

School-Based Health Centers: Supporting Health and Educational Equity

RFP for Coronavirus State and Local Fiscal Recovery Funds

United Way of Asheville and Buncombe County

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Application Form

Question Group

Buncombe County requests proposals for projects to help the community recover from and respond to COVID-19 and its negative economic impacts.

Buncombe County has been awarded \$50,733,290 in Coronavirus State and Local Fiscal Recovery Funds (Recovery Funding), as part of the American Rescue Plan Act. To date, Buncombe County has awarded projects totaling \$23,093,499, leaving a balance of \$27,639,791 available to award.

Visit <http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding> for details.

This infusion of federal resources is intended to help turn the tide on the pandemic, address its economic fallout, and lay the foundation for a strong and equitable recovery.

Buncombe County is committed to investing these funds in projects that:

- Align to county strategic plan and community priorities
- Support equitable outcomes for most impacted populations
- Leverage and align with other governmental funding sources
- Make best use of this one-time infusion of resources
- Have a lasting impact

Proposals shall be submitted in accordance with the terms and conditions of this RFP and any addenda issued hereto.

[Click here for the full terms and conditions of the RFP](#)

Organization Type*

Nonprofit

Nonprofit documentation

If nonprofit, attach IRS Determination Letter or other proof of nonprofit status.

IRS 501(C)3 determination letter.pdf

Name of Project.*

School-Based Health Centers: Supporting Health and Educational Equity

New/Updated Proposal*

Is this a new project proposal or an updated version of a proposal submitted during the earlier (July 2021) Recovery Funding RFP?

Updated version of previously submitted proposal

Amount of Funds Requested*

\$1,426,877.00

Category*

Please select one:

- Affordable Housing
- Aging/Older Adults
- Business Support/Economic Development
- Environmental/Climate
- Homelessness
- K-12 Education
- Infrastructure and/or Broadband
- Mental Health/Substance Use
- NC Pre-K Expansion
- Workforce

K-12 Education

Brief Project Description*

Provide a short summary of your proposed project.

A Community School wraps a network of community partners around a public school while transforming that school into a hub of support for the surrounding community. School-Based Health Centers are a defining feature of Community Schools nationwide because they drastically improve access to healthcare, both in schools and in their surrounding communities. The critical, on-site support services provided at these centers improve physical, mental and behavioral health outcomes, thereby increasing student attendance and academic performance while decreasing emergency department and hospital admissions, health risk behaviors, and asthma morbidity. United Way of Asheville and Buncombe County (UWABC) is seeking \$1,426,878 in Buncombe County Recovery Funds to support School-Based Health Centers (SBHC) at three public middle schools as a vital component of our community school strategy in order to improve health and educational outcomes and reduce disparities exacerbated by the COVID-19 pandemic.

Project Plan*

Explain how the project will be structured and implemented, including timeframe.

UWABC is working closely with Asheville City Schools (ACS), Buncombe County Schools (BCS) and other partners to install SBHCs at Asheville Middle School (AMS) and Erwin Middle School (EMS) in 2022 and a third school site within the BCS system in 2023. The provider for the services at AMS and EMS will be Blue Ridge Health (BRH), a WNC-based Federally Qualified Health Center (FQHC) that provides comprehensive health care for over 40,000 patients annually. Like its predecessors, the third location and the provider for that location will be determined through consultation with the SBHC core planning team. This team includes representatives from both school systems, MAHEC, Buncombe County HHS (Ellis Vaughan, DNP, RN Health and Human Services Clinical Services Coordinator, Director of Nursing), and others.

The services provided at these centers will include primary, urgent, acute, prevention, wellness, and behavioral health care in an environment designed to meet the unique needs of youth and their families. Expanded services—including substance misuse support, oral health, reproductive health, vision care, nutrition counseling, care coordination, case management and health promotion—will be added over time. Services are expected to start at AMS this month (April 2022), at EMS in August 2022, and at the third location in the spring of 2023.

