



Memorial Hermann
Health Centers for Schools
2015 Annual Report

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Introduction

The Memorial Hermann Health Centers for Schools program is designed as a medical home for uninsured and Medicaid children and a secondary access point for insured children. The primary goal of the program is to bring increased healthcare to children who will otherwise not obtain it and to keep children in school where they can learn. The program began in 1996 with two school-based health centers serving three schools and today consists of ten centers serving **71** schools in five different school districts. Additionally, three mobile dental vans rotate among the health center sites. Schools to be served have always been selected by identifying students with the highest prevalence of unmet medical and psychosocial needs. Feeder patterns are always served. The program does not collect cash, and bills only for eligible services for Medicaid enrolled patients.

These school-based health centers (SBHCs) are located in schools and school districts that have students with documented barriers to healthcare. Through transportation from feeder schools provided by the collaborating school districts, the Health Centers offer access to primary medical, mental health, nutritional and dental care services. The scope of services offered at the ten centers includes sick and injury care, general and sports physicals, immunizations, chronic care (asthma, obesity, cholesterol), mental health therapy and social service referrals, nutritional guidance, as well as other specific care to meet students' needs. The Dental Clinics provide services that include periodic oral examinations, diagnostic x-rays, prophylaxis, fluoride treatments, oral hygiene instructions, sealants, composite fillings, extractions, stainless steel crowns, pulpotomies, and root canals. The Health Centers for Schools operate Monday through Friday, 40 hours a week, 12 months a year.

In school-based health care students have a safe place to talk about sensitive issues; practitioners take their time addressing health problems that impede learning; the full spectrum of primary medical/ mental health/ and dental care is provided on site; and students and their families are continually educated on the importance of regular healthcare. The clinic's social worker and navigator also assist students' families in obtaining health, mental health and dental care not offered at the clinic and link families in need of basic services to community agencies.

The Memorial Hermann Health Centers for Schools program is continually evolving and in FY 15-16 three program components were added: food insecurity, boot camps and a Food Scholarship Pantry. The centers screen all parents using the 2-item USDA Food Insecurity screener in English/Spanish. Food insecure families are provided with assistance in signing up for SNAP and given local pantry information. To address the social determinants of

health in addition to hunger, families in need of other basic services are “navigated” to appropriate social service agencies.

Food insecurity contributes to unhealthy eating habits and obesity. To complement the dietitians’ Healthy Eating and Lifestyle Program (HELP), in the summer of 2015, the HAPPY (Healthy Attitudes Promoting Positive Youth) Boot Camp for students meeting BMI requirements was piloted. Each camp day included a medical evaluation with the LVN and mid-level provider, 1 hour of exercise with a certified fitness instructor, a 45 minute nutrition consultation with a registered dietitian and a 45 minute group counseling session with a licensed clinical social worker. The curriculum is designed to promote a healthy lifestyle through guided practice. Data collection has been refined to include pre/post knowledge; habits; self-esteem awareness; and, self-esteem through positive assertiveness surveys.

Through a Morgan Stanley Healthy Cities grant, Memorial Hermann is a partner in a Food Scholarship Pantry at Sharpstown High School--the site of Sharpstown Health Center. Using food as an incentive, the ‘scholarship’ allows families of Sharpstown students to have increased access to the food pantry in return for participation in family improvement programming. Nutrition counseling, ESL classes and job training skills are among the support services that can help the scholarship pantry families take control of their future.

The purpose of this document is to demonstrate the impact of school-based healthcare on children and adolescents’ health and academic status. This document begins with basic demographic and volume statistics and moves into measurable outcomes, some of which the preponderance of the evidence strongly suggests a link, others in which it is clearly evident that the Memorial Hermann Health Centers for Schools program has a direct positive impact. Memorial Hermann Health Centers for Schools monitors measurable objectives in five (5) categories: healthcare access (reduced ER usage, increased time in the classroom); school performance and mental health (improved grades, reduced absenteeism, reduced suspensions/detentions); asthma management (exacerbations/ER visits/hospitalizations, increased functional status); dental care (reduction of caries at recall); and nutrition and exercise.

Benchmarks are derived from the National Association of School Based Health Centers, Healthy People 2020 and pre-post outcome data. Healthy People 2020 objectives provide a framework for prevention for the Nation. It is a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats.

Students perform better when they show up for class healthy and ready to learn. School-based health centers (SBHCs) ensure that kindergarteners through high schoolers can get a flu shot, have an annual physical, have their teeth examined and their eyes checked, or speak to a mental health counselor in a safe, nurturing place – without the barriers that families too often face.

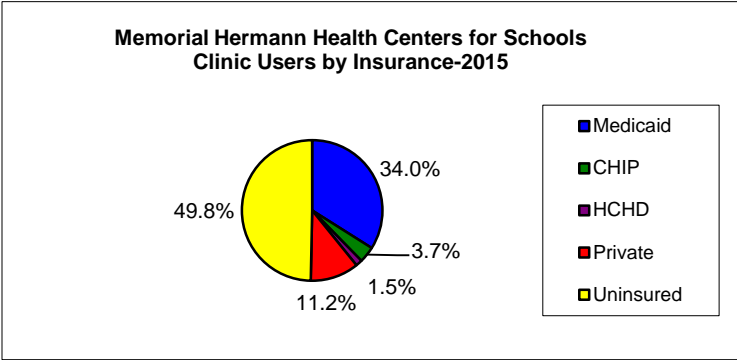
SBHCs exist at the intersection of education and health and are the caulk that prevents children and adolescents from falling through the cracks. They provide care – primary medical and dental health care, mental health and counseling, family outreach, and chronic illness management – without concern for the student’s ability to pay and in a location that meets students where they are: at school.

Demographics and Volumes

DEMOGRAPHICS

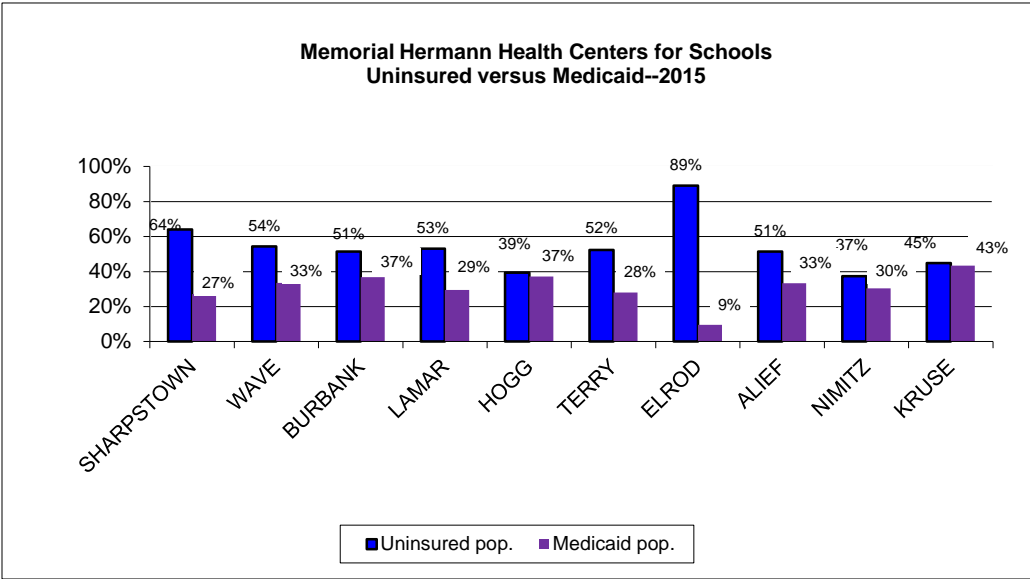
The Health Centers for Schools program is funded by Memorial Hermann in partnership with school districts, local foundations and state and federal grants. Clinic locations include:

