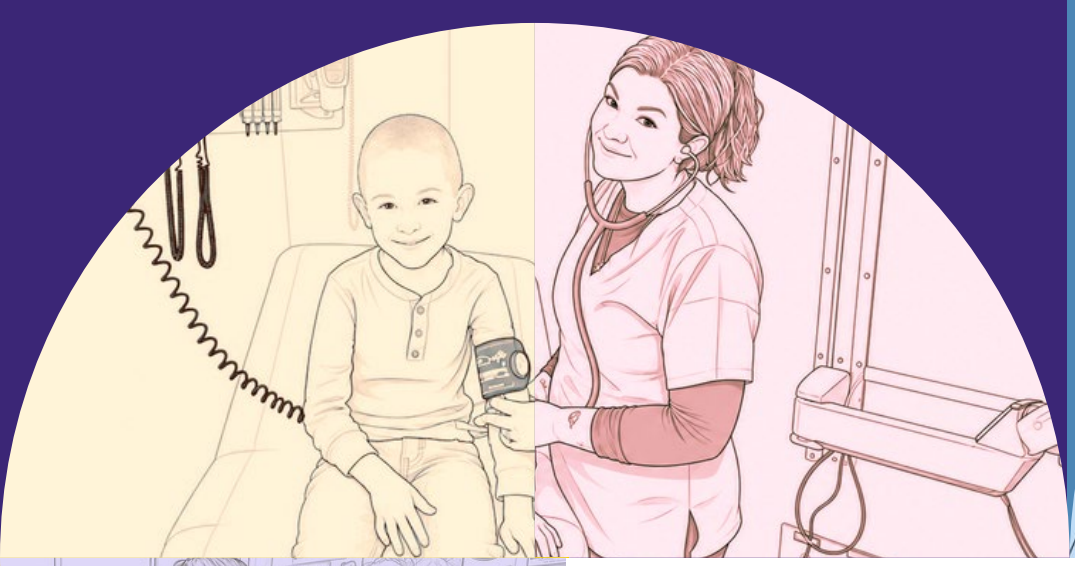
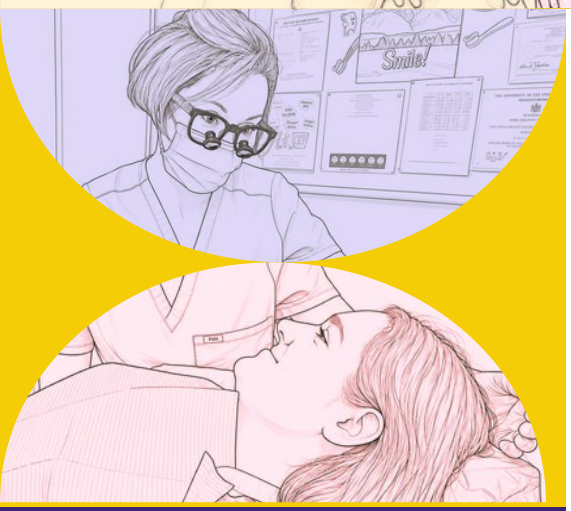




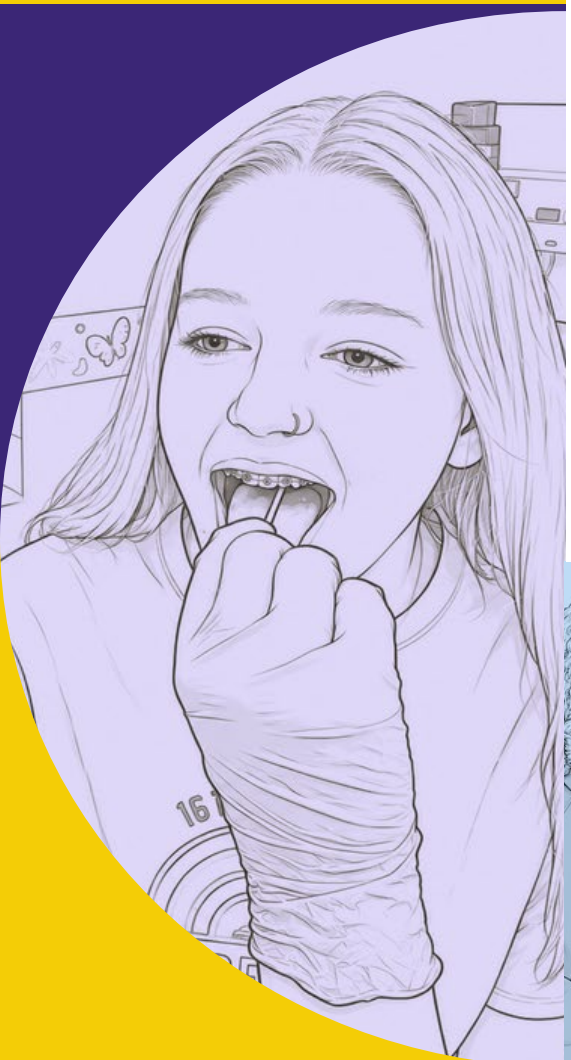
New York's School-Based Health Centers Annual Profile:

Who They Serve and What They Do,
based on data from
NYSBHF Data Hub participants,
School Year 2024–2025

Healthy Kids. Successful Students. Stronger Communities.

New York School-Based Health Foundation

apex



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> Our experiences with the healthcare providers in the SBHC have always been a pleasure... The staff's professionalism throughout the years has proven to exceed regular health visit standards. We have been truly lucky to have a School-Based Health Center in our school.
>
> - SBHC Administrator

Introduction

School-Based Health Centers (SBHCs) reside at the nexus of health care and education, providing critical access to comprehensive primary, oral, and behavioral health care right inside the school building. SBHCs serve all students, regardless of their family's financial situation or insurance status. They constitute a powerful tool for addressing the health disparities long faced by vulnerable young people and their families.
We are excited to bring you the 2024-2025 Annual Profile of New York's SBHCs who participate in the New York School-Based Health Foundation's SBHC Data Hub.

Now in its sixth year of data collection, the Data Hub is a project of the New York School-Based Health Foundation (the Foundation) and Apex Evaluation (See Appendix C) and provides the only publicly available source of statewide and comparative data about NY's SBHCs. It is critical to:

- Representing the outcomes and impact of SBHCs;
- Improving quality of SBHC services and informing strategic decisions;
- Supporting evidence-based advocacy and policy.

