the classroom.

Rural New Mexico

Twenty-six of New Mexico's 33 counties are designated as rural or frontier.¹⁰ Rural New Mexicans face more challenges and barriers to accessing appropriate, timely, and cost-effective care and have less access to specialized health care, in part due to fewer care providers in rural areas.¹¹

SBHCs help by providing access to health and behavioral health care in rural areas where it might not otherwise exist. Rural children are more likely to receive some type of medical services if they live closer to safety net providers, such as a SBHC. Longer distances to safety net providers are associated with fewer doctor visits and fewer health services overall in rural areas.¹² The great need for the health care services provided by rural SBHCs is evidenced by higher rates of enrollment and utilization in rural SBHCs compared to urban.¹³

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I had a parent who was filling out an application for our program, and when she reached a part of the form about insurance, she quietly told me her husband had lost his job and their son now did not have medical care. She said it in a way that gave me the impression she was ashamed, but I told her that a lot of people are currently in the same boat. I then told her about the SBHC. I felt like I gave this mother some power to help her son.

- SBHC staff

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¹⁰ <http://www.frontierus.org/2000census.htm>

¹¹ Johnson, M. E., Brems, C., Warner, T. D., & Roberts, L. W. (2006). Rural-Urban Health Care Provider Disparities in Alaska and New Mexico. *Administration and Policy in Mental Health and Mental Health Services Research*, 33(4), 504-507.

¹² Gresenz, C. R., Rogowski, J., & Escarce, J. J. (2006). Dimensions of the local health care environment and use of care by uninsured children in rural and urban areas. *Pediatrics*, 117(3), e509-e517.

¹³ Crespo, R.D., & Shaler, G.A. (2000). Assessment of school-based health centers in a rural state: the West Virginia experience. *Journal of Adolescent Health*, 26, 187-93.



I have been going to the [SBHC] for counseling because my best friend died. They really help me...and I would like to say thank you for all your help. I would like to encourage the students to go to the [SBHC] for their problems or anything. The [SBHC] is a great place to go for help!

- Client at a Native American- serving SBHC



The Southern New Mexico Adolescent Services Telemedicine Project, or **ConnecXions**, addresses barriers to health care access in rural areas through telemedicine. ConnecXions has interlinked four SBHCs in two school districts and one juvenile detention center with three consultation sites. Telemedicine devices interface between the caregiver and patient and are designed to collect vital information (data, images or sound), which can be transmitted or may be stored for later use. In the two years since the implementation of the ConnecXions telemedicine program, clinical services have included primary care, behavioral health, and health education.

The lack of access to specialized health providers in rural areas is addressed by SBHCs through the use of telehealth technology. Twenty SBHCs throughout the state use telehealth technology to expand the health and behavioral health services they are able to offer students in rural and underserved areas. Through telecommunications, consultation and direct services are brought to providers, students, and their families when they need it, where they need it, and in their own communities.

Wellness and Prevention

Both nationally and statewide, students face many challenges in achieving a healthy lifestyle.

Well child exams and immunizations

Immunizations are a cornerstone of public health prevention. While many people identify immunizations only with early childhood, older children and adolescents need several important immunizations as well. SBHCs can have a major impact on the immunization rate by assuring students have the immunizations they need to attend school.

Regular well-child check-ups are another important part of preventive health care for both younger and older children. As children age, they are less likely to receive this important service through traditional methods and low-income and uninsured status are associated with a higher risk of not getting a check-up.¹⁴

Prevention is at the forefront of SBHC care as seen in these areas: well-child/prevention check-ups, risk assessments, prevention messaging, and immunizations.

Assessments and Screenings

SBHCs help by screening students for potentially problematic health and behavior risks and promptly respond when risks are uncovered. This is particularly important because health patterns established by the end of adolescence are carried through adulthood.

All students who come to a SBHC in New Mexico complete a Student Health Questionnaire, consisting of developmentally appropriate questions concerning health issues and risk behaviors. This important questionnaire helps in the early identification of and intervention with students at risk for mental health problems, accidental injury, tobacco use or substance abuse, and suicide.

Nutrition, physical activity and obesity

U.S. childhood obesity rates are dramatically rising. Children and adolescents are getting less and less physical activity, while food portion sizes are increasing. These factors, and others, combine to make it more difficult for children and families to stay healthy and make good choices.

