

*NEW MEXICO
SCHOOL-BASED
HEALTH
CENTERS*

STATUS REPORT 2015



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The New Mexico School-Based Health Centers Status Report was prepared by the Office of School and Adolescent Health (OSAH) and by Apex. OSAH and Apex would like to thank the New Mexico Alliance for School-Based Health Care and Envision New Mexico for their contributions to this report.

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, schools, and community-based providers who partner with SBHCs to help them carry out their mission.

Greetings,

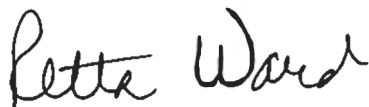
The Department of Health is pleased to share the New Mexico School-Based Health Centers Status Report. The document highlights key accomplishments and activities over the span of the last four years, featuring excellence achieved in a variety of areas including comprehensive wellness exams, youth engagement, quality improvement, and stability. Linking health and academic success is important and we all know that a healthy student is ready and able to learn.

The Office of School and Adolescent Health (OSAH) provides leadership and oversight for the statewide school-based health center program. Through their leadership, New Mexico has grown from 16 sites to more than 70 statewide. Funding from the Department of Health currently supports more than 50 sites throughout the state.

School-based health centers are an important part of the overall health-care system and the care they provide meets important statewide goals related to ensuring access to healthcare in underserved areas, reducing teen pregnancy and substance use, and improvements to health outcomes related to reductions in obesity and other chronic diseases.

The Department of Health appreciates the dedication and commitment from all the community partners invested in the operation of school-based health centers, especially the partnership from youth leaders and advocates who co-create spaces that are friendly and responsive to the needs of students served by school-based health centers. We also truly appreciate the families, school administrators, school nurses, and teachers who work with the school-based health centers to promote health and well-being.

Warm Regards,



Retta Ward, MPH
Cabinet Secretary



Yolanda Montoya-Cordova, MSW
OSAH Director

*WHY
SCHOOL-
BASED
HEALTH
CENTERS
MATTER
IN NEW
MEXICO*

Adolescence is a time of transition to adulthood. Healthcare and health messages at this age have the potential to impact future health and shape use of healthcare services. Adolescents are typically the least likely age group to access healthcare. They have the lowest rates of primary care use and tend to not receive preventive healthcare services.¹ Consequently, many adolescents have unmet physical and behavioral healthcare needs.

School-Based Health Centers (SBHCs) are uniquely positioned to meet the needs of adolescents. SBHCs are comprehensive primary healthcare centers housed in elementary, middle, and high schools that provide physical, behavioral, and, in some cases, oral healthcare services designed specifically for adolescents. 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 pediatric or family practice office with a clinical coordinator and clinical provider, such as a nurse prac-

itioner, 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.

Each SBHC is unique and offers different services, which may include:

- Routine physicals, well-child exams, and sports exams
- Diagnoses and treatment of acute injuries and illnesses
- Chronic conditions management
- Vision, dental, and blood pressure screenings
- Immunizations and vaccinations
- Prevention and treatment of substance use problems
- Health education and wellness promotion
- Behavioral health assessment and counselling
- Medication
- Reproductive health services

SBHCs IN NEW MEXICO

The New Mexico Department of Health's Office of School and Adolescent Health (OSAH) works to improve student and adolescent health through integrated school-based or school-linked health services.

Data presented in this report represents the efforts of OSAH-supported SBHCs from July 1, 2014 to June 30, 2015.

During 2014-2015, the 55 OSAH-supported SBHCs were located in 26 of New Mexico's 33 counties, serving students across the state in urban, rural, and frontier settings. These SBHCs were found in all levels of schools, from high schools to elementary schools, but are most commonly located in high schools.

“*My experiences at the school-based health center have been great! I love all the staff, they listen to what I have to say and are so helpful and caring.*”

SBHC student

OSAH- SUPPORTED SBHCs BY THE NUMBERS 2014-2015

37,000 students²
in NM had access to an SBHC
at their schools

55 campuses
had SBHCs;
33 served rural areas
35 served Health Professional
Shortage Areas

49,000 visits
at SBHCs

17,500 clients
received care by an SBHC

SBHCs OFFER STUDENTS A VARIETY OF SERVICES

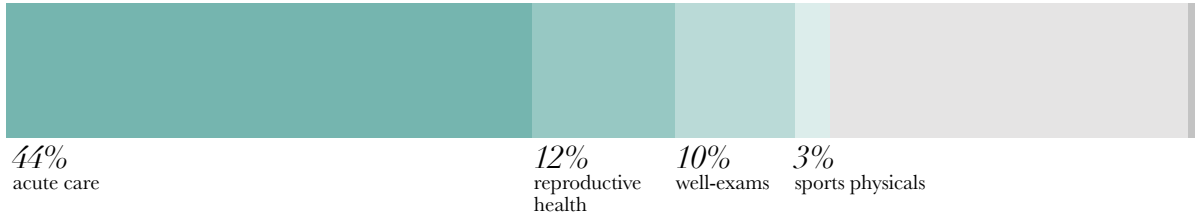
Services offered on-site	% of SBHCs
Primary Health	100%
Behavioral Health	100%
Health Promotion/Prevention	98%
Youth Engagement	83%
Reproductive Health	69%
Immunizations	62%
Telemedicine	37%
Oral Health	17%

