



# Annual Profile: New York State's School-Based Health Centers School Year 2023–2024

*Healthy Kids. Successful Students. Stronger Communities.*



# TENNYSON



01	Introduction
02	Executive Summary
03	How NY SBHCs Break Barriers and Improve Care
04	SBHCs in this Report
05	Students in this Report
06	Health Care Services in this Report
07	Medical Care
14	Behavioral Health Care
17	Dental Care
18	Next Steps
19	Appendixes

# Introduction

Dear Reader,

We are excited to bring you the 2023-2024 Annual Profile of New York’s School-Based Health Centers (SBHCs), which describes the nature of the students and communities they serve, the health conditions they encounter, the mix of services they offer, and their impact and outcomes for their students.

**SBHCs reside at the nexus of health care and education, serving all students regardless of insurance status. They constitute a powerful tool for addressing the health disparities long faced by vulnerable young people and their families.**

Data in this report is drawn from 126 SBHCs and their 13 SBHC Sponsoring Organizations (SOs). Each month, SOs report SBHC visit data from their Electronic Health Records (EHR) to Apex Evaluation via the Data Hub. This data is managed and analyzed through the Apex Data Hub, which operates on mobile and web platforms.

The Data Hub provides the only publicly available source of statewide and comparative data and is critical to improving access and quality of New York’s SBHC services; representing their outcomes and impact; informing strategic decisions; and providing for evidence-based advocacy and policy.

We urge you to review the report. 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](https://nysbhfoundation.org) to learn more about us and what we do.

Sincerely,



Ronda Kotelchuck,  
NYSBHF Chair of the Board of Directors

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# Executive Summary

## Why are School-Based Health Centers (SBHCs) important?

SBHCs provide comprehensive high-quality primary, oral, and behavioral health care for students, regardless of their family's financial situation or insurance status. SBHCs emphasize preventive services, including annual comprehensive physical exams and screenings for underdiagnosed conditions, such as obesity, asthma, depression, and anxiety.

For many students, SBHCs are their only access to care due to primary health provider shortages in their communities, the high cost of care, limited transportation, and/or other barriers. Approximately 253 SBHCs operate in underserved rural and urban communities across the state of New York, collectively serving over 250,000 students.

## What will you find in this 2023-2024 Annual Profile report?

Each month, Sponsoring Organizations report student visit data, or Electronic Health Records, from the SBHCs they operate (known as Data Hub SBHCs) to the Apex Data Hub. The Data Hub manages and analyzes this data to produce reports and data-driven insights.



This report showcases the services provided to **65,397 students** (i.e., SBHC users) over **261,389 visits**.

## Who are the students using New York's Data Hub SBHCs?



- The largest group (76%) of SBHC users in this report are **adolescents**.
- Three in four (73%) SBHC users are **Hispanic, African American or Black**.
- Of the SBHC users, 43% are enrolled in **Medicaid**, 7% are enrolled in **Child Health Plus**, and 16% are listed as **uninsured**.

## What were the Data Hub SBHC services used by students?

Of the SBHC users, **84%** received medical care at their SBHC and **20%** received behavioral health care. In addition:



**14%** of SBHC users received **both** medical and behavioral health



**26%** received an immunization



**28%** have a chronic disease diagnosis (e.g., asthma, obesity) and receive chronic disease management from their SBHC

### Most Common Medical Care Provided by Data Hub SBHCs

General Wellness	45%
Acute Care	44%
Chronic Disease Management	22%
Reproductive Health	16%
Immunizations	15%

### Most Common Behavioral Health Care Provided by Data Hub SBHCs

Adjustment Disorder	47%
Anxiety	22%
Depression	15%

■ Percent of total behavioral health care visits

■ Percent of total medical care visits

# How NY SBHCs Break Barriers and Improve Care

SBHCs eliminate *barriers* to health care by:



Providing care to any student, **with no out-of-pocket cost.**



Being located on or near school campuses, **requiring no extra transportation for students.**



Being strategically located in under-resourced districts, making **care more available.**

SBHCs improve the *quality* of care by:



Delivering care as **multi-disciplinary teams** of medical, dental and behavioral health professionals and clinicians.



Working alongside school staff to deliver coordinated support that **helps to improve attendance, learning, and graduation rates.**

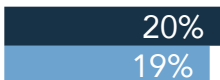
## SBHCs Are Located in Underserved Communities

Students in schools with an SBHC are more likely to be economically disadvantaged, English language learners, experiencing homelessness, and/or uninsured, when compared to the state's entire K-12 population.<sup>1</sup> For example, 16% of students in schools with an SBHC were shown to be uninsured, compared to 3% of the state's total student population.