We urge you to review the report in depth. Because we publish this report annually, we invite your feedback on how we can best continue bringing vital information to strengthen SBHCs and the care they provide to NY's underserved students.

Visit *nysbhfoundation.org* to learn more about us and what we do.

Sincerely,

Viju Jacob, MD, FAAP
NYSBHF Chair of the Board of Directors

Executive Summary

This New York State SBHC Annual Profile Report includes information on **70,187 students (SBHC users)** and the services they received during **343,891 visits** from 14 Sponsoring Organizations (SOs) during School Year 2024-2025. These SOs are active partners in the Foundation's SBHC Data Hub. The Report explores the following questions:

Who are the students using NY's Data Hub SBHCs?

- The majority of students in the Data Hub are middle or high school age (73%).
- Most identify as Hispanic, Black or African American, or Multi-race (61%), although this differs between urban and rural communities, and 14% of students are missing this information.
- The majority are enrolled in public health insurance - Medicaid (40%) or Child Health Plus (9%) - or are uninsured (16%).

What SBHC services were used by these students?

SBHCs emphasize preventive services, including annual comprehensive physical exams and screenings for underdiagnosed conditions, such as obesity, asthma, depression, and anxiety.[1] In 2024-2025, out of the over 70,000 SBHC users:

- 88% received medical care at their SBHC, prioritizing prevention and saving parents from lost work time and improving students' school attendance.
- 22% received behavioral health care at their SBHC. Because of the wide range of clinical services SBHCs offer, students seeking behavioral health care can walk in the door without fearing stigma.
- 37% received a comprehensive physical exam at their SBHC, identifying potential health problems and saving students from delays in care.
- 28% received an immunization at their SBHC, keeping them safe and healthy and allowing them to meet NYS school immunization requirements.
- 32% received chronic disease management at their SBHC, preventing emergency room visits, hospitalizations and school absences.

In addition to aggregated data, this year's report also looks separately at SBHCs in urban and rural regions, helping the reader to understand differences that might be masked by aggregate findings.[2]

SBHCs have proven to be a powerful tool for addressing health disparities and inequities. This annual report demonstrates the impact of SBHCs in NY and underscores the importance of data in our evidence-based world.

[1] These numbers are based on codes recorded at a students' visit. As students visit the SBHC multiple times per year and for more than one reason, the data totals to more than 100%.
[2] See Appendix B at the end for more information on Data Hub participants in urban and rural regions.

SBHCs Provide Access to Care Where It Is Needed

Across New York State, approximately 250 SBHCs provide care to some 250,000 public school students in rural and urban areas. These centers offer a wide range of services for children regardless of their family's financial situation or insurance status. Located in schools in under-resourced areas, SBHCs deliver essential care where it's most needed—right at school.

SBHCs in the NYSBHF SBHC Data Hub

The SBHC Data Hub is the only publicly-available data resource available for tracking SBHC impact, improving care, and seeking policy support. Each year, more Sponsoring Organizations and their SBHCs join the data hub, making the data stronger and more representative. Eleven additional SBHC locations joined the Data Hub in 2024-2025 compared to 2023-2024.

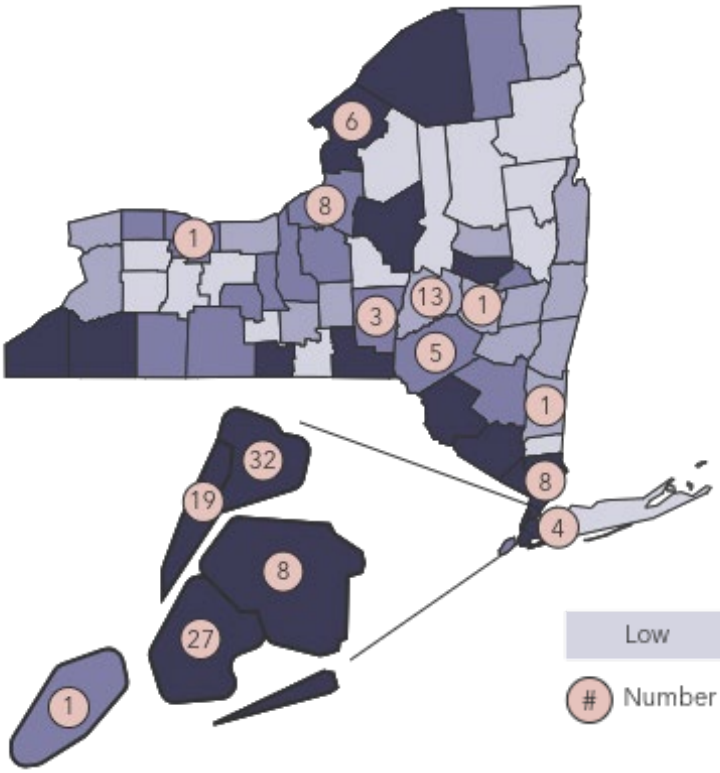
This 2024–2025 Annual Profile represents data from:

14 Sponsoring Organizations

137 SBHC locations

55% of NY's total SBHCs

Data Hub-Participating SBHC Sites are located in the most socially vulnerable New York Counties[3]



86%

Data Hub SBHC sites are located on or near school campuses in counties with **medium-high to high on the Social Vulnerability Index (SVI).**

The **SVI** measures a county's ability to respond to/recover from hazards, with higher scores indicating lower recovery capacity due to limited resources and/or other systemic inequities.