SBHCs MEET A VARIETY OF STUDENTS' NEEDS

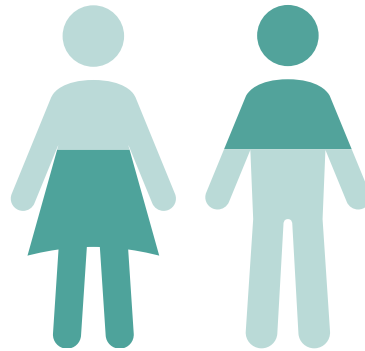
69% of visits
primary care

30%
behavioral health

1%
dental health



SBHC CLIENT DEMOGRAPHICS



58%
female

42%
male



7 SBHCs
serve mostly American Indians



72%
between the ages of 12 & 20

ADDRESSING ADOLESCENT NEEDS

SBHCs are ideally situated to help students with health-related challenges and have the opportunity to guide healthy decision-making. Although adolescence and young adulthood are generally healthy times of life, several important public health and social problems either peak or start during these years. SBHCs promote positive health behaviors by increasing health knowledge and decision-making skills. Furthermore, students with high levels of caring and supportive adult relationships are far less likely to engage in risky behaviors related to alcohol and substance abuse, violence, suicide attempts, and obesity.³ Risk screenings⁴ of students using an SBHC found:

- 32% feel down, depressed, irritable, hopeless (female 38% / male 22%)
- 12% thought, planned, or attempted suicide (female 15% / male 7%)
- 48% are having sex, while only 64% of those use condoms, and 72% use any method to prevent pregnancy
- 19% used tobacco, 23% drank alcohol, 22% used marijuana
- 14% carried a weapon for protection (female 10% / male 18%)
- 14% have been physically, sexually, or emotionally abused (female 19% / male 7%)

Some of these challenges faced by adolescents require the support of behavioral health services. However, up to 80% of these adolescents do not receive the services they need.⁷ Adolescents are up to 21 times more likely to access an SBHC for a behavioral health concern than they are to access a community health center.⁸

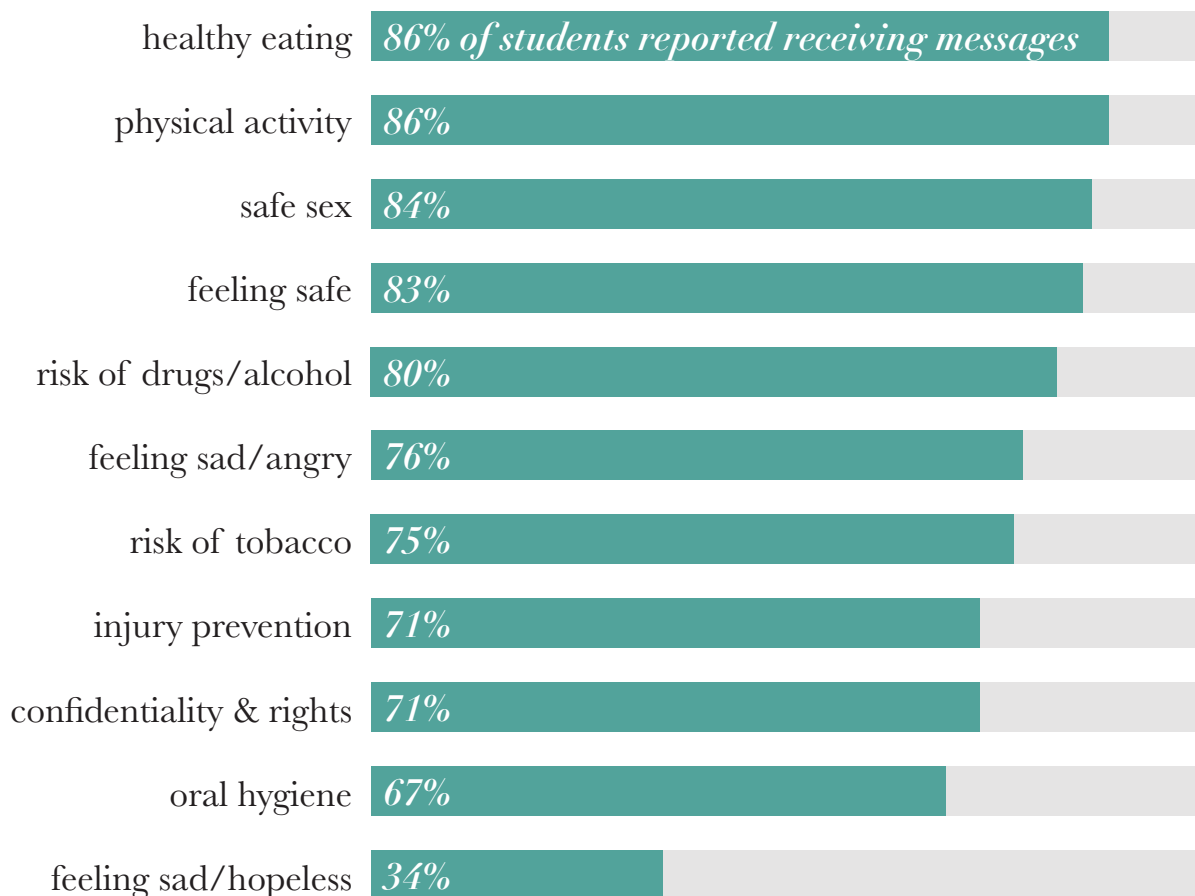
“My experience at the school-based health center is great. They are kind, helpful, sweet, and amazing... the school-based health center is a good thing and needs to stay.”