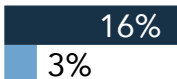
Economically disadvantaged students



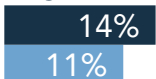
Students with a disability



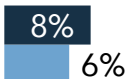
Students without health insurance



English language-learning students



Students experiencing homelessness



■ Percent of students enrolled in a school with access to an SBHC<sup>2</sup>  
■ Percent of NY state's total K-12 student population<sup>3</sup>

*"I've been able to support my students when I identify needs in terms of food insecurity, housing, and other social determinants."*

- SBHC staff member  
at a rural elementary school

<sup>1</sup> As defined in the New York State Education Department Data Site Glossary:

<https://data.nysed.gov/glossary.php?report=reportcards>, accessed on May 20, 2025

<sup>2</sup> Based on NYSED's Student Information Repository System (SIRS) Enrollment Data for districts with Data Hub SBHCs

<sup>3</sup> SY23-24 SIRS Enrollment Data accessed at <https://data.nysed.gov> and 2023 Children's Health Care Report Card, New York State accessed at <https://kidshealthcarereport.ccf.georgetown.edu/> on May 14, 2025




## SBHCs in this Report

This report showcases the health care services delivered, and students reached, by the 13 SBHC-sponsoring organizations participating in the NYSBHF's Data Hub; representing half of all SBHCs in New York. This includes:



126 SBHCs



 65,397 students



261,389 visits

## Access to Health Care Where It Is Needed

SBHCs reach students who otherwise have lower than average access to medical, dental, and behavioral health care due to a variety of factors, including lack of transportation, insurance status, language barriers, etc.

This map shows the locations of Data Hub-participating SBHCs in relation to the social vulnerability of New York's counties.

## Data Hub-Participating SBHC Sites by County 2023-2024

89%

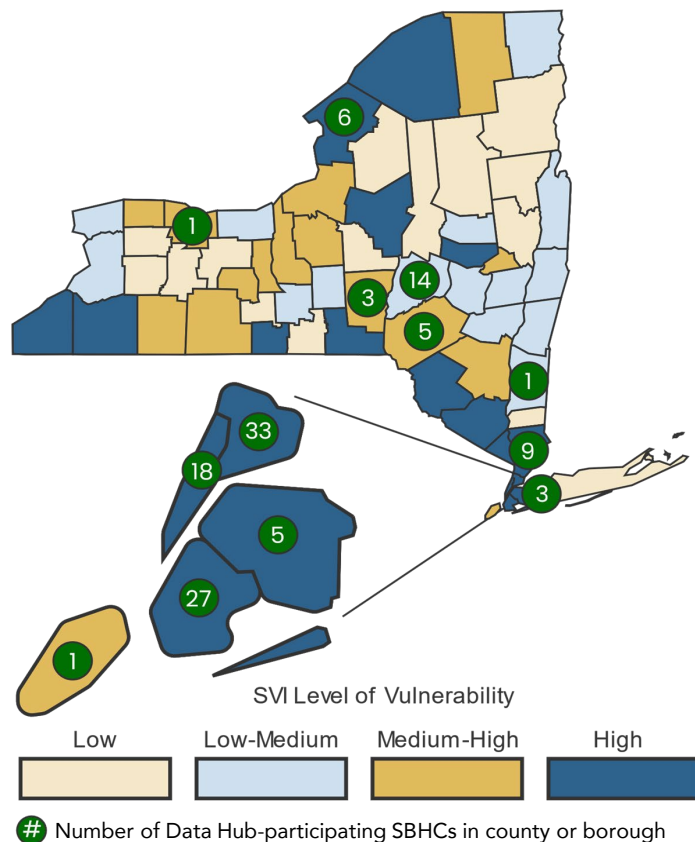
SBHC sites are located on or near school campuses in counties rated **medium-high to high on the Social Vulnerability Index (SVI)**.<sup>1</sup>

78%

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

22%

SBHC sites are in **rural** counties where non-SBHC providers can be few and far between.



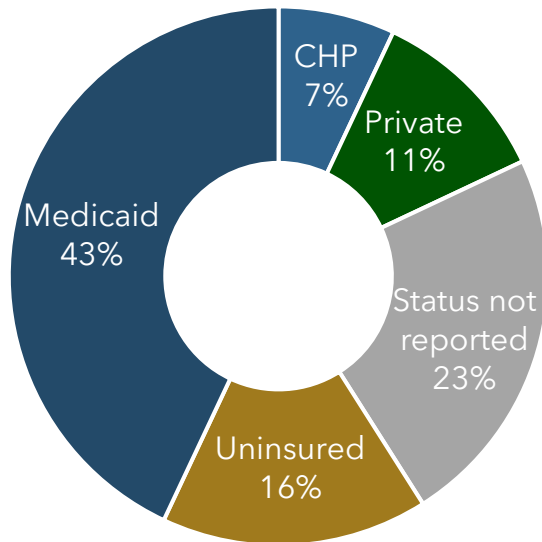
<sup>1</sup> The [Center for Disease Control's Social Vulnerability Index \(SVI\)](#) measures a county's ability to respond to/recover from hazards, with higher scores indicating lower recovery capacity due to limited resources and/or other systemic inequities.

# Students in this Report

In 2023–2024, Data Hub SBHCs served **65,397 students** (52% female, 48% male <sup>1</sup>).

