

# OSAH Supported SBHC

## The Last Four Years and What's Next

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# Role Of OSAH In New Mexico SBHC

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The New Mexico Department of Health, Office of School and Adolescent Health (OSAH) provides supplemental operational funding and technical assistance to sponsors of school-based health centers (SBHC) to ensure delivery of a model of care which includes provision of integrated primary and behavioral healthcare, valuing youth as primary partners in their own health, a accessibility of healthcare to students regardless of their insurance status or ability to pay for services. Ninety percent of SBHC sponsors are FQHCs or large medical organizations. This affiliation connects students and families to local medical entities which can serve as medical homes and improve continuity of care.

# FY 15- FY19 Highlights

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- Adoption of standardized performance measures in alignment with the National School Based Health Alliance National Quality Improvement Initiative for OSAH funded SBHC.
- Development of community partnerships through CDC and Hilton Foundation funding to provide training and best practices in substance abuse prevention, STI screening, and unintended teen pregnancy prevention.
- American Journal of Preventive Medicine and Community Guide to Preventive Services publish articles related to improved health equity and health-related outcomes among disadvantaged students who use SBHC.
- SBHC data collection systems and tools enhanced to provide more comprehensive picture of SBHC effectiveness, including risk screening, provision of primary care and behavioral health services, and student experience.
- Standards and Benchmarks for New Mexico SBHC aligned with national core competencies including: Access to Care, Evaluation and Accountability, Integrated Services, Student Focus and Sustainability.

# SBHC by the Numbers

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	<b>Funding</b>	<b># SBHC</b>
FY 16	2,955,400	55
FY 17	2,647,500	50
FY 18	2,647,500	48
FY 20	2,647,500	48

