

TITLE 25. HEALTH SERVICES
PART 1. DEPARTMENT OF STATE HEALTH SERVICES
CHAPTER 37. MATERNAL AND INFANT HEALTH SERVICES
SUBCHAPTER T. SCHOOL-BASED HEALTH CENTERS

§37.531. *Purpose*. The purpose of these sections is to establish procedures for awarding grants to assist school districts with the costs of operating school-based health centers and to establish standards for the funded centers.

The provisions of this §37.531 adopted to be effective August 16, 2000, 25 TexReg 7699; amended to be effective April 24, 2008, 33 TexReg 3278

§37.532. *Definitions*. The following words and terms, when used in these sections, shall have the following meanings, unless the context clearly indicates otherwise:

(1) Applicant--A school district applying for a grant from the Department of State Health Services to assist with the costs of operating a school-based health center.

(2) Conventional (primary) health services--Family and home support; health care, including immunizations; dental health care; health education; and preventive health strategies.

(3) Department--Department of State Health Services.

(4) Funded applicant--A school district with which the Department of State Health Services executes a contract to operate a school-based health center.

(5) Grant--A sum of money awarded to a selected applicant on the basis of a Request for Proposals that results in a contract.

(6) Local School Health Advisory Council or Health Education and Health Care Advisory Council--Persons appointed by the board of trustees of a school district to make recommendations to the district concerning the establishment of school-based health centers and to assist the district in ensuring that local community values are reflected in the operation of each center. In addition to the majority of appointees who shall be parents of students, the board of trustees shall also appoint at least one person from each of the following groups:

(A) teachers;

(B) school administrators;

(C) licensed health care professionals;

(D) the clergy;

(E) law enforcement;

(F) the business community;

(G) senior citizens; and

(H) students.

(7) Low property wealth per student--As defined by the Texas Education Agency, wealth is defined as total

taxable property value divided by the total number of students, and is used as an indicator of a district's ability to raise local funds on a per pupil basis.

(8) Parent--The mother, a man presumed to be the biological father, a man legally determined to be the biological father, a man who has been adjudicated to be the biological father by a court of competent jurisdiction, an adoptive mother or father, a guardian, or other person having legal control of the student.

(9) Reproductive services--Family planning services as defined by §56.102 of this title (relating to Definitions).

(10) Rural area--A county with a population not greater than 50,000, or an area that has been designated under state or federal law as:

(A) a health professional shortage area;

(B) a medically underserved area; or

(C) a medically underserved community as defined by the Office of Rural Community Affairs.

(11) School-based health center--An entity established by a school district or by a school district jointly with a public health agency at one or more campuses in the school district to deliver cooperative health care programs, prevention of emerging health threats that are specific to the district, and conventional (primary) health services for students and their families.

(12) Family and home support--Case management or the coordination of health services such as assisting families with obtaining health insurance.

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§37.533. *Number of Awards.* The department shall award at least one grant each state Fiscal Year.

The provisions of this §37.533 adopted to be effective August 16, 2000, 25 TexReg 7699; amended to be effective April 24, 2008, 33 TexReg 3278

§37.534. *Dollar Amount of Awards.* Grants awarded by the department shall not exceed \$250,000 per applicant per biennium.

The provisions of this §37.534 adopted to be effective August 16, 2000, 25 TexReg 7699; amended to be effective April 24, 2008, 33 TexReg 3278

§37.535. *Matching Funds.*

Funded applicants shall assure the department that matching funds obtained from nonfederal sources, including in-kind contributions, community or foundation grants, individual contributions, and operating funds from local government agencies, shall be available to the school-based health center project.

The provisions of this §37.535 adopted to be effective August 16, 2000, 25 TexReg 7699; amended to be effective April 24, 2008, 33 TexReg 3278

§37.536. *Competitive Process*

The department shall award grants to applicants annually through a competitive Request for Proposals (RFP) process administered in accord with all applicable policies and procedures of the department.

The provisions of this §37.536 adopted to be effective August 16, 2000, 25 TexReg 7699; amended to be effective April 24, 2008, 33 TexReg 3278

§37.537. *Guidelines for Requests for Proposals.* The department shall complete at least one Request for Proposals (RFP) process for school-based health centers per state fiscal year.

(1) The reviewer shall give preference to each applicant located in a rural area and/or that has low property wealth per student.

(2) Proposals shall be evaluated based on the applicant's ability and stated willingness to comply with the department's standards for school-based health centers described in §37.538 of this title (relating to Standards for School-Based Health Centers).

The provisions of this §37.537 adopted to be effective August 16, 2000, 25 TexReg 7699; amended to be effective April 24, 2008, 33 TexReg 3278

§37.538. Standards for School-Based Health Centers.

(a) Funded applicants shall comply with the following standards for school-based health centers.

(1) Community-based solutions. The funded applicant shall facilitate collaboration among families, schools, and members of the community to assess and meet the health needs of the community's children and families. The funded applicant shall utilize all the following strategies for facilitating community-based solutions:

(A) Establish or utilize a local school health advisory council per Education Code, Title 2, Chapter 28, §28.004, or a local health education and health care advisory council per Education Code, Title 2, Chapter 38, §38.058, to make recommendations to the district on the establishment of school-based health centers and to assist the district in ensuring that local community values are reflected in the operation of each center and in the provision of health education.