- Sharpstown Health Center (Sharpstown High School, Houston ISD; formerly Jane Long Health Center)
- Burbank Health Center (Burbank Middle School, Houston ISD)
- Hogg Health Center (Hogg Middle School, Houston ISD)
- Elrod Health Center (Elrod Elementary School, Houston ISD)
- Lamar Health Center (Lamar High School, Lamar Consolidated ISD/Fort Bend)
- Terry Health Center (Terry High School, Lamar Consolidated ISD/Fort Bend)
- Alief Health Center (West of Crossroads, Alief ISD)
- Nimitz Health Center (Dunn Elementary School, Aldine ISD)
- Kruse Health Center (Kruse Elementary School, Pasadena ISD)
- WAVE Health Center (Matthys Elementary School, Pasadena ISD)

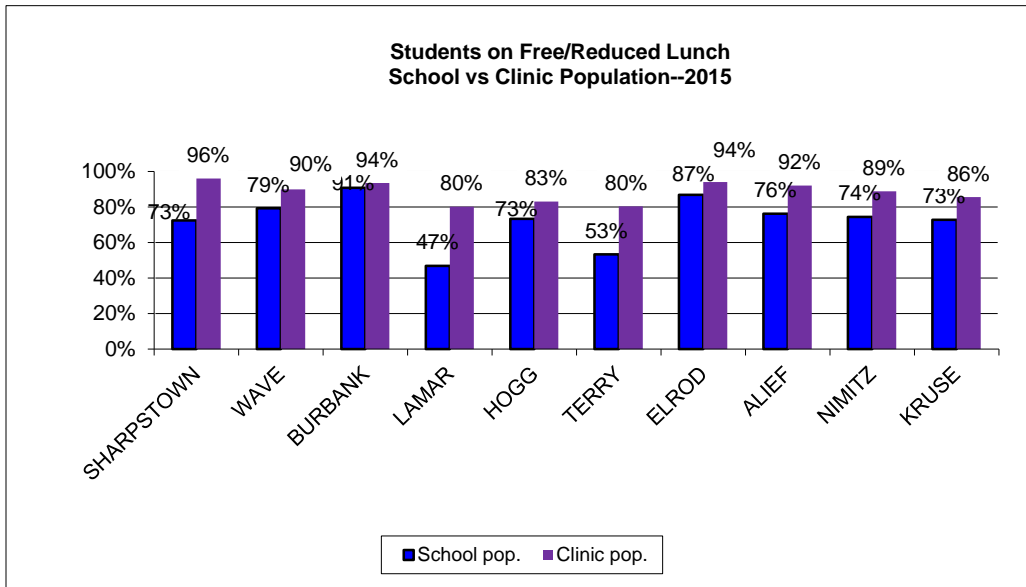


49.8% of the children served at the clinics do not have any type of healthcare coverage. The remaining 50.2% are children who will not obtain healthcare due to transportation issues, parents with low hourly wages who need to balance a day of pay with a visit to a health clinic, high private insurance deductibles, or simply lack of parental involvement.

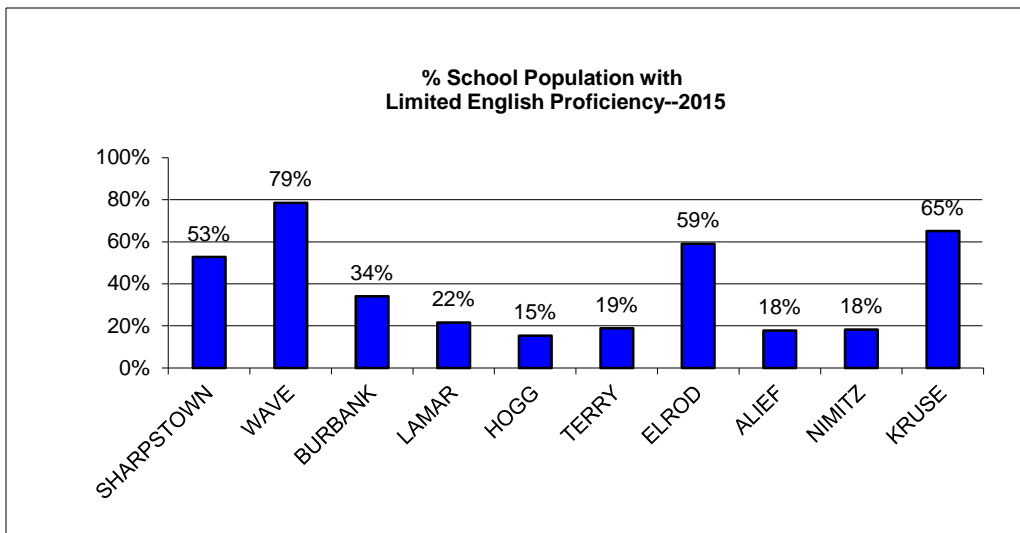
With 34.0% of the population with some form of Medicaid, the centers began billing in 2013.



The payor-mix distribution of the individual clinics varies significantly.



89% of the students seen at the clinics are on the free/reduced lunch program, a nationally accepted indicator for poverty.



33% are more comfortable speaking, reading and writing in a language other than English.

VOLUMES AND STAFFING

33,275 visits were provided in FY 2015 by 47 full time staff members responsible for clinical as well as administrative operations.

Each clinic is staffed by a mid-level provider, licensed clinical social worker, LVN and receptionist.

Three mobile dental vans, staffed by a dentist and 1 to 2 assistants rotate among 9 health centers. (Elrod students are seen at Sharptown)

Two dietitians and two navigators rotate among all 10 of the health centers.

Outcomes

The outcomes documented are a result of both a defined population served and improved access to healthcare. School-based health centers are immediately accessible to children, do not require transportation, do not require parents to miss work, and do not present a financial obstacle to families. The results are documented improvements clinically as well as educationally.

CLINICAL OUTCOMES

Outcome 1: Reduced ER Usage for Primary Care

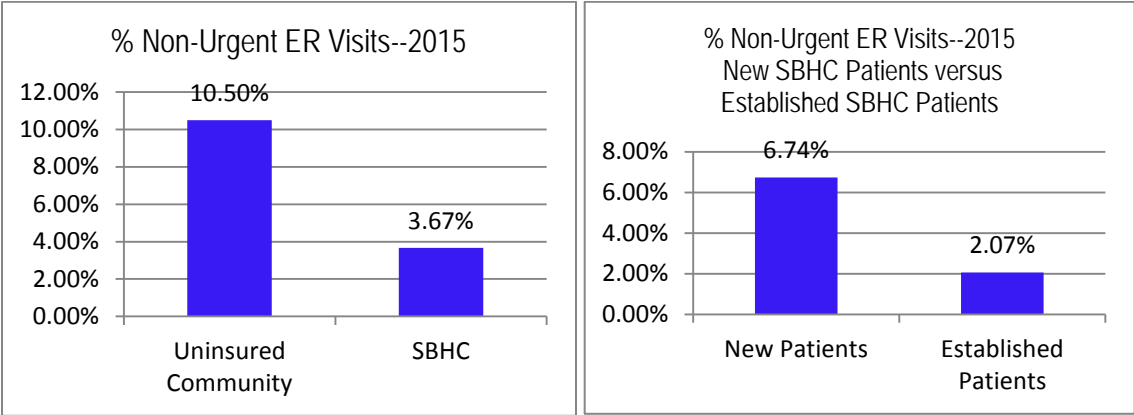
Rationale: Uninsured or underinsured children often use the emergency room for primary care services. School-based health centers improve healthcare access. Documenting that this increased access results in more appropriate use of hospital emergency rooms is important as ER visits continue at inappropriately high utilization rates.