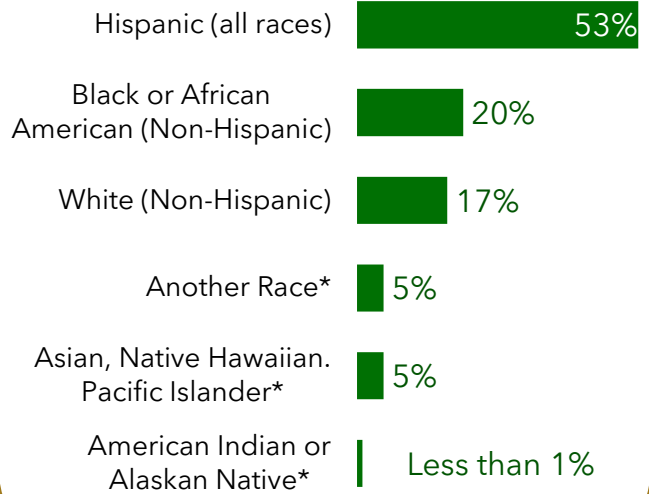
## Half of students served use Medicaid or Child Health Plus

SBHC users tend to come from lower-income households and uninsured families.



## 73% of students served identify as Hispanic or Black<sup>2</sup>

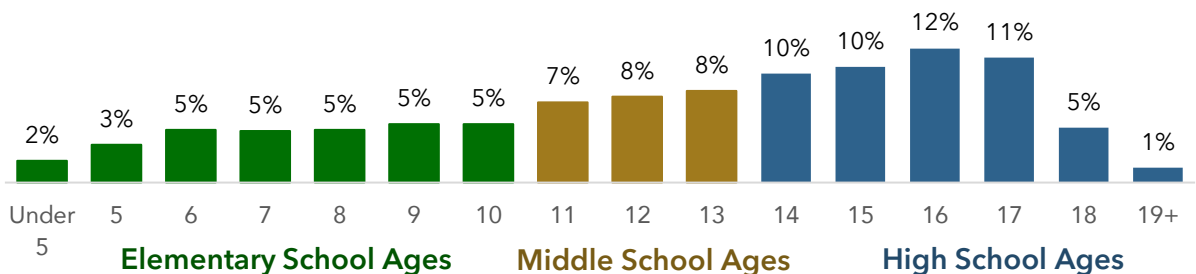
Most Data Hub SBHCs are in urban communities, where a greater proportion of community members are Hispanic and/or Black compared to rural areas of NY, skewing the statewide total. <sup>3</sup>



\*Non-Hispanic

## SBHC users are primarily middle- and high-school-age

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.







<sup>1</sup> Apex and the Foundation recognize there are more gender identities. EHR data collection, however, is limiting.

<sup>2</sup> See Appendix A for description of race and ethnicity methodology.

# Health Care Services in this Report

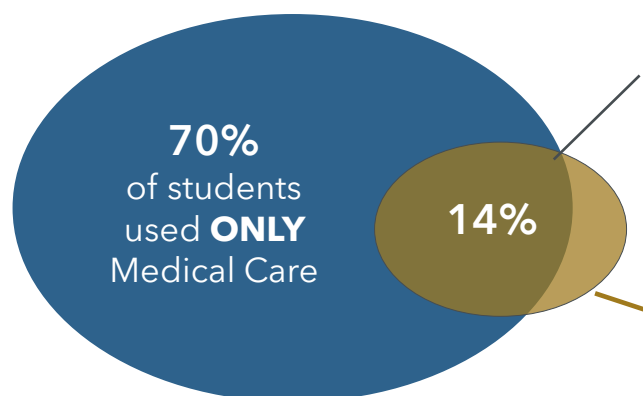
SBHCs provide primary and preventive health care, behavioral health care, and dental services. This report identifies the type of care received by the student based on the diagnosis codes identified during the visit as recorded in the students' Electronic Health Record. These diagnosis codes reflect the type of service provided.

-  **84%** of students in the Data Hub received medical care
-  **20%** of students in the Data Hub received behavioral health care
-  **5%** of students in the Data Hub received dental care
-  **5%** did not have visit data recorded

## SBHCs Are a One-Stop Shop!

With a comprehensive and integrated model of care, a medical provider can identify behavioral health needs in students and directly connect them with a behavioral health provider, and vice versa. As a result of SBHCs, more students receive the medical and behavioral care they need.

### Overlapping SBHC Utilization<sup>1</sup>



While many students come to the SBHC for just one type of service, **14% of SBHC users used both medical and behavioral health care services** at their SBHC.

**6% of students used ONLY Behavioral Health Care**

<sup>1</sup>Venn Diagram does not include students that only received dental care, nor students that received services at a Data Hub SBHC but the clinical codes (i.e., reason for the visit) was not recorded. Thus, it totals to less than 100%.





## Medical Care

Previous pages highlighted the demographics of, and types of services received by, students. The following pages, however, will focus on the number of visits made to Data Hub SBHCs by students. Because students can visit SBHCs more than once and for different reasons, the number of visits exceeds the number of students served.

The visits shown below, and on the following pages, are based on primary diagnosis code (i.e., the primary reason that a student sought care). Providers frequently offer additional services needed by the student at the same visit, which are then recorded as secondary diagnoses. The primary reason for **60%** of all visits by students to Data Hub SBHCs was for some type of medical care, such as primary care, preventive care, or acute medical care.

During the 2023-2024 school year, **55,257 students** made a total of **156,263 medical care** visits to Data Hub SBHCs.

Of these students, 52% were female and 48% male.

