Biennial Report on School-Based Health Centers Fiscal Years 2018-2019

As Required by

Texas Education Code, Section 38.064

TEXAS
Health and Human Services

Texas Department of State Health Services

December 2020

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Executive Summary

The Biennial Report on School-Based Health Centers is submitted in compliance with Texas Education Code, Section 38.064.

The Department of State Health Services' (DSHS) School-Based Health Centers (SBHCs) Program provides competitive grant funding to help with the costs of establishing, expanding, and operating SBHCs. School districts and entities that contract with school districts (i.e. local health departments, hospitals, health care systems, universities, and nonprofit organizations) receive this funding. In this report, DSHS summarizes available information from DSHS-funded SBHCs for activities conducted during the last two years.

During the 2018-2019 biennium, DSHS funded three entities to support four SBHCs between September 1, 2017, and August 31, 2019. The funded contractors were 1) Houston Independent School District; 2) Chambers County Public Hospital District #1; and 3) Tarrant County Hospital District, which supported two clinics.

Using available resources, DSHS attempted to assess the impact of DSHS-funded SBHCs using student data. Data analysis included either the total student population served or a subpopulation that focused on students with chronic health conditions.

There are limitations to evaluating the true impact of SBHCs on student outcomes. For instance, the federal Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) regulate data sharing and limit data collection of the measures listed in Texas Education Code, Section 38.064. Also, to properly examine the relationship between SBHC use and student outcomes, rigorous research designs are needed. Existing research shows that such studies can be cost prohibitive and present numerous methodological challenges.[1,2] For these, and other reasons outlined in this report, DSHS is unable to present meaningful findings on the effect of DSHS-funded SBHCs on student attendance, academic performance, or dropout rates.

The limitations imposed by FERPA and HIPAA required DSHS to alter the scope of information provided in this report, as allowed by Texas Education Code, Section 38.064(b). Accordingly, DSHS can report on the activities of funded SBHCs and on health indicators for a sample of served students. A summary of notable findings for the 2018-2019 biennium is provided below.

- Contractors reported 1,917 student visits for immunizations. In addition, there were 2,499 immunization visits by non-students (e.g., staff, family members of students, community members). Not all contractors showed improvements in their schools' immunization rates. However, school districts showed increased immunization rates for certain vaccines.
- Contractors reported providing 2,785 Texas Health Steps exams to students. Contractors also provided a total of 13,523 screenings to students for conditions of interest.
- Among students tracked for asthma, 12 percent of the students improved their asthma zone from their first to last asthma-related visit to the SBHC.[3]
- At the end of the biennium, 26 percent of students who were tracked for overweight or obesity showed stable or lower body mass index. These results indicate successful weight management for these students while in the care of the SBHC.

DSHS is dedicated to serving children and adolescents through the SBHCs Program. DSHS will continue to seek improvements to the current grant program and provide data on the efficacy of health services delivered to Texas children through DSHS-funded SBHCs.

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[1] Bersamin M, Garbers S, Gaarde J, Santelli J. Assessing the impact of school-based health centers on academic achievement and college preparation efforts: using propensity score matching to assess school-level data in California. *J Sch Nurs*. Aug 2016;32(4):241-245.

[2] Keeton V, Soleimanpour S, Brindis CD. School-based health centers in an era of health care reform: building on history. Curr Probl Pediatr Adolesc Health Care. 2012;42(6):132–158.

[3] Asthma zones are used to monitor asthma exacerbations. Green represents good control, yellow medium-low level of control and red poor control.

1. Introduction

As directed by Texas Education Code, Section 38.063, the Department of State Health Services (DSHS) provides grants, as funds are available, to school-based health centers (SBHCs) in Texas. DSHS administers a program to award grants to school districts and local health departments, hospitals, health care systems, universities, or nonprofit organizations that contract with school districts to help them with the costs of establishing, expanding, or operating SBHCs.

Between September 1, 2017, and August 31, 2019, DSHS funded three contractors: one independent school district (Houston Independent School District) and two hospital districts (Chambers County Public Hospital District #1 and Tarrant County Hospital District). These three contractors supported four SBHCs and had an enrollment of 2,918 users in fiscal year 2018 and 3,307 users in fiscal year 2019. Statute limits contractors' funding to a term of five years and $250,000 per state fiscal biennium.