The staffing model for the SBHCs will include a Registered Nurse, an Advanced Practitioner, a Licensed Clinical Social Worker (or Licensed Clinical Addictions Specialist), and a Site Coordinator. All of these positions will be employed by BRH and AMS and EMS. The FQHC selected to provide services at the third location will provide all staffing for that site. In addition, UWABC's Community Partnerships Director and Community School Coordinators at both schools will provide additional administrative and coordination support, including significant outreach to students and parents.

Statement of Need*

Describe the need that this project will address. Include data to demonstrate the need, and cite the source of the data.

Between 10-30% of students nationwide have been diagnosed with a chronic disease or condition (Compas BE, Jaser SS, Dunn MJ, Rodriquez EM: Coping with chronic illness in childhood and adolescence. Annual Review of Clinical Psychology). Locally, Buncombe County's 2018 Community Health Assessment found that, on average, more children faced Adverse Childhood Experiences (ACEs) in Buncombe than in any other WNC county. Barriers to healthcare access (including transportation and insurance limitations) affect whether or not children receive preventative care to mitigate the impact of these conditions on their success both in and outside of the classroom.

According to Michael Arenson, MA, et al. in "The Evidence on School-Based Health Centers: A Review" (2019), SBHCs improve healthcare equity among students by "meeting the needs of disadvantaged populations and removing barriers to health care services." Students with access to an SBHC experience financial savings, improved holistic acute and chronic health management, and decreased depressive episodes and suicide risks. A 2018 report by the American Public Health Association found students who use SBHCs have better grade-point averages and attendance records than their peers who lack access to care. Other benefits include: fewer emergency department visits and hospital admissions, increased use of vaccination/preventive services, higher birth weights, and lower substance and alcohol use.

Ultimately, SBHCs reach children where they are so providers can intervene in or prevent health complications to improve students' long-term health and wellness.

Link to COVID-19*

Identify a health or economic harm resulting from or exacerbated by the public health emergency, describe the nature and extent of that harm, and explain how the use of this funding would address such harm.

The SBHC's will directly address students' mental, behavioral and physical health issues that were exacerbated by COVID-19. Numerous studies, in addition to countless anecdotes, have pointed to the deepening mental and behavioral health issues that resulted from the isolation and uncertainty of the pandemic. Students with pre-existing issues saw those challenges worsen during the pandemic, while students previously unaffected by these challenges began to see them surface in their own lives.

Barriers (eg. lack of funding for school-based supports, transportation, costs of care) that have historically limited students' access to mental, behavioral and physical health care can no longer be ignored or deprioritized. The pandemic brought the ongoing issues regarding healthcare access to the fore. A dedicated, seamless, barrier-free system that enables students to access these services on site, regardless of ability to pay, is critical in order for our community to properly support these students and their families as they continue to pursue their goals and dreams.

Population Served*

Define the population to be served by this project, including volume and demographic characteristics of those served.

The school-based health services will be available immediately for all students, and eventually for families, faculty, and staff. Both AMS and EMS were selected based on need, specifically related to economic barriers to access. Similar demographic consideration will play a key role in the selection of the third SBHC location.

Asheville Middle School
674 students
Students of Color: 43.0%
Free and reduced lunch rate: 36.5%

Erwin Middle School
671 Students
Students of Color: 42.8%
Free and reduced lunch rate: 49.5%

Results*

Describe the proposed impact of the project. List at least 3 performance measures that will be tracked and reported. If possible, include baselines and goals for each performance measure.

Outcome goals for the project period:

- 10% reduction in average number of students not returning to class after an SBHC visit;
- 10% reduction in average number of school days missed by students with care managed chronic health conditions;
- 90% of enrolled students receive a Rapid Assessment for Adolescent Prevention Services (RAAPS);
- 80% of enrolled students covered by Medicaid receive CPE exams within grant period;
- 90% of enrolled students have up-to-date immunizations per national (ACIP) guidelines for adolescent vaccines;
- 90% of enrolled students receive BMI assessments and documentation for an underweight, normal, overweight, or obese status;
- 90% of enrolled students with ADD/ADHD receive a documented behavioral intervention/medication treatment plan;
- 90% of enrolled students with depression and/or anxiety receive a documented psychosocial assessment and treatment plan with follow-up.

