

# New Mexico School-Based Health Centers: October 2019 Update for LESC

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## Our discussion today

- I. NMASBHC: Who We Are
- II. SBHCs: What They Are
- III. SBHCs: Why The Education Field Cares
- IV. SBHCs: NM History & Current Status
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# NMASBHC: Who We Are

## Our Organization's Mission:

- NMASBHC represents school-based health centers in New Mexico and collaborates with other partners to promote, facilitate, and advocate for comprehensive, integrated, and culturally competent health care, including health education, in schools.

## Our Organization's Services:

- NMASBHC provides training and technical assistance to SBHCs, their sponsors, and related field partners.
- NMASBHC creates and disseminates SBHC tools and resources.
- NMASBHC supports and leads policy development and revision related to the school health field.
- NMASBHC provides legislative education and does local, state and federal advocacy in support of the school-based health care field.

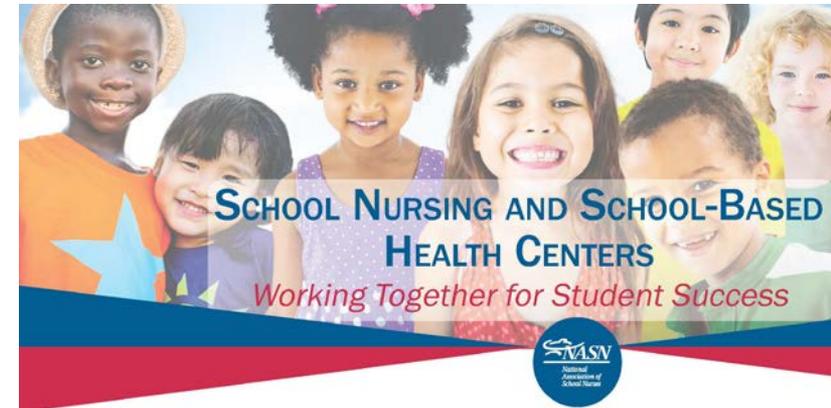
## The National Picture:

- NMASBHC is an affiliate of SBHA; 48 states have SBHCs and 34 have Alliances

# SBHCs: What They Are

## SBHCs: “The Model”

- Provide care in schools: a uniquely convenient and helpful access point
- Provide integrated primary and behavioral healthcare to children/youth
- Provide special expertise and resources to the school community
- Collaborate with school health partners, including nurses and social workers
- Improve health AND academic outcomes



### SCHOOL NURSING

- Registered nurses who practice in schools and lead the delivery of student health services
- Serves the entire student population and school community
- 82% of schools report they have a school nurse<sup>1</sup>
- Practices within the *Framework for 21st Century School Nursing Practice*<sup>TM 2</sup>
  - ◆ Standards of Practice
  - ◆ Care Coordination
  - ◆ Leadership
  - ◆ Quality Improvement
  - ◆ Community/Public Health
- Funding Models:
  - ◆ Local school district
  - ◆ Local public health department
  - ◆ Children's hospital
  - ◆ 3<sup>rd</sup> party payer

### SCHOOL-BASED HEALTH CENTERS

- Multidisciplinary healthcare teams located in schools or on school grounds
- Serve enrolled students and families
- 4.6% of schools have a school-based health center<sup>1</sup>
- Provide primary care including the following:
  - ◆ Laboratory services
  - ◆ Medical diagnosis and treatment
  - ◆ Medication prescriptions
  - ◆ Oral health care (optional)
  - ◆ Mental health care (optional)
- Funding Models:
  - ◆ Foundations
  - ◆ Healthcare systems
  - ◆ 3<sup>rd</sup> party payer

School nursing and school-based health centers complement care provided at school. One does not replace the other.

Collaboration between school nurses and school-based health centers enhances students' health, overall well-being, and academic success.