SVI Level of Vulnerability

Low | Low-Medium | Medium-High | High

(#) Number of Data Hub-participating SBHCs in county or borough

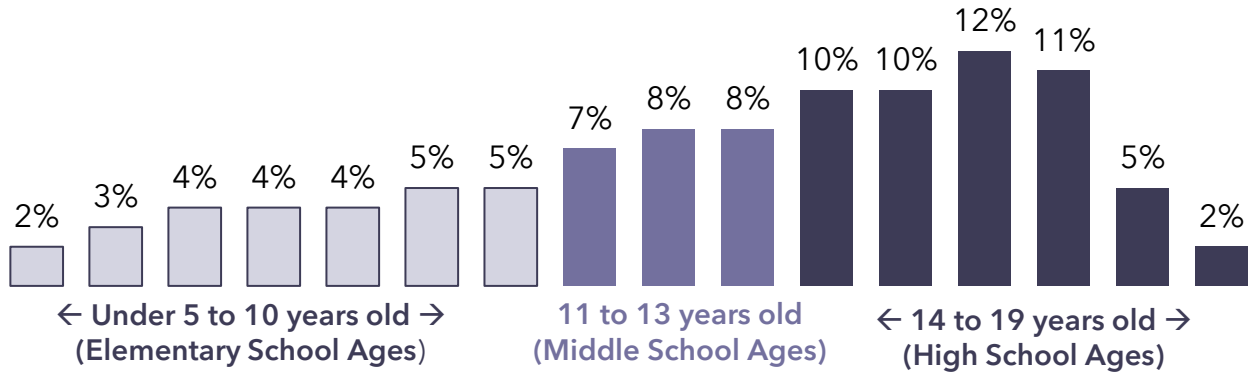
[3] The Center for Disease Control's Social Vulnerability Index (SVI) measures a county's ability to respond to/recover from hazards, with higher scores indicating lower recovery capacity due to limited resources and/or other systemic inequities.

SBHCs Break Barriers to Access for Hard-to-Reach Students

In 2024-2025, Data Hub-participating SBHCs (DH SBHC) served **70,187 unique SBHC users.** SBHCs often reach students who lack access to care from other traditional sources. They tend to be heavily adolescents, students of color, and either enrolled in public health insurance (e.g. Medicaid, Child Health Plus) or uninsured.

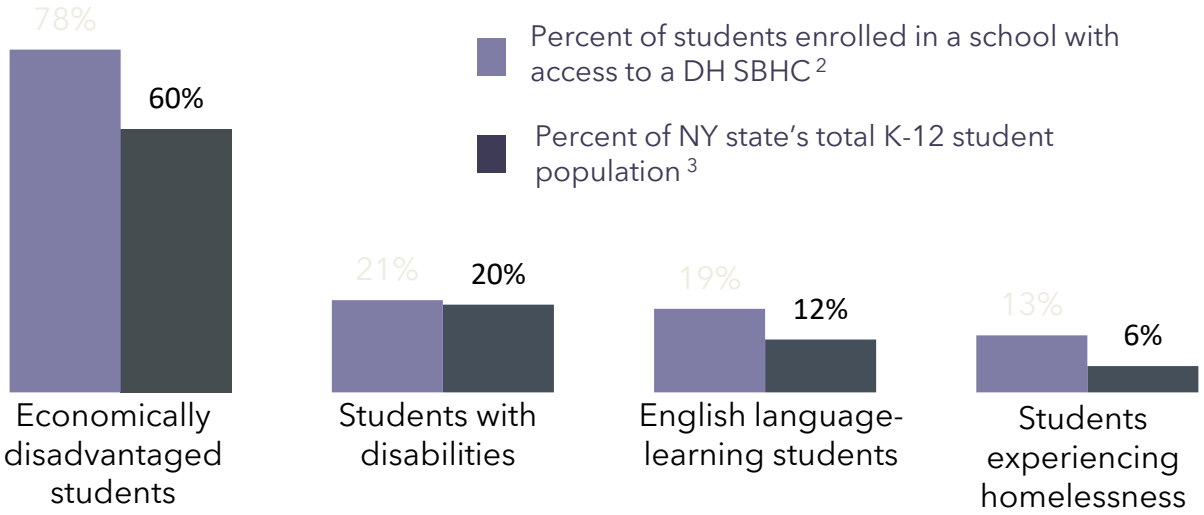
SBHC User Ages

Most (about 80%) of Data Hub SBHCs are located within middle and/or high schools. Thus, the majority of our SBHC students are 11 years and older.



SBHC Users and Social Drivers of Health

Students in schools with a DH SBHC are **more likely** to face social and economic barriers such as being economically disadvantaged, having a disability, being English language learners, and/or experiencing homelessness, when compared to the state's entire K-12 public school population.[4,5]



[4] Economically disadvantaged students, students with a disability, English language-learning students, and students experiencing homelessness is defined in the New York State Education Department Data Site Glossary at https://data.nysed.gov/glossary.php?report=reportcards accessed January 27, 2026.

[5] NYSED Report Card data points for all K-12 students in NY, as well as data points for DH-participating SBHCs, are accessed from https://data.nysed.gov/enrollment.php?year=2025&state=yes on January 27, 2026.

Students from Urban and Rural SBHCs Are Different

80%

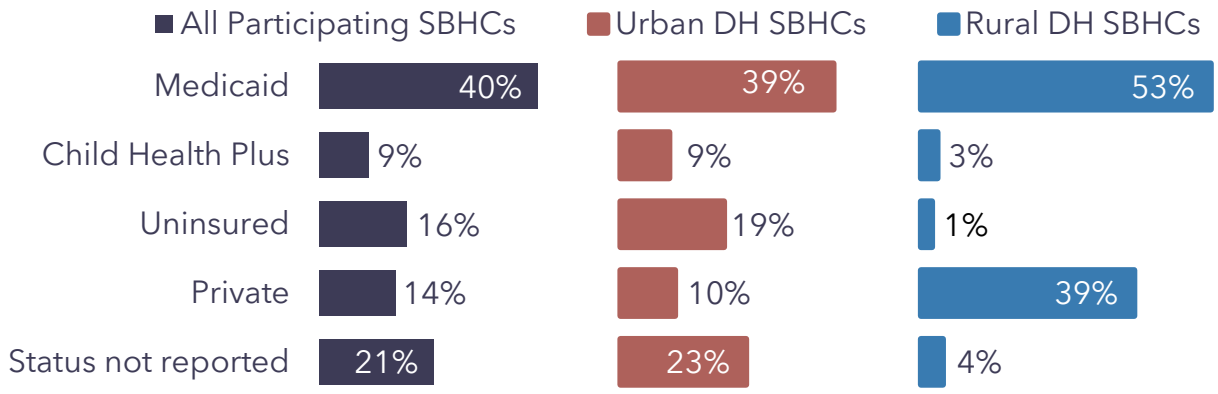
DH SBHC sites are located in **urban** counties with provider shortages and barriers to accessing care related to transportation, cost, time, and safety.

20%

DH SBHC sites are located in **rural** counties where non-SBHC providers can be few and far between, public transportation is limited, and parent commute times may be longer.