These goals measure SBHC efficacy. They demonstrate that the provider successfully increased student participation in healthcare and education, thus decreasing rates of disease, disability, and other health complications students face.

Evaluation*

Describe the data collection, analysis, and quality assurance measures you will use to assure ongoing, effective tracking of contract requirements and outcomes.

Measuring the effectiveness of medical and behavioral services at the SBHCs will be performed via chart audit and/or the Electronic Health Records (EHR) system (AthenaNet)

Performance measures related to attendance, behavior and grades will be collected via the Early Warning and Response System software platform (Learning Circle). Learning Circle automatically pulls attendance, behavior, and core course grades data from the schools' student information system (PowerSchool) and organizes it in an interactive, easy-to-use format that can be viewed by district and building-level administrators, teachers and community partners. The level of detail is determined by role-based privacy and security standards.

The quality of services are measured according to the NC Department of Health and Human Services/Department of Public Health Quality Assurance Program Standards for School Health Centers. BRH staff also participate on performance improvement teams as well as SBHC-specific quality initiatives found in the Health Care Plan of the Title III Section 330 quality program and continued Patient Centered Medical Home certification from National Committee for Quality Assurance and in the national School Based Health Alliance Collaborative Improvement and Innovation Networks project.

Equity Impact*

How will this effort help build toward a just, equitable, and sustainable COVID-19 recovery? How are the root causes and/or disproportionate impacts of inequities addressed?

Like so many other social determinants of health (and education), the impact of COVID-19 on healthcare access and health outcomes disproportionately impacts students of color and students from low wealth communities. Students and families experiencing these disparities often have no medical home and/or no insurance. SBHC's provide medical, behavioral, dental, and vision care on school grounds, and regardless of ability to pay, so all students, regardless of zip code, have access to quality healthcare and to the results such care has on health and education outcomes.

On-site health care eliminates most transportation barriers. Language barriers are addressed via bilingual clinical staff and by ensuring that all health forms are provided in multiple languages. BRH uses Video Remote Interpreting (VRI) through a multiplatform HIPAA compliant video application. VRI uses video devices to provide spoken language interpreting services through a remote or off-site interpreter. This enables providers and patients to communicate when there is a language barrier and on-site interpreters are not available. VRI also provides on demand American Sign Language services for hearing-impaired patients.

SBHC administrative staff and the BRH Connecting Kids to Coverage patient navigator assist parents with no insurance coverage to determine eligibility for NC Medicaid and Health Choice (including completing applications), and enrollment in the ACA Insurance Marketplace. Patient Navigator staff can also connect patients to additional needs and services through referrals to community agencies and resources.

The three SBHC's will serve to reduce the disparity in healthcare access experienced by students of color and students from low wealth families. Increasing access to a range of medical services on school grounds will improve both health and educational outcomes for these students.

Project Partners*

Identify any subcontractors you intend to use for the proposed scope of work. For each subcontractor listed, indicate:

- 1.) What products and/or services are to be supplied by that subcontractor and;
- 2.) What percentage of the overall scope of work that subcontractor will perform.

Also, list non-funded key partners critical to project.

Blue Ridge Health will provide comprehensive primary, urgent, acute, prevention, wellness, and behavioral health care to students. Expanded services, including substance misuse support, oral health, reproductive health, vision care, nutrition counseling, care coordination, case management, and health promotion will be phased in over the course of the project. A Request for Proposals process will guide the selection process to determine which FQHC will provide services to the third location. BRH and the to-be-determined service provider at the third site represent 89% of the project scope.

