



New Mexico School-Based Health Center Program Update

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Factors Associated with Chronic Absenteeism

- Lack of access to medical or dental care
- History of poor academic performance
- Mental health conditions, e.g., depression, anxiety, ADHD, behavioral problems
- Pregnancy or parenthood
- Substance use
- Sleep deficiency
- Lack of transportation
- Bullying or perceived lack of safety at school
- Chronic illness, e.g., asthma, diabetes, obesity, for self or family members
- Disability or special ed.
- Exposure to violence
- Lack of structure at home
- Housing instability/homelessness
- Cultural barriers
- Caregiving responsibilities at home

HEALTH AND ACADEMICS: What the Research Says

Compared to students who received mostly As, those who reported receiving mostly Ds and Fs were:



More than 11 times more likely to have *injected illegal drugs*



More than 4 times more likely to have had four or *more sexual partners*



5 times more likely to miss school *because of safety concerns*



2 times more likely to *feel sad or hopeless*

Read the report at www.cdc.gov/mmwr/volumes/66/wr/mm6635a1.htm.

Learn more at www.cdc.gov/HealthyYouth/health_and_academics.



Adverse Childhood Experiences (ACEs)

- **Adverse childhood experiences**
Traumatic events occurring in the first 18 years of life which can have negative impacts on health and well-being
 - Abuse
 - Neglect
 - Mental illness in close family member
 - Addiction in family
 - Family member in prison



Positive Childhood Experiences (PCEs)

- Supportive relationships and environments associated with improved health
- PCEs > ACEs
 - Increasing positive childhood experiences may build resilience in children who have experienced trauma or may in the future
- **The more PCEs a child experiences, the better adult health is likely to be**

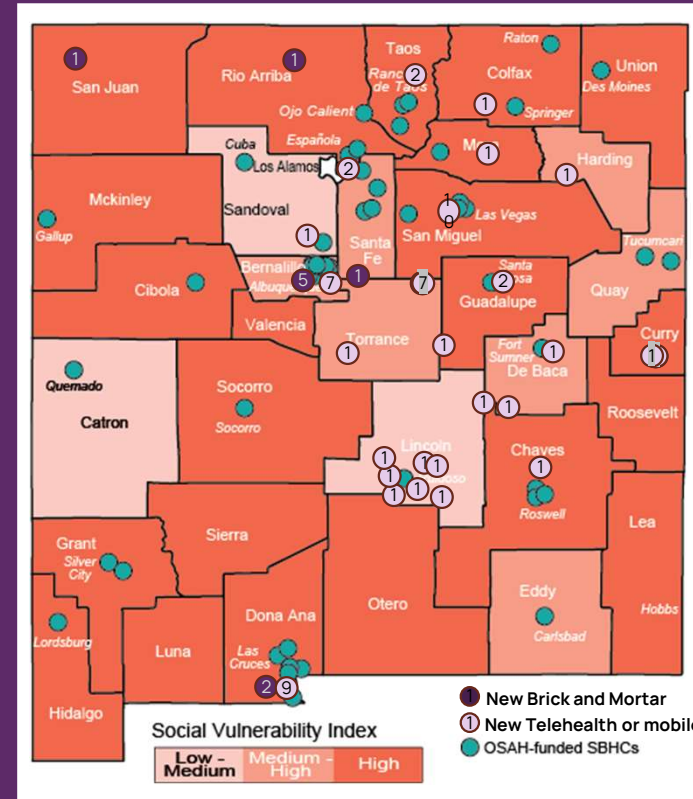
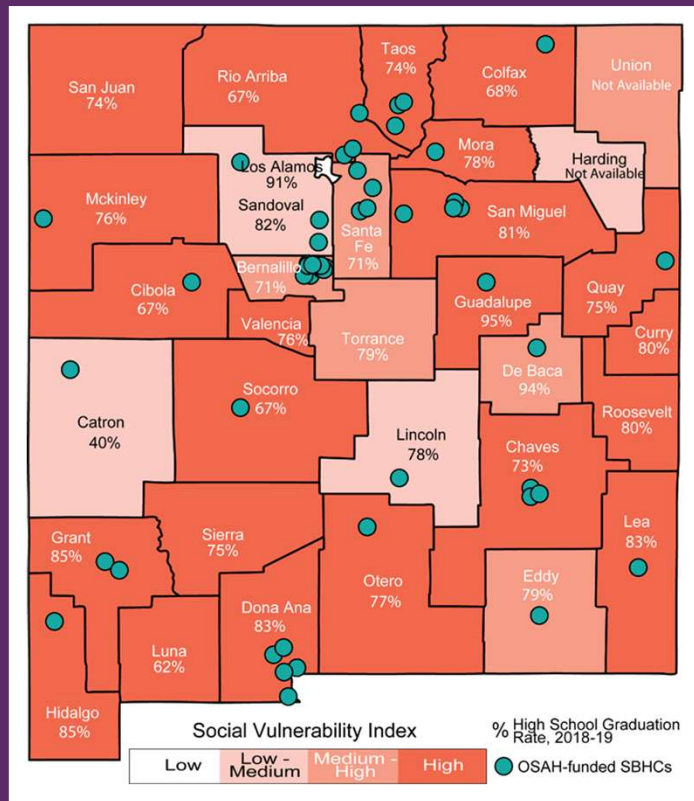
Expansion

- Budget increase from \$4.6M to \$9.1M
- Hired additional 2.5 FTE for program administration and technical assistance
- Funds provided to NMASBHC to offer planning grants for communities wanting a SBHC
- Funds provided to NMASBHC to connect pre-K to SBHC sponsors

Expansion Timeline

- **FY 22**
 - Funding for 53 brick and mortar SBHC
- **FY 23**
 - SBHC Act passed
 - RFA release for FY 24 SBHC operations
 - Hired 3 people to assist with SBHC program
- **FY 24**
 - Added 6 brick and mortar SBHC (total 59)
 - 41 schools with access to care via telehealth and mobile
- **FY 25**
 - Anticipate opening 5 additional brick and mortar SBHC (total 64)
 - 11 additional via telehealth

From 2018 to 2025



PED/DOH Data Matching Project

- Matching of educational and health data to help measure impact of SBHC
- Working with PED to get data to start analysis from SY 19-20 through SY 23-24
- Paid for with funds from Medicaid Administrative Claiming
- Hoping to include youth suicide prevention, positive youth development and school nursing in subsequent evaluations
- Not aware of any other SBHC program in the country that's completed this sort of analysis

Students who used an SBHC for any reason were:

47%

Less likely to be chronically absent at any point in high school compared to non-SBHC users in the same school district

33%

Less likely to be chronically absent for multiple years of high school.

DOH Funded SBHCs and Graduation Rates

- High school students who visit SBHCs more than once were 3 times more likely to graduate on time. For each additional visit the likelihood to graduate increases
- HS students visiting for mostly Primary Care visits were 3 times more likely to graduate on time, compared to students overall
- HS students visiting for mostly Behavioral Health visits were 2 times more likely to graduate on time, compared to all other students

What's Next



- Improve and provide support for current initiatives to be sustainable long-term
- Explore future growth of SBHC in NM
- Work with PED to continue matching educational and health data

Thank You!

References

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