SBHC student

STUDENTS SAY SBHC STAFF LISTEN CAREFULLY TO THEM



SBHCs PROMOTE POSITIVE HEALTH BEHAVIORS BY INCREASING HEALTH KNOWLEDGE AND DECISION-MAKING SKILLS



“ *It is important for us to provide students both positive role models and information about what health looks like. Violence has become normative in our society. It is not enough to point this out, but instead, help students learn, maybe for the first time, what it means to be in a healthy relationship of respect, care, and trust.*

SBHC staff member



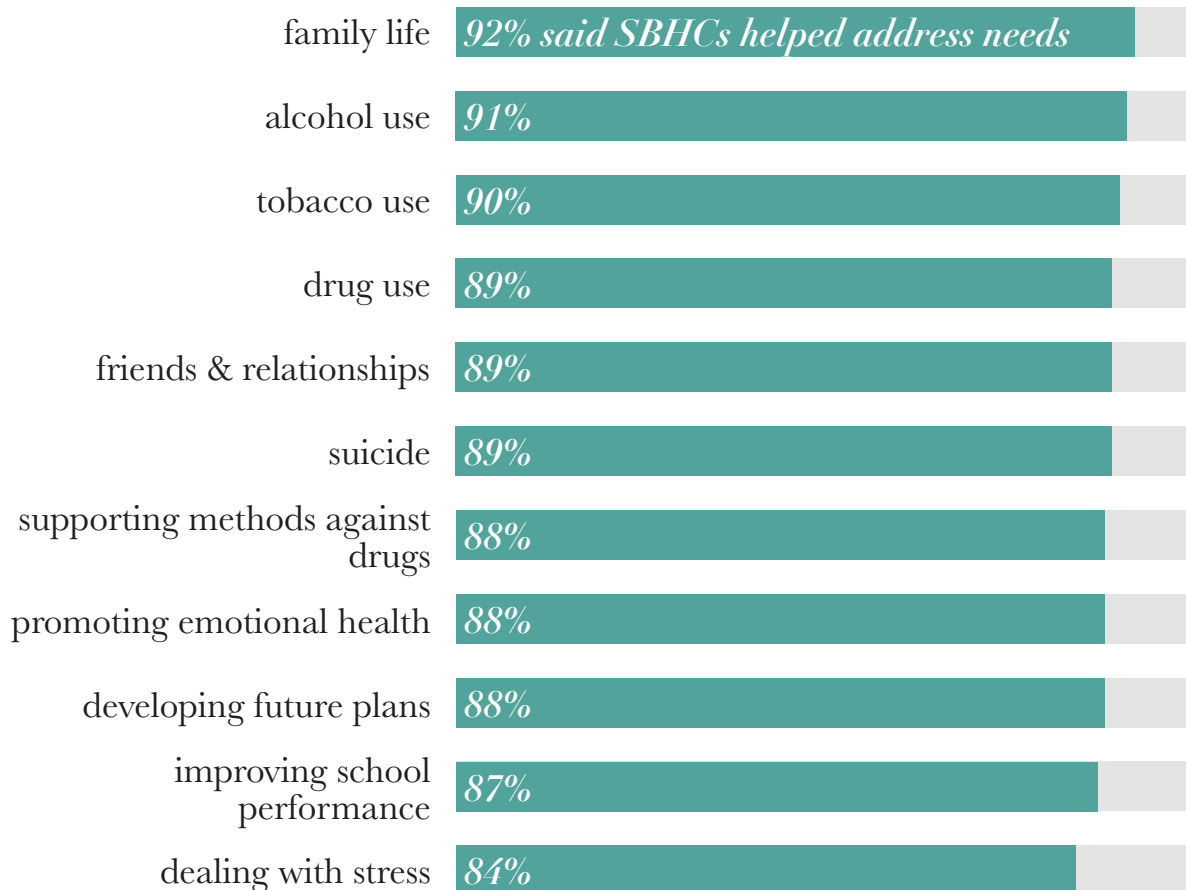
YOUTH AGREE SBHCs ARE YOUTH- CENTERED

SBHCs are youth-oriented and care about what students think. Youth share their feedback through an annual survey, which lets the SBHCs know how to better serve their students. SBHCs excel at seeking input, and students agree the SBHCs are meeting their needs. Not only do 96% of students say they are comfortable going to SBHCs, but 95% say they are likely to follow SBHC staff advice.

88%

of students were very satisfied with SBHC services, compared to only 58% who were very satisfied with services at other provider locations.