Critical, non-funded partners:

As part of this project's Memorandum Of Understanding, Asheville City Schools and Buncombe County Schools will:

- * Provide adequate space at the school site for the SBHC to provide medical, counseling, and administrative services as provided for by this Memorandum.
- * Provide utilities for the operation of SBHC services -- specifically electricity and running water.
- * Provide janitorial and maintenance services for the SBHC location. -
- * To the extent permitted by Family Education Rights and Privacy Act (FERPA): Provide student registration, enrollment, parental consent, and immunization information to the ** SBHC as appropriate and refer students in need of medical treatment, behavioral health services, health education/advice, dental health, or nutrition services;
- * Inform SBHC staff and BRH contractors of opportunities to promote SBHC services among parents, students, faculty, and staff;
- * Maintain a presence on the Advisory Board of the School Health Center and cooperate with BRH to identify any potential school representatives willing to serve on BRH's governing board, in accordance with BRH's governance requirements.

Capacity*

Describe the background, experience, and capabilities of your organization or department as it relates to capacity for delivering the proposed project and managing federal funds.

UWABC has followed national best practices since our Community School launch in 2015. We have also developed a solid collective impact framework to ensure relational trust and accountability exists between all Community Schools and community partners.

A full time Community School Coordinator will be on-site at all three SBHC locations and will help in the establishment, promotion and integration of these SBHC's into each school's culture. We also have two staff that manage and support our growing network of contracted community partners (including establishing the school-based health centers) and one staff that directs the growing scope of the broader Community Schools initiative.

UWABC is currently in year two of a five-year Full Service Community Schools grant from the U.S. Dept. of Education. This grant enabled us to expand our footprint, increase the depth of school-based services and solidify the capacity needed for this growing network of school and community partners. Our Finance and Operations team has extensive experience managing numerous federal funding sources.

BRH has been operating school-based health centers in WNC since 1994. The first SBHC program started in Henderson County at Apple Valley Middle School. The organization now serves over 10,000 students in 6 counties: Henderson, Buncombe, Polk, Jackson, Swain and Transylvania. Each county began with services that most fit their needs in collaboration with each school and each school district, for example we began with behavioral health services in Transylvania while others began with medical services. BRH has expanded services over time as the guidance from the collaboration identified further needs, appropriate resources and created a plan to improve access to services for the students.

BRH also has extensive experience managing federal funding sources.

Budget*

Provide a detailed project budget including all proposed project revenues and expenditures, including explanations and methodology. For all revenue sources, list the funder and denote whether funds are confirmed or pending. For project expenses, denote all capital vs. operating costs, and reflect which specific expenses are proposed to be funded with one-time Buncombe County Recovery Funds.

Download a copy of the budget form [HERE](#). Complete the form, and upload it using the button below.

Recovery-Funds-budget-UWABC-FINAL.pdf

Special Considerations*

Provide any other information that might assist the County in its selection.

SBHC article focused on BRH.pdf

* School-Based Health Centers align perfectly with Buncombe County's "Educated and Capable Community" and "Resident Well-being" pillars, and also directly support the County's commitment to "Systems, policies, and practices that support equity for all people and an organizational culture that embraces diversity and inclusion."

* UWABC and our partners have secured grant funding from Dogwood Health Trust and the US Department of Education to launch the first two centers at roughly 75% of what we would consider full-capacity. Approximately one-third (\$474,200) of this proposal would support additional hours for the registered nurse and licensed clinical social worker at AMS and EMS, as well as support for coordination and outreach to families. The remaining two-thirds (\$952,678) in this proposal would be used to open a third center at another middle school to meet the overwhelming need for affordable and accessible health care access among Buncombe County families.

* Additional potential funding diversity:

1) Reimbursement: The nurse practitioner, mental/behavioral health therapist, and nutritionist are reimbursable. The majority of these positions will be covered via reimbursement by year four

2) Federal grant: An additional Full Service Community School grant opportunity from the U.S. Department of Education may be available to cover a portion of expenses into 2027.

3) Partnerships: We continue to strengthen our relationships with local partners in this work. We will work alongside these partners to identify opportunities for them to realign some of their resources (and to find new sources) to establish a true blended and/or braided funding model.

4) Federal/state funds: There is currently a push for federal legislation that will provide additional resources for School-based Health Centers. We will continue to monitor opportunities to leverage federal and state funds in support of this initiative.