Almost one in four of New Mexico's high school students reports being overweight or obese, with boys being 2.5 times more likely than girls to be obese (15 percent vs. 6 percent).¹⁵ Hispanic and Native American high school students have disproportionately higher rates of overweight and obesity compared to their White counterparts.

¹⁴ Irwin, C. E., Adams, S. H., Park, M. J., & Newacheck, P. W. (2009). Preventive care for adolescents: Few get visits and fewer get services. *Pediatrics*, 123(4) e565-e572.

¹⁵ New Mexico High School Youth Risk and Resiliency Survey, 2007



If students have problems on their mind, they are not going to be focused on school work. They have to be physically, mentally, socially, and even in some cases, spiritually aligned so that they can focus on what needs to be done with their school work. This [SBHC] is seen as a safe environment where students feel comfortable and get the services they need.

- 17-year-old SBHC client



Only 18 percent reported eating the recommended amount of fruits and vegetable during the past week and only 11 percent drank the recommended three glasses of milk daily.¹⁶

In 2008–2009, **2,781 immunizations¹⁷** were administered to SBHC students, not including those students referred back to their primary care provider.

SBHCs help by calculating each student’s body mass index (BMI) and percentile to determine their risk for overweight and related risks. Students are counseled concerning good nutrition and physical activity habits. SBHCs also are implementing innovative programs to address the increasing rates of obesity. The Teen Lifestyle Change (TLC) program offers overweight teens the opportunity to explore feelings, knowledge, and lifestyle behaviors impacting overall health in a small group setting. SBHC personnel trained by Envision New Mexico lead each group through the eight-week program. Sessions cover modifiable behaviors associated with teen overweight, and present real-life strategies that teens can use to be successful with weight management.

Reproductive health and sexual risk

Recent data show that many of New Mexico’s youth engage in risky sexual health behaviors. Among high school students:

- 45.7 percent have had sex,
- 7.7 percent had sex before the age of 13, and
- of the 31.5 percent of students who were sexually active, 44.8 percent did not use a condom.¹⁸

These statistics add up to New Mexico having a teen birth rate that is 1.5 times the national rate.¹⁹ The data is not

much better in the area of sexually transmitted infections. For instance, New Mexico has the fifth highest chlamydia rate in the United States, with 484 cases per 100,000 people, compared to the national average of 370 in 2007. The highest chlamydia rate was in the age range of 15 to 24.²⁰

SBHCs help by providing a range of reproductive health services, including wellness exams, on-site diagnosis and treatment of sexually transmitted infections, pregnancy testing, and abstinence and safe-sex counseling. The decision to offer some specific services, such as family planning, is made locally. SBHCs that do not offer all services refer students to the Public Health Office or community providers.

8.8 percent of all SBHC visits²¹ had a reproductive health component.

89.4 percent of reproductive health visits were made by females; 10.6 percent by males.

Behavioral Health

Adolescents face numerous challenges to their emotional well-being as they move through adolescence, such as bullying, peer pressure, and community and relationship violence. These challenges result in many adolescents needing behavioral health services. Alarming numbers of these adolescents do not receive the services they need with up to 80 percent of the children needing behavioral health services not receiving them.²² Nine percent of adolescents in New Mexico between the ages of 12 and 17 years old have experienced a major depressive episode in the past year,²³ and these are only the cases for which care was sought and received.

¹⁶ Ibid.

¹⁷ FY 2009 data from the 59 OSAH sponsored SBHCs.

¹⁸ New Mexico High School Youth Risk and Resiliency Survey, 2007

¹⁹ CDC - National Vital Statistics Reports, 2007

²⁰ NM Department of Health, 2007. Available at <http://nmhealth.org/ERD/HealthData/std/ChlamydiaCasesAgeSexCounty07.pdf>. Accessed on December 11, 2009.

²¹ FY 2009 data from the 59 OSAH sponsored SBHCs.

²² Kataoka, S.H., Zhang, L., & Wells, K.B. (2002) Unmet need for mental health care among U.S. children: Variation by ethnicity and insurance status. *American Journal of Psychiatry*, 159(9), 1548-55.

²³ SAMHSA, 2007. Available at <http://www.oas.samhsa.gov/2k6State/New-MexicoMH.htm#Fig6-5>. Accessed on December 1, 2009.