<sup>1</sup>U.S. Department of Health and Human Services & Centers for Disease Control and Prevention. (2015). *School policies and practices study*. Retrieved from [http://www.cdc.gov/healthyyouth/data/shpps/pdf/shpps-508-final\\_101315.pdf](http://www.cdc.gov/healthyyouth/data/shpps/pdf/shpps-508-final_101315.pdf)

<sup>2</sup>National Association of School Nurses. (2016). *Framework for 21st century school nursing practice*. *NASN School Nurse*, 31(1), 45-53. Also available at <https://www.nasn.org/portals/0/resources/21stCenturySchoolNurseFramework2015.pdf>

# SBHCs: What They Are

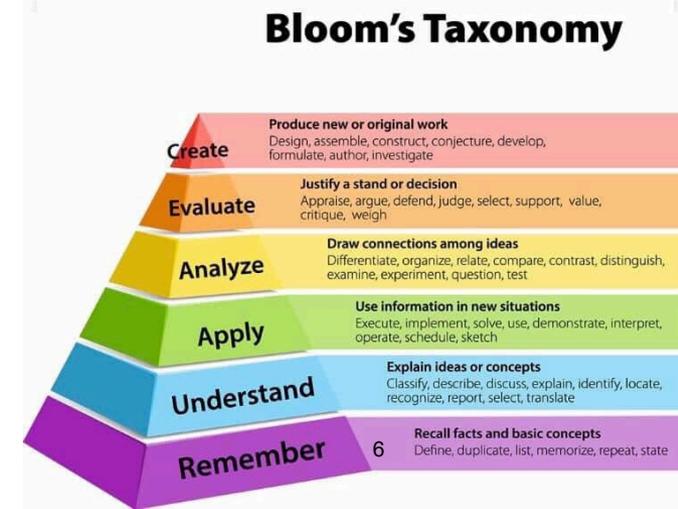
## The Operating and Funding Structures

- In NM (though not in all states), schools DO NOT operate SBHCs. Instead, medical and community agencies operate SBHCs in partnership with schools
  - For example, Las Clinicas del Norte, a Federally Qualified Health Center (FQHC) operates the Pojoaque SBHCs through an MOU/MOA with the Pojoaque Valley School District.
- SBHCs are federally authorized, but HRSA only provides capital cost grants
- The majority of SBHCs bill Medicaid and private insurers; however, not all of their services are billable, including supporting health education and providing confidential services to the privately insured.
- NMDOH provides multi-year contracts to SBHC sponsors via an RFP process; these monies come from the General Fund and are predicated upon completion of NMDOH/OSAH deliverables. Contracts cover only 1/3 to 1/2 of operating costs. About 70% of NM SBHCs are receiving this funding.
- HSD/DOH receive a federal Medicaid match that additionally supports SBHCs
- SBHCs do not bill for MSBS services; these are separate and different services

# SBHCs: Why Education Field Cares

## Maslow Before Blooming

- NM students cannot learn if their basic needs are not met; basic physiological needs trump academic ones.
- Unmet health needs negatively impact attendance.
  - Studies show that while student visits to SBHCs may have a minimal short-time negative effect on seat time, they are less than the effects of appointments at outside providers. Additionally, studies show that students receiving SBHC services have better overall attendance.
- Unmet behavioral health needs negatively impact student behavior and school safety.
  - Studies show that students who have access to an SBHC have fewer disciplinary referrals, report better relationships with caring adults and were less likely to be sent home due to behavior issues.
- Students with access to healthcare have better academic outcomes.
  - Studies show that students with access to an SBHC have increase grade point averages and test scores and decreased drop out rates.
- Students who are pregnant or parenting have double the need for health services; SBHCs can serve the teen parents and infants.



## SBHCs report that the most critical issues faced by the kids they serve are...



### Behavioral Health

Over 50% of SBHCs reported that behavioral health, including **substance use** and **trauma**, was one of the most significant issues facing their patients.



### Poverty

- The childhood poverty rate in New Mexico is 27% (the highest in the US).
- The American Academy of Pediatrics (AAP) considers child poverty in the United States unacceptable and detrimental to the health and well-being of children.



### Lack of family support and stability

- Adverse Childhood Experiences (ACEs) increase the risk of poor health outcomes.
- Household dysfunction accounts for 6-10 of the identified ACEs.

# SBHCs: Why Education Field Cares

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**SBHCs report that FUNDING is the most significant issue facing the SBHC field**

.....

**SBHCs report that the top supplies they need to best serve their patients are...**



### Food

- The American Psychological Association and others have found that food insecurity is associated with heightened risk of child mental and behavioral health difficulties.
- Hungry children are sick more often, and more likely to have to be hospitalized.