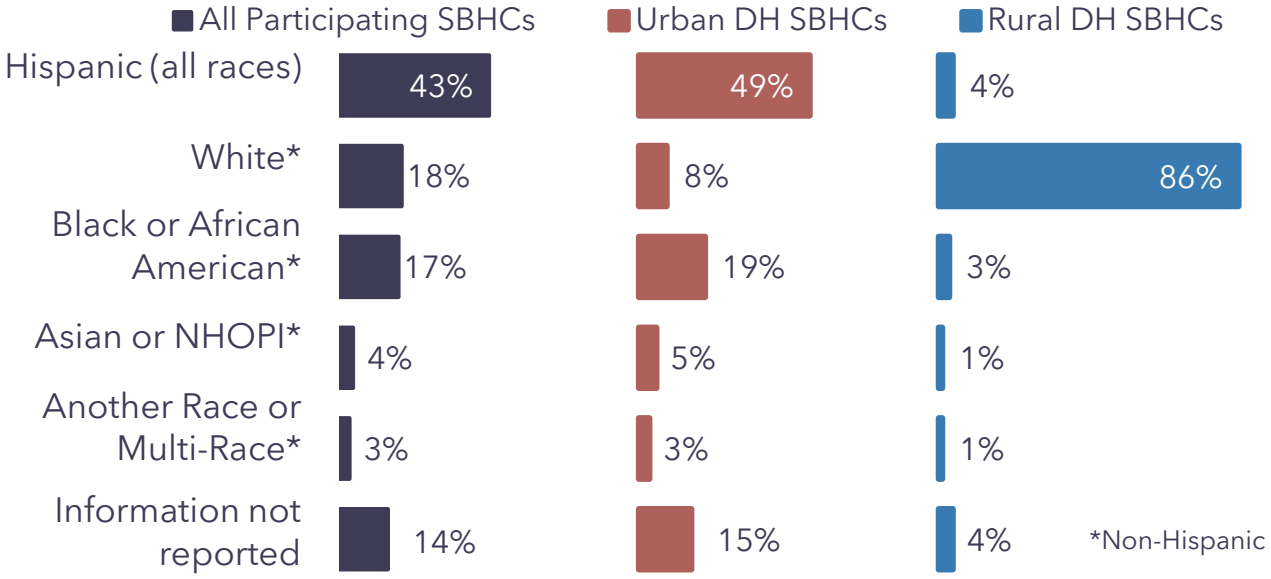
SBHC User Insurance Status

Almost half (49%) of all students who use participating DH SBHCs are covered by Medicaid or Child Health Plus insurance.



SBHC User Race and Ethnicity

60% of all students who use participating SBHCs identify as Hispanic or Black*. Race and ethnicity differ dramatically among urban vs. rural SBHC users.[6]



[6] See Appendix A for description of race and ethnicity methodology. DH-participating SBHCs provided care to 140 students who identify as American Indian or Alaskan Native. This represents less than 1% of all students and they are excluded from this graph.
NHOPI: Native Hawaiian or Other Pacific Islander

Health Care Services Provided by Data Hub SBHCs

SBHCs provide primary and preventive health care, behavioral health care, and also often dental services, utilizing an integrated care model, which emphasizes the whole child and focuses on collaboration between providers. This Report identifies the type of care received by the students based on the diagnosis and procedure codes recorded in the students' electronic health record.

Of the **70,187 unique SBHC users from Data Hub SBHCs:**

88% of students in the Data Hub received **medical care**

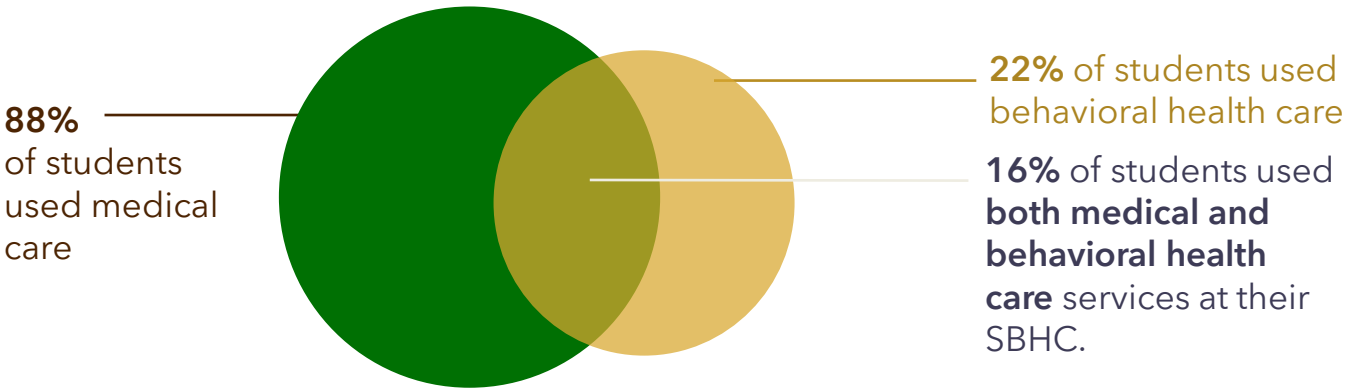
10% of students in the Data Hub received **dental care**

22% of students in the Data Hub received **behavioral health care**

4% were **missing information** about the type of care they received

SBHCs Are a One-Stop Shop!

One of the hallmarks of SBHCs is the integration of care where students receive more than one type of service. Integration ensures more students get the care they need and decreases loss of follow-up. **Sixteen percent of DH SBHC users used both medical and behavioral health care services.**[7]