*"I love welcoming students [into our SBHC], and I always book an appointment when they come in asking for one, regardless of the reason. I want these students to know how to advocate for themselves in a medical setting, and it starts here at the SBHC."*

- SBHC Staff Member at a Rural High School



# Students Access a Range of Medical Care at SBHCs

## Most Common Types of Medical Care Provided at Data Hub SBHCs in 2023-2024 <sup>1</sup>

### General Wellness

Includes visits for well-being, age-appropriate health education and guidance, screening for health needs, yearly check-ups, and sports physicals.

45%

### Acute Care

Includes visits to treat short-term health conditions such as an injury, upper respiratory infection, skin rash, or headaches.

44%

### Chronic Disease Management

Includes disease management, treatment coordination, and student education for illnesses such as asthma, diabetes, and cardiac diseases.

22%

### Reproductive Health

Includes contraceptive care, treatment of sexually transmitted infections, and general reproductive services.

16%

### Immunizations

Includes vaccinations required for attendance, as well as other vaccines such as HPV, flu, and hepatitis.

15%

■ Percent of total medical care visits to Data Hub SBHCs

*"My younger son has been seen twice in the clinic this year...The amount of time [the SBHCS has] saved me is so incredibly helpful - and who wants to drag a kid who's sick with a fever all over the countryside for half the day?! These school-based health clinics provide access to services that children may not otherwise get and provide care during critical times in an environment the child is already comfortable in and close to home."*

- Parent of an SBHC student patient

<sup>1</sup> 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%. Service types that made up 10% or less of the total medical visits are not included.

# Medical Care

## Urban and Rural County Comparisons<sup>1</sup>



SBHCs in **urban counties** see a higher proportion of diagnoses related to chronic disease management, immunizations, and reproductive health, compared to rural SBHCs (Combined, this is 58% compared to 27%).



SBHCs in **rural counties** see a higher proportion of students with acute care needs, compared to urban SBHCs (58% compared to 41%).

### Medical Diagnoses at Urban SBHCs<sup>1</sup>

41%

46%

23%

17%

19%

Acute Care

General Wellness

Chronic Disease Management

Immunizations

Reproductive health

### Medical Diagnoses at Rural SBHCs<sup>1</sup>

58%

35%

15%

7%

4%

*"I know that when I send my kids to the [SBHC] they are still getting the best care. I, along with many other parents, am so grateful to have the School-Based Health Clinic as an option when it comes to getting our children the best and immediate care needed."*  
- Parent of SBHC 8<sup>th</sup> Grader and 5<sup>th</sup> Grader

*"At [our school], we believe that when students feel their best, they can do their best. Having a school-based health center right here on campus gives our students a safe, welcoming place to address their health needs without missing valuable class time. This is a game changer for our school community."*  
- Principal of a High School with an SBHC

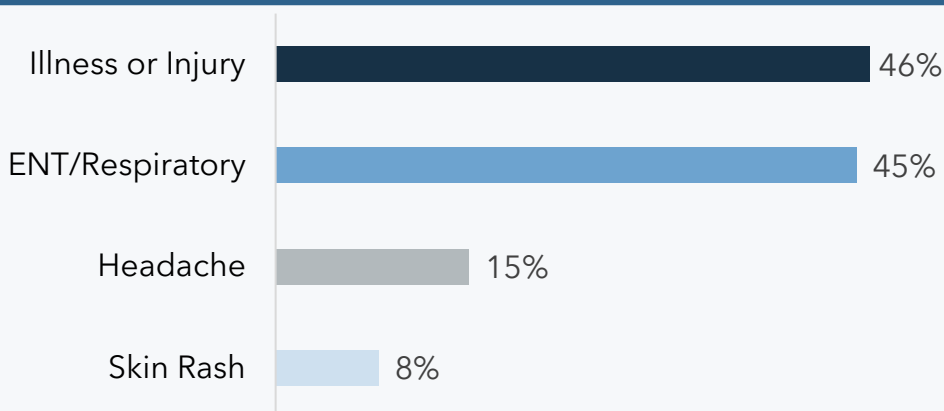
<sup>1</sup> The data presented are based on any diagnosis code for any visit. As students come for more than one reason, the data adds to more than 100%.

# Acute Care

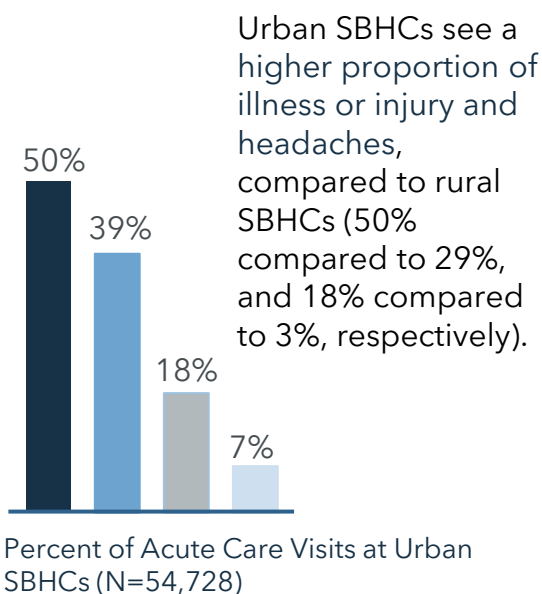
## With Urban and Rural County Comparisons<sup>1</sup>

Students made a total of **68,617 acute care medical visits** to Data Hub SBHCs in the 2023-2024 school year. Acute care includes the treatment of short-term health conditions like injury, upper respiratory infection, skin rash, headaches, etc. Among Data Hub SBHCs, illness or injury and ENT/respiratory diagnoses were the most common diagnoses for acute care visits.