### Personal Hygiene

- Personal hygiene supplies include: pads, tampons, soap, shampoo, deodorant, tooth brushes, toothpaste, underwear, etc.
- According to a study done by Feeding America, the inability to afford needed household goods translates into heightened stress and stigma.



**SBHCs report that the top barriers to providing care are...**

School Administration

| Medicaid\*

| Sponsor Administration

\*including billing, reimbursement, credentialing, and confidentiality

# SBHCs: NM History and Current Status

## Number of Clinics

- 1978 – First NM SBHC opens and numbers steadily increase in coming decades
- 2004 – Governor & Legislature double SBHCs from 34 to 68, with all receiving DOH funding
- 2012 – Due to recession-era funding cuts only 52 of 70 NM SBHCs receive DOH funding
- 2015 – 5 SBHCs funded by NMDOH have contracts cut
- 2017 – 2018 – DOH funds 48 SBHCs
- 2019 – SBHC money is funded via PED, moved to DOH and 56 SBHCs are contracted



# SBHCs: NM History and Current Status

## Impact of SBHCs



### Who do SBHCs Serve?

- 100% serve any students at the host school regardless of ability to pay
- 63% serve school staff
- 46% serve students from other schools/districts
- 33% serve family/siblings of students
- 55% can serve pre-k
- 35% can serve children 3 and under
- 14% serve the broader community

### What Services are Provided?

- Acute care for minor illnesses and injuries
- Behavioral health care
- Comprehensive wellness exams (EPSDT)
- Immunizations
- Prevention, diagnosis, treatment, and management of chronic diseases
- Reproductive health care

62% of students who use a SBHC say that they miss less class time by going to the SBHC than going someplace else.\*

\*based on data from those surveyed at NMDOH funded SBHCs

SBHCs serve our most vulnerable children and teens



98% report serving students who are homeless.



94% report serving students whose families experience hunger/food insecurity.



71% report providing direct support for LGBTQ+ students through SafeZones, Gay Straight Alliances, behavioral health support groups, etc.

Studies have shown improved school attendance, grades, and graduation rates as a result of SBHC intervention.

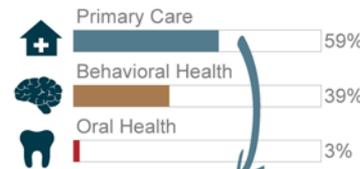
### SBHCs Address Reproductive Health Needs

85% of SBHCs can provide some level of contraceptive care: condoms, birth control prescriptions, dispense birth control onsite, LARC, etc.

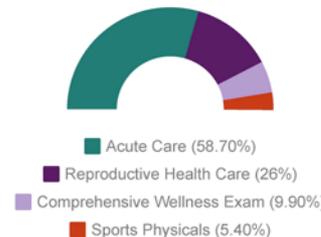
54% of SBHCs report they can provide Long Acting Reversible Contraception (LARC) services.

## NMDOH Funded SBHC Data

### SBHCs Provide Comprehensive Care



### Of All Primary Care Visits



### Success Story: SBHCs Help Save Lives

"A 13-year-old uninsured male came to the clinic for a sports physical. During the visit a heart murmur was noted. The murmur was very pronounced and, according to the father, was never evaluated. During the visit, the student was referred to cardiology and subsequently diagnosed with aortic stenosis. He was then scheduled for surgical intervention in Albuquerque, during which the cardiologist successfully repaired his heart. The student will be evaluated yearly by cardiology. Post surgery the student is able to participate in soccer freely and is living a healthier life." [SBHC Staff]

### SBHCs respond to the behavioral health crisis

100% of SBHCs are committed to providing behavioral health services.

19.3 average number of behavioral health service hours provided per week at a NMDOH SBHC

24.6% of behavioral health visits are for students seeking help with depression.

