

February 13, 2018

Melanie Ginn, President and CEO
Ginn Group Consulting

Dear Melanie:

This letter reaffirms The University of Alabama College of Education's commitment to and support of the SMART Student Health and Wellness model. We view the model as both a significant innovation for improving academic outcomes for schools and as a key tool for addressing some of the major educational challenges we face in the K-12 space. Our position is that the inclusion of school-based health clinics should be as normative to the schools as are libraries and media centers.

Our original attraction to the SMART Model was associated with its focus on improving academic achievement through the provision of comprehensive health and behavioral health screening and treatment. Specifically, we believed that a school-based model that proactively screened and diagnosed the health risk factors of children could be a strong investment in school success. In Alabama especially, the potential impact of SMART could be enormous. Our state lacks in health and mental health care providers, and in its rural communities, in access to those providers. Implementing the SMART model widely in Alabama could simultaneously help children to do better in school by removing the drag of unaddressed health-related problems that currently affect the education of so many students.

Our enthusiasm for the clinic is borne out of the early results shown by our new clinics in Oakman and Aliceville. Even though there were significant issues with the contracted medical provider in maintaining fidelity to the implementation markers of the SMART model, the accomplishments witnessed at the sites over the last two years were impressive. The Oakman Clinic, for instance, documented over a thousand encounters to date for the current school year (a 78% increase from the prior year), with 82% of all children being consented for care and 78% of those being seen. Additionally, clinic staff provided multiple education sessions on topics such as health, dental health, nutrition and bullying. We also learned critical lessons regarding barriers to success in rural communities, including provider organization infrastructure and provider shortages, and the politics of elected school officials. Despite the challenges encountered, we have been heartened by what has been achieved so far and greatly appreciate all that CVS Health and the Ginn Group have done to bring its model to Alabama.

We remain excited about the next steps for the SMART model in Alabama. We are clearly at a fulcrum point to evaluate our progress and to determine jointly the best way to invest our time and resources. With your continued leadership, we look forward to supporting and expanding

the original stakeholder council that brought SMART to Alabama and to continuing in our role of sustaining and expanding SMART in rural Alabama. Our great hope is to see the model make a significant impact in the historically impoverished "Black Belt" region.

Sincerely,



Peter Hlebowitsh, Ed.D.
Dean and Professor



Karl Hamner, Ph.D.
Associate Clinical Professor and Director, The Office of Evaluation and School Improvement



Faron Hollinger, Ed.D.
Executive Director, Capstone Education Board of Directors

c: Ernie DuPont, Senior Director, CVS Health Workforce Initiatives