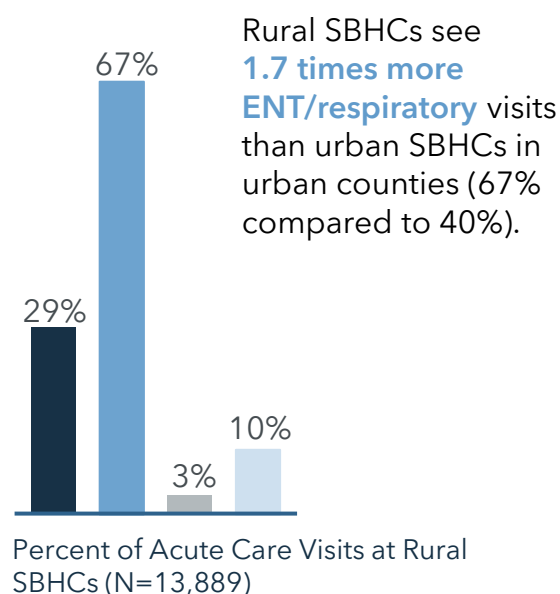
### Acute Care Visit Diagnoses SY 23-24 Data Hub, Statewide



### Acute Care Visit Diagnoses at Urban SBHCs



### Acute Care Visit Diagnoses at Rural SBHCs



■ Illness or Injury   ■ ENT/Respiratory   ■ Headache   ■ Skin Rash

<sup>1</sup> 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%. Service types that made up 10% or less of the total medical visits are not included.

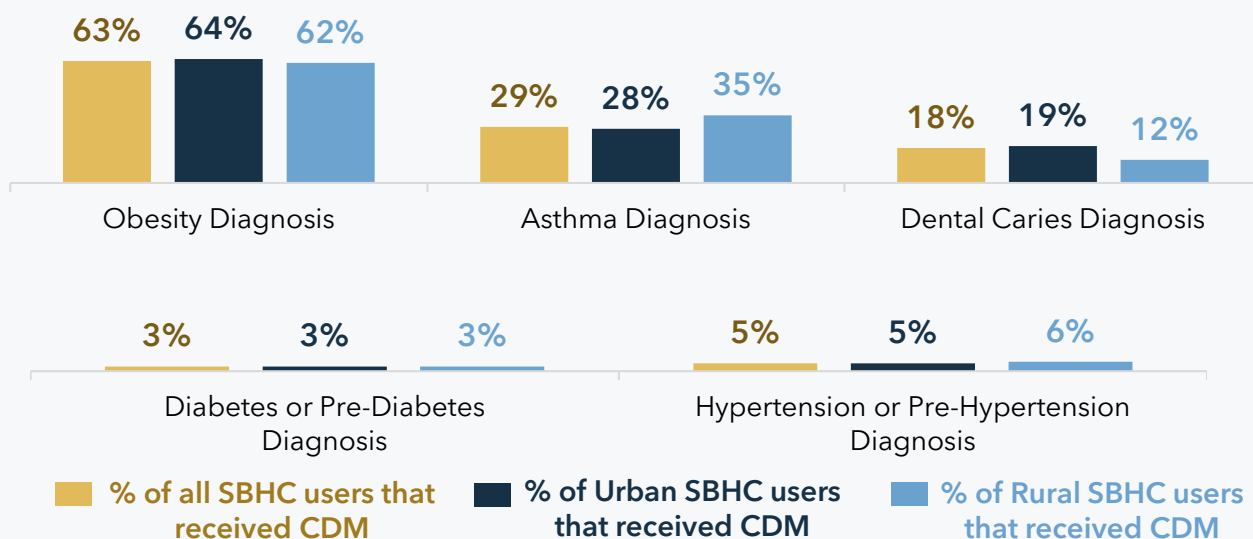
# Chronic Disease

## With Urban and Rural County Comparisons<sup>1</sup>

**Twenty-eight percent** of Data Hub SBHC users –18,293 students in total – have one or more chronic disease diagnoses. The most common chronic disease diagnoses are obesity, asthma, and dental caries (e.g., cavities, gingivitis). The graph below shows the distribution by diagnoses of these students.

### Percent of SBHC Users that Received Chronic Disease Management (CDM) Services, by Diagnosis

(SY 23-24 Data Hub, Statewide, Urban, Rural)



More rural CDM patients have an asthma diagnosis compared to their urban counterparts (35% compared to 28% in the figure above). However, urban SBHC asthma patients make more CDM visits each school year than rural CDM patients:



- 12,488 visits by 4,387 students at **urban SBHCs** (3:1 ratio)
- 1,152 visits by 680 students at **rural SBHCs** (2:1 ratio)

Uncontrolled asthma is associated with increased missed school days, emergency department visits, and hospitalizations.<sup>2,3</sup> By providing chronic disease management for asthmatic students, SBHCs help reduce asthma-related health incidents, keeping students in class and reducing emergency care costs.<sup>4</sup>

<sup>1</sup> 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%. Dental diagnoses can be recorded during either medical or dental visits.