Intervention: Provision of an accessible medical home; on-going education on appropriate usage of available healthcare resources.

Data Collection Methodology: At each clinic visit patients report if they have been to an emergency room, the approximate date, and the reason for the visit. Visits for primary care purposes are entered into the program's electronic medical record system.

Benchmark: 21% of uninsured children under age 18 had an ER visit in the previous year. Approximately half (10.5%) were there for primary care purposes. (Source: Community Tracking Study, Medicaid/SCHIP Cuts and Hospital Emergency Department Use, Peter J. Cunningham.)

Positive Behavior Change: In FY 15, 3.67% of new and established SBHC patients used an ER for primary care purposes versus the community experience for uninsured patients of 10.5%. This reduction in ER usage equates to \$201,715 in ER costs.



Based on FY 2015 Unduplicated Medical Patients of 9715	Uninsured Pop- -Ages < 18 yrs.	SBHC Population
% Non-Urgent ER visits	10.50%	3.67%
ED Visit Cost--Treated & Released	\$493*	\$493*
SBHC Medical Visit Cost		\$96
Total ER Costs	\$502,896	\$175,774
Total SBHC Costs		\$63,699
SAVINGS		\$263,424

*costs are hospital only and exclude the ER physician costs

Outcome 2: Reduced Morbidity

Rationale: To detect and address health problems and health risks before they escalate.

Intervention: Provision of bi-annual physicals.

Data Collection Methodology: Children are monitored for number of annual visits (excludes follow-ups). As children near three visits within a year, they are scheduled for a physical if they have not had one (either at the clinic or elsewhere in the community) within the last two years. Patients with Medicaid, who must see their Medicaid primary care provider (PCP) for their annual exam to maintain Medicaid compliance, are encouraged to make an appointment with their PCP.

CQI: National Association of School Based Health Centers.

Positive Behavior Change: 85.1% of patients with three or more visits in one year received a bi-annual physical.

Number of patients directly impacted:

Patients with 3+ Visits	1425
Patients with a bi-annual physical	1213
% Receiving a bi-annual physical	85.1%

Outcome 3: Reduced asthma related exacerbations, ER visits, and hospitalizations

Rationale: Children with asthma use a disproportionate amount of healthcare services, including over two times as many emergency room visits and three and a half times as many hospitalizations as children without asthma. One solution is to provide children with the knowledge and skills to manage their disease. Children who take part in school-based asthma education programs have decreased asthma exacerbations and reduced hospitalizations.

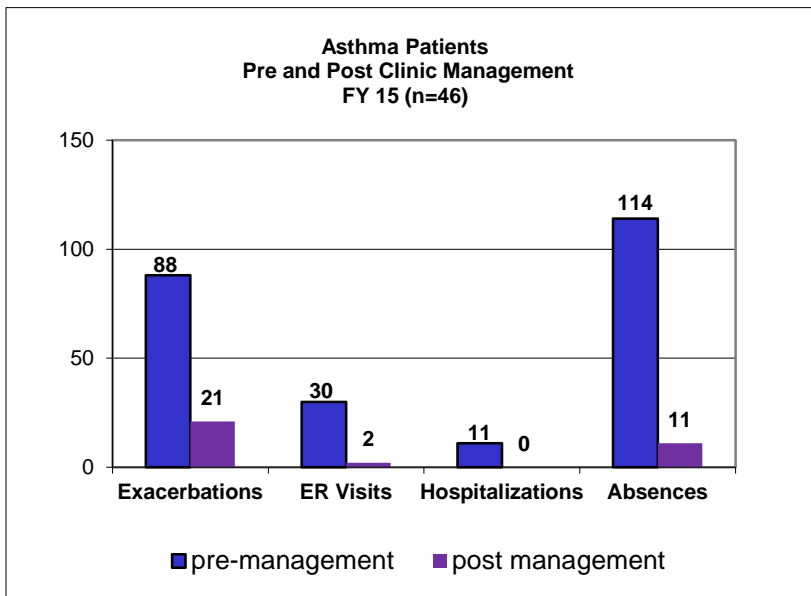
Intervention: The centers establish asthma management plans that include the school nurse, student and family; provide and reinforce student and family education; and, provide flu shots and on-site medicines. (The National Asthma Education and Prevention Program (NAEPP) medication guidelines are followed).

Data Collection Methodology: The following variables are monitored through patient charts.

- Current asthma plans and receipt of flu vaccines
- Incidence of asthma attacks
- Incidence of asthma related ER visits and hospitalizations
- Incidence of asthma related school absences

Benchmark: Pre/Post Data

Positive Behavior Change: Asthma exacerbations, emergency room visits, hospitalizations, and absences were reduced by 86% for children whose care is managed in the clinics. (Note: Data is compared from baseline year to most current year.)



Number of patients directly impacted: 46

FY 14	Pre-management	Post-management	% Change
Exacerbations	88	21	76.1%
ER Visits	30	2	93.3%
Hospitalizations	11	0	100%
Absences	114	11	90.4%
TOTAL	243	34	86%

Percent Change 86%

Note: Many additional asthma patients are treated and supported with medications. The above numbers are for patients that the clinics serve as the sole primary care provider and manage care throughout the year.

EDUCATION/MENTAL HEALTH

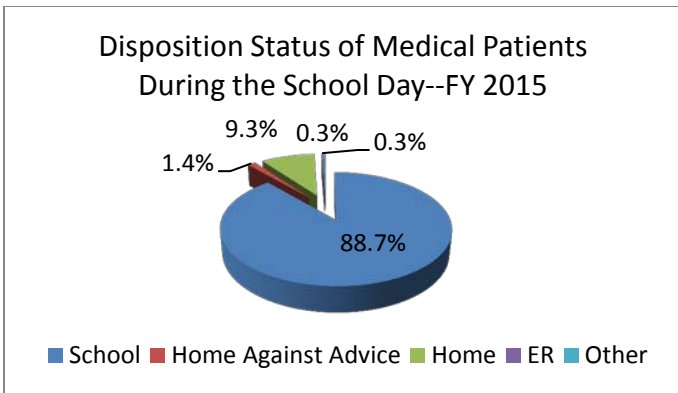
Outcome 4: To increase the amount of time that children are in the classroom

Rationale: School-based health centers, placed on school campuses and working closely with school nurses, minimize the amount of time that children are out of the classroom.

Intervention: Each student is returned to the classroom as long as their illness is not contagious or interfering with his or her abilities.

Data Collection Methodology: The type of discharge (back to school, home, ER, other) is noted on the patient encounter form of the electronic medical record system.

Positive Behavior Change: In FY 15, 88.7% of students who had a health center visit returned to the classroom.