As outlined in Texas Education Code, Section 38.064, DSHS is required to submit a biennial report to the Legislature describing the relative efficacy of services provided during the preceding two years. It also requires reporting of any increased academic performance of students served by the DSHS-funded SBHCs, specifically as it relates to attendance, dropout rates, student health, immunization rates, preventive health participation, and performance on student assessments. Because the federal Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) limit data collection of the measures listed in Texas Education Code, Section 38.064(a), DSHS modified the reporting requirements, as directed by Section 38.064(b).

In this biennial report, DSHS provides information on the activities of DSHS-funded SBHCs during the past two years. To provide the best possible data with available resources, DSHS evaluated certain measures through a pilot program from September 2017 through August 2019. In the pilot program, contractors sampled students with specific chronic conditions to measure the potential effect of DSHS-funded SBHCs.

This report also discusses the limitations experienced by DSHS during data collection.

2. Background

The first school-based health center (SBHC) in Texas opened in Dallas in 1970. Since then, SBHCs have been a means of providing health care to medically underserved children and teens to address health concerns that interfere with student learning.

SBHCs vary in models of care and services due to the availability of resources, student health needs, and other school and community factors.[4] In addition to providing primary and preventive health services, SBHCs also strive to provide continuity of care. They link students to a primary care provider and enroll eligible families in Medicaid or the Children's Health Insurance Program (CHIP). SBHCs also refer students to community providers for specialty services and treatment when needed.

SBHCs are funded through a variety of mechanisms. Funding typically comes from patient revenue (third-party and self-pay), public- and private-sector grants, and in-kind partner support to cover non-billable expenses. According to the 2016-17 National Census of School-Based Health Centers, approximately 59 percent of public funding for SBHCs comes from state governments, and 68 percent of revenue comes from public health insurance.[5]

In 1993, DSHS began providing competitive grant funding to help Texas communities establish SBHCs. Six years later, House Bill 2202, 76th Legislature, Regular Session, 1999, required the Commissioner of DSHS, based on the availability of federal or state appropriated funds, to administer a grant program to help school districts with the costs of operating SBHCs.

In 2009, grants were extended to five-year periods and opened to local health departments, hospitals, health care systems, nonprofit organizations, and universities who support the operation of SBHCs. Grant funds were also allowed to

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[4] Billy JOG, Grady WR, Wenzlow AT, et al. Contextual influences on school provision of health services. J of Adolesc Health. 2000; 27:12–24.

[5] School-Based Health Alliance. Findings from the 2016-17 census of school-based health centers. sbh4all.org/wp-content/uploads/2019/07/2016-17-Census-Chart-Pack.pdf

be used to establish, expand services in, or operate SBHCs. The Legislature also updated the requirements of DSHS' legislative report on SBHCs to include information on outcomes for students with chronic conditions.[6]

Since fiscal year 1994, DSHS has funded 47 new SBHCs and expanded services at sites already in operation. Currently, approximately 26 of the previously funded SBHCs are still providing services. Appendix A shows a map of SBHCs identified by the DSHS School Health Program. It includes SBHCs located on or near a school campus. It does not include mobile sites or telemedicine.

In fiscal year 2013, DSHS shifted its grant program to better measure the efficacy of SBHCs on student outcomes through a pilot program. For this pilot program, DSHS required contractors to select and track a subpopulation of students with chronic conditions who use their services. Contractors focused on one or two selected conditions and tracked a minimum of 30 students with those conditions.[7] DSHS allowed contractors to track students for multiple conditions in areas where it might be difficult to identify 30 students in a SBHC with a single chronic condition. Contractors provided clinical services, health education instruction, and tracked outcomes for these students with chronic conditions. In addition, DSHS assigned uniform performance measures to contractors serving students with the same chronic condition. DSHS contractors continue to gather data on these subpopulations to further measure efficacy with students at greatest risk of poor outcomes.

This report describes findings of the three contractors funded during the 2018-2019 biennium, which includes an independent school district and two nonprofit organizations (both are hospital districts). The DSHS-funded contractors are listed below along with the SBHCs and school districts they supported using grant funds.