<sup>2</sup> Sullivan, P. et al. (2018). School Absence and Productivity Outcomes Associated with Childhood Asthma in the USA. J Asthma, 55(2)


<sup>3</sup> Sullivan, P. et al. (2017). The National Cost of Asthma Among School-Aged Children in the United States. Ann Allergy Asthma Immunol, 119(3)


<sup>4</sup> 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)



## Depression Screenings

For SBHC providers, screening for depression is a standard of care for students 12 years and older. Depression screenings help providers determine when a student can benefit from a referral to behavioral health. The Data Hub shows that of all students 12 years and older who received **any** type of care, **59% were screened for depression**. This data may be underreported as screenings may not be consistently documented in the Electronic Health Record for each patient visit.

 **58%** of **urban** students (12-22 years old) were screened for depression.

 **64%** of **rural** students (12-22 years old) were screened for depression.

## Comprehensive Physical Exams

Medical care providers conduct comprehensive physical exams (CPEs) to screen patients for health risks and needs. CPEs are an important tool for determining which health care interventions are needed, preventing health issues from progressing to more severe statuses. Of all students 21 years old and younger who received medical care at a Data Hub SBHC, **31% received a CPE**.

 **26%** of **urban** Data Hub patients (21 years and under) with a medical visit received a CPE.

 **57%** of **rural** Data Hub patients (21 years and under) with a medical visit received a CPE.



## Teenage Reproductive Health Care

**Twenty-two percent** of Data Hub SBHC users received reproductive health care. This represents **14,164 students** (68% female, 32% male), **91% of which were teenagers**.<sup>1</sup>

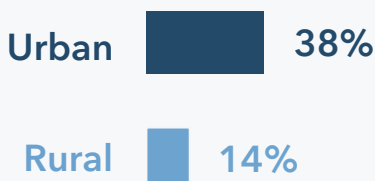


**47%** of all teenagers who had a reproductive health visit to a Data Hub SBHC received contraceptive care services.<sup>2</sup>



**64%** of all teenagers who had a reproductive health visit to a Data Hub SBHC received testing and/or care for sexually transmitted infections.<sup>2</sup>

### Urban and Rural Comparisons



Teenagers using urban Data Hub SBHCs are 2.7 times more likely to receive reproductive care compared to teenage patients of rural Data Hub SBHCs (38% compared to 14%).

## Immunizations

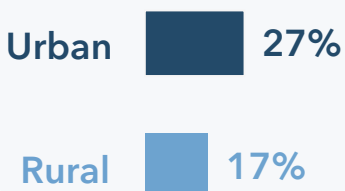
A total of **16,685 students** (50% female, 50% male) received at least one immunization at a Data Hub SBHC. Data is unavailable for those immunized by providers outside of the SBHC.



**26%** of Data Hub SBHC patients received an immunization, or **one in four**.



### Urban and Rural Comparisons



Students using urban Data Hub SBHCs are 1.6 times more likely to receive an immunization at their SBHC, compared to students using rural Data Hub SBHCs (27% compared to 17%).

<sup>1</sup> Reproductive health services include contraception, as well as screenings and treatment for sexually transmitted infections (STIs). Teenage students include students aged 13-19 years old.

<sup>2</sup> As students come for more than one reason, the data adds to more than 100%.

# Behavioral Health Care

Behavioral health has emerged as a crisis among the State's students during and after the COVID pandemic. As of 2021, 44% of high school students nationwide reported feeling sad or hopeless in the past year.<sup>1</sup>

To support the overall well-being of students, SBHCs in New York provide a range of behavioral health care. Moreover, because of the broad range of services SBHCs offer, students can seek behavioral health care without stigma. **Twenty-six percent** of all student visits to Data Hub SBHCs were for some type of behavioral health care.

During the 2023-2024 school year, **12,922 students** made **68,816 behavioral health care visits** to Data Hub SBHCs. Of these students, 57% were female and 43% male.

"Group therapy reminds me that it's ok to open up - talking things through can ~~ease~~ ease the mind, and we're something as simple as breathing can become a powerful tool to relieve stress and anxiety."

- SBHC 12<sup>th</sup> Grader

<sup>1</sup>CDC. 2022. New CDC data illuminate youth mental health threats during the COVID-19 pandemic.



# Students Access a Range of Behavioral Health Care at SBHCs

## Most Common Types of Behavioral Health Care Provided by Data Hub SBHCs <sup>1</sup>

### Adjustment Disorder

Defined as “intense emotional responses to significant life changes.”

47%

### Anxiety-Related

Includes generalized, social, and separation anxiety, and some phobias. Overall, worry, tension, fear, or other feelings of unease.

22%

### Depression

Includes ranges of feeling sad, hopeless, and lost. Often characterized by a loss of interest in activities and disconnection.

15%

■ Percent of total behavioral health care visits to Data Hub SBHCs

## Additional SBHC Visits for Behavioral Health Care

An additional 21,862 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 visit (and thus, are left out of the figure above).

<sup>1</sup> The data presented are based on any diagnosis code for any behavioral health care visit. As students come for more than one reason, the data comes to more than 100%.