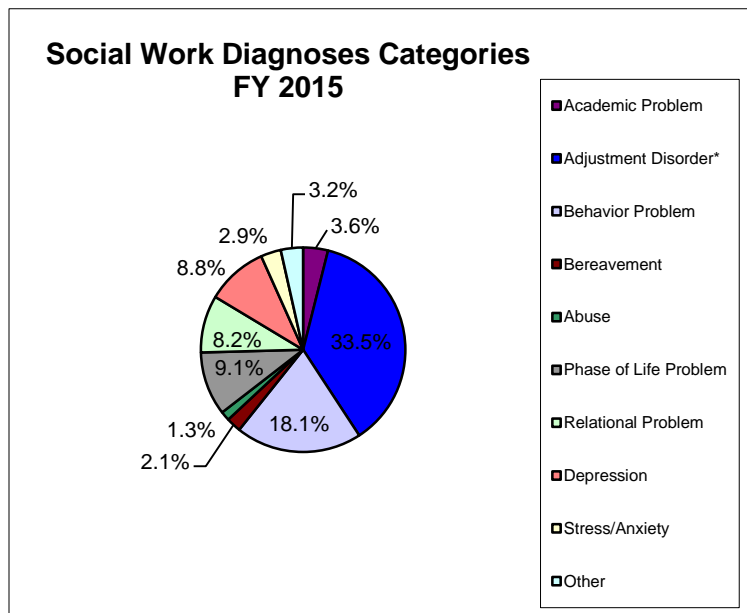


Outcome 5: Improved School Performance (grades, absenteeism, suspensions/detentions, and self-reported well-being)

Many children suffer unrecognized psychological disorders because they lack access to mental healthcare. Treatment for most psychosocial disorders is more successful and less costly if instituted early. *According to the Mental Health and Mental Retardation Authority of Harris County, in 2012, 74% of children and adolescents with a serious emotional disturbance could not access services from the public mental health system.* One of the Healthy People 2020 goals is to “increase the proportion of children with mental health problems who receive treatment.”

Mental health services are offered through the Health Centers for Schools clinics where licensed clinical social workers provide students with the tools to improve their functioning at home, school and with peers in collaboration with parents and school staff.

Social workers work hand in hand with teachers to help determine how to deal with students with mental issues so that they don't disrupt classes and are able to get the most out of their school experience. Referrals come from family members, teachers, counselors and school nurses. They treat elementary, junior and high school students. Since the social workers are on-site, continuity of care is provided for students as they age. Mental Health Services provided within the Clinics are non-crises in nature but beyond the scope of service of school personnel. The services are diverse but predominantly include therapy for anxiety, depression, and conduct.



*Adjustment disorders are adjustment in combination with anxiety, depression, and conduct issues.

Rationale: Students who perform well in school feel better about themselves and their accomplishments and are encouraged to continue to perform well and remain in school.

Intervention: The clinics are staffed with Licensed Clinical Social Workers. Students are provided with tools to improve their functioning at home, school, and with peers. There is on-going collaboration with parents and school staff. In the case of ADHD management, the interdisciplinary team of medical directors, licensed clinical social workers, and nurse practitioners combine medication management with mental health therapy.

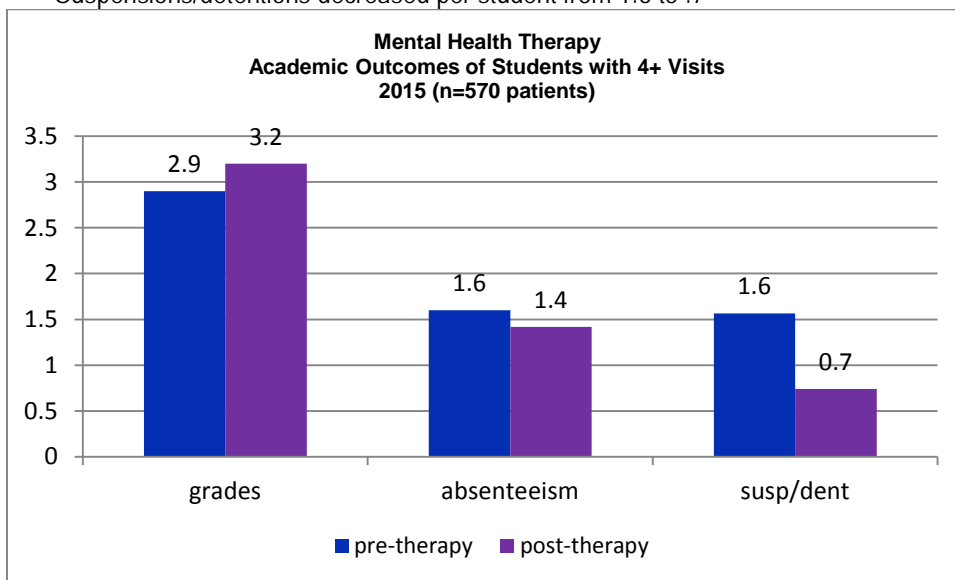
Data Collection Methodology: The CAFAS (Child and Adolescent Functional Assessment Scale) is the tool applied at the beginning of therapy and then again at discharge or three months into therapy (whichever occurs first) to assess a youth's day-to-day functioning across critical life subscales as well as for determining whether a youth's functioning improves over time. Additionally, school performance data are collected three months prior to the start of counseling and three months prior to counseling termination for all short-term, long-term, and extended treatment students.

Benchmark: Pre/Post Data.

Positive Behavior Change: Each year trends move in the desired direction: GPA rises; days absent and suspensions/detentions decline.

In FY 15:

- CAFAS Meaningful and Reliable Improvement: 89%
- Overall grade point average increased from 2.9 to 3.2
- Days absent decreased per student from 1.6 to 1.4
- Suspensions/detentions decreased per student from 1.6 to .7



Note: Desired trends are for GPA to rise; Days Absent and Susp/Dent to decline.

ORAL HEALTH

Outcome 6: Improved Oral Health; Reduction of Caries at Recall

The Surgeon General reports that despite improvements in oral health status, profound disparities remain among population groups. Oral health is related to well-being and quality of life. Diet, nutrition, sleep, psychological status, social interaction, school and work are affected by impaired oral health. Uninsured children are more than four times as likely as insured children to have an unmet dental need.

Serving the greater Houston community since 2000, three 40-foot mobile dental vans, each staffed with a dentist and one to two dental assistants, provide access to preventative and restorative dental services at nine Health Centers for Schools sites and are available as a dental home for uninsured and underinsured students.

The dental vans rotate among the Health Centers for Schools clinics at three month intervals. The mobile environment requires a close partnership between the stationary school-based clinic and the dental clinic. Serving as an anchor, the school-based clinic staff schedules patients and contacts the clinic when emergencies arise while the van is off-site.

Dental clinic staff diagnose dental problems, conduct cleanings, treat cavities, perform other restorative work and provide oral health education for each patient. Professionals and educators, the staff also drive and maintain the van, monitor and report the outcomes, and manage the appointment scheduling and patient flow.