STUDENTS REPORT SBHCs MEETING THEIR NEEDS RELATED TO:



“ A student was brought to our attention in 6th grade because he could not breathe well. It turned out that he was also depressed and having severe family difficulties. As he is undocumented, having no access to medical care, and his only parent was often absent and unable to follow through with necessary care, other resources were brought in... Next year we will work more on health literacy and how to care for himself and plan a life he would like to live.

SBHC staff member



SBHC USERS EXPERIENCE POSITIVE COMMUNICATION



“ We are so proud of our SBHC program and all of the great work that is being done to bring much needed care to students in our community. We also train the next generation of doctors, nurses and other health professionals in the SBHC model. We couldn't do what we do without the partnership we have with OSAH.

Loretta Cordova de Ortega, MD
Professor and Chair
Department of Pediatrics, University of New Mexico



COMPREHENSIVE WELL-EXAMS

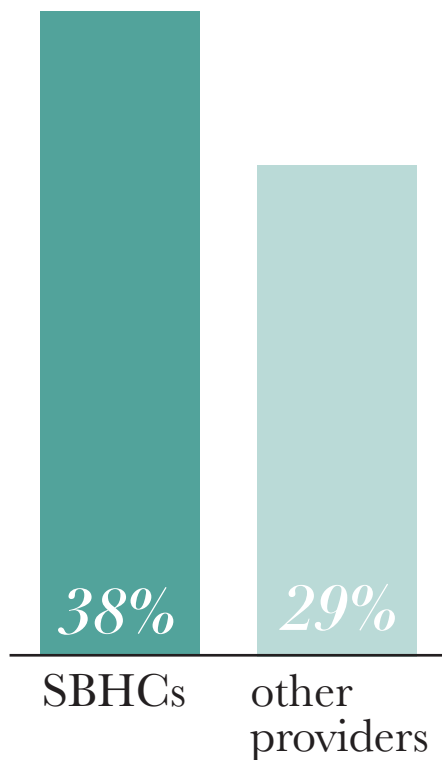
Comprehensive well-exams are an important part of preventive healthcare for adolescents. Adolescent comprehensive well-exams utilize screening, anticipatory guidance, and health education to support healthy adolescent development and identify early physical, mental, and behavioral health factors.

As children get older, they are less likely to receive this important service. Low income and uninsured status are also associated with a higher risk of not getting a comprehensive well-exam.⁹ Nationally, only about half (45%) of adolescents on Medicaid aged 12-

21 years received a comprehensive well-exam in the past year – the lowest utilization of primary care compared to any other age group.¹⁰ The adolescent comprehensive well-exam rate in New Mexico is significantly lower, with only 38% of enrollees having a comprehensive well-exam in the past 12 months.¹¹

Over one-third of SBHC patients in New Mexico received their annual comprehensive well-exam at their SBHC in 2014-2015, demonstrating that SBHCs are filling a vital role in this critical aspect of healthcare delivery.

SBHCs ARE A PRIMARY SOURCE FOR COMPREHENSIVE WELL-EXAMS



Recognizing the importance of comprehensive well-exams and the role SBHCs can play in ensuring more adolescents receive them, OSAH included a central quality improvement mandate on both the quality and quantity of comprehensive well-exams in all new SBHC contracts beginning in 2015.

Integrated care

means that youth have all their needs met in one place: the SBHC. Under one roof, providers share roles in risk screening, assessment, referrals, and care. Working together, providers coordinate services, engage in mutual decision-making, and share the responsibility for outcomes. For over 15 years, integrated care by NM SBHCs has resulted in quality of services, health literacy promotion, and convenience for youth, parents, and schools.

ACCESS TO CARE

Children and families in New Mexico face many barriers to accessing consistent and reliable healthcare. New Mexico families bear a disproportionate economic and social burden compared to the rest of the U.S. population. Thirty percent or 146,000 of New Mexico's children live in poverty, the highest rate in the U.S.¹²

New Mexico is ranked 37 in the nation for uninsured children, with 7% or 36,000 children in the state uninsured.¹³ Children without health insurance are less likely than insured children to have a regular healthcare provider and receive regular checkups and immunizations, and are more likely to receive delayed treatment and thus run a greater risk of hospitalization. SBHCs can protect families from financial hardship

and devastation when a child experiences a chronic or serious illness.

SBHCs in New Mexico uniquely offer comprehensive and high-quality healthcare access to a school's entire student population and, in some cases, to the wider school district or community. An important goal of SBHCs is to offer healthcare to those at higher risk for health problems and with poor access to or utilization of primary healthcare. 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 if they need hospitalization or other services.