Number of patients

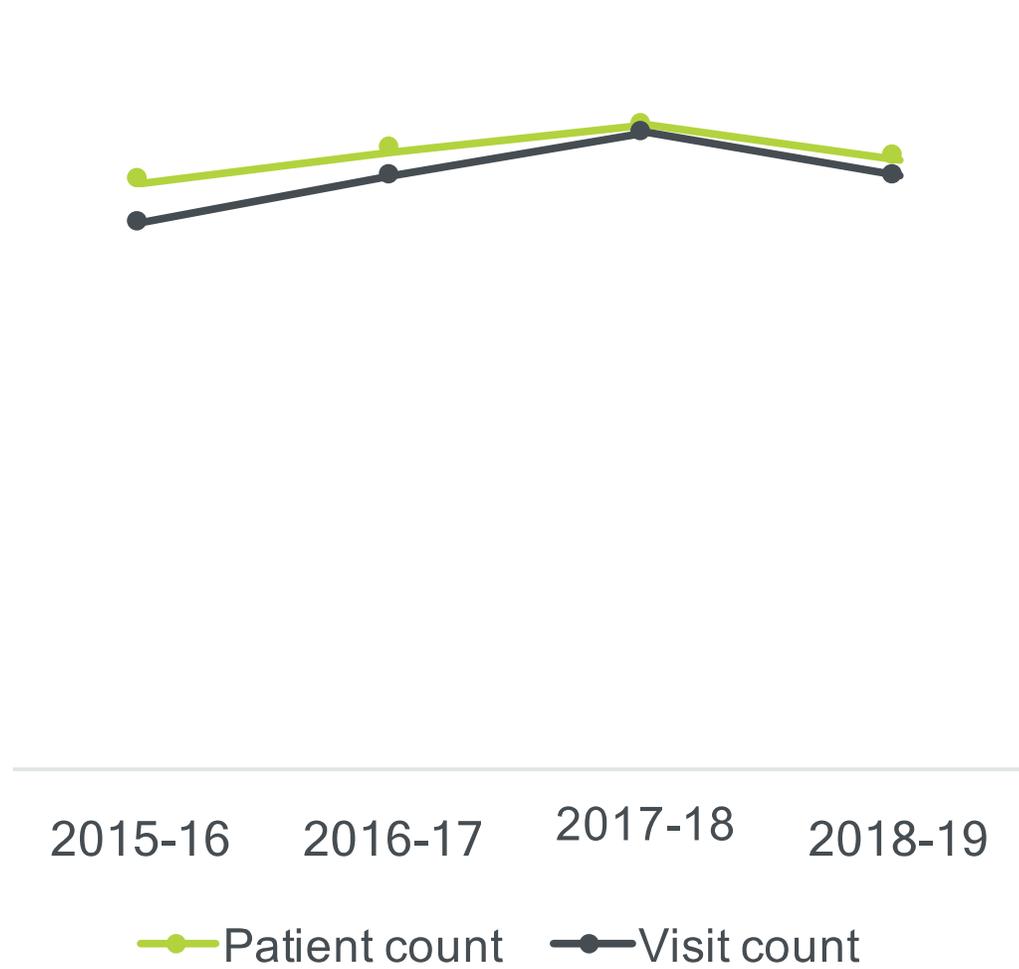
Number of visits

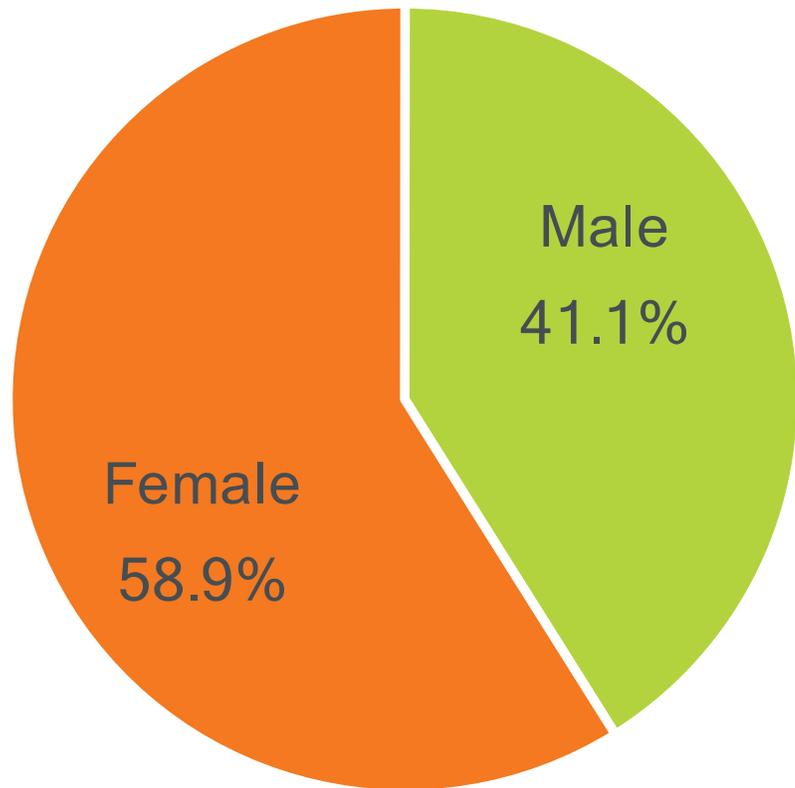
18,000  
16,000  
14,000  
12,000  
10,000  
8,000  
6,000  
4,000  
2,000  
0