- Chambers County Public Hospital District #1 (Anahuac Independent School District (ISD) SBHC/Anahuac ISD)
- Houston ISD (Elrod SBHC/Houston ISD)
- Tarrant County Hospital District (Southside SBHC and Eastern Hills SBHC/Fort Worth ISD)

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[6] House Bill 281, 81st Legislature, Regular Session, 2009

[7] Selected chronic conditions include: asthma, diabetes, overweight and obesity, mental health conditions, or oral health needs.

Through these contracts, DSHS provided funds to support four SBHCs that served nine schools with an enrollment of approximately 5,329 students.

3. Data Collection and Analysis

Statute directs the Department of State Health Services (DSHS) to examine the effect of DSHS-funded school-based health centers (SBHCs) on student health, academic achievement, attendance rates, and dropout rates. National researchers consistently report various factors that prevent such effects from being meaningfully studied or captured. DSHS has experienced similar challenges, which are listed below.

Turnover in the student population – DSHS-funded SBHCs mostly serve students from low-income families who frequently move in and out of SBHC service areas. For this reason, DSHS-funded SBHCs often could not adequately track individual students over time to learn if SBHC services affected student outcomes. The information DSHS could collect was insufficient to identify significant results or generalize findings to all students who use DSHS-funded SBHCs.

SBHCs target small, at-risk populations – DSHS-funded SBHCs target population groups considered at risk for poor health. Depending on the SBHC's catchment area, a small proportion of students may use the clinic when compared to the total student population in the school district. Any impact on student outcomes is diluted by the number of students not using clinic services. This makes that impact difficult to detect. Also, because data is often collected at a school or district level, DSHS researchers did not have enough student specific information to overcome this challenge.

Funding and legal barriers to study the effect of SBHCs – DSHS was unable to utilize standard study methods, including controlling for external factors, randomizing groups into clinic users and non-users, and using comparison groups to detect any effect of SBHCs. This is in part due to lack of funding as well as the burden this would place on contractors. In addition, current state and federal laws regarding student privacy and parental consent present barriers to this level of study. The federal Family Educational Rights and Privacy Act and the Health Insurance Portability and Accountability Act regulate data sharing and limits data collection of the measures listed in Texas Education Code, Section 38.064.

For these reasons, DSHS is unable to collect the appropriate data or use the necessary study methods to detect the effect of SBHC's or make meaningful conclusions on student outcomes. The current data collection system is structured

as a project management tool. As a result, this document largely reports on the services rendered to students during the 2018-2019 biennium, rather than on the effect of SBHCs on student outcomes. This report cannot provide findings on attendance, academic performance, or dropout rates.

Despite these challenges, DSHS is committed to improving data collection and analysis for this program and will continue quality improvements efforts. For example, data is now entered by a designated point of contact for each contractor into the Texas Program Monitoring and Tracking System (PMATS) on a monthly basis. A single point of contact for data entry increases the consistency of the data reported into PMATS. Also, in 2019 the DSHS School Health Program, in collaboration with DSHS evaluators, improved the clarity of survey questions within PMATS to maximize the validity of responses.

Utilization of DSHS-Funded School-Based Health Centers

During the 2018-2019 biennium, most individuals served by DSHS funded SBHCs were students and siblings of students age 17 and younger. Chambers County Public Hospital District #1 and Tarrant County Hospital District expanded SBHC services to include adult community members within their service area to help increase use and generate additional revenue by billing private insurance. The provision of adult services is not funded by DSHS grant funds and are not included in the statistics below.

In fiscal year 2018, a total of 2,918 users (students and non-students) were enrolled in the four DSHS-funded SBHCs. The majority (92 percent) of enrolled SBHC users in fiscal year 2018 were students.

In fiscal year 2019, a total of 3,307 users were enrolled in the four DSHS-funded SBHCs. The majority (88 percent) of enrolled SBHC users in fiscal year 2019 were students.

In fiscal years 2018 and 2019, Houston ISD and Chambers County Public Hospital District #1 reported a monthly average of 104 and 61 SBHC users, respectively. Tarrant County Hospital District reported an average monthly total of 321 for their two DSHS-funded SBHCs.