38% OF STUDENTS SAID THE SBHCs WERE THEIR ONLY SOURCE OF HEALTHCARE



YOUTH ENGAGEMENT

Young people are the most important advocates for their own healthcare, and SBHCs excel at providing youth-centered care that engages youth in both their health and the health of their school communities. SBHCs strive to develop working relationships with

SBHCs ARE A NICHE MARKET FOR ADOLESCENT PROVIDERS

Because adolescents have one of the lowest rates of primary care use of any age group, providers in non-school settings have fewer opportunities to develop adolescent healthcare skills. SBHC providers have a unique opportunity to develop many specialized skills related to serving adolescents. Including:

- Comprehensive well-exams tailored for adolescents
- Sports medicine updates for adolescents
- Behavioral health symptom management and evidence-based approaches for adolescents
- Determination of psychosocial risk
- Adolescent-friendly clinical language
- Health literacy promotion
- Cultural, societal, and developmental considerations for teen pregnancy prevention
- Understanding of transgender issues
- Adolescent obesity management approaches

students by promoting youth engagement, which recognizes young people's right to participate in decisions that affect their healthcare, promotes youth advocacy and outreach, and acknowledges the skills and perspectives they bring to the table. Such collaborations enhance health literacy and health engagement, leading to better experiences with healthcare and preparing adolescents to transition into active, engaged adult consumers of healthcare.¹⁴

- 100% of SBHCs in New Mexico implemented youth engagement activities
- 60% of SBHCs have youth representation on the SBHC School Health Advisory Counsel (SHAC) or work with a youth group that provides a youth voice
- 100% of SBHCs involve their students in giving feedback on the quality and youth-friendliness of services provided at their SBHC

Students who received most of their care at SBHCs reported higher levels of engagement in their healthcare. These youth reported better experiences with healthcare, received more anticipatory guidance that met their needs, and reported fewer unmet needs for anticipatory guidance.¹⁵

“*Our SBHC youth group led the Talk About It campaign to get other students talking about the SBHC and the friendly providers that are there for students to talk to about their health.*”

SBHC student

SBHCs SUPPORT LEARNING

SBHCs are integrated into the education environment and contribute directly to schools' missions by delivering outcomes that matter to educators. SBHCs protect instructional time by reducing the amount of time students are out-of-class to receive services.^{16,17} They also reduce formidable barriers to learning by meeting primary and behavioral health needs of students.¹⁸ SBHCs collaborate with school administrators, teachers, and support staff to ensure they are meeting student needs efficiently, effectively, and seamlessly.

“*Nor-Lea Hospital District values our relationship with Lovington Municipal Schools through our Lovington SBHC. The SBHC has helped improve access to care for students and staff. More importantly, the SBHC provides health education services to students such as diet, exercise, and wellness. Students, school staff, and [SBHC] providers work together to set the direction of the school system to ensure that the healthcare needs of the student are met. The hospital then provides a support system to meet any of the healthcare needs that are not available at the SBHC.*

David Shaw
CEO/Administrator
Nor-Lea Hospital District



SBHCs also meet important health curriculum teaching standards by including direct opportunities for youth to practice the life skills needed to successfully navigate and communicate with health providers.

SBHCs MATTER FOR NEW MEXICO CHILDREN & FAMILIES

SBHCs can:

increase access

to affordable & high-quality physical, mental, dental, and preventive health services

reduce

parents' missed work hours

increase students' time

in the classroom

provide care

to children & youth who might not otherwise receive care

reduce costs

related to unnecessary emergency room visits & hospital stays

support students

in taking charge of their healthcare as they become young adults

improve

health literacy

QUALITY IMPROVEMENT

SBHCs excel at improving the quality of care provided to students in New Mexico. Quality Improvement (QI) is a data driven, continuous process that leads to measurable improvements in the delivery of healthcare services and the health status of targeted groups. All OSAH-funded SBHCs are required to undertake and report on QI projects each school year. At the beginning of the year, SBHC staff work to identify areas for improvement in clinical topics relevant to adolescents and/or administrative areas. The SBHC teams work throughout the year to make practice changes and evaluate their impact. SBHCs utilize QI tools and methodology, best-practice clinical guidelines, and national benchmarks to improve care, increase the number of students served, and enhance sustainability. Through their Quality Improvement efforts, SBHCs strive to enhance service delivery and improve patient outcomes in their schools and communities.

Common SBHC QI goals include:

- Increase the number of **comprehensive well-exams** delivered
- Increase the **quality** of comprehensive well-exams delivered
- Increase the number of students up-to-date on **adolescent immunizations**
- Increase **depression and anxiety screening**, assessment, and treatment/referral
- Increase **substance abuse screening**, assessment, and treatment/referral
- Increase **STI screening**, treatment, and follow-up
- Increase identification and management of **pediatric overweight/obesity diagnoses**
- Increase regular **dental care**
- Increase identification and management of **asthma**
- Increase internal and external **care coordination**
- Increase primary care and behavioral health **productivity**
- Increase **saturation** of students served in the school

“As a program devoted to improving healthcare quality for children and adolescents in our state, Envision NM applauds OSAH’s commitment to ongoing quality improvement of the healthcare provided in New Mexico SBHCs. This year, every state-funded SBHC will submit quality data on their well-child/adolescent exams as they strive to provide every patient with best practice, evidence based healthcare.”