60,000  
50,000  
40,000  
30,000  
20,000  
10,000  
0

2015-16 2016-17 2017-18 2018-19

● Patient count ● Visit count

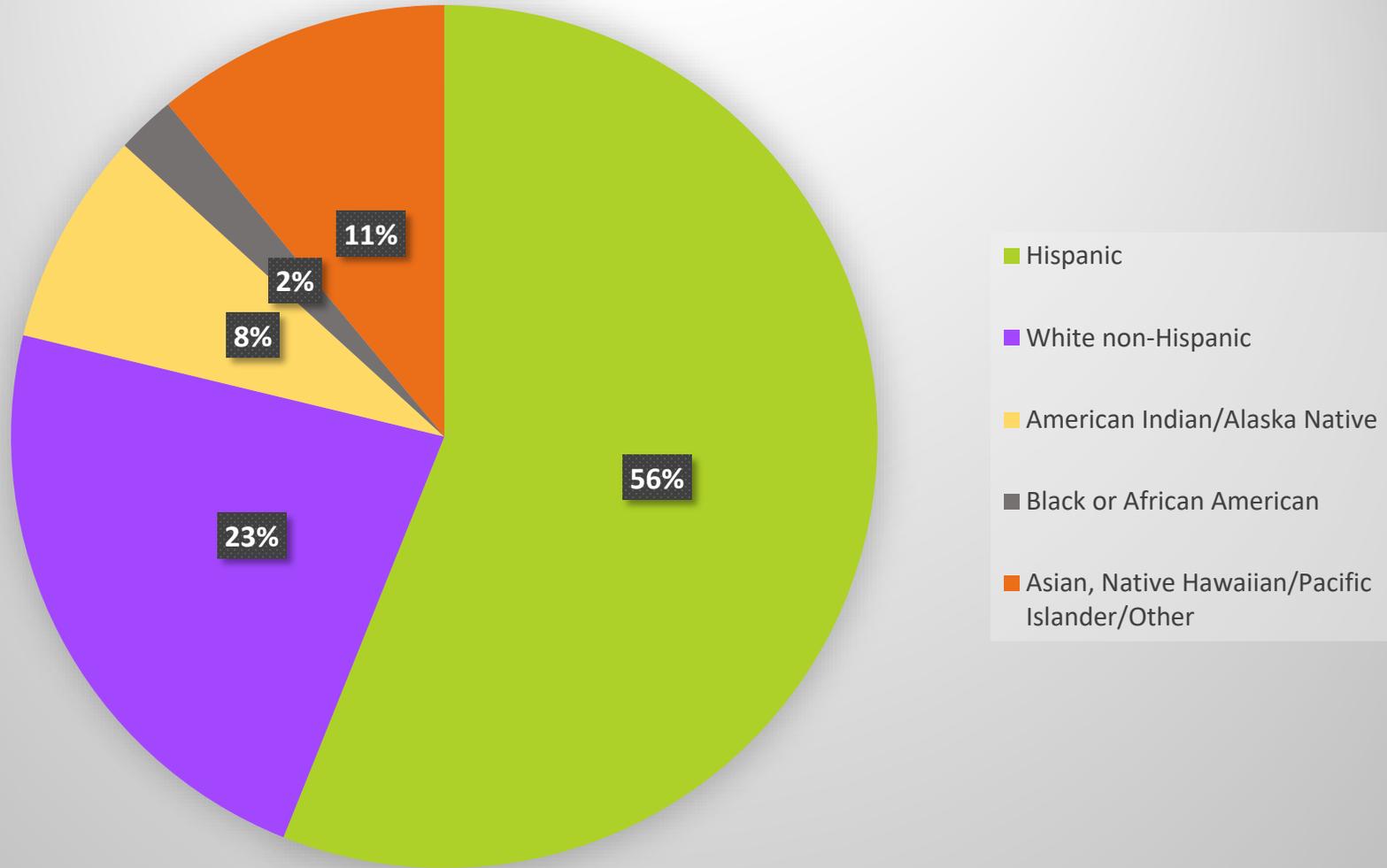


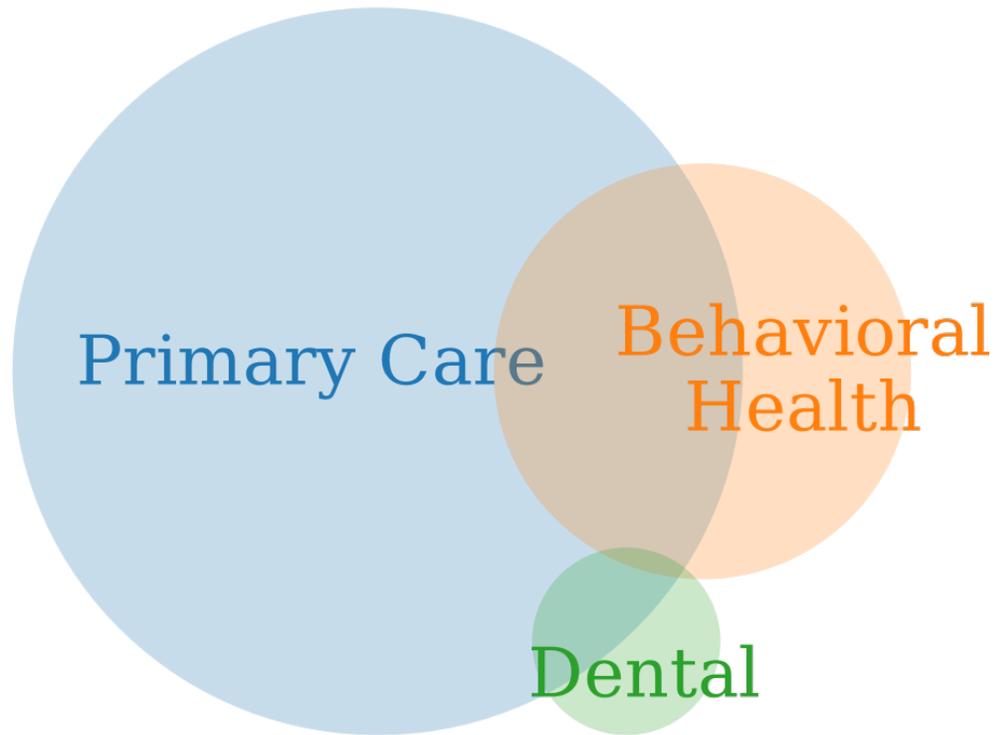


# Who is Seeking Services

However, if contraceptive visits are removed from the data, visits for males and females are equal.

## Race/ethnicity

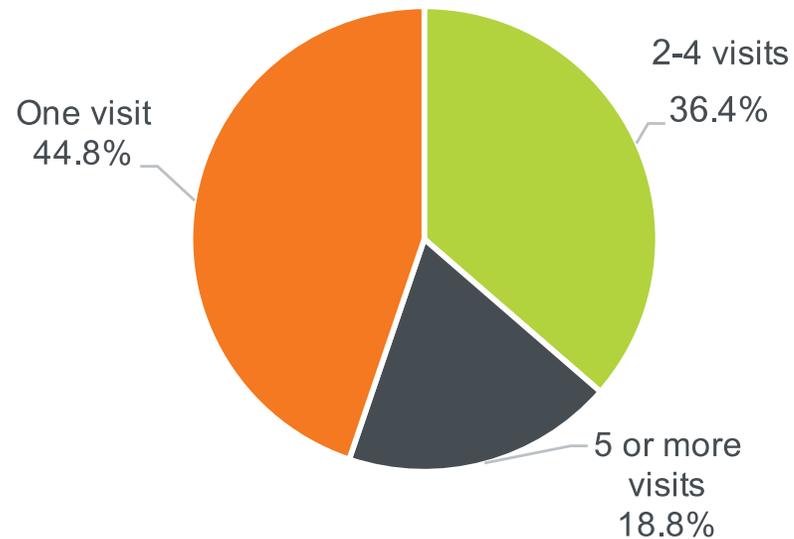




- 86.2% of SBHC patients had primary care visits each year
- 27.4% of patients had behavioral health visits each year
- 5.5% of patients have dental visits each year
- 15.5% of patients had visits for both primary care and behavioral health each year

# What Services Are Patients Using

# How Many Times Do Patients Visit SBHCs



Initial visit type that most likely to lead to additional visits:

1. Dental
2. Behavioral Health
3. Sexual Health
4. Illness or injury (acute care)
5. Well Child Visit
6. Sports Physical

# Top Three Reasons For Visits

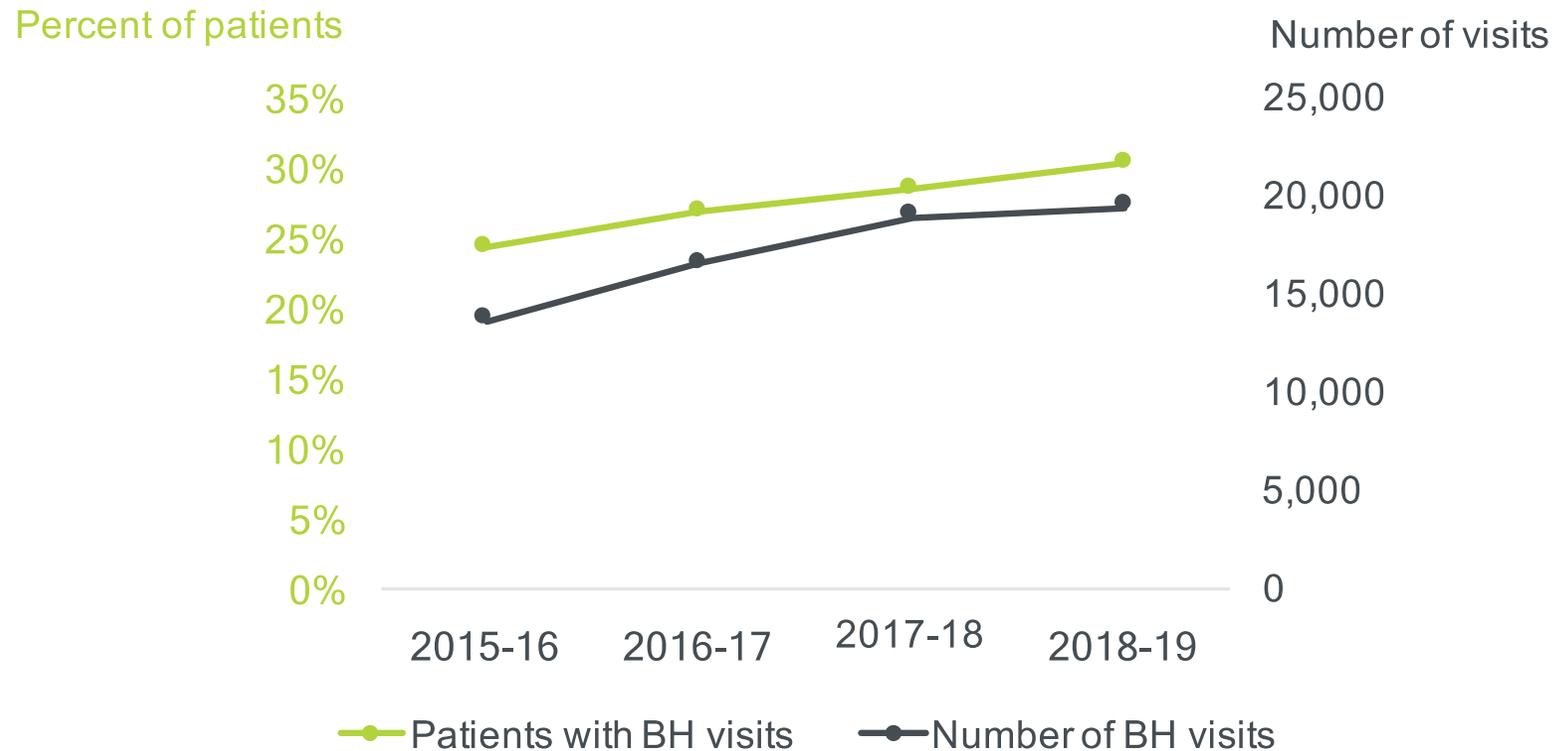
## Primary Care (per patient)

1. Illness and injury (acute care)- 57%
2. Sexual health (contraception, STI and pregnancy) - 24%
3. Well-child visits – 21%