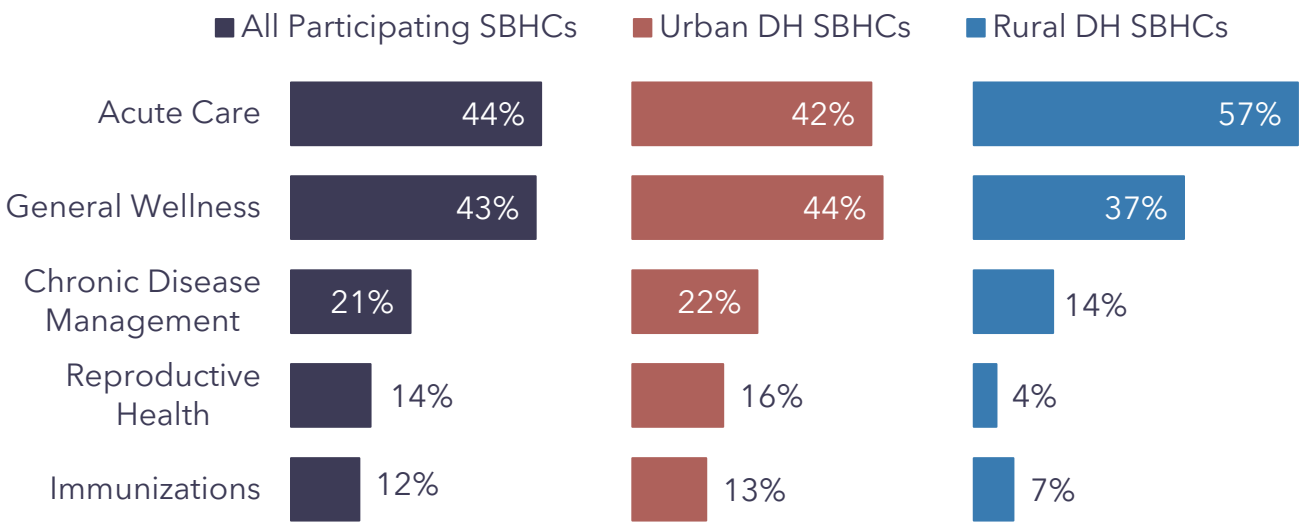
[7] Venn Diagram is not to scale. It also does not include students who only received dental care, nor students who received services at a Data Hub SBHC, but the reason for the visit was not recorded. Thus, it totals to less than 100%.

Medical Care Services at SBHCs

During the 2024-2025 school year, Data Hub participating SBHCs provided **210,917 medical care visits,** which represents 61% of all visits to these SBHCs. These medical care visits were provided to **61,576 SBHC users.**

Medical care, which is also known as primary care, includes preventive care services like annual comprehensive physical exams and acute care that is needed when a student is sick or injured.

Most Common Type of Medical or Primary Care Visit



Acute care and general wellness visits are the most common type of medical visit at all participating SBHCs.
General wellness visits predominated among urban DH SBHCs, and acute care visits predominated among rural DH SBHCs.[8]

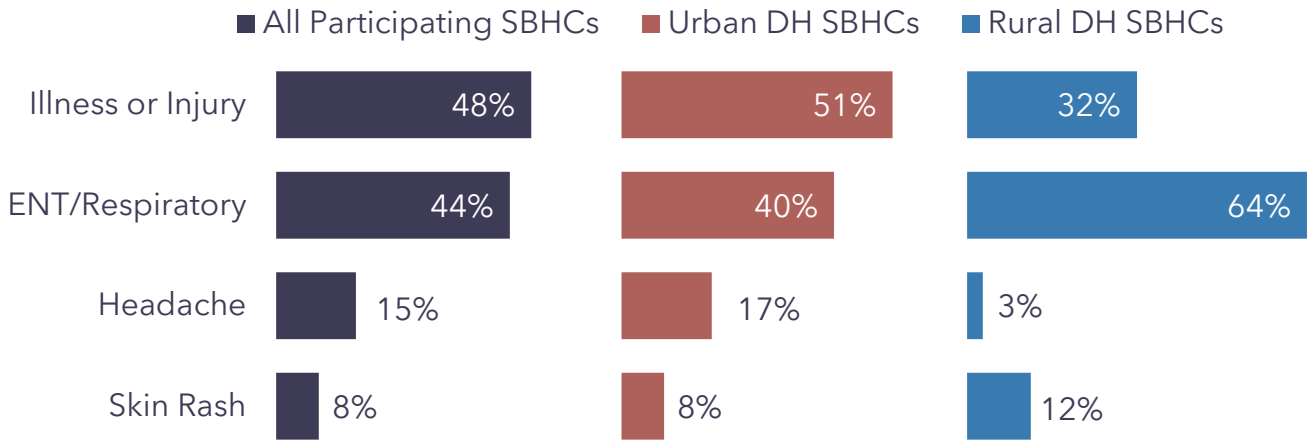
> We often hear students say, "I wouldn't have gone to the doctor if the clinic wasn't right here in school—it makes it so much easier."
>
> - SBHC Administrator

[8] The data presented are based on visit codes for any medical care visit. As students come for more than one reason, the data totals to more than 100%. Service types that made up 10% or less of the total medical visits are not included. Definitions of each type of care are included in Appendix A.

Acute Medical Care at SBHCs

Students made a total of **92,566 acute care medical visits** to Data Hub SBHCs in the 2024-2025 school year. Acute care includes the treatment of short-term health conditions such as injuries, upper respiratory infections, skin rashes, headaches.

Most Common Type of Acute Care visits:



Among participating SBHCs, illness or injury and ear, nose, and throat (ENT)/respiratory diagnoses were the most common diagnoses for acute care visits.

Urban SBHCs see a higher proportion of acute care visits for illness or injury, while **Rural SBHCs** see more ENT/respiratory visits.[9] SBHCs in the five boroughs of New York City do not have a school nurse, resulting in a larger number of acute care visits for minor injuries such as headaches, in comparison to rural areas, where many of these first-aid visits are cared for by the school nurse and not SBHC providers.

[9] The data presented are based on visit codes for any medical care visit. As students come for more than one reason, the data comes to more than 100%.

Comprehensive Physical Exams at SBHCs

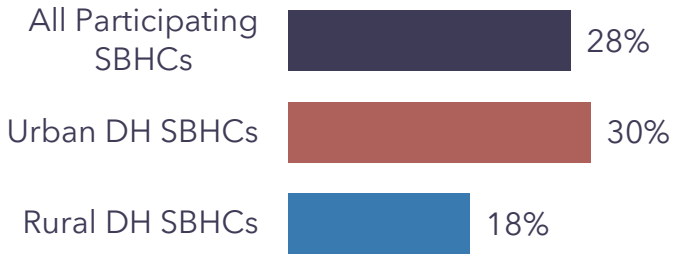
Medical care providers conduct comprehensive physical exams (CPEs) to review overall health, to identify potential issues before symptoms appear, and to establish individualized health plans and a trusted relationship.

22,493 SBHC users aged 21 and younger who received medical care at participating SBHCs received a CPE at their SBHC. This is **37%** of users in this age group who received medical care.

Immunizations at SBHCs

Medical care providers support students in having up-to-date immunizations. Immunizations protect students from preventable diseases and support kids staying in school where immunizations are required.