Jane McGrath, MD
Director, Envision NM, Chief of Adolescent Medicine
University of New Mexico, Health Science Center



SCHOOL-BASED HEALTH CENTER IMPROVEMENT PROJECT (SHCIP)

In 2010, New Mexico and Colorado jointly received one of eight five-year grants under the Children’s Health Insurance Program Reauthorization Act (CHIPRA) to demonstrate the role SBHCs can play in a patient-centered medical home approach to health-care. The School-Based Health Center Improvement Project (SHCIP) was the only grant to focus on school-based health and supported clinical quality improvement and youth engagement in 20 SBHCs, 10 in each state, to improve screening, preventive services, integrated primary care and behavior health, and management of chronic conditions. Each of the participating SHBCs received coaching and technical assistance to apply the principles of quality improvement in improving the quality of care delivered, actively engaging adolescents in their own healthcare, and using service data for practice and policy improvement. The project also focused on the role of SBHCs in addressing healthcare needs and improving clinical care in five areas that are particularly important for adolescent patients: early and periodic screening, comprehensive well-exams, pediatric obesity/overweight, depression and anxiety, sexually transmitted infection (STI) screenings, and appropriate immunizations. The participating SBHCs achieved significant quality improvement that resulted in an enhanced ability to provide high quality care for children and adolescents.



EFFECTIVELY USING DATA

OSAH coordinates an electronic data warehouse system to manage all OSAH-funded SBHC patient and visit data. The data system compiles data from each SBHC's system and allows for centralized and timely access to comprehensive and reliable data across all SBHCs. The data system includes a certified Electronic Health Record (EHR) for SBHCs that do not otherwise have access to one. Beyond their evaluation function, EHRs allow SBHCs to broaden their revenue sources by allowing them to bill Medicaid for services, and provide features to improve operations

and clinical care.

New Mexico SBHCs are expanding the use of electronic risk screenings that provide valuable data from the perspective of students about their behaviors and conditions, including diet, physical activity, safety, substance use, sexual health, anxiety, and depression. SBHCs also utilize electronic tools to seek students' feedback about their experiences at the SBHCs. These tools and data are improving evaluation as well as patient care and quality improvement.

SUPPORTING LOCAL DECISIONS WITH LOCAL DATA

OSAH is committed to strengthening the ability of SBHCs to use their data for community engagement and decision-making. Throughout the year, OSAH and its data partner, Apex, produce data snapshot reports for each SBHC that contain information about services provided, student satisfaction, and risk factors among the population. The Snapshot Reports are used for internal planning, quality improvement, and sharing with partners to bolster understanding of the role of the SBHC in their community.



STABILITY

To ensure the SBHC system in New Mexico continues to excel in providing high-quality, youth-centered healthcare, OSAH is invested in exploring opportunities to leverage funding to support sustainability. This includes partnerships with managed care organizations (MCOs) and the Human Services Department (HSD) to design opportunities to link SBHCs to the overall Medicaid healthcare system. MCOs actively promote SBHCs to their members and encourage families to utilize SBHCs for well-exams and other services, especially in locations where there are healthcare provider shortages.

OSAH is also leveraging partnerships with Community Health Centers, Federally Qualified Health Centers (FQHCs), and hospitals. As sponsors of SBHCs, these entities are ideally equipped to provide needed administrative processes and provider retention. Additionally, they receive enhanced reimbursement from Medicaid.

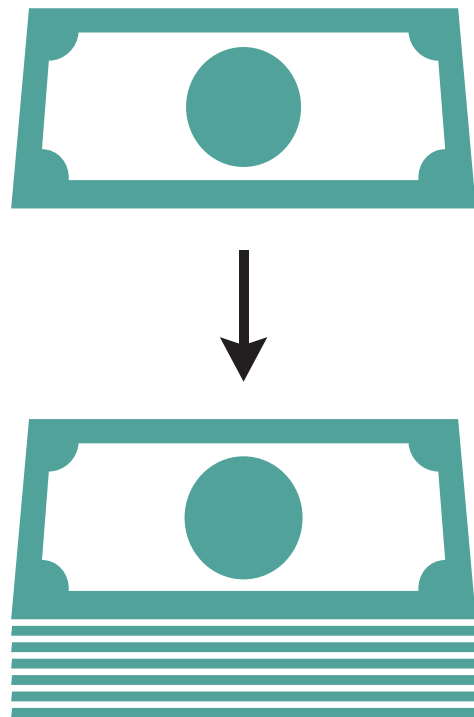
While reimbursements from Medicaid are an important source of support, SBHCs cannot survive with Medicaid reimbursement alone. Many services associated with health promotion, youth and family engagement, and confidential services are not reimbursable through Medicaid. Funding for SBHC operations must be diverse and requires state general funds, private foundations, Federal Title X, local educational in-kind support for equipment and supplies, fundraising, and other donations of both money and time.

Sustainability goes beyond reimbursement. Maintaining school and community sup-

port, engaging in rigorous marketing, and promoting ongoing dialogues with school administration, local school health advisory committees, and youth are all needed for sustainability.

SBHCs ARE A SMART INVESTMENT

A 2015 study found that every \$1 spent on SBHCs in New Mexico returns \$7.01.¹⁹ Investing this back into SBHCs means fewer hospitalizations and less time lost going to appointments, better health for NM youth, increased academic success, and ultimately more productive families. SBHCs are a smart investment for a healthier future.



BUILDING RELATIONSHIPS AND PARTNERSHIPS

OSAH facilitates a quarterly meeting with SBHC Partners comprised of state and local agencies, the New Mexico Alliance for SBHC, managed care organizations, and SBHC sponsors, to align efforts and to advocate for the unique needs of SBHCs. The SBHC Partners identified the Optimal Health and Wellbeing for New Mexico Children and Youth as the outcome toward which they are contributing. Utilizing Results-Based Accountability, the SBHC Partners identify collaborative activities and track data over time to ensure they reach the desired result.