# Urban and Rural Comparisons

## In Use of Behavioral Health Services<sup>1</sup>

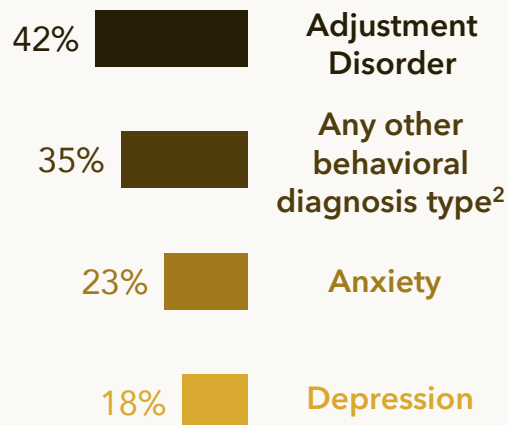


**Urban** Data Hub SBHCs see a higher proportion of students with needs related to depression compared to rural SBHCs (18% compared to 6%).

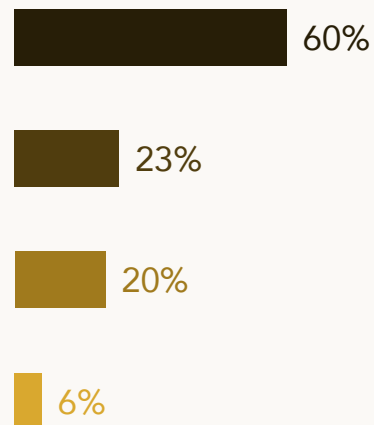


**Rural** Data Hub SBHCs see a higher proportion of students with adjustment disorder needs, compared to urban SBHCs (60% compared to 42%).

### Behavioral Health Diagnoses at Urban SBHCs<sup>1</sup>

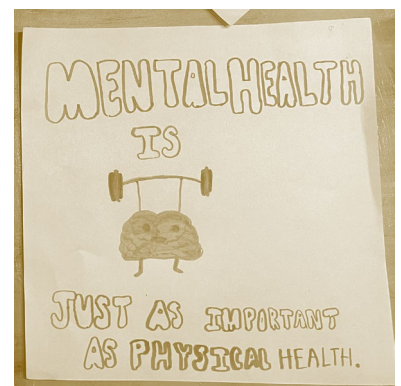


### Behavioral Health Diagnoses at Rural SBHCs<sup>1</sup>



*"As a mom who has struggled with not being able to afford to take time off from work or to have the transportation to get the kids to an appointment, the SBHC takes the worry and stress right off my shoulders."*

- SBHC Parent



<sup>1</sup> As students can have diagnoses for more than one reason, the data adds to more than 100%.

<sup>2</sup> Behavioral health visits were made for reasons such as eating disorders, mood disorders, and other mental and behavioral health issues not shown in the figure.



# Dental Care at SBHCs

In New York State, there are 41 different dental operators that provide services via 2,400 approved locations supporting about 140,000 enrolled students. Some dental operators are co-located at an SBHC, some are separate entities. Unfortunately, we don't yet have comprehensive, publicly available statewide dental data. Dental care represents only 5% of the total SBHC visits in this report, reported from just five sponsoring organizations and 38 SBHC locations.

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. These barriers disproportionately affect individuals with lower incomes; New Yorkers earning under \$50,000 annually are less likely to consistently receive the oral health services they need compared to those with higher incomes.<sup>1</sup>

On average, New York counties have a 1,200:1 dentist ratio (i.e., for every 1,200 people there is 1 dentist), with 12% of counties having a dentist ratio greater than 3,000:1.<sup>2</sup>



In the coming year, the Foundation will work to expand our dental data collection infrastructure and reporting capabilities. We look forward to highlighting the important work these sites are doing and emphasizing the continuing need to support and expand school-based dental health.

*"...An 8-year-old boy fell and fractured his two front teeth in the schoolyard. His grandmother brought him to me because he was embarrassed to smile. With a little dental magic, we were able to restore his smile right there and then."*

- SBHC Dental Provider

<sup>1</sup> 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.

<sup>2</sup> Area Health Resources Files 2022-2023. US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Rockville, MD. Accessible at <https://www.countyhealthrankings.org/>



# Next Steps for the SBHC Data Hub

## Growth and Sustainability

The Foundation is fully committed to serving NY's SBHCs and school-health stakeholders with vital data and analytics. The data in this report is designed to make the reader think, investigate, and then develop strategies to take action.

Our next steps include:



### 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. For example, in Spring 2024, we produced the first-ever examination of health disparities experienced by SBHC enrollees. In the fall, we were able to deliver individualized Disparities Reports for each of our participating organizations. These tools supported ongoing quality improvement, facilitated compliance with equity-centered care mandates, and inspired a broader cultural shift toward data-informed decision-making in underserved communities. In winter and spring 2025, we completed SO-level and site-specific "At A Glance" summary reports as a visual tool for our SOs to share with their organizational leadership, legislators, principals, school personnel, and their communities.

In 2026 and beyond, we hope to focus on identifying and reporting Gaps in Care and adding enhanced dental data as a new component in the Data Hub.



### Supporting Data Quality Improvements

We are committed to improving data quality and data collection processes. We will continue to collaborate with Apex and our participating organizations to track common themes, identify solutions, and improve data coding and collection, all to better capture healthcare data for our SBHCs. Our work is guided by the Data Hub User Group, which represents all Data Hub participants and informs our goals and our work.