SBHCs help by offering children's behavioral health services in schools. Studies show that an adolescent is up to 21 times more likely to access a SBHC for a behavioral health concern than they are to access a community health center or a health maintenance organization.²⁴ SBHCs in New Mexico provide access to a broad range of behavioral health and substance abuse services for students. These services include, but are not limited to, one-on-one counseling, support groups, family counseling, psychological evaluation, psychiatric consultation, medication management, case management, substance abuse assessment and treatment, and referral to appropriate community resources. Coordination of care between behavioral

3,163 clients received 15,409 behavioral health visits²⁵

22 percent of all clients received behavioral health services during the year

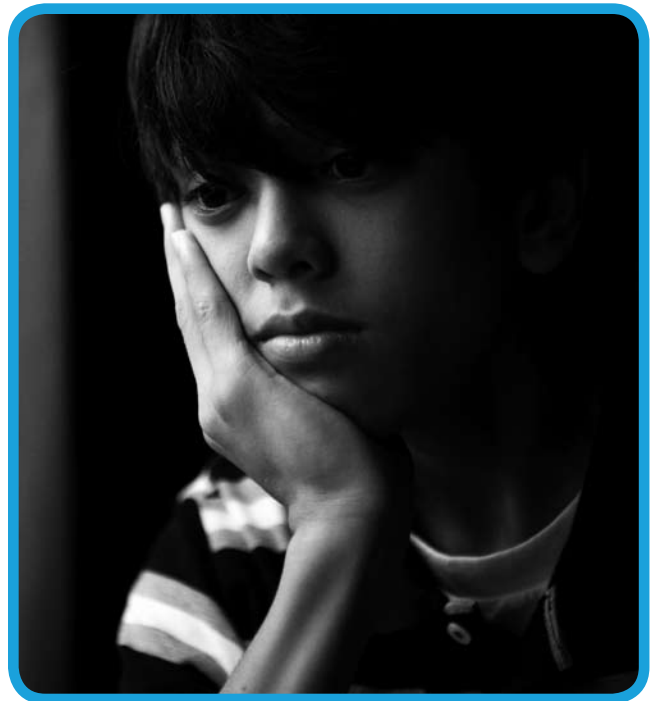
health and primary care providers within SBHCs helps ensure that students receive care in all areas of need and promotes effective communication among a student's providers. As a result of their collaborative partnerships with schools, SBHCs can expand a community's behavioral health capacity and make optimal use of schools as an entry point to a full continuum of behavioral health services. Students using behavioral health services at a SBHC have even been shown to increase their grade point averages over time, compared to nonusers.²⁶

Advantages of Behavioral Health Services in SBHC Setting²⁷

- SBHCs make available opportunities to observe and work with students in their own social context.
- Screening and early intervention is more prevalent when behavioral professionals, physical health professionals and teachers work together to identify children at risk.
- Behavioral health professionals in school settings can function as consultants to school personnel.
- Students are immediately accessible for care in schools.
- When delivered in the context of primary health care, behavioral health care is made less stigmatized.
- Schools are perceived by students to be less threatening than mainstream community centers.
- Care is provided that is low or no cost to students and their families.

Suicide

In New Mexico, suicide is the second leading cause of death for 15 to 24-year-olds.²⁸ New Mexico has the fourth highest rate for youth suicide (15-24-year-olds) in the nation with 21.4 suicide deaths per 100,000, compared to a national rate of 9.9.²⁹ The suicide rate among Native American youth in New Mexico is even more alarming, with 31.8 suicide deaths per 100,000.³⁰



SBHCs help by providing low stigma access to behavioral health because students can drop in at any time for any reason. Further, New Mexico SBHC staff receive special training in behavioral health issues specific to youth. OSAH requires all students receiving any sort of care to complete a Student Health Questionnaire that screens for depression and other conditions that can place students at risk for suicide. Each SBHC has a written Youth Suicide Prevention and Intervention Plan that includes screening, assessment, provider training, school staff training, appropriate treatment, follow-up and linkage to community-based suicide prevention services.

²⁴ Juszczak, L., Melinkovich, P., & Kaplan D. (2003). Use of health and mental health services by adolescents across multiple delivery sites. *Journal Adolescent Health*, 32, 108-118.

²⁵ Data from the 59 OSAH sponsored SBHCs.

²⁶ Walker, S. C., Kerns, S. E. U., Jyons, A. R., Bruns, E. J., & Cosgrove, M. S. W. (in press). Impact of school-based health center use on academic outcomes. *Journal of Adolescent Health*.