Over the past year, representatives from the SBHC Partners have been planning and implementing collective actions focused on both the quality and quantity of comprehensive well-exams (CWE). During 2014-2015, these collective actions included the creation of CWE focused promotional materials, a video locally co-produced by Blue Cross/Blue Shield of New Mexico and the NM Alliance for School-Based Health, and a Medical Record Review and quality improvement process developed by Envision New Mexico.

New Mexico School Based Health Center Partners:

- Apex
- Blue Cross/Blue Shield of New Mexico
- Central Region Education Cooperative
- Community Dental Services
- De Baca Family Practice
- El Centro Family Health
- Envision New Mexico
- First Choice Community Healthsource
- First Nations Community Healthsource
- Hidalgo Medical Services
- Indian Health Service
- La Casa Family Health Center
- La Clinica de Familia
- La Clinica Del Pueblo de Rio Arriba
- Las Clinicas Del Norte
- Molina Healthcare
- Mora Valley Community Clinic
- NM Alliance for School-Based Health Care
- NM Department of Health
- NM Forum for Youth in Community
- NM GRADS Program
- NM Human Services Department
- NM Primary Care Association
- NM Public Education Department, School and Family Support Bureau
- Nor Lea Hospital
- Northeast Regional Education Cooperative
- Owens Healthcare and Administrative Support Services
- Presbyterian Healthcare
- Presbyterian Medical Services
- Region IX Education Cooperative
- Regional Education Cooperative #6
- Southern New Mexico Community Foundation
- Union County Health & Wellness Network
- United Healthcare
- UNM Community Behavioral Health
- UNM Dental Programs
- UNM Health Science Center
- UNM Pediatrics
- YDI, Inc.

FUTURE

Nationally, SBHCs are recognized as a key contributor to healthcare delivery for adolescents. The Affordable Care Act of 2010 authorized funding to establish new sites and expand services at existing sites, reflecting an awareness of the critical role SBHCs play in providing services to adolescents.²⁰

Increase the number of SBHCs

New Mexico has experienced a plateau in the number and reach of its SBHCs over the past decade. Despite the initial infusion of capital dollars in the statewide effort, few federal and state opportunities for construction of SBHC facilities have been available. There is, however, continued interest in the SBHC model, and stakeholders continue to seek funding for new sites.

Improve the availability of hours

Half of New Mexico's SBHCs are only open one or two days per week. While OSAH continues to support and advocate for the addition of SBHCs, existing SBHCs also require funding, time, and energy to increase days and hours of operation, and ensure full-time staffing especially in locations with large numbers of high-needs students.

Address the remaining challenges facing New Mexico's SBHCs

SBHCs require ongoing funding to maintain the necessary confidential services related to mental health and reproductive services, as well as to improve the tracking and monitoring systems that enable HSD and MCOs to adequately report Medicaid reimbursement to SBHCs.

Fifteen SBHC sites need to be transferred to a medical sponsoring entity over the next four years to ensure sustainability, implementation of electronic health records (EHRs), and adoption of meaningful use technology.

For additional information:

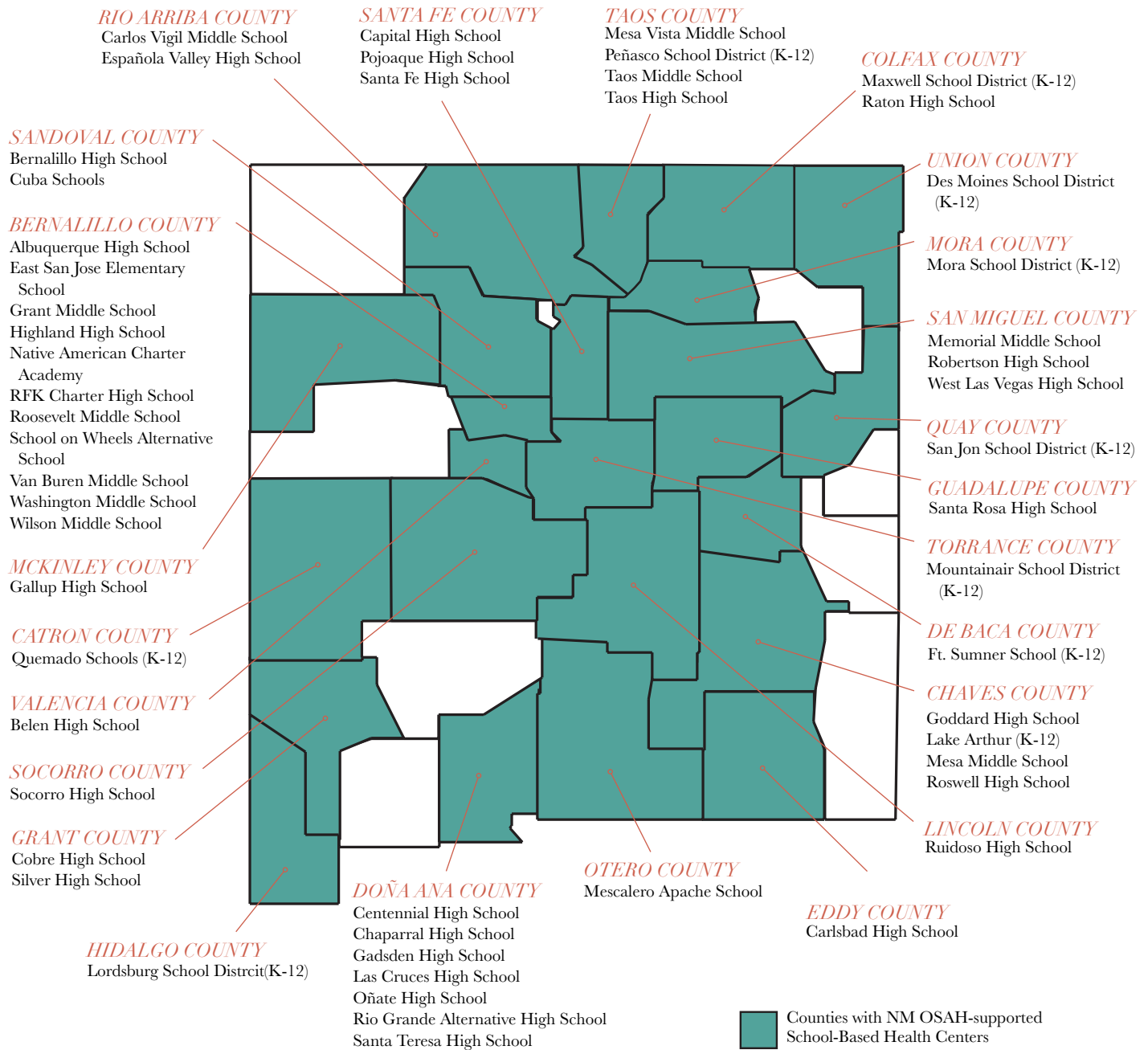
Office of School and Adolescent Health – www.nmschoolhealth.org