During the 2018-2019 biennium, there were 11,635 primary care provider visits at DSHS-funded SBHC (see Table B-1, Appendix B).

DSHS-funded SBHCs are required to bill Medicaid, CHIP, and private insurance for the services they provide as Title V funding is considered payer of last resort. Of the total amount billed to Medicaid by the four DSHS funded SBHCs, approximately 20 percent was reimbursed back to the DSHS-funded SBHCs during 2018-2019 biennium (see Table B-2, Appendix B). Of the uninsured users that were billed for services, only one percent of the total billed was received by DSHS-funded SBHCs. This highlights the need for SBHCs to secure diverse sources of revenue and develop effective financial systems for billing and reimbursement to sustain operation. DSHS-funded SBHCs can use grant funds to cover non-billable expenses and uninsured patients after all other payer avenues have been exhausted, making DSHS grant funds a payer of last resort.

Immunizations

Immunizations are a vital health intervention aimed at eliminating the spread of many preventable infectious diseases. During the 2018-2019 biennium, contractors reported conducting 6,557 immunization visits to users at the four DSHS-funded SBHCs. A total of 4,416 students and non-students under the age of 18 were seen at DSHS-funded SBHCs for immunization visits.

Tables B-3 and B-4 in Appendix B show the rates of vaccine compliance by school district and vaccine type during school years 2017-2018 to 2018-2019 for kindergarten and seventh grade.

Preventive Health Services

DSHS-funded SBHCs provide several preventive services designed to address health problems early and minimize their impact on learning. Services include Texas Health Steps exams; sports physicals; risk assessments; and screenings for dental, mental health and overweight issues.

Contractors reported providing 2,785 Texas Health Steps exams and 4,717 other preventive visits (excluding Texas Health Steps exams and immunizations) to students. DSHS-funded SBHCs conducted 13,523 student screenings. The following is a breakdown of the type of screenings conducted: 1,054 dental; 4,944 weight; 1,608 asthma; 1,207 diabetes and 4,710 mental health screenings. From these screenings, 67 students were diagnosed with dental issues, 166 were diagnosed as being overweight or obese, 26 were diagnosed with asthma, 13 were diagnosed with diabetes, and 576 were diagnosed with a mental health issue.

Students with Chronic Disease

Evaluating whether SBHCs have an impact on health outcomes is a key area of interest. To do this, the DSHS developed a plan to collect data from contractors on up to two subpopulations of students diagnosed with selected chronic conditions. However, for the reasons described previously, this report cannot comment on the effect of DSHS-funded SBHCs on attendance, academic performance, or dropout rates. Basic statistics on these measures are provided in Appendix B.

DSHS-funded SBHCs tracked a total of 345 unique students over the 2018-2019 biennium. Each student was tracked for one or more chronic-disease subpopulations, including asthma, mental health, and overweight/obesity. There were 21 students tracked for asthma, 264 for mental health, and 60 for overweight/obesity. Nine students were tracked in two subpopulations simultaneously.

Asthma Subpopulation

For students who participated in the pilot program as a part of the asthma subpopulation (21 students), DSHS-funded SBHCs provided services as recommended by the *National Asthma Education and Prevention Program Expert Panel Report 3*. This included measuring peak flow readings, developing asthma action plans, assessing symptoms, and providing evidence-based asthma education.[8]

DSHS-funded SBHCs used a system of asthma zones to determine the level of asthma control: green represents a high level of control, yellow is medium-low, and red is poor control. Twelve percent of students in the asthma subpopulations improved their asthma zone from their first to last asthma-related visit at the SBHC. Of students who improved their asthma zone, every student was in the yellow zone at their first visit and the green zone at their last visit. These results would indicate an improvement in asthma control for these students.

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[8] National Asthma Education and Prevention Program (NAEPP). Expert Panel Report 3. 2007. https://www.nhlbi.nih.gov/sites/default/files/media/docs/12-5075.pdf. Published August 28, 2007.

During 2018-2019 biennium, students in the asthma subpopulation had a total of 136 asthma-related visits to DSHS-funded SBHCs. Each student visited a-DSHS-funded SBHC for an asthma-related issue an average of three times per year.