17,480 SBHC users who received medical care at participating SBHCs also received an immunization at their SBHC. This is **28%** of all SBHC users who received medical care.



~1 in 4 students who received medical care at an SBHC received an immunization.

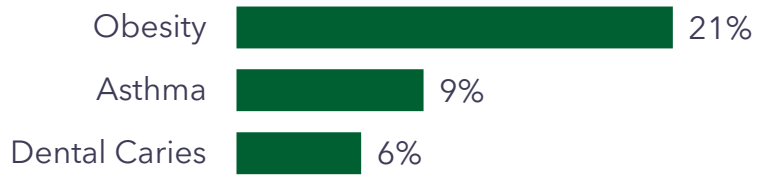
Preventive medical care provided by SBHCs supplements the health care that students and their families receive elsewhere, including in community clinics. The data in this report do not represent care that students may have received outside the SBHC. In other words, some SBHC users may have completed a CPE well visit or received an immunization *outside the SBHC* during the 2024-2025 school year.

Chronic Disease Management at SBHCs

SBHCs support students with chronic disease management. **In the 2024-2025 school year, 19,751 students who used SBHCs have at least one chronic disease diagnosis.** This represents **32%** of all participating Data Hub SBHC users and **33%** of urban SBHC users and **25%** of rural SBHC users.

Obesity is the most common chronic disease diagnosis code recorded during a visit for these SBHC users, followed by asthma and dental caries (e.g., cavities, gingivitis).

Distribution of Chronic Disease Diagnosis Codes Among all SBHC users [10]



Less than 1% of students were diagnosed with other chronic conditions such as diabetes or prediabetes and hypertension or pre-hypertension.

Obesity Diagnosis Codes: Urban and Rural Comparisons

A larger percentage of the students who had a medical visit at urban SBHCs received an obesity diagnosis code during a visit when compared to students at rural SBHCs. Limited access to nutritious foods can contribute to higher obesity rates.

Urban and Rural Obesity Diagnosis Code Prevalence

Asthma Health Care

During the 2024-2025 school year, **5,620 students had an SBHC visit with an asthma diagnosis code.** This includes **4,877** urban SBHC users (9% of urban SBHC users with a medical visit) and **743** rural SBHC users (9% of rural SBHC users with a medical visit).

By providing chronic disease management for asthmatic students, SBHCs help reduce asthma-related health incidents, keeping students in class and reducing hospitalizations and emergency care.[11,12]

[10] As students come for more than one reason, the data adds to more than 100%. The diagnosis codes recorded above are not clinical diagnoses and also may not reflect the primary reason for, or service provided during, the visit, but rather the history of the student.

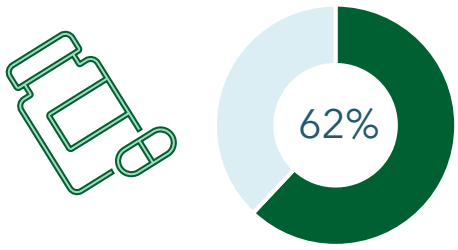
[11] Sullivan, P. et al. (2018). School Absence and Productivity Outcomes Associated with Childhood Asthma in the USA. J Asthma, 55(2).

[12] Homes, L., et. al. (2022). A Pilot School-Based Health Center Intervention to Improve Asthma Chronic Care in High Poverty Schools. J Asthma, 59(3).

Reproductive Health Care at SBHCs

During the 2024-2025 school year, **14,834** SBHC users who received medical care at participating SBHCs also received reproductive health care. Of these users, 92% are teenagers (ages 13-19). (The Data Hub includes students ages 3 to 21.)

Comprehensive care provided by SBHCs includes support for students' reproductive and sexual health, including contraception, testing and treatment for sexually transmitted infections (STIs), and counseling, although specific services available vary by organization and location.



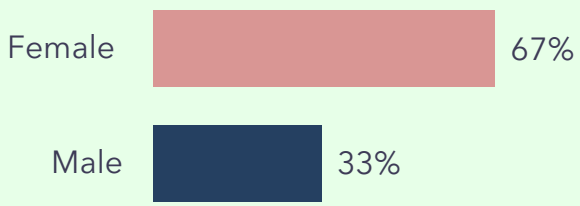
62% of teenagers who received reproductive health care received **testing and/or treatment for STIs.**[13]

43% of teenagers who received reproductive health care received **contraceptive care services.**[13]

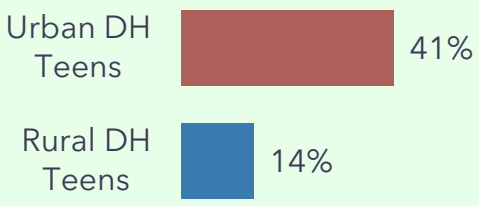
Of all teen Data Hub SBHC users who received reproductive healthcare, **67% were female, and 33% were male.** Additionally, urban SBHC data hub utilizers were more likely to seek reproductive health care than rural users.

Demographic Comparison
Teen Reproductive Health Users (n=13,662)

Gender Breakdown of Total Teen Visits



Percent of Teen SBHC Users who Received a Reproductive Health Visit – Urban and Rural



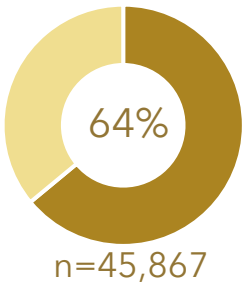
[13] As students come for more than one reason, the data adds to more than 100%.

SBHCs Provide a Range of Behavioral Health Care

Thanks to their multi-disciplinary teams which include a dedicated behavioral health provider (often a trained social worker or psychologist), SBHCs provide a range of behavioral health care services. Behavioral health visits in the school building are indispensable to kids getting care without stigma and without extra barriers.