²⁷ National Assembly on School-Based Health Care

²⁸ CDC WISQARS. Available at www.cdc.gov/ncipc/wisqars. Accessed December 17, 2009.

²⁹ CDC WONDER: Compressed Mortality File 1999-2006. Available at <http://wonder.cdc.gov/cmfi-cd10.html>. Accessed on December 17, 2009.

³⁰ Ibid.

New Mexico's SBHCs and Medicaid Managed Care Organizations

New Mexico's Medicaid Managed Care Organizations (MCOs) include BlueCross/BlueShield of New Mexico, Lovelace Healthcare, Molina Healthcare, OptumHealth, and Presbyterian Healthcare. The MCOs have worked with SBHCs in multiple areas including: determination of the services covered, delivered, and reimbursed; preparing SBHCs to meet the MCOs' credentialing and quality improvement requirements; and developing practice guidelines for disease management, prevention, care coordination, and communication. Collaboration with and support from the MCOs has resulted in SBHCs being key participants in New Mexico's health care delivery system, with 47 SBHCs credentialed to bill Medicaid for services. Collaboration between the MCOs and the SBHCs has played an important role in promoting the sustainability of SBHCs in New Mexico and thus increasing access to health care for children and youth in the state.

Acknowledgements

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OSAH extends its deep appreciation to all the New Mexico school-based health centers and their staff, who work to provide primary care, behavioral health and preventive health education services to New Mexico's students and who provided information used in the preparation of this report. Also deserving of appreciation are the school districts, school, and community-based providers who partner with school-based health centers to help them carry out their mission.

Additional Information about SBHC

Office of School and Adolescent Health

www.nmschoolhealth.org

New Mexico Alliance for School-Based Health Care

www.nmasbhc.org

National Assembly on School-Based Health Care

www.nasbhc.org

The Center for Health and Healthcare in Schools

www.healthinschools.org

The school and SBHC staffs are working together in Carlsbad, Gadsden, Gallup and Pojoaque to help address the crisis of **youth suicide**. These four sites have different cultural concerns; nevertheless, they successfully implemented the **Natural Helpers** program to engage students as a means of breaking the code of silence surrounding youth suicide and as a method of referring students to SBHCs in early stages before youth feel hopeless about a situation.



Partners

Apex Education

Blue Cross/Blue Shield of New Mexico

De Baca Family Practice

Eastern New Mexico University

El Centro Family Health

First Choice Community Healthsource

Hidalgo Medical Services

Indian Health Service

La Casa de Buena Salud

La Clinica de Familia

La Clinica Del Pueblo de Rio Arriba

Las Clinicas Del Norte

Lovelace Healthcare

Memorial Hospital - Adolescent Health Services Program

Molina Healthcare

NM Alliance for School-Based Health Care

NM Children, Youth and Families Department

NM Community Foundation - Elev8 NM

NM Department of Health, Family Planning Program

NM Department of Health, Office of School and Adolescent Health

NM Department of Health, Public Health

NM Human Services Department, Medical Assistance Division, School Health Office

NM Public Education Department, School and Family Support Bureau

Nor Lea Hospital

OptumHeath

Presbyterian Healthcare

Presbyterian Medical Services

Sangre de Cristo Community Health Partnership

UNM Center for Health Promotion & Disease Prevention

UNM Center for Rural and Community Behavioral Health

UNM Dental Programs

UNM Envision NM

UNM Family and Community Medicine

UNM Pediatrics

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Poor health can greatly reduce a young person's ability to get the most from school or life. Our overall goal is to help students feel better, live better and learn better.

- Yolanda Cordova,
Office of School and
Adolescent Health Director

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A 14-year-old Native American student with a history of severe trauma and neglect came to the SBHC wanting to talk to someone about his health, family issues and problem with marijuana. The student had many needs, including dental care, vision problems, an eating disorder and suicidal thoughts. Our primary care provider performed a full screening and physical exam and he was seen by our on-site dental hygienist. We helped him obtain eyeglasses and he was referred for behavioral health treatment, including psychiatry consultation and medication. His providers, the school nurse, his grandmother and the student are all meeting regularly to ensure his safety. The student recently requested that the principal and assistant principal also be part of his `team' because he wanted to be able to go to them during the school day if needed. All systems should work this well."

- SBHC Coordinator

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Contact Information
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