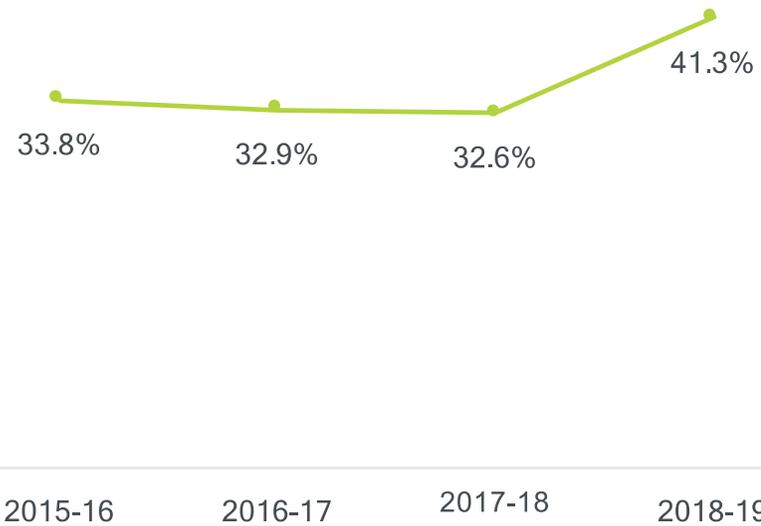
## Behavioral Health (per patient)

1. Severe stress/adjustment disorder (43%)
2. Depression (22%)
3. Anxiety (12%)

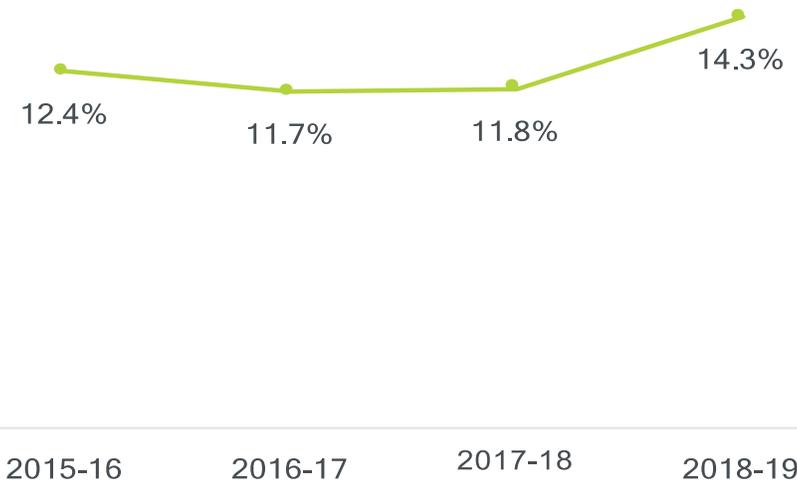
# Increasing Behavioral Health Needs



*Patients reporting depressive or anxiety symptoms increased.*



*Patients reporting thinking about, planning, or attempting suicide increased.*



# What's Next

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- OSAH entering into contracts for 56 SBHC in 26 counties for FY 2020 – FY 2024. All respondents to RFP were awarded funding.
- OSAH awarded grant through SAMHSA to develop behavioral health infrastructure and increase training and trainer training in mental health first aid and QPR for suicide prevention. These training are **evidence-based best practices** and are available for all SBHC, their sponsors, schools, and communities.
- Continue to develop new and refine current evaluation tools for SBHC to highlight clinical performance and contributions to the wellbeing of NM youth, including coordinating with the Public Education Department to develop and evaluation strategy to assess SBHC impact on academics.
- Work with other state agencies and partners to remove barriers for opening new and sustaining existing SBHC by supporting SBHC in developing sound business practices, updating guidance for starting a SBHC, and partnering with the Human Services Department and Managed Care Organizations to address challenges in reimbursement and identify opportunities to support best practice initiative in SBHC.
- Investigate creative models to increase SBHC services in rural communities, including tele-health and mobile clinics.