Depression Screening for DH SBHC Students

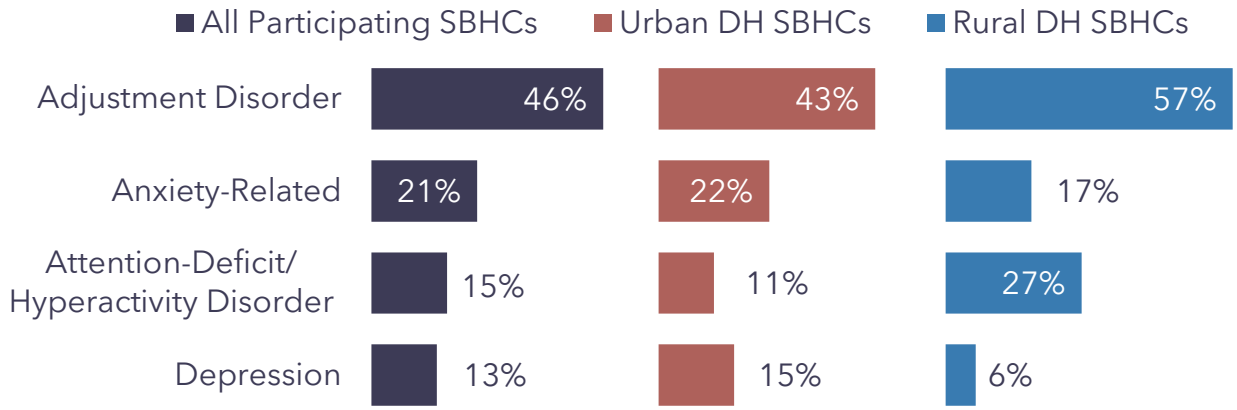
64% of all students 12 years and older who received any type of care from DH SBHCs, were **screened for depression**. The actual number may be even higher, as depression screenings during visits may not be consistently documented in the electronic health record. Depression screening is a core strategy of behavioral health care prevention and treatment, with follow-up care being provided by a behavioral health provider if risk is identified.



n=45,867

Most Common Diagnosis Codes Used During Behavioral Health Visits[14]

During the 2024-2025 school year, **15,428 students** from our participating Data Hub SBHCs made **91,697 behavioral health care visits,** averaging **5.9 visits per student per year.**



The most commonly recorded diagnosis code out of the 91,697 behavioral health visits was adjustment disorder, which is defined as "intense emotional responses to significant life changes."
An additional 13,673 behavioral health visits were made for reasons such as eating disorders, mood disorders, and other mental and behavioral health issues. Individually, each of these reasons made 5% or less of the total behavioral health care visits (and thus, are left out of the figure above).

[14] The data presented are based on visit codes for any behavioral health care visit. As students come for more than one reason, the data totals to more than 100%. To note, the diagnosis codes recorded above are not clinical diagnoses and also may not reflect the reason for or service provided during the visit, but rather the history of the student. Thus, careful interpretation is needed.

SBHCs Bring Dental Care to Students

New York is facing a dental health crisis, with **43% of those needing care reporting significant barriers** such as an inability to afford dental visits, lack of insurance coverage, and difficulty finding providers who accept their dental plans. Other commonly cited issues involve fear of dental visits and transportation challenges.[15] School-based dental locations often exist in "dental deserts" providing kids with much-needed care that they have trouble accessing from any other source.

In New York State, 41 school-based dental operators provide services at 2,400 approved locations supporting about 140,000 enrolled students. Some dental operators are co-located at an SBHC, some are separate "dental only" entities.

The SBHC Data Hub in 2024-2025 includes dental and oral health prevention service data from:

7 Sponsoring Organizations

109 SBHC and Dental only locations

12,194 students

42,510 visits

School-Based dental services are focused on prevention, including screening and treatment. For 12,194 Data Hub SBHC users who received dental services:

10,614 received oral screenings and exams

1,750 received topical fluoride varnish

8,798 received dental cleanings

1,771 received sealants

Thanks to a small grant, NYSBHF and Apex are working to expand the data hub to better understand school-based dental care in 2026 and 2027.

[15] Surdu S, Sasaki N, Pang J, Moore J. Consumer Survey Focused on Experiences Accessing Oral Health Services in NY State. Center for Health Workforce Studies, University at Albany, College of Integrated Health Sciences; October 2024.

Conclusion – Next Steps for the SBHC Data Hub

We are pleased with the progress and learning we have made over the past several years. The findings and themes on the previous pages provide further insight into SBHCs in New York and position the Foundation and Apex as key leaders in the world of data development in New York. The data in this report is designed to make the reader think, investigate, and then develop strategies to take action. Each year we continue to grow and improve the Data Hub by:

Recruiting New Data Hub Participants

We seek to increase participation in the Data Hub, particularly in rural and upstate communities, which are currently underrepresented. The more participants, the stronger and more representative the data.

Adding More Capabilities and Capacity

We plan to continue developing our Data Hub tools to provide ever more tangible products and analytics. We are updating our "snapshot" table-based summaries with new indicators and comparisons and embarking on a deep dive into tele- and behavioral-health services provided in SBHCs.

Supporting Data Quality Improvements

NYSBHF and Apex are dedicated to improving data quality and data collection processes. Through individualized phone calls and meetings with sponsoring organizations, we review our received data with our SBHC partners to confirm its accuracy and identify opportunities for improvement.

Expanding Data Sources

In 2025 and 2026, NYSBHF is working to expand the SBHC Data Hub to include school-based dental data to broaden our understanding of health services received in schools. Another 2026 project will focus on identifying and reporting Gaps in Care to create actionable data reports to improve care on certain key indicators.

The Foundation is fully committed to serving NY's SBHCs and school-health stakeholders with vital data and analytics. Please follow along to learn more!

Appendix A: Data Methodology

Race and Ethnicity Data

To ensure consistency with New York State Education Department data, patient race and ethnicity is combined for this analysis. We prioritized ethnicity, so patients who identify as Hispanic or Latino(a), regardless of their race, are reported as Hispanic or Latino(a) and not included in any of the race categories. "Another race" includes students who identified with a race not listed in the standard U.S. Census categories, or whose electronic health record (EHR) indicated "two or more races" without specifying which races.

Visit and Diagnoses Data

This report identifies the type of care received by the student based on the diagnosis codes identified during the visit, as recorded in the students' EHR.

Each month, participating SOs report SBHC visit data from their EHRs to Apex Evaluation via the Data Hub. *Visit data is based on clinical coding recorded in EHRs, which does not reflect the totality of the work done by SBHC clinicians.* Six percent of all visits to Data Hub SBHCs did not report a clinical code, so they could not be classified as a medical, behavioral, or dental visit.

While EHRs represent a major step forward in our ability to collect and aggregate data from SOs, they are complex tools and providers everywhere have struggled to find best practices that maximize the completeness and accuracy of their data.

Data for some performance measures is drawn from two different sources: diagnosis and procedure codes recorded in the EHR and other discrete EHR fields (e.g., a checkbox or drop-down menu). These are extracted and sent to Apex by the sponsor organization to meet the requirements of the measure. Not all SOs submit discrete fields. However, those that do, show increased data for performance measures. Until the EHR reflects standardized coding, both data sources are needed to best capture and reflect SBHC work.