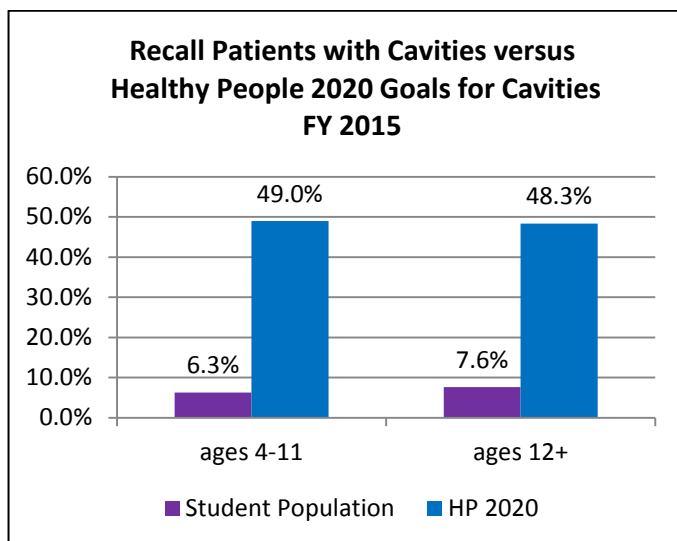
Rationale: Through cleanings, sealants, restorative dental care (fillings and extractions), and six-month follow-ups, the mobile dental program strives to provide continuity dental care comparable to the standard of care experienced by middle and upper economic populations.

Intervention: Provision of an accessible dental home.

Data Collection Methodology: Cavities by student are registered into the dental chart and input into an excel program for compilation.

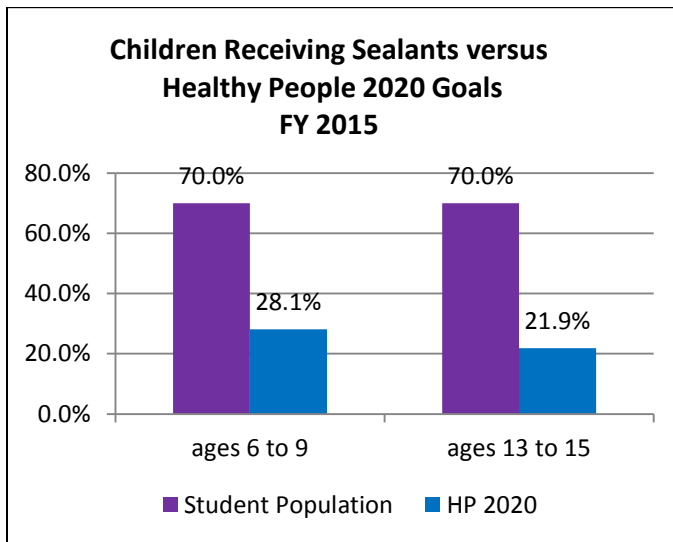
Benchmark: Healthy People 2020 Objectives.

Positive Behavior Change – Reduction of Cavities at Recall: The program compares its cavities at recall to the Healthy People 2020 Objectives which requires that the proportion of children with one or more cavities is no more than 49% among children aged 4-11 and no more than 48.3% for adolescents aged 12+. **The below outcomes are significant given 61% of initial patients are diagnosed with cavities; 22% are diagnosed with five or more cavities. The staff attributes these statistics to lack of education. Many of the students seen are immigrants. The parents know to provide food and clothes. If they have dentures, then it is acceptable for their children to have dentures. Education is paramount. Outcomes are the result of bringing a dental home to uninsured children, striving to complete all diagnosed dental work within the month in order to move students into a 6 month recall program. At-risk patients are provided with 3 month recall visits which contributes to the following amazing cavities at recall statistics.**



Note: Desired outcome is to be less than HP 2020.

Positive Behavior Change – Placement of Sealants: The program compares its sealant placement percentage to the Healthy People 2020 Objectives which requires that 28.1% of children aged 6-9 and 21.9% for adolescents aged 13 to 15 receive sealants. Each patient is evaluated for the presence of premolars and molars and whether sealants have previously been applied. Patients meeting criteria are provided with sealants.



Note: Desired outcome is to be more than HP 2020.

NUTRITION AND EXERCISE

Outcome 7: Nutrition and Exercise

For families living in poverty, food insecurity is an underlying cause of obesity. When food is available, the least expensive food is often not the healthiest food. And Houston area food deserts, where healthy fruits and vegetables are scarce, exacerbate the problem. Poor nutrition, when combined with physical inactivity, is associated with many chronic conditions such as high blood pressure, diabetes and asthma. According to the 2013 Youth Risk Behavior Survey, 34% of Houston area high school students are overweight or obese. More than one-fifth of these students had not exercised for 60 minutes a minimum of one day during the week prior to the survey. Studies show that overweight students are absent more often, grow up to have less educational attainment, lower wages and higher unemployment.

Rationale: To combat this alarming epidemic, nutrition counseling and education is offered by registered dietitians through the Health Centers for Schools clinics at no cost to students.

The Healthy Eating and Lifestyles Program (HELP) is designed to educate children and their families on the importance of proper nutrition and exercise. Any child that is diagnosed as overweight/obese per BMI (body mass index) percentile of 85 or > is referred to HELP. After meeting with the student and his or her parents and reviewing the medical information, the dietitian will suggest healthy food choices, create meal plans, set weight loss goals, discuss how to read food labels and other topics related to nutrition. The goal is to provide children and their parents with a better understanding of how proper nutrition can improve their child's health and school performance.

Data Collection Methodology: The following variables are collected at 3 month intervals and input into an excel program for compilation.

- BMI
- Minutes of physical activity
- Intake of Fruits and Vegetables

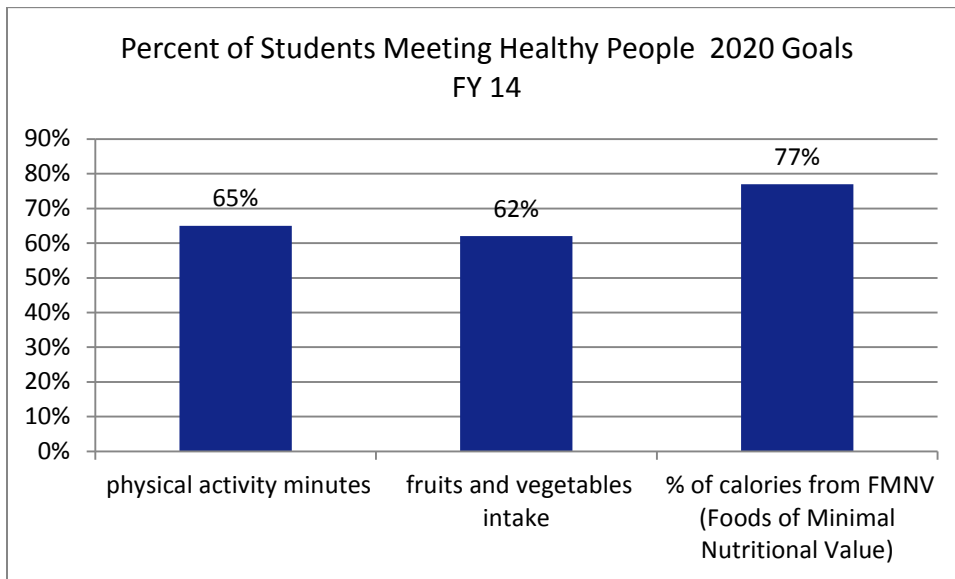
- Calories from FMNV (foods of minimal nutritional value)

Benchmark: Healthy People 2020

Positive Behavioral Change: In FY14 (latest data available) 126 students actively participated in HELP. Students moved from obese to overweight and from overweight to normal at statistically significant levels. Additionally, significant percentages of students made lifestyle changes as relates to physical activity minutes, fruits and vegetables intake, and percentage of FMNV (foods of minimal nutritional value) per day.