Mental Health Subpopulation

For students who participated in the pilot program as a part of the mental health subpopulation, DSHS-funded SBHCs provided evidence-based, best-practice education sessions. Symptom severity was assessed at each visit.

The 264 students who were tracked for mental health services during the 2018-19 biennium made a total of 2,213 visits to a mental health provider. Each student visited a DSHS-funded SBHC for a mental health-related visit an average of four times per year.

DSHS-funded SBHCs monitored students' mental health symptoms at every mental health-related visit. Students' symptoms were recorded as either no symptoms, mild symptoms, moderate symptoms, or severe symptoms. There is not a rubric for determining the level of symptom severity. Instead, the provider determines the level of symptom severity based on clinic notes and screening tools.

Most of the students who participated as a part of the mental health subpopulation (45 percent) did not have a change in their symptoms from their first to last mental health-related visit to the SBHC. Most of these students either had mild symptoms or moderate symptoms at both visits.

Forty percent of students who participated as a part of the mental health subpopulation improved their symptoms from their first to last mental health-related visit to the SBHC. Of the students who saw improved symptoms, 14 percent had severe symptoms at their first visit and moderate symptoms at their last visit, and 15 percent had moderate symptoms at their first visit and mild symptoms at their last visit. In comparison, few students (16 percent) experienced a worsening of their symptoms from their first to last mental health-related visit.

Overweight/Obesity Subpopulation

For students who participated in the pilot program as a part of the overweight/obesity subpopulation, DSHS-funded SBHCs provided routine body mass index (BMI) documentation. These students also received culturally appropriate counseling for physical activity and nutrition.

DSHS-funded SBHCs tracked a total of 60 students for overweight or obesity. The majority were kindergarten through fifth grade students. At the end of the 2018-19 biennium, 26 percent of those students who were tracked for overweight or obesity showed stable or lower BMI. These results indicate successful weight management while in the care of the SBHC.

4. Conclusion

The Department of State Health Services' (DSHS) School-Based Health Centers (SBHCs) Program provides competitive grant funding to school districts and entities that contract with school districts to help with the costs of operating SBHCs. During the 2018-19 biennium, DSHS funded Houston ISD and two hospital districts - Chambers County Public Hospital District #1 and Tarrant County Hospital District. Through these contracts, DSHS funded four SBHCs serving nine schools with an enrollment of approximately 5,298 students.

National research has shown sufficient evidence that SBHCs can indirectly influence factors and behaviors that impact academic success.[9]

DSHS has faced multiple challenges in collecting and analyzing data for the SBHCs Program. These issues limited DSHS' ability to collect adequate information on a large enough student cohort to make meaningful interpretations on the effect of SBHCs on health and academic outcomes. DSHS was able to collect data on the activities of DSHS-funded SBHCs as well as from students with chronic health conditions. This report provides a summary of this information for the preceding two years.

DSHS is dedicated to serving children and adolescents through the SBHCs Program. DSHS is likewise committed to improving data collection and analysis for this program and has continued with efforts in that direction. Future reports will strive to include information on the efficacy of health services delivered to Texas children through SBHCs. DSHS-funded SBHCs will focus on health and academic outcomes for children with chronic conditions.