File Attachment Summary

Applicant File Uploads

- IRS 501(C)3 determination letter.pdf
- Recovery-Funds-budget-UWABC-FINAL.pdf
- SBHC article focused on BRH.pdf

Address any reply to: P. O. Box 737, Atlanta, Georgia 30301

Department of the Treasury

Office of the Director

Internal Revenue Service

Date: JUN 4 1971 In reply refer to:

JUN 4 1971

411-3:AAM

ATL:EO:1971:1020

United Fund of Asheville and Surcombe
County, Incorporated

Allen Center - 331 College St.
Asheville, N.C. 28801



Purpose: **Charitable**

Accounting Period Ending: **December 31**

Gentlemen:

Based on information supplied, and assuming your operations will be as stated in your exemption application, we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Any change in your purposes, character, or method of operation must be reported to us so we may consider the effect of the change on your exempt status. You must also report any change in your name and address. We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization described in section **170(b)(1)(A)(vi)**.

For years beginning prior to January 1, 1970, you are required to file the annual information return, Form 990-A. For each subsequent year, please refer to the instructions accompanying the Form 990 for that particular year to determine whether you are required to file. If filing is required, you must file the Form 990 by the 15th day of the fifth month after the end of your annual accounting period.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are an unrelated trade or business as defined in section 513 of the Code.

You are not liable for Federal Unemployment Taxes. You are liable for Social Security Taxes only if you have filed waiver of exemption certificates as provided in the Federal Insurance Contributions Act.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to you or for your use are deductible for Federal estate and gift tax purposes under the provisions of section 2055, 2106 and 2522 of the Code.

Every exempt organization is required to have an Employer Identification Number, regardless of whether it has any employees. If you do not have such a number our Service Center will assign one to you in the near future and notify you of the number assigned. This number should be entered in the designated space on all Federal returns which should be filed with the Mid-Atlantic Service Center in Philadelphia, Pennsylvania. Any correspondence you have about your organization should be addressed to the District Director in Atlanta, Georgia.

This is a determination letter.

Sincerely yours,

John W. Henderson
District Director
(Acting)

Internal Revenue Service

District Director

Department of the Treasury

SUITE 400
ONE WEST PACE SQUARE
ASHEVILLE, NC 28801

> UNITED WAY OF ASHEVILLE &
BUNCOMBE COUNTY INC.
50 S. FRENCH BROAD AVENUE
ASHEVILLE, NC 28801

Person to Contact:

J. E. PICKARD, JR.
REVENUE AGENT

Telephone Number & Fax

(704)259-0721 (704)259-0806

Refer Reply To:

FE1314JEP

Date:

April 3, 1991

TO WHOM IT MAY CONCERN:

Per your request, the status of your above organization has today been verified with our office in the Greensboro District of the Internal Revenue Service.

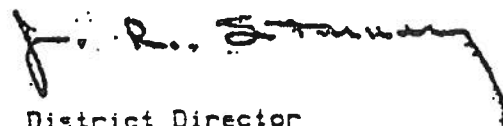
This information indicates that United Way of Asheville & Buncombe County files a Form 990--Return of Organization Exempt From Income Tax.

The date of the Internal Revenue Service 501(c)(3) ruling letter in your files of June 4, 1971, for United Fund of Asheville and Buncombe County, Incorporated, matches the ruling date in our files for United Way of Asheville & Buncombe County. In addition to the apparent name change, our files also indicate that your fiscal year has been changed to end June 30.

And, of course, an address different from the one on the 1971 ruling letter exists because of your change of address.

If we can be of further assistance, please feel free to contact us at the above number.

