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F I S C A L I M P A C T R E P O R T

SPONSOR Ortiz y Pino **ORIGINAL DATE**
LAST UPDATED 01\21\15 **HB** _____

SHORT TITLE School Based Health Centers **SB** 44

ANALYST Dunbar

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY15	FY16		
\$16,625.0		Nonrecurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to Appropriation in the General Appropriation Act

SB44 is related to SB15, which includes an appropriation to support a school based health center at West Mesa High School in Albuquerque.

Responses Received From
Department Of Health (DOH)

SUMMARY

Synopsis

Senate Bill 44 (SB44) appropriates \$16.625 million from the general fund to the DOH for expenditure in fiscal years 2015 through 2020 for the Office of School and Adolescent Health to expand access to behavioral health treatment and services through school-based health centers, to expand hours of operation for existing centers and to establish twenty-two new school-based health centers by 2020. SB44 contains an emergency clause.

DOH reports that in New Mexico SBHCs are currently funded by the DOH serve 53 school campuses in 26 counties throughout the state. Over 33,000 adolescents have access to a SBHC. More than 10,400 of these students visited one of these SBHCs for a total of 43,056 visits during the 2013-2014 school years. Of all visits provided, 65 percent were primary care visits and 35 percent were behavioral health visits. The most common type of visit for a student seen at a SBHC was for a comprehensive well-child exam. The leading diagnostic code was for adjustment reaction disorder. Comprehensive well-child visits are an important part of preventative health care for children. Low income and uninsured status are associated with a high risk of not getting a check-up. (Irwin,C.E, Adams, S.H., Park, M.J., Newacheck, P.W., Preventative Care for adolescents: few get visits and fewer get services. *Pediatrics*, 123(4) e565-e572). Additional services provided included: sports physicals, immunizations, health

promotion/education, lab tests, reproductive health services and oral health care. (DOH, Office of School and Adolescent Health - 2014 Status Report).

FISCAL IMPLICATIONS

SB44 appropriates \$16,625,000 from the General Fund to DOH for expenditure in fiscal years 2015 through 2020. Any unexpended or unencumbered balance remaining at the end of the fiscal year 2020 shall revert to the general fund. This appropriation is nonrecurring as it is limited to a five year period.

The following are concerns related to SB44:

- Appropriation covers a period of 5 years and does not address the cost of the operation of 22 additional centers following FY2020. The sustainability of any new centers is questionable after FY2020. It is assumed that the funds in the bill will cover the cost of any center that is open during the five year period. It is anticipated a recurring appropriation will be requested for FY21 to continue services.
- Additional staff and other resources would be needed to develop and manage twenty-two additional school-based health centers. The proposed significant increase in the number of SBHCs would require extensive evaluation of current school facilities and available health system workforce (particularly in the behavioral health field) to determine the feasibility of developing 22 centers.

The appropriation included in SB44 is not part of the Executive Budget Request.

SIGNIFICANT ISSUES

It is noted further by DOH that SBHCs offer access to low-income, minority and underserved school-aged populations in general and to adolescents in particular. SBHCs' unique and convenient location in urban and rural schools where students spend a large part of their day offers them the opportunity to access services during school hours. This mitigates transportation and scheduling barriers that typically restrict access to care for school-aged children and adolescents. (Wade TJ, Mansour ME, Guo JJ, Huentelman T, Line K, Keller KN. Access and utilization patterns of school-based health centers at urban and rural elementary and middle schools. *Public Health Rep.* 2008;123(6):739-50. Epub 2009/08/29). SBHCs also address financial barriers by helping enroll eligible students in Medicaid and offering free services for uninsured students. SBHCs increase adolescents health care use, particularly for sexual health issues, drug or alcohol problems and mental health problems by providing convenient and confidential care in a familiar setting (Solemanpour S, Geirstanger SP, Kaller S, McCarter V, Brindis CD. The role of school health centers in health care access and client outcomes. *American Journal of Public Health* 2010; 100(9): 1957-1603)

According to DOH, SBHCs have been shown to improve child and adolescent health for several outcomes while reducing health care costs. Students who use SBHCs are more likely to have received recommended vaccines and screening for high risk behaviors, compared with those who do not. Students who use SBHCs have also been shown to have high satisfaction with their health status and have healthier behaviors, such as more physical activity and greater

consumption of healthier foods (McNail MA, Lichty LF, Mavis B. The Impact of School-based Health Centers on the Health Outcomes of Middle and High School Students. *American Journal of Public Health 2010; 100(9): 1604-1610*). SBHCs provide integrated physical and behavioral health services. Convenient access to physical and mental health care is critical for adolescents, but having mental health services co-located is of particular importance due to the prevalence of depression, anxiety, and stress among adolescents, as well as the emergence of other psychosocial or behavioral health issues during this period of development. (Shenkman E YL, Nackashi J. Adolescents' Preventive Care Experiences Before Entry into the State Children's Health Insurance Program. *Pediatrics. 2003;112(6):e533-e41.*)

An analysis of NM SBHC utilization revealed 59 percent of all clients seen were female; 66 percent were Hispanic/Latino and 8 percent were American Indian. Six SBHCs serve predominately American Indian clients. 55 percent of clients were between the ages of 14 and 18. (DOH, Office of School and Adolescent Health - 2014 Status Report). Over 90 percent of students reported it was easy to make an appointment with the SBHC, the SBHC was welcoming to youth and that the SBHC staff were easy to talk with. 76 percent of students reported they changed their health behavior after an SBHC visit. Further, youth report missing six times more class time when accessing health care at places other than their SBHC. (DOH, Office of School and Adolescent Health – Student Satisfaction Survey 2012-2013)

DOH further notes that in addition to providing services for individual students, SBHCs can provide prevention, early identification and harm-reduction services for the entire community by following the eight components of the coordinated school health program model, as described by the Division of Adolescent and School Health of the Centers for Disease Control and Prevention. A review revealed that students in a school with a SBHC have greater satisfaction with their learning environment, and that health promotion interventions used by the SBHC improved health attitudes, behaviors and academic performance (Murray NG, Low BJ, Hollis C, Cross, AQ, Davis SM. Coordinated School Health Programs and Academic Achievement: a Systematic Review of the Literature. *Journal of School Health 2007; 77(9):589-600*).

Finally, DOH indicates that an analysis of school based health care administered to the 14,500 students in New Mexico in school year 2012-2013 revealed a projected savings of \$20.1 million compared to the total SBHC budget of \$3.3 million, or, in other words, NM SBHCs yielded a return on investment of \$6.07 for every dollar expended (Ginn and Associates, 2013). Some of the savings include:

- A projected annual net hospitalization savings of \$206,725.00 for asthmatic students;
- A projected annual net savings of \$692,827.00 from early detection and treatment of gonorrhea and Chlamydia;
- A projected lifetime net savings of \$1,033,216.00 due to mental health services provided at SBHCs; and
- A projected annual net savings of \$690,557.00 due to projected decrease in prescription drug costs. (Ginn and Associates, 2013)

PERFORMANCE IMPLICATIONS

SB44 relates to the DOH FY15 Strategic Plan Goal to Improve Health Outcomes for the People of New Mexico.

ADMINISTRATIVE IMPLICATIONS

Additional staff and other resources would be needed to develop and manage twenty-two additional school-based health centers.

RELATIONSHIP

SB44 is related to SB15, which includes an appropriation to support a school based health center at West Mesa High School in Albuquerque.

POSSIBLE QUESTIONS

What is the cost of operating a center?

BD/bb