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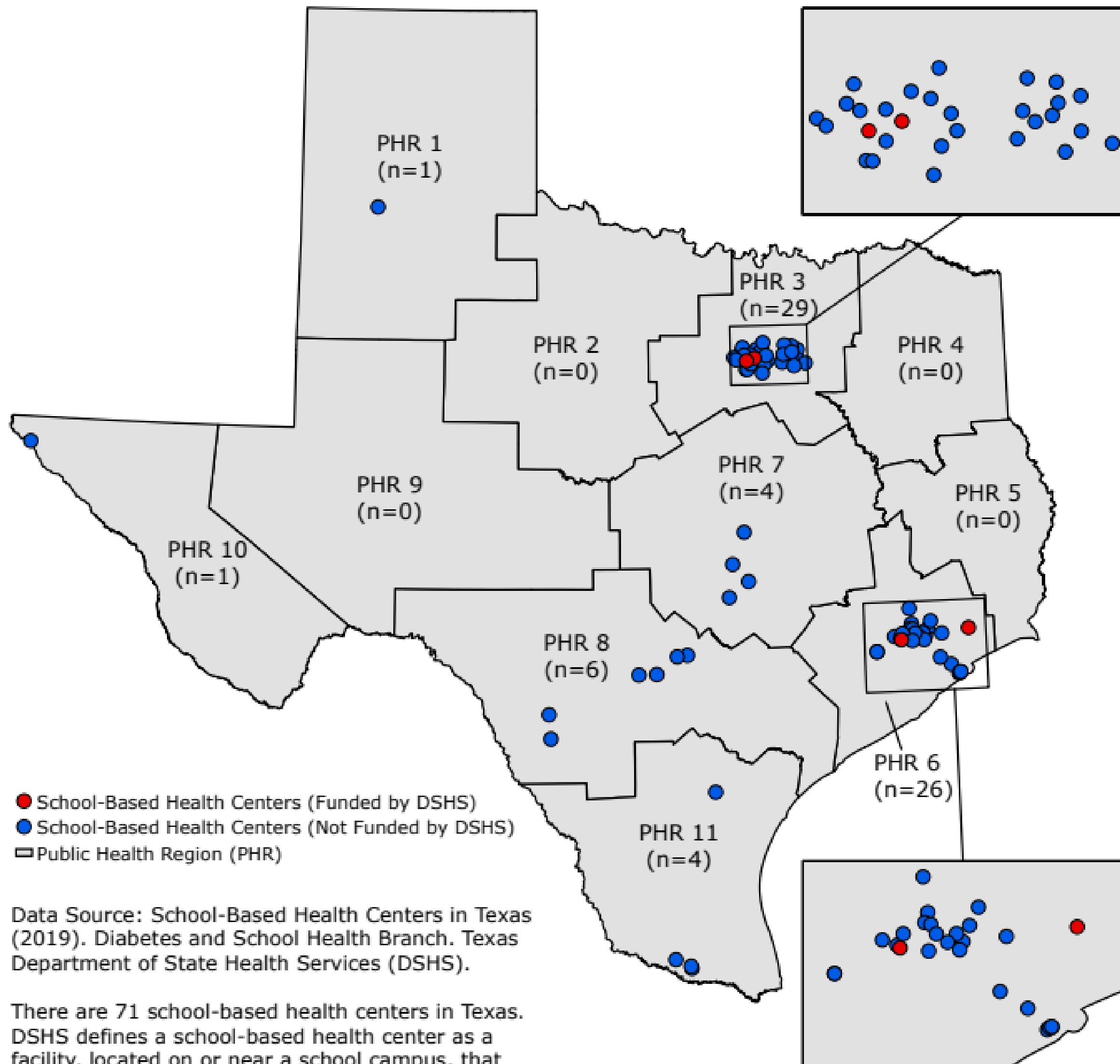
[9] McNall MA, Lichty LF, Mavis B. The impact of school-based health centers on the health outcomes of middle school and high school students. *Am J Public Health*. 2010;100(9):1604-1610. doi:10.2105/AJPH.2009.183590

List of Acronyms

Acronym	Full Name
BMI	Body Mass Index
CHIP	Children’s Health Insurance Program
DSHS	Texas Department of State Health Services
ISD	Independent School District
NAEPP	National Asthma Education and Prevention Program
SBHC	School-Based Health Center
STAAR®	State of Texas Assessment of Academic Readiness

Appendix A. Map of School-Based Health Centers in Texas

School-Based Health Centers by Public Health Region, Texas (2019)



Data Source: School-Based Health Centers in Texas (2019). Diabetes and School Health Branch. Texas Department of State Health Services (DSHS).

There are 71 school-based health centers in Texas. DSHS defines a school-based health center as a facility, located on or near a school campus, that provides preventative and primary health care services to children and adolescents.

