

Menu of Options: High Leverage Strategies to Improve School Health Integration

Principles	Sample Structures	Sample Processes	Anticipated Outcomes
<p>1. Develop mutually supportive policies and procedures that advance student health and learning</p>	<p>Health providers adopt a policy to screen clients for key academic success indicators (e.g. attendance, grades, IEP, discipline, 504 Plan, IHP, etc.)</p>	<p>There is a screening protocol in place and staff are routinely trained to conduct screening and provide appropriate interventions or referrals</p>	<p>Improved attendance and engagement in school for SBHC clients</p>
	<p>School and health providers co-develop an appointment scheduling policy that guides pull-out during the school day</p>	<p>All providers are trained on pull-out policy and are given access to schedules each semester</p>	<p>Decreased disruption to participation in academic program; Increased utilization of needed health services</p>
	<p>All health providers have a Letter of Agreement (LOA) in place to articulate the school-health partnership</p>	<p>Meeting is held to draft the LOA and annually thereafter to negotiate revisions with quarterly check-ins</p>	<p>Improved communication and alignment between school and health providers</p>
<p>2. Adopt school-wide strategies and frameworks that support health behavior and academics and help at-risk students</p>	<p>School has adopted a Positive Behavioral Intervention and Support (PBIS) Framework</p>	<p>School community has a defined collaborative process for defining, teaching/modeling and reinforcing behaviors, values and expectations. It is not assumed that adults or children have a shared understanding of positive behavior. Students are re-taught positive behaviors when they do not exemplify them and recognized when they do. School receives ongoing coaching to sustain, improve PBIS.</p>	<p>Decrease in disciplinary referrals overall; Decrease demographically/racially disproportional discipline policies and referrals; Improved school climate; Improved attendance, academic achievement and engagement</p>
	<p>Response to Intervention (RTI)</p>	<p>School and health providers co-develop tiered interventions and use the Coordination of Services Team (COST) to link students with the appropriate level and type of support, as well as to monitor efficacy of interventions.</p>	<p>Decrease demographically disproportional discipline and referrals to special education; Increased academic achievement</p>

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	Restorative Justice (RJ)	There is a RJ Coordinator; 80% of staff are trained and coached to implement restorative practices at different levels along the RTI pyramid	Decrease demographically disproportional discipline policies and referrals
3. Establish collaborative systems and structures to plan programs and direct resources to at-risk students and their families	Coordination of Services Team (COST)	COST protocol is in place, including a universal referral; A COST team is convened bi-weekly that is inclusive of all health providers and other on-site support service providers; There is a designated facilitator and COST is consistently attended by an administrator; the team engages in data-based decision-making to identify and monitor individualized interventions.	At-risk students are identified earlier (reduced acuity); An increased number of at-risk students have an identified treatment plan; Improved academic, health and social outcomes for at-risk students
	School Wellness Council (SWC)	Members are recruited from key partner organizations and stakeholder groups (students, parents and school staff). At the beginning of the year, this group selects wellness priorities grounded in wellness policy and site wellness inventory and develops an action-oriented work plan. Full group meets every other month, with steering committee and work groups meeting in off months. At the outset, an 'early win' is identified to build momentum.	Improved health of school environment (e.g. decreased competitive foods or increase physical activity); Increased buy-in and implementation of the District Wellness Policy
	Student Attendance Review Team (SART)	School convenes a SART weekly or bi-weekly to set attendance goals, clarify and develop school attendance policies and interventions, monitor student attendance through queries and refer chronically	Improved attendance and engagement; improved academic achievement

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		absent students to COST and/or Student Success Team (SST), assign staff to follow up with families through calls and/or home visits, identify rewards for perfect or improved attendance, and monitor effectiveness of interventions	
4. Implement school/health programs and services that support school goals, and target student populations of concern	Health providers develop transition support for students returning to school from the Juvenile Justice Center (JJC)	Support service providers at the Juvenile Justice Center call school-based providers ahead to notify them of a student needing specific services and confirm availability and eligibility. Release of information is signed ahead and the treatment plan and other records are sent to school-based providers before the student returns to campus.	Increased awareness and utilization of available support services among students in transition; Improved connectedness to school
	Medi-Cal eligibility, outreach and enrollment (AKA Medicaid and SCHIP)	School partners with a health insurance eligibility specialist to conduct outreach at fall registration, as well as process new and renewal applications monthly throughout the school year. School and on-site health providers schedule all appointments and work with families to ensure they bring the needed paperwork to their appointments.	Increased health insurance enrollment for eligible students and families; Decrease in number of families 'falling off' of Medi-Cal; Improved access to and utilization of health services; Increased sustainability for programs that bill Medi-Cal
	School and health partners develop Alternatives to Suspension	School and health providers co-develop a discipline matrix, which defines which offenses will qualify for an alternative to	Decreased suspensions; Decreased demographically disproportional discipline referrals and consequences

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		<p>suspension. For example, students caught smoking for the first time are referred to the smoking cessation counselor. A Restorative Justice process is offered to students willing to take accountability and repair the harm (e.g. stealing something, defiance, inappropriate language, bullying, damage to school property, etc.)</p>	
<p>5. Participate in school and health program leadership, decision making, and advocacy</p>	<p>Collaborative leadership body includes health partners</p>	<p>Meets bi-weekly and includes updates to ensure that school and health providers are aware of important initiatives and upcoming events. Also includes time for collaborative agenda setting and planning.</p>	<p>High satisfaction of school personnel with SBHC services; Recognition by school personnel of the value the SBHC provides in meeting educational mission and outcomes; Increased awareness of school leadership and health partners of individual and shared priorities.</p>
	<p>School staff included in SBHC advisory board</p>	<p>Advisory board meets quarterly to discuss new SBHC programming, data and sustainability. At least one representative each from school administration, faculty, and families serves on SBHC advisory board. One student from youth advisory board serves as liaison.</p>	<p>Increased awareness and buy-in of school community for SBHC; Improved programming to meet the needs of the school community</p>
	<p>Jointly developed mission and vision for school-health partnerships</p>	<p>School and health providers sit down together during Letter of Agreement (LOA)</p>	<p>Increased buy-in and shared understanding</p>

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		negotiation to jointly craft a vision and mission aligned with school community values and revisit annually thereafter. This vision and mission is included in all school and provider outreach materials.	
6. Utilize education and health data to drive policy and program development	Conduct joint needs assessment to identify program/service gaps	Existing data is gathered by site coordinator and reviewed by collaborative team over a series of meetings. Key stakeholder interviews are conducted using targeted interview protocols (providers, families, students and staff). A Needs Assessment brief which highlights assets and priority gaps is developed and shared out to whole school community. Other products are developed using the information gathered, including Support Services Guide, Master Calendar. Strategies are developed and incorporated into the Community School Strategic Site Plan (CSSSP).	Increased awareness of assets and gaps
7. Engage in joint resource development to support health program and school priority programs and services	Fund development team	Regularly reviews results of Needs Assessment and assigns members to keep a pulse on available funding streams, reviews program budgets with clearly defined funding sources, staffing and shortfalls and discusses leveraging opportunities	Increased funds generated for SBHC and school services; School actively supports fund development for prioritized health programs