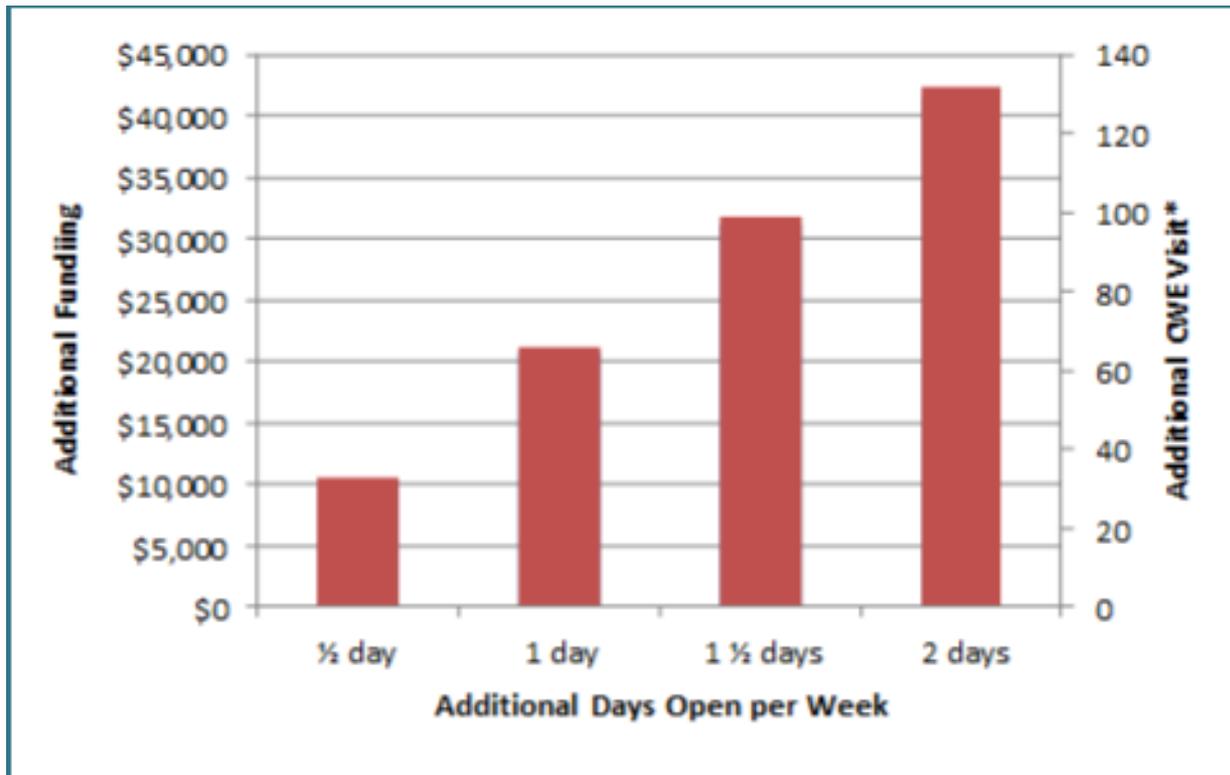
# SBHCs: What Comes Next

## Challenges = Opportunities

- Opportunity: SBHCs provide behavioral health services that can help districts and PED address the needs of student/families outlined in the Martinez/Yazzie case.
- Opportunity: SBHCs provide behavioral health services that can help the state address the youth suicide crisis in our state.
- Opportunity: SBHCs can provide reproductive health services than can continue to help the state address high rates of unwanted teen pregnancies.
- Opportunity: SBHCs are nimble systems that can and do operate successfully in rural communities; the state's Rural Health Plan identifies SBHCs as an important access point to expand and to more fully fund.
- Opportunity: SBHCs can be part of the Integrated Student Supports and Active Family and Community Engagement pillars of the Community School model.

# SBHCs: What Comes Next

Dollars for SBHCs provide healthcare services for children that result in innumerable benefits to the state and its residents in both the short and long-term. NMASBHC strongly encourages the legislature to provide additional funds when possible and to always protect existing funding; there truly is no other way for this successful healthcare model to survive.



## Questions & Feedback

NMASBHC wants to hear from legislators about how we can help improve health and educational outcomes for New Mexicans:

What questions do you have for us?

What feedback do you have for us?

# Wrapping Up

## Staying in Touch

Tools: [www.nmasbhc.org](http://www.nmasbhc.org) or email NMASBHC

Information: Nancy Rodriguez, [nancy@nmasbhc.org](mailto:nancy@nmasbhc.org)  
(505) 404-8059

THANK YOU FOR INVITING US TO BE HERE