Created by Chronic Disease Epidemiology Branch, 8/27/19

Appendix B. Data Tables

Table B-1. Visits by Health Care Provider Type, Chambers County Hospital District #1, Houston ISD, Tarrant County Hospital District, 2018-19 Biennium[a]

Provider Type	Number of Visits	Percent of Total Visits
Primary Care	11,635	82.1
Mental Health	2,430	17.1
Dental Health	115	0.8
Total	**14,180**	**100**

[a] Source: Texas Department of State Health Services School Health Program, 2018-19 biennium data from DSHS-funded SBHC contractors.

Table B-2. Amount Billed and Received in DSHS-Funded SBHCs by Insurance Type, 2018-19 Biennium[a]

Insurance Type	Amount Billed	Amount Collected	Percent Collected
Medicaid	$959,637	$189,855	19.8%
CHIP	$112,507	$14,001	12.4%
Private	$251,239	$50,407	20.1%
Uninsured	$270,108	$1,261	0.5%
Self	$155,396	$8,359	5.4%
Other	$22,384	$155	0.7%
Total	**$1,771,271**	**$264,038**	**14.9%**

[a] Source: Texas Department of State Health Services School Health Program, 2018-19 biennium data from DSHS-funded SBHC contractors.

Table B-1. Immunization Rates by School District for 2017-18 School Year[a]

School District	Vaccine	Kindergarten Coverage	7th Grade Coverage
Anahuac ISD	DTP/DTaP/DT/Td	95.79%	96.79%
Anahuac ISD	Tdap/Td	not applicable[b]	98.1%
Anahuac ISD	Hepatitis A	95.79%	100.00%
Anahuac ISD	Hepatitis B	95.79%	100.0%
Anahuac ISD	Meningococcal	not applicable[b]	96.97%
Anahuac ISD	MMR (2 doses)	95.79%	98.99%
Anahuac ISD	Polio	95.79%	100.0%
Anahuac ISD	Varicella (2 doses)	95.79%	97.98%
Houston ISD	DTP/DTaP/DT/Td	92.93%	not applicable[b]
Houston ISD	Tdap/Td	not applicable[b]	83.25%
Houston ISD	Hepatitis A	93.52%	94.39%
Houston ISD	Hepatitis B	94.96%	95.19%
Houston ISD	Meningococcal	not applicable[b]	69.27%
Houston ISD	MMR (2 doses)	92.93%	95.44%
Houston ISD	Polio	92.49%	94.83%
Houston ISD	Varicella (2 doses)	91.62%	93.21%

[a] Source: Vaccination Coverage Levels in Texas Schools. Texas DSHS Immunization Unit website. dshs.texas.gov/immunize/coverage/schools.

[b] Not applicable signifies that the vaccine is not required for children in the grade level indicated.

Table B-2. Immunization Rates by School District for 2018-19 School Year[a,b]

School District	Vaccine	Kindergarten Coverage	7th Grade Coverage
Anahuac ISD	DTP/DTaP/DT/Td	98.97%	not applicable[b]
Anahuac ISD	Tdap/Td	not applicable[b]	100.0%
Anahuac ISD	Hepatitis A	96.91%	99.08%
Anahuac ISD	Hepatitis B	98.97%	99.08%
Anahuac ISD	Meningococcal	not applicable[b]	99.08%
Anahuac ISD	MMR (2 doses)	98.97%	99.08%
Anahuac ISD	Polio	98.97%	99.08%
Anahuac ISD	Varicella (2 doses)	98.97%	99.08%
Fort Worth ISD	DTP/DTaP/DT/Td	96.39%	not applicable[b]
Fort Worth ISD	Tdap/Td	not applicable[b]	98.5%
Fort Worth ISD	Hepatitis A	96.85%	98.42%
Fort Worth ISD	Hepatitis B	98.06%	99.10%
Fort Worth ISD	Meningococcal	not applicable[b]	98.55%
Fort Worth ISD	MMR (2 doses)	96.97%	99.21%
Fort Worth ISD	Polio	96.88%	99.05%
Fort Worth ISD	Varicella (2 doses)	96.40%	99.13%
Houston ISD	DTP/DTaP/DT/Td	95.21%	not applicable[b]

Houston ISD	Tdap/Td	not applicable[f]	79.2%
Houston ISD	Hepatitis A	95.11%	94.80%
Houston ISD	Hepatitis B	96.55%	95.50%
Houston ISD	Meningococcal	not applicable[b]	83.06%
Houston ISD	MMR (2 doses)	95.00%	95.63%
Houston ISD	Polio	94.75%	94.48%
Houston ISD	Varicella (2 doses)	93.75%	94.94%

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[a] Source: Vaccination Coverage Levels in Texas Schools. Texas DSHS Immunization Unit website. dshs.texas.gov/immunize/coverage/schools.