(B) Establish and/or enhance links between school personnel, school-based health center personnel, other health/social services providers and agencies in the community, and other supportive community sectors.

(C) Enable students and families to be responsible decision-makers in promoting their own health and well-being, making connections with community systems that help to prevent the social isolation and alienation of individuals and families, and using the health care system wisely.

(D) Require parental involvement in and management of the health care of children receiving services from the center; encourage parental accompaniment of any child younger than 18 years of age at visits to the center; notify the child's parent at least one week in advance or as early as possible of the scheduled appointment; and encourage the parent to attend the appointment.

(2) Administration. The funded applicant shall plan and administer a school-based health center that meets the health needs of the community's children and families by use of the following strategies:

(A) Deliver primary and preventive health services to children and families in a school-based setting.

(B) Establish efficient, client-friendly procedures for utilizing all available sources of funding to compensate the district for services provided by the school-based health center, including reimbursement from the state Medicaid program, a state children's health plan program, private health insurance or health benefit plans. Funds received through billing for services shall be used for current and future operations of the school-based health center.

(C) Contract for provision of services at the school-based health center if necessary and appropriate. A school-based health center shall operate under the guidance of a medical director who is licensed by the Texas Medical Board. The medical director shall direct medical services of the school-based health center and be available for consultation, to see referrals, and to review charts.

(D) Develop and present a specific, detailed plan for future funding of the school-based health center that demonstrates how the center will continue to operate when grant funding is no longer available.

(E) Research, develop, and implement the forms and administrative procedures necessary to remain in compliance with all applicable and relevant legislation and regulations. Required procedures contained in applicable legislation for operation of school-based health centers include but are not limited to the following:

(i) provision of services to a student only if the school district or the provider with whom the district contracts has obtained written consent to the services from the student's parent within the one-year period preceding the date on which the services are provided, and the consent has not been revoked;

(ii) joint identification by school-based health center staff and the student's parent of any health-related concerns of the student that may affect the student's health and/or success in school;

(iii) provision of neither reproductive services, counseling, nor referrals through the school-based health center receiving grant funds awarded under this subchapter;

(iv) provision of all services by only appropriately licensed, certified, or credentialed professionals as required by law;

(v) referral of a student for mental health services only upon notification of and with the written consent of the student's parent, which must be followed by written consent by the student's parent for each treatment occasion(s) authorized by the provider, including informed consent when required for specific services;

(vi) a good faith effort by staff of a school-based health center located in a rural area described by §37.532(8) of this title (relating to Definitions) to identify and coordinate with existing health care providers;

(vii) provision of notice by the staff of the school-based health center to the primary care physician of a student who has received services;

(viii) coordination by the staff of the school-based health center with the primary care physician concerning the clinical treatment of any person who has a primary care physician under the state Medicaid program or another health plan and obtaining authorization before delivering a service;

(ix) utilization of all available sources of funding to compensate the school district or provider with whom the district contracts for services provided by a school-based health center;

(x) conduct or facilitation of the conduct of client surveys in school-based health centers by funded applicants; and

(xi) documentation in the student's medical record of the school-based health center's efforts to involve the student's parent in identification of the student's health-related concerns; notification of the student's parent of scheduled appointments and proposed services; coordination with the student's primary care physician; and maintenance of written consent for treatment by the student's parent, including informed consent when required for specific services.

(3) Emphasis on prevention. A funded applicant shall provide for primary emphasis on the delivery of conventional (primary) health services and secondary emphasis on the implementation of population-based models that prevent emerging health threats by use of the following strategies:

(A) increasing substantially the number of children in the community with health-care (medical) homes;

(B) facilitating access to appropriate primary and preventive care for children;

(C) educating, enabling, and empowering individuals for healthier lifestyles;

(D) involving the community in identifying priorities and developing health promotion strategies; and

(E) relying on the evidence of effective prevention to develop interventions that can demonstrate impact.

(4) Focus on outcomes. A funded applicant shall focus on the achievement of outcomes that can be documented, using the following strategies:

(A) delivering conventional (primary) health services and disease prevention of emerging health threats through access to appropriate primary and preventive care for children through a program designed to achieve the following goals:

(i) a reduction in student absenteeism with an emphasis on students with chronic conditions that use the school-based health center and drop-out rates;

(ii) an increase in each student's ability to meet his or her academic potential; and

(iii) stabilization of each student's physical well-being.

(B) A funded applicant shall research, document, analyze, and evaluate outcomes, including the goals listed in subparagraph (A) of this paragraph, by activities that include but are not limited to the following:

(i) gathering data and statistics, monitoring outcomes, and producing data by use of quantitative measurement systems to report on project impact as required by the Request For Proposals;

(ii) providing quarterly reports as required by the department;

(iii) conducting client surveys and other qualitative measures of client satisfaction; and

(iv) producing an annual written report that includes but is not limited to a narrative description of goals accomplished, numbers of students served, summary and outcomes of performance measures, results from client satisfaction surveys, any available statistics related to increased academic success, at least one story from consumers describing the impact of the

school-based health center, and plan for sustaining the center after the final year of grant funding.

(b) Compliance. A funded applicant shall comply with standards required by Education Code, Chapter 38, Subchapter B, and provide to the department annually a statement signed by a representative of the school district stating that the district has made a good faith effort to meet all requirements of the department.

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