BMI Percentile (n, %)*	Pre-		Post-		Difference*
Normal (<85 th percentile)	0	0.00%	11	8.73%	11
Overweight (85 th to 94.9 th percentile)	30	23.81%	35	27.78%	5
Obese (>=95 th percentile)	96	76.19%	80	63.49%	-16
Total	126	100.00%	126	100.00%	

*Differences statistically significant



Intervention: The Cholesterol Program is designed for students who are not overweight but with abnormal triglyceride and/or LDL levels. This intervention consists of a referral to the dietitian, education on the causes and long-term effects, and counseling on better nutrition and regular exercise.

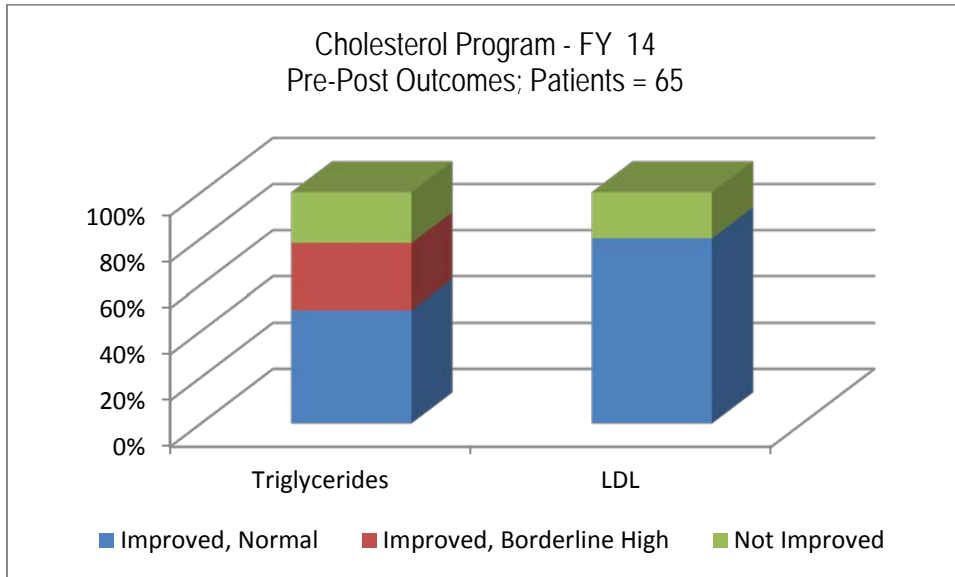
Data Collection Methodology: The following variables are collected at 6 month intervals and input into an excel program for compilation.

- Triglycerides

- LDL

Benchmark: American Academy of Pediatrics.

Positive Behavior Change: 80% of students achieved a normal LDL level of <130; 78% of students improved their Triglyceride levels, of which 49% achieved a normal level.



Intervention: Memorial Hermann is the exclusive sponsor of Project Fit America in the Houston area. Project Fit America (PFA) is a national nonprofit organization that provides exemplary fitness programs for students, grades 2 through 5, within the school curriculum. The program includes state-of-the-art indoor and outdoor fitness equipment specifically designed to address areas where children fail fitness tests and a dynamic curriculum with games, activities, and challenges for kids. The program gives teachers the tools they need to teach character development, sportsmanship, teamwork and leadership skills with an academic emphasis on creating educated children who are empowered to take personal responsibility for their health. Memorial Hermann has sponsored two PFA schools: Field Elementary in 2012 and Elrod Elementary in 2014. A third school, Bowie Elementary in the Lamar Consolidated Independent School District, will be implemented in the fall, 2017.

Methodology: All PFA schools participate in two years of testing and evaluation for project measurement. Tests are administered to the students at the beginning of the fall semester, prior to implementing PFA and at the end of the spring semester after using the program. The data is analyzed by Sonoma State University, Department of Mathematics and Statistics Consulting and reports are compiled for each school as well as national school averages year in three areas:

- Cardio testing: pacer test or mile run
- Upper body strength testing: regular pull ups/flexed arm hang
- Abdominal strength testing and sit ups

Benchmark: pre/post data

Positive Behavior Change: Proven pre- and post- outcomes for roughly 850 Project Fit schools in 2012-2013 indicate that participating students show an average improvement in the following: 21.12% upper body strength, 24.33% abdominal strength, 22.86% lower body strength, and 10.07% cardiovascular endurance.

Appendices

MEMORIAL HERMANN HEALTH CENTERS FOR SCHOOLS

AWARDS

- 2016 American Hospital Association NOVA Award (Mobile Dental Program)
- The Build Health Challenge Implementation Award for Improving Health Through a Sustainable Food System, 2015
- Jackson Healthcare Hospital Charitable Service Awards, 2013—Finalist
- Foster G. McGaw Prize, 2013--Finalist
- Nineteenth Annual Monroe E. Trout Premier Cares Award/Vision, 2010--Finalist
- 2010 Nineteenth Annual Monroe E. Trout Premier Cares Aware/Vision—Finalist
- 2010 Beacon of Hope Recipient, Mental Health America of Fort Bend County (awarded to the Lamar Clinic)
- 2009 Eighteenth Annual Monroe E. Trout Premier Cares Award/Vision—Semi-Finalist
- 2008 American Hospital Association NOVA Award
- 2008 Texas Association of Partners in Education (TAPE) Gold Award
- 2008 Inductee into Houston Independent School District's Partnership Hall of Fame
- 2007 VHA (Voluntary Hospitals of America) Leadership Award for Community Benefits Excellence (awarded to Memorial Hermann's Community Benefit Program which highlighted the Health Centers for Schools initiative)
- 2003 Recipient of the Excellence in Community Service Award from the Texas Hospital Association
- 2001 Recipient of Texas Dental Association Certificate of Merit
- 1998 VHA (Voluntary Hospitals of America) Leadership Award for Improving Community Health (awarded to Memorial Hermann's Community Benefit Program which highlighted the Health Centers for Schools initiative)
- 1998 THA Community Service Award Entry - Finalist - (awarded to Memorial Hermann's Community Benefit Program which highlighted the Health Centers for Schools initiative)
- Memorial Health Centers for Schools--Jane Long Clinic: 1997 Recipient of the Greater Southwest Houston Chamber Education Partner Award