Sincerely yours,



District Director

**Coronavirus State and Local Fiscal Recovery Funds
Proposed Project Budget**

Organization Name:	United Way of Asheville and Buncombe County (UWABC)
Project Name:	Advancing Equitable Education and Community Wellbeing through School-Based Health Centers
Amount Requested:	\$1,46,877

Proposed Project Revenue Funder	Amount	Confirmed or Pending?	Notes
Proposed Buncombe COVID Recovery Funds	\$ 1,426,877	Pending	
US Department of Education	\$ 280,000	Confirmed	Full-Service Community Schools Grant
Dogwood Health Trust	\$ 766,155	Confirmed	Received, December 2021 via Blue Ridge Health
Buncombe County Schools	\$ 200,000	Confirmed	ESSR funds
Blue Ridge Health	\$ 260,000	Pending	Estimated revenue through billing
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
Total	\$ 2,933,032		

Proposed Project Expenses	Recovery Funds	Other Funds	Total	Expense?	Notes
Fully Funding Schools 1 & 2 (Asheville and Erwin Middle Schools)					
Personnel	\$ 286,200	\$ 999,000	\$ 1,285,200	Operating	Advanced Practitioner (1 FTE); LCSW or LCAS (1 FTE at each school); and Site Coordinator (0.5 FTE)
Equipment and Supplies	\$ 32,000	\$ 98,643	\$ 130,643	Operating	in years 2 and 3
Administration and Coordination	\$ 156,000	\$ 90,000	\$ 246,000	Operating	
Travel, Meetings and Training		\$ 19,632	\$ 19,632	Operating	Mileage, professional development, training, waste disposal
Renovations	\$ -	\$ 275,000	\$ 275,000	Capital	
Technology	\$ -	\$ 23,880	\$ 23,880	Operating	Telehealth equipment licensing, wireless AP, fax, copier
Total Schools 1 & 2	\$ 474,200	\$ 1,506,155	\$ 1,980,355		
Launching SBHC #3					
Personnel	\$ 642,600		\$ 642,600	Operating	Advanced Practitioner (1 FTE); LCSW or LCAS (1 FTE at each
Equipment and Supplies	\$ 65,321		\$ 65,321	Operating	
Administration and Coordination	\$ 123,000		\$ 123,000	Operating	
Travel, Meetings and Training	\$ 9,816		\$ 9,816	Operating	Mileage, professional development, training, waste disposal
Renovations	\$ 100,000		\$ 100,000	Capital	
Technology	\$ 11,940		\$ 11,940	Operating	Telehealth equipment licensing, wireless AP, fax, copier
Total SBHC #3	\$ 952,677		\$ 952,677		
TOTAL	\$ 1,426,877	\$ 1,506,155	\$ 2,933,032		

School health centers: Greater access to care, less time out of class

 ednc.org/school-health-centers-greater-access-to-care-less-time-out-of-class/

August 4, 2020



Courtesy of Apple Valley Middle School

When students at Apple Valley Middle School in Hendersonville feel sick during the school day, they don't have to worry about whether someone can come pick them up to take them to a doctor. Instead, they can just walk down the hall. That's because Apple Valley is home to one of North Carolina's oldest school health centers (SHCs), operated by Blue Ridge Health.

SHCs are essentially doctors' offices located at a school. They can be located in a repurposed classroom space or a standalone structure on the school property. They employ at least one advanced practitioner—a physician, physician assistant and/or nurse practitioner—to see students throughout the school day. The main goal of SHCs is to provide greater access to medical care while minimizing the amount of time students have to be out of a classroom to receive that care.



Example of a School Health Center. Courtesy of Blue Ridge Health

Established in 1996, the SHC at Apple Valley Middle School was the first of Blue Ridge Health's 13 SHCs across western North Carolina. Tammy Greenwell, Chief Operations Officer of Blue Ridge Health, explains, "We chose a middle school because that's when health outcomes started falling off. Kids aren't getting well-child checks anymore. They're not going to the dentist. Preventative care starts slipping. And of course, there's mental health issues." Apple Valley now serves as a model for how traditional SHCs function to improve student access to health services.

When students at schools like Apple Valley feel sick, they can request a medical visit. The student would then leave the classroom to be examined by a physician assistant or family nurse practitioner at the on-site SHC. The clinician would provide appropriate treatment,

typically enabling the student to return to class. School staff members can also refer students to the SHC if they notice a child showing symptoms of illness. Without an SHC, students either go without medical care or miss more essential class time by being removed from school for a medical visit off-site.

Ninety-five percent of student guardians at Apple Valley have granted prior authorization for their children to see medical professionals on campus. In a given year, about 700 of the school's approximately 900 students have used at least one service provided by the SHC.