[b] Not applicable signifies that the vaccine is not administered to children in the age range for the grade level indicated.

Table B-5. STAAR® Test Scores by School Year for Anahuac ISD[a] (AISD), Fort Worth ISD[b] (FWISD) and Houston ISD (HISD), plus Associated Campuses Served by DSHS-Funded SBHCs (Percent Passing)[c]

District/Campus Name	2014-15	2015-16	2016-17	2017-18	2018-19
AISD	82%	78%	79%	81%	82%
Anahuac Elem (AISD)	78%	77%	79%	79%	78%
Anahuac MS (AISD)	83%	79%	84%	84%	84%
Anahuac HS (AISD)	84%	78%	70%	79%	83%
FWISD	68%	65%	65%	67%	67%
Eastern Hills Elem (FWISD)	58%	55%	73%	76%	63%
Eastern Hills HS (FWISD)	60%	56%	55%	61%	60%
Daggett Montessori (FWISD)	82%	81%	81%	81%	81%
Daggett Elem (FWISD)	59%	55%	59%	62%	65%
Daggett MS (FWISD)	61%	51%	59%	61%	63%
HISD	68%	69%	69%	70%	72%
Elrod Elem (HISD)	73%	70%	70%	66%	80%

[a] Chambers County Public Hospital District #1 serves Anahuac ISD.

[b] Tarrant County Hospital District SBHCs serve five Fort Worth ISD campuses.

[c] Source: School report cards. Texas Education Agency website. tea.texas.gov/perfreport/src/index.html.

Table B-6. Attendance Rates by School Year for Anahuac ISD[a] (AISD), Fort Worth ISD[b] (FWISD) and Houston ISD (HISD), plus Associated Campuses Served by DSHS-Funded SBHCs[c]

District/Campus Name	2013-14	2014-15	2015-16	2017-18
AISD	96.3%%	95.7%	96.3%	95.5%
Anahuac Elem (AISD)	96.9%	96.6%	97.0%	95.9%
Anahuac MS (AISD)	96.5%	96.3%	96.5%	96.0%
Anahuac HS (AISD)	95.3%	94.2%	95.2%	94.7%
FWISD	84.8%	94.7%	94.8%	94.5%
Eastern Hills Elem (FWISD)	93.9%	94.5%	95.4%	95.2%
Eastern Hills HS (FWISD)	90.8%	91.3%	90.1%	91.5%
Daggett Montessori (FWISD)	96.6%	96.5%	96.8%	96.7%
Daggett Elem (FWISD)	95.0%	94.9%	95.1%	95.1%
Daggett MS (FWISD)	94.5%	94.5%	94.1%	93.0%
HISD	95.6%	95.6%	95.6%	95.4%
Elrod Elem (HISD)	96.1%	96.1%	96.1%	96.5%

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[a] Chambers County Public Hospital District #1 serves Anahuac ISD.

[b] Tarrant County Hospital District SBHCs serve five Fort Worth ISD campuses.

[c] Source: School report cards. Texas Education Agency website. tea.texas.gov/perfreport/src/index.html.

Table B-7. Dropout Rates by School Year for All Districts Served by DSHS-Funded SBHCs[a]

District Name	2014-15	2015-16	2017-18
Anahuac ISD[b]	0.5%	0%	0%
Fort Worth ISD[c]	2.9%	3.0%	2.9%
Houston ISD[d]	3.9%	4.0%	4.1%

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[a] Source. Snapshot: school district profiles. Texas Education Agency website. tea.texas.gov/perfreport/snapshot/index.html..

[b] Chambers County Public Hospital District #1 serves Anahuac ISD.

[c] Tarrant County Hospital District SBHCs serve five Fort Worth ISD campuses.

[d] Houston ISD serves Elrod Elementary School.