MEMORIAL HERMANN HEALTH CENTERS FOR SCHOOLS

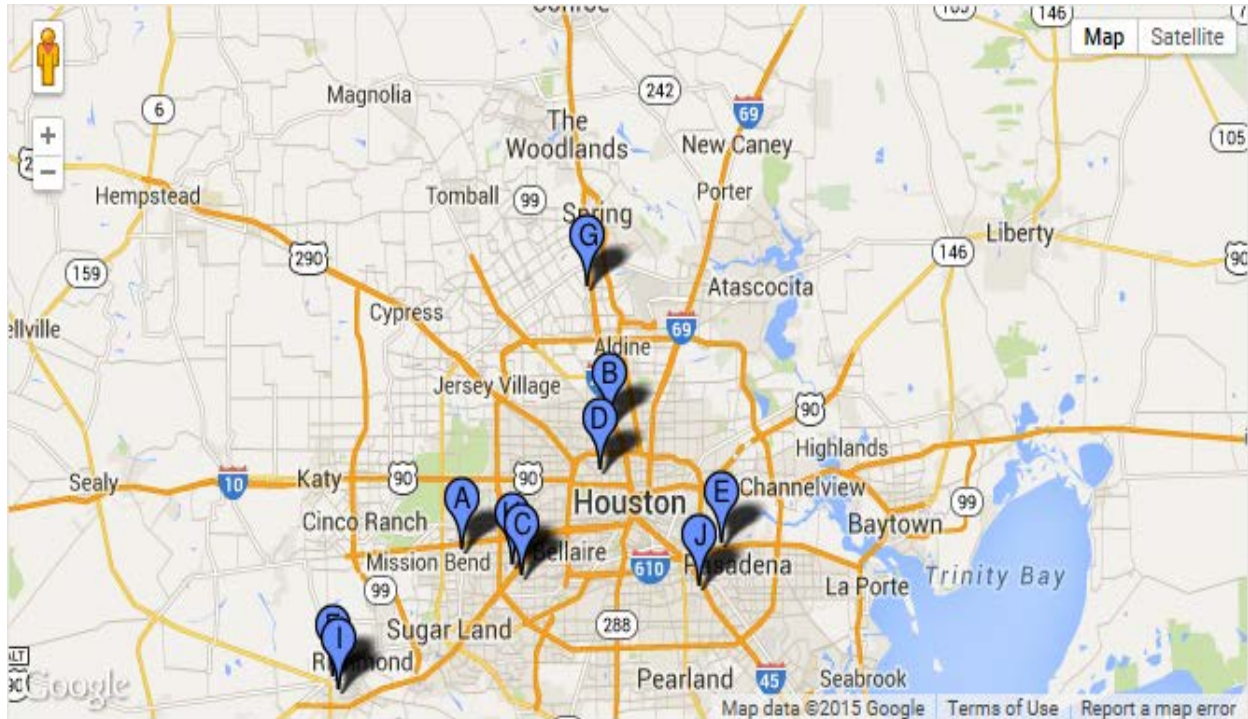
TIMELINE

November 1995	Jane Long Clinic begins serving students from Jane Long Middle School
January 1996	WAVE Clinic begins serving students from Matthys Elementary and South Houston Intermediate Schools
April 1997	Jane Long Clinic adds Sutton Elementary School , WAVE Clinic adds South Houston Elementary School
April 1998	Jane Long Clinic adds Benavidez Elementary School
August 1999	Burbank Clinic begins serving students from Burbank Middle and Burbank Elementary Schools
October 1999	Rusk Clinic Collaborative begins
April 2000	Mobile Dental Van Program begins serving Jane Long, WAVE, and Burbank Clinic students
September 2001	WAVE Clinic adds L.F. Smith Elementary School
August 2000	Burbank Clinic adds Janowski Elementary School
August 2002	Lamar Clinic begins serving students from Lamar High, Lamar Jr. High, and Deaf Smith, Pink, and Seguin Elementary Schools
August 2003	Lamar Clinic adds Wessendorf Middle School
January 2005	Project Fit (a non-profit dedicated to providing support to public schools to increase children's fitness testing levels and teach lifetime health habits) brought to Burbank Middle School as a part of the VHA Cardinal Health Challenge
April 2005	Lamar Clinic adds Jane Long Elementary School
May 2005	Burbank Clinic adds Roosevelt Elementary School
July 2005	<ul style="list-style-type: none"> • Memorial Hermann takes over the Hogg Clinic from Community Partners that has faced ongoing funding challenges, and begins serving Reagan High, Hogg Middle, and Harvard, Crockett, and Browning Elementary Schools. • The Board of the Rusk School Health Promotion Project elects to transfer the provision of clinical care under its charter to the El Centro de Corazon Federally Qualified Health Center. The FQHC status provides the opportunity to address the growing need to provide adult as well as pediatric care.
August 2005	HELP (Healthy Eating and Lifestyle Program) begins with the addition of a dietitian to the multi-disciplinary team of nurse practitioner and social worker
August 2006	WAVE Clinic adds Rick Schneider Middle School
May 2007	Burbank Clinic adds Herrera Elementary School
August 2007	Hogg Clinic adds Field Elementary School Jane Long Clinic begins serving pre-school children at Mistral Early Childhood Education Center and the Las Americas Middle School located on the Jane Long campus.
January 2008	A Community Health Worker is added to rotate among the clinics assisting eligible patients with Medicaid and CHIP applications and follow-up
October 2008	Burbank Clinic begins serving 9th Grade Preparatory Academy at Sam Houston

January 2009 April 2009	Due to a declining student population and sports involvement at Jane Long Middle School, the Jane Long Clinic begins to serve the Sharpstown Feeder Pattern <ul style="list-style-type: none"> ○ Bonham and McNamara Elementary Schools added ○ Sharpstown Middle School (which becomes Sharpstown International) added
July 2009	Lamar Clinic adds Hutchison Elementary School
January 2010	<ul style="list-style-type: none"> ● Burbank Clinic begins serving Sam Houston High School (9th Grade Preparatory Academy eventually loses its separate school status and becomes a part of Sam Houston) ● Jane Long Clinic begins serving Neff Elementary School
July 2010	● Lamar Clinic adds Austin Elementary School
January 2011	<ul style="list-style-type: none"> ● Hogg Clinic adds Hamilton Middle School ● WAVE Clinic adds Jessup Elementary School
April 2011	● Second Mobile Dental Van Program in operation making it possible for all school-based health center sites to be served
March 2012	Lamar begins serving Jackson Elementary School in the Foster Track
September 2011	Replacement modular clinic at Hogg Clinic in operation
January 2012	Terry Clinic begins serving the nine schools of the Terry Feeder Pattern— Terry High, George Jr., Navarro Middle, and Beasley, Bowie, Thomas, Ray, Travis and Meyer Elementary Schools
May 2012	Project Fit brought to Fields Elementary School
April 2013	Elrod Clinic opens
July 2014	Nimitz Clinic in Adine ISD begins serving students from Dunn Elementary, Lewis Middle, Parker Intermediate, Nimitz 9th and Nimitz High Schools
August 2014	The Jane Long Clinic moves to Sharpstown High School and becomes the Sharpstown Clinic . Jane Long Middle, McNamara Elementary, Benavidez Elementary, and Mistral Early Childhood are no longer served due to minimal historical use. Fondren Middle School is added to the schools served.
August 2014	Alief Clinic in Alief ISD begins serving students from Alief Middle, Crossroads, Elsik 9th, Elsik High, Hastings 9th, Hastings High, and Taylor High Schools . Kruse Clinic in Pasadena ISD begins serving students from Pasadena High, Jackson Intermediate, DeZavala Middle, and Kruse, Gardens, and Richey Elementary Schools .
September 2014	Mobile Dental 3 in operation to allow for dental services for students at the new clinics
February 2015	Nimitz Clinic adds Magrill Elementary, Teague Middle, and Rayford Intermediate
June 2015	Nimitz Clinic creates and implements first Boot Camp

