

Integration Principles School and Health Partners...	1 = Emerging	3 = Developing	5 = Thriving	Your School's Score
1. Implement mutually supportive <b>policies</b> that support student health and academic achievement	<ul style="list-style-type: none"> <li>- Site-based health and education policies and procedures are developed and enforced separately.</li> <li>- School administrators and staff have little knowledge of the policies that govern the work of health providers, and health partners have little knowledge of school or education policies.</li> </ul>	<ul style="list-style-type: none"> <li>- School administrators and health partners are beginning to have conversations and co-develop mutually supportive policies and procedures at the school site.</li> <li>- School administrators/staff attempt to inform health partners about school policies and procedures, and health providers notify school administrators/staff about SBHC program policies and procedures.</li> </ul>	<ul style="list-style-type: none"> <li>- School administrators and health partners routinely co-develop mutually supportive policies to support student health and academics.</li> <li>- School administrators and health partners are in close communication about policies and procedures that support health and academics, and regularly provide each other with updates about the policies and procedures that govern health and academic programs.</li> </ul>	
2. Implement <b>school wide strategies and frameworks</b> that support health and academics and help at-risk students	<ul style="list-style-type: none"> <li>- Health partners are not typically involved in the development of school wide strategies developed to support at-risk students.</li> <li>- School administrators/staff are not typically involved in the development of school wide strategies to support student health and wellness.</li> </ul>	<ul style="list-style-type: none"> <li>- School and health partners are beginning to understand the importance of jointly implementing school wide strategies and frameworks that support health, behavior and academics. Most often, implementation teams have at least some representation of school and health programs.</li> </ul>	<ul style="list-style-type: none"> <li>- When new strategies and frameworks are considered and developed, school and health partners are always at the table together.</li> <li>- Strategies to support health, behavior and academics for at-risk students are most often considered one and the same.</li> </ul>	

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<p>3. Implement <b>collaborative leadership systems and structures</b> to plan programs and direct resources to at-risk students and their families</p>	<ul style="list-style-type: none"> <li>- School systems and structures to support health and academics are typically thought of as separate.</li> <li>- School administrators and health partners rarely convene and participate in collaborative systems and structures that support student health and academic achievement.</li> <li>- School and health program leadership structures are mostly separate. Health partners do not typically participate in school leadership, decision-making, and advocacy. School administrators and staff are not often directly involved in leadership, advocacy, and decision-making around health programs.</li> </ul>	<ul style="list-style-type: none"> <li>- School administrators, school staff, and health partners sometimes participate together in developing and implementing collaborative systems and structures, though it is not always clear when and how this should happen.</li> <li>- Though this does not happen routinely, school administrators and staff are sometimes invited to participate in leadership, decision-making, and advocacy for health services and programs. Similarly, health providers are sometimes included in school leadership, decision-making and advocacy. This happens more frequently when there is a specific task at hand or urgent decision to be made and not usually because this is viewed as the way of doing business.</li> </ul>	<ul style="list-style-type: none"> <li>- School administrators, school staff, and health partners jointly develop and participate together in a variety of collaborative systems and structures aimed at supporting student health and academic achievement.</li> <li>- School administrators, school staff, and health partners are well represented on their respective leadership bodies and make decisions about health and academic programming jointly, as appropriate.</li> <li>- School administrators and staff view it as their role to advocate for health providers and programs, and health partners advocate on behalf of the school and programs not traditionally viewed as health-related.</li> </ul>	

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<p>4. Implement integrated school-health <b>programs and services</b> that support school goals and target student populations of concern</p>	<ul style="list-style-type: none"> <li>- In general, health partners develop health programs and the school administration and staff develops academic programs.</li> <li>- Health partners do not have a good understanding of school priorities and school administrators and staff do not always understand the goals of health partners.</li> <li>- Target populations are identified separately by the school and health partners.</li> </ul>	<ul style="list-style-type: none"> <li>- There are some programs that are developed jointly by the school and health partners, but for the most part these programs are developed and considered separate.</li> <li>- School and health partners have some sense of the programming that is happening on site in both the health and academic realms.</li> <li>- School staff and health partners have a basic understanding of each other's goals, priorities and target populations.</li> </ul>	<ul style="list-style-type: none"> <li>- School and health partners have jointly developed thoughtful programming aimed at improving academic success and health outcomes, in direct response to jointly conducted needs assessment.</li> <li>- School and health partners have either developed or collected evaluations for all on-site programs and have a real-time sense of how well these programs are meeting the identified goals and serving students and families.</li> <li>- Health programming and interventions are well-integrated into the classroom and school events/programs, and academic messaging and programming are integrated and reinforced through health programs and events.</li> </ul>	

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<p>5. Utilize <b>education and health data</b> to drive continuous quality improvement that informs policy and program development</p>	<ul style="list-style-type: none"> <li>- School and health providers do not routinely exchange and jointly review health and academic data, and school staff and health partners do not always have access or are not aware of available data sources.</li> <li>- This data is rarely used to drive programming and evaluate program quality and effectiveness in meeting the needs of students.</li> </ul>	<ul style="list-style-type: none"> <li>- School administrators and staff sometimes provide school data to health partners, and health providers sometimes provide health data to school administrators and staff.</li> <li>- Though school and health partners see the value in using data to think collectively about program quality, this is only done sometimes and is used even more rarely to think about gaps and how best to fill them.</li> </ul>	<ul style="list-style-type: none"> <li>- Needs assessment is conducted at least annually in collaboration with school administrators, staff, and health partners.</li> <li>- Existing data and data gathered through the needs assessment process is used regularly to develop programming and evaluate program quality and effectiveness in meeting identified needs.</li> </ul>	

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<p>6. Engage in <b>joint resource development</b> (e.g., fundraising, business partnerships, professional development) to support priority programs and services</p>	<ul style="list-style-type: none"> <li>- Budgets are kept separate and there is little conversation about how health partners can develop resources to support school goals and vice versa.</li> <li>- School administrators do not have a clear understanding of how health programs are funded and sustained and health partners have little knowledge about the school budget and finance.</li> </ul>	<ul style="list-style-type: none"> <li>- There are some examples of grants that have been developed collaboratively, but it is not common practice yet for school and health partners to consider the other as a key partner in fund and resource development.</li> <li>- School and health partners have begun to share more information about funding and sustainability.</li> </ul>	<ul style="list-style-type: none"> <li>- Health partners and school administrators/staff have a clear understanding of both school and health finance and how academic and health programs are funded and sustained.</li> <li>- Health partners and school administrators/ staff often collaborate on grants or have conversations about how to leverage funding and resources to support jointly developed priorities. School and health partners view each other as key resource development partners, especially in tough economic times.</li> </ul>	
<b>Total Score</b>				<b>/30</b>