As EHRs were designed for billing, diagnosis and procedure codes may be scrubbed or removed if they are not useful for billing. For example, although body mass index (BMI) is calculated for almost every visit, it can only be billed a limited number of times depending on the patient's health status. It may, therefore, be removed in some instances before the data files are sent to the Data Hub.

Appendix A: Data Methodology

Reporting and Quality Checks

Three times a year, reports are prepared for each SBHC and sponsor organization (SO). These reports provide SOs with statistical comparisons between each of their SBHC sites, other urban or rural locations, and other SOs of similar size. Apex facilitates meetings with each SO to ensure data quality. Apex used Microsoft Excel, SPSS, and R statistical software to analyze the data included in this report.

NYSBHF and Apex teams have partnered closely with board members, SO administrators, and clinicians to better understand SBHCs' local landscapes and to inform data interpretation.

Visit Definitions

- **General wellness** includes visits for well-being, age-appropriate health education and guidance, screening for health needs, yearly check-ups, and sports physicals.
- **Acute care** includes visits to treat short-term health conditions such as an injury, upper respiratory infection, skin rash, or headaches.
- **Chronic disease management** includes disease management, treatment coordination, and student education for illnesses such as asthma and obesity-related diseases (e.g. diabetes, hypertension).
- **Reproductive health** includes contraceptive care, treatment of sexually transmitted infections, and general reproductive services.
- **Immunizations** include vaccinations required for attendance, as well as other vaccines such as HPV, flu, and hepatitis.
- **Adjustment disorder** is defined as "intense emotional responses to significant life changes."
- **Anxiety-related** includes generalized-, social-, and separation-anxiety; some phobias; and overall worry, tension, fear, or other feelings of unease.
- **Depression** includes ranges of feeling sad, hopeless, and lost. Often characterized by a loss of interest in activities and disconnection.
- **Dental visits** in this report includes oral prevention screenings and dental procedure codes regardless of the provider type.

Appendix B: Data Hub Participation

SOs and their SBHCs participate voluntarily in the SBHC Data Hub. We are grateful to the staff of these organizations for the personal contributions they have made in this initiative, including their time and feedback.

2024-2025 SOs Participating in the Data Hub	2024-2025 Counts	
	Students Served	Service Visits
Rural Communities	13%	13%
Urban Boroughs of New York City	70%	71%
Other Urban Counties	17%	16%

2024-2025 SOs Participating in the Data Hub	Number of SBHCs	Counties
Located in Rural Communities	36	-
Bassett Healthcare Network	22	Otsego, Delaware, Chenango, Schoharie
ConnextCare	8	Oswego
North Country Family Health Center	6	Jefferson
Located in Urban Boroughs of New York City	87	-
Family Health Centers at NYU Langone	27	Kings, Nassau, Queens
Morris Heights Health Center	20	Bronx
Urban Health Plan, Inc.	12	Bronx, Queens
Institute of Family Health	8	Bronx, New York
Ryan Health	7	New York, Queens
Children's Aid	6	Bronx, New York, Richmond
Northwell Health	5	Kings, Queens
Community Healthcare Network	2	New York
Located in Other Urban Counties	14	-
Family Health Centers at NYU Langone	1	Nassau
Open Door Family Medical Center	9	Dutchess, Westchester
Harmony Healthcare Long Island	3	Nassau
University of Rochester (School of Nursing)	1	Monroe
Data Hub Total for 2024-2025	137	-

Appendix C: About the Authors

New York School-Based Health Foundation

The New York School-Based Health Foundation (the Foundation) is a relatively young nonprofit organization dedicated to promoting, strengthening, and expanding access to New York's SBHCs. In this mission, we work seamlessly with the New York School-Based Health Alliance, the SBHC membership and advocacy organization.

The Foundation is committed to bringing research, data, and evidence to better understand the role, impact, and importance of our SBHCs, as well as providing SOs with evidence-based tools for operations, planning, quality improvement, and advocacy. Key to this objective is the NY SBHC Data Hub, the basis for this report and the only publicly available statewide data source built on de-identified patient-level school health data. We are proud to have made this report available. We have also provided SBHC sponsor-specific tools, including regular data snapshots, pre-formatted county, SO, and SBHC profiles ("At A Glance"), and sponsor-specific health disparities analyses.

In addition to sponsoring the Data Hub, the Foundation offers technical assistance (TA) and training programs in areas of emerging health care needs. Our two 2025-2026 TA programs are focused on supporting our SBHC behavioral health providers, which are currently coming to an end:

- Supporting Transition Resilience in Newcomer Groups (STRONG) is a 2-year program to support SBHCs in serving newcomer students in the downstate region.
- The Dialectical Behavioral Therapy (DBT)-in-Schools Training and Implementation Support program assists three SBHC SOs in implementing a school-based adaptation of the DBT model.

We are also committed to raising the visibility and awareness of SBHCs, which do amazing work but often operate in the shadows of the health and education systems. Follow us on LinkedIn, Facebook, Instagram, or X.
https://bit.ly/m/NYSBHFoundation

The Foundation is grateful to a series of private foundations committed to ensuring the health and well-being of New York's underserved communities and that made the Foundation's programs possible. In 2025 and 2026, they include the **New York Community Trust, the Mother Cabrini Health Foundation, the Ira W. DeCamp Foundation**, and the **Affinity Legacy Community Grant Program**.

Appendix C: About the Authors

Apex Evaluation

Apex Evaluation is a consulting and technology services company specializing in systems evaluation. We have been serving the public and nonprofit sectors for over two decades, providing program planning, evaluation, facilitation, and technical assistance, including technology for data collection and reporting.

Apex leverages systems thinking and utilization-focused evaluation approaches. Apex aims to match the learning need with the method while considering the burden of data collection methods on participants. Finally, Apex aims to create processes and products that are accessible, meaningful, and insightful to support our vision of "evaluation that works."

Visit *apexeval.org* to learn more about school-based health data systems, evaluation services, resources, and contact information.

This report was authored in partnership between:

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New York School-Based Health Foundation

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> SBHCs not only provide accessible medical care but also foster trust, break down barriers to health, and create lasting connections that help students succeed both in and out of the classroom.
>
> - SBHC Administrator

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