MEMORIAL HERMANN HEALTH CENTERS FOR SCHOOLS

LOCATIONS



Alief Health Center (HISD) – 832-658-5210

Elsiks and Hastings High Schools
12360 Bear Ram Road, # T-1
Houston, Texas 77073



Burbank Health Center (HISD) – 713-742-8151

Burbank Middle ++
315 Berry Road
Houston, Texas 77022



Elrod Health Center (HISD) -- 713-771-1805

Elrod Elementary School
6230 Dumfries
Houston, TX 77096



Hogg Health Center (H ISD) – 713-864-7614

Hogg Middle School
1100 Merrill
Houston, Texas 77009



Kruse Health Center (Pasadena ISD) – 832-658-5230

Kruse Elementary School
400 Park Lane
Pasadena, Texas 77506



Lamar Health Center (Lamar Consolidated ISD) – 281-762-8383

Lamar High School
1002 E. Stadium Drive
Rosenberg, Texas 77471



Nimitz Health Center (Aldine ISD) – 832-658-5220

Dunn Elementary School
2003 W.W. Thorne Blvd. #TM-01
Houston, Texas 77073



Sharpstown Health Center (HISD) – 832-658-5260

Sharpstown High School
7504 Bissonnet
Houston, Texas 77074



Terry Health Center (Lamar Consolidated ISD) – 281-238-0852

Terry High School
5500 Avenue N.
Rosenberg, Texas 77471



WAVE Health Center (Pasadena ISD) – 713-946-7461

Matthys Elementary School
1500 Main
South Houston, Texas 77587

MEMORIAL HERMANN HEALTH CENTERS FOR SCHOOLS

Schools Served by Health Center

Sharpstown Health Center (Formerly Jane Long) (HISD) – 832-658-5260

Sharpstown High++
7504 Bissonnet
Houston, Texas 77074

Sharpstown International
8330 Triola
Houston, Texas 77036

Jane Long Middle
6501 Bellaire
Houston, Texas 77074

Fondren Middle
6333 S Braeswood Blvd
Houston, TX 77096

Las Americas Middle
6501 Bellaire
Houston, Texas 77074

Sugar Grove Middle
8405 Bonhomme
Houston, Texas 77074

Bonham Elementary
8302 Braes River Dr.
Houston, Texas 77074

Neff Elementary
8301 Carvel
Houston, Texas 77036

Neff Early Learning
8200 Carvel Lane
Houston, Texas 77036

Sutton Elementary
7402 Albacore
Houston, Texas 77074

Burbank Health Center (HISD) – 713-742-8151

Sam Houston High
9400 Irving
Houston, Texas 77076

Burbank Middle ++
315 Berry Road
Houston, Texas 77022

Burbank Elementary
216 Tidwell
Houston, Texas 77022

Herrera Elementary
525 Bennington
Houston, Texas 77022

Janowski Elementary
7500 Bauman
Houston, Texas 77022

Roosevelt Elementary
6700 Fulton
Houston, Texas 77022

WAVE Health Center (Pasadena ISD) – 713-946-7461

South Houston Intermediate
900 College Ave
South Houston, Texas 77587

Rick Schneider Middle
8420 Easthaven Blvd.
Houston, TX 77075

Jessup Elementary
9301 Almeda Genoa Rd
Houston, TX 77075

L. F. Smith Elementary
1401 Avenue A
South Houston, Texas 77587

Matthys Elementary ++
1500 Main
South Houston, Texas 77587

South Houston Elementary
900 Main St
South Houston, Texas 77587

Lamar Health Center (Lamar Consolidated ISD) – 281-762-8383

Lamar Consolidated High ++
4606 Mustang Ave.
Rosenberg, Texas 77471

Lamar Junior High
4841 Mustang Ave.
Rosenberg, Texas 77471

Wessendorff Middle
5201 Mustang Ave.
Rosenberg, Texas 77471

Austin Elementary
1630 Pitts Road
Richmond, Texas 77469

Deaf Smith Elementary
2014 Lamar Dr.
Richmond, Texas 77469

Hutchison Elementary
3602 Ransom Road
Richmond, Texas 77469

Jackson Elementary
301 Third St.
Rosenberg, Texas 77471

Jane Long Elementary
907 Main St.
Richmond, Texas 77469

Juan Seguin Early Childhood Center
605 Mabel St.
Richmond, Texas 77469

T. L. Pink Elementary
1001 Collins Rd
Richmond, Texas 77469

Hogg Health Center (HISD) – 713-864-7614

Reagan High
413 E 13th St.
Houston, 77008

Hamilton Middle
139 East 20th St.
Houston, Texas 77008

Hogg Middle ++
1100 Merrill St.
Houston, Texas 77009

Browning Elementary
607 Northwood St.
Houston, 77009

Crockett Elementary
2112 Crockett St.
Houston, 77007

Field Elementary
703 East 17th St.
Houston, Texas 77008

Harvard Elementary
810 Harvard St.
Houston, 77007

Terry Health Center (Lamar Consolidated ISD) – 281-238-0852

Terry High School++
5500 Ave. N
Rosenberg, Texas 77471

George Junior High School
4601 Airport Rd
Rosenberg, Texas 77471

Navarro Middle School
4700 Ave. N.
Rosenberg, Texas 77471

Beasley Elementary
7511 Ave. J.
Beasley, Texas 77417

Bowie Elementary
2304 Balmore Rd.
Rosenberg, Texas 77471

Meyer Elementary
1930 J. Meyer Rd.
Richmond, Texas 77469

Ray Elementary
2611 Ave. N
Rosenberg, Texas 77471

Thomas Elementary
6822 Irby Cobb Blvd.
Richmond, Texas 77469

Travis Elementary
2700 Ave. K
Rosenberg, Texas 77471

Elrod Health Center (HISD) – 713-771-1805

Elrod Elementary
6230 Dumfries Dr.
Houston, TX 77096

Kruse Health Center (Pasadena ISD) – 832-658-5230

Pasadena High School
206 South Shaver
Pasadena, Texas 77506

Jackson Intermediate
1020 East Thomas
Pasadena, TX 77506

DeZavala Middle
101 East Jackson
Pasadena, Texas 77506

Gardens Elementary
1105 East Harris
Pasadena, Texas 77506

Kruse Elementary++
400 Park Lane
Pasadena, Texas 77506

Richey Elementary
610 So Richey St.
Pasadena, Texas 77506

Nimitz Health Center (Aldine ISD) – 832-658-5220

Nimitz Senior High
2005 West W Thorne Dr.
Houston, Texas 77073

Nimitz 9th Grade
2425 West W Thorne Dr.
Houston, Texas 77073

Lewis Middle
21255 W Hardy
Houston, Texas 77073

Parker Intermediate
19850 E Hardy
Houston, Texas 77073

Dunn Elementary++
2003 West W. Thorne Dr.
Houston, Texas 77073

Magrill Elementary
2170 Rayford Rd.
Humble, TX 77338

Teague Middle
21700 Rayford Rd.
Humble, TX 77338

Rayford Intermediate
21919 Rayford Rd.
Humble, TX 77338

Alief Health Center (Alief ISD) – 832-658-5210

Elsik High
12601 High Star
Houston, Texas 77072

Elsik 9th Grade
6767 So Dairy Ashford
Houston, Texas 77072

Hasting High
4410 Cook
Houston, Texas 77072

Hasting 9th
6750 Cook
Houston, Texas 77072

Taylor High
7555 Howell-Sugarland Road
Houston, Texas 77083

Alief Middle School
4415 Cook
Houston, Texas 77072

Crossroads
12360 Bear Ram Road
Houston, Texas 77072

SOAR/LINK/NMS
High School Annex
12501 High Star Dr.
Houston, Texas 77072

++Location of clinic