*"Having school-based health gives us, as a family, the chance to not have to miss school and work to go to a doctor's office."*

- SBHC Parent of a 2<sup>nd</sup> Grader

# Appendix A

## A Note on 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. We excluded users with unknown race and non-Hispanic ethnicity, or with both unknown race and ethnicity. "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

Each month, sponsoring organizations participating in the Data Hub report SBHC visit data from their Electronic Health Records (EHR) 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.* Ten 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 sponsoring organizations, 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 sponsoring organization to meet the requirements of the measure. Not all sponsoring organizations 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.

### Reporting and Quality Checks

Three times a year reports are prepared for each SBHC and sponsoring organization. Meetings with each sponsoring organization were facilitated by Apex to ensure data quality. SPSS statistical software was used to prepare this report.

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

## Appendix B

### Data Hub Participation

The Data Hub is managed by Apex Evaluation and NYSBHF. This initiative relies on the voluntary participation of sponsoring organizations, and their SBHCs, to submit their health visit data to the Data Hub each month. Apex Evaluation analyzes the data three times a year, providing customized reports at the SBHC, sponsor, and state level. Sponsoring organizations are provided statistical comparisons between each of their SBHC sites, other urban or rural locations, and other sponsoring organizations of similar size.

**SBHCs' participation in the Data Hub is growing, rising from 19% of all NY SBHCs in 2020 to 50% in 2024—a 163% increase!**

Table A. SBHCs Participating in the Data Hub and Amount of Service Visits

2023-2024 Sponsoring Organizations Participating in the Data Hub	Number of SBHCs	Location(s)	2023-2024 Counts	
			Students Served	Service Visits
Located in Rural Communities				
Bassett Healthcare Network	22	Otsego, Delaware, Chenango	9, 165 (14% of total)	43,159 (16% of total)
North Country Family Health Center	6	Jefferson		
Located in Urban Boroughs of New York City				
Family Health Centers at NYU Langone	27	Brooklyn	47,441  (73% of total)	190,128  (73% of total)
Morris Heights Health Center	20	Bronx		
Urban Health Plan, Inc.	11	Bronx, Queens		
Institute of Family Health	7	Bronx, New York		
Children's Aid	6	Bronx, New York, Staten Island		
Ryan Health	6	New York		
Northwell Health, Cohen Children's Medical Center	5	Queens		
Community Healthcare Network	2	New York		
Located in Other Urban Counties				
Open Door Family Medical Center	10	Dutchess, Westchester	8,791 (13% of total)	28,102 (11% of total)
Harmony Healthcare Long Island	3	Nassau		
University of Rochester (School of Nursing)	1	Monroe		
Data Hub Total for 2023-2024	126	-	65,396	261,389

## Appendix C

### About the New York School-Based Health Foundation

The New York School-Based Health Foundation (NYSBHF) 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 membership and advocacy organization for SBHCs.

The Foundation is committed to bringing research, data, and evidence to understanding the role, impact, and importance of our SBHCs, as well as providing evidence-based tools for operations, planning, quality improvement, and advocacy to their sponsoring organizations. 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 available this report and an analysis of health disparities experienced by SBHC users in our data hub in the last year. We have also been able to provide SBHC sponsor-specific tools, including regular data snapshots, pre-formatted county, SO, and SBHC profiles ("At A Glance"), and a 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. As of spring 2025, our current two TA programs are focused on behavioral health and supporting our SBHC behavioral health providers:

- Supporting Transition Resilience in Newcomer Groups (STRONG) is 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 sponsoring organizations 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 that are committed to assuring the health and well-being of New York's underserved communities and have made possible the Foundation's programs. They include the **New York Community Trust**, the **Mother Cabrini Health Foundation**, the **Ira W. DeCamp Foundation**, the **New York Health Foundation**, and the **Affinity Legacy Community Grant Program**.



Visit us at <https://www.nysbhfoundation.org>



# Appendix D

## About 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 <https://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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## Questions?

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### **Comments from our amazing SBHC staff:**

*I love celebrating my patients and reducing the fear that comes around a [dental] visit. I feel lucky to have the ability to directly care for my kids in a safe space. (It's so important to "meet them where they are.")*

*The puberty talks I give to the 5th graders are one of my favorite parts of the year. I do a tremendous amount of outreach and care and support that isn't reflected in my quantitative numbers but is vital to getting kids the care they need.*

*I am so happy to work for an SBHC after seeing the care that my own children received when they were students.*

*I think students and parents trust me more when they hear that my child also uses an SBHC. The care that the staff uses to schedule appointments and reduce my child's anxiety related to going to a visit has been vital to my child's progress.*

*I feel very supported by [my sponsoring organization] and the whole team with regards to regular supervision or being able to easily get someone on the phone to review a case. We care for the students as a team.*





"Healing doesn't happen in isolation, it grows in the safety of understanding and shared strength." I chose this because it felt real. Being in a MH group, makes you ~~feel like~~ see how much it matters to just have people who get it. You're not fixing it overnight, but just knowing you're not alone makes a big difference.

- 11<sup>th</sup> Grade Participant in NY School-Based Health Foundation's STRONG Mental Health Group



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