Starting a full-fledged school health center is no small undertaking. Blue Ridge Health estimates it costs around \$30,000 to establish the physical site of an SHC on a school campus. Add in the cost of staffing and the price tag can be daunting. But for existing community health centers or county health departments with access to funding streams, building a SHC provides students, teachers, and families with greater access to health services, potentially improving public health.

Apple Valley Middle School is just one of Blue Ridge Health's 13 SHCs. To staff its sites, Blue Ridge Health employs four clinicians, six nurses, eight counselors, three medical assistants, a dietician, and a practice manager. Like a traditional doctor's office, Blue Ridge Health bills patients or insurance companies for visits. It collects about 66% of its revenue through billing, including billing Medicaid.

North Carolina's Department of Health and Human Services issues grants of \$44,400 for qualified school health centers on an annual basis, through a grant proposal process. Blue Ridge Health regularly receives these grants, "which basically cover the cost of one nurse for the year," says Greenwell. Additional funding comes from federal grants covering uninsured patients, as well as grants and donations from private corporations and charitable foundations.

A major challenge in measuring outcomes for all SHCs, including those operated by Blue Ridge Health, is the inability to merge health data (protected by HIPAA) with educational data (protected by FERPA). This makes it virtually impossible to show whether improved access to medical care has an impact student learning. While academic studies indicate a positive correlation between health and educational outcomes, individual SHCs like the one at Apple Valley Middle School are unable to demonstrate this correlation for themselves.

Blue Ridge Health is in a unique position to collect longitudinal health data for the first time because it recently opened an SHC at Edneyville Elementary School, the feeder school for Apple Valley Middle. Apple Valley is the feeder for North Henderson High School, another Blue Ridge Health SHC site. This will be the first time Blue Ridge Health has the potential to serve students and follow their health from kindergarten through high school graduation.

“I’m very interested in whether we can honestly say – with data – that having a school-based health center makes a difference to that kid throughout their life,” says Greenwell.

The coronavirus pandemic will make that research, and the rest of Blue Ridge Health’s work, more challenging. Blue Ridge Health is authorized to provide – and has access to – COVID-19 testing, but there are still many questions about how to implement that testing at its SHCs.

For example, if students return to classrooms and one presenting symptoms of COVID-19 visits a SHC, CDC guidelines prevent that student from returning to the classroom. The student must be isolated until a guardian can provide transportation home, and riding a bus home is not an option. If the student is kept in the SHC, no other students can be served until that student leaves and the facility is thoroughly cleaned. As Greenwell outlines, “We shut that room down for four hours and we wait, then we go in and clean it.”

Alternatively, SHCs lose a significant portion of their utility in cases of students participating in virtual learning. That’s one reason why Blue Ridge Health is considering mobile health units. Mobile health units are vehicles that are outfitted to serve as doctors’ offices. Some county health departments already use them to provide health services to schools. Blue Ridge Health is considering how these units might help them continue to provide health services to students learning virtually.

In the COVID-19 era, organizations like Blue Ridge Health are turning to telehealth as a scalable way of providing greater access to health services. Blue Ridge Health already has 10 telehealth units, which cost about \$2,500 each. The widespread implementation of telehealth during the coronavirus pandemic has increased public familiarity with the technology, likely making people more comfortable with receiving health services remotely. While telehealth cannot deliver all of the services of an on-site SHC, it still significantly expands access to health services when implemented in schools.

Greenwell is optimistic about the potential of telehealth to expand the work of traditional school health centers like the one at Apple Valley Middle School. “When I first came to Blue Ridge Health 10 years ago, it was like, ‘You’ve got to have bricks and mortar! You’ve got to have a physical location!’ and I don’t think that’s the case anymore. It’s great that we have those spaces, but to be honest, you can do telehealth now. The ability to scale-up quickly is there.”

This article is part of a series on innovative approaches to health in schools. Find the rest of the articles [here](#).

Katie Dukes

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Email Katie Dukes

Katie Dukes is a policy analyst at EdNC.