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

OSAH-SUPPORTED SCHOOL-BASED HEALTH CENTERS



FOOTNOTES

1. Right Place, Right Time: School-Based Health Centers Improve Care for Adolescents. Prepared by the School-Based Health Center Improvement Project (SHCIP), 2015.
2. New Mexico Public Education Department.
3. Youth Risk and Resiliency Survey (YRRS), 2013.
4. 2014-2015 Electronic Student Health Questionnaire (eSHQ).
5. Student Satisfaction Survey, 2014-2015.
6. Youth Risk and Resiliency Survey (YRRS), 2013.
7. 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.
8. Juszczak, L., Melinkovich, P., & Kaplan, D., (2003). Use of health and mental health services by adolescents across multiple delivery sites. *Journal of Adolescent Health*. 32, 108-118.
9. Irwin, C.E., Adams, S.H., Park, M.J. & Newacheck, P.W. (2009). Preventative care for adolescents: Few get visits and fewer get services. *Pediatrics*, 123(4) e565-72.
10. Department of Health Services. Paving the Road to Good Health: Strategies for Increasing Medicaid Adolescent Well-Care Visits. (2014). Available from: <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/paving-the-road-to-good-health.pdf>.
11. The participation ratio of eligible aged 10-20 years who have received a well-visit in the past 12 months. Annual EPSDT Participation Report: (FY 2014).
12. Children under 18 living in families with incomes lower than the federal poverty level. Kids Count DataCenter. Available from: <http://datacenter.kidscount.org/data/tables/43-children-in-poverty#detailed/2/2-52/false/869,36,868,867,133/any/321,322>.
13. Kids Count Data Book: (2015).
14. School-Based Health Alliance. Available from: <http://www.sbh4all.org/training/youth-development/youth-engagement-toolkit/rationale-for-youth-engagement>.
15. High school respondents (N= 550). Data includes both Colorado and New Mexico. Youth Engagement with Health Services (YEHS): 2013-14.
16. Access to SBHCs for students with asthma was associated with a reduction in rate of hospitalization and a gain of 3 days of school. Webber et al. (2003). Burden of Asthma in inner-city elementary school children: do school-based health centers make a difference? *Archive of Pediatric and Adolescent Medicine*. 157(2), 125-9.
17. SBHC use was significantly associated with improved attendance, particularly among students who used medical services. Walker et al. (2010). Impact of School-Based Health Center Use on Academic Outcomes. *Journal of Adolescent Health*. 46(3), 251-7.
18. Screening for mental health problems and referrals to appropriate services significantly reduced school absences and tardies. Gall et al. (2000). Utility of psychosocial screening at a school-based health center. *Journal of School Health*. 70(7), 292-8.
19. New Mexico Alliance for School-Based Health Care PHASE II Expected Value-Return on Investment (EV-ROI) Analysis. Produced by Melanie Ginn and Associates, A Division of MSA Management, LLC on behalf of the New Mexico Alliance for School Based Healthcare (NMASBHC), 2015.
20. Right Place, Right Time: School-Based Health Centers Improve Care for Adolescents. Prepared by the School-Based Health Center Improvement Project (SHCIP), 2015.

Report prepared by



NEW MEXICO
DEPARTMENT OF
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