

School Health Integration Worksheet

Integration Principles <i>School and Health Partners...</i>	Structures	Processes	Anticipated Outcomes
1. Develop mutually supportive policies and procedures that advance student health and learning	<i>Sample Structure: Health providers adopt a policy to screen clients for key academic success indicators (e.g. attendance, grades, IEP, discipline, 504, IHP, etc.)</i>	<i>Sample Process: There is a screening protocol in place. Health providers are routinely trained to conduct screening and make appropriate interventions or referrals.</i>	<i>Sample Outcome: Improved attendance, academic outcomes and engagement in school for students receiving health services</i>

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2. Adopt school-wide strategies and frameworks that support health behavior and academics and help at-risk students	<i>Sample Structure: School has adopted Positive Behavioral Intervention and Support (PBIS) Framework.</i>	<i>Sample Process: School community has a defined collaborative team and process for developing and communicating school values and expectations, as well as reinforcing these values and expectations through a positive rewards system; 80% of school staff and partners are trained. Expectations are communicated regularly and in multiple formats to ensure buy-in and common understanding.</i>	<i>Sample Outcome: Decrease in disproportionality in discipline</i>

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3. Establish collaborative systems and structures to plan programs and direct resources to at-risk students and their families	<i>Sample Structure: Coordination of Services Team (COST)</i>	<i>Sample Process: COST protocol is in place, including a universal referral; A COST team is in place that is inclusive of all health providers on-site; There is a designated facilitator and mechanisms for tracking referrals and progress. School staff is trained at least annually on the referral protocol.</i>	<i>Sample Outcome: All at risk students have an identified service intervention plan.</i>

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4. Implement school/health programs and services that support school goals, and target student populations of concern	<i>Sample Structure: Health providers develop transition support for students returning to school from Juvenile Justice Center.</i>	<i>Sample Process: All students returning from Juvenile Justice Center are given an outreach card for the SBHC and offered an orientation session.</i>	<i>Sample Outcome: Increased awareness and utilization among students in transition of available support services.</i>

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5. Participate in school and health program leadership, decision making, and advocacy	<i>Sample Structure: Health providers are included, as appropriate, in school's collaborative leadership team.</i>	<i>Sample Process: Agencies' roles are defined and school and health partners follow clear decision-making protocol.</i>	<i>Sample Outcome: SBHC programs are better aligned with school's educational goals.</i>

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6. Utilize education and health data to drive policy and program development	<i>Sample Structure: Health partners have access to data from the student record (with parent permission).</i>	<i>Sample Process: School and health partners review attendance data together monthly and use this information to adjust health interventions.</i>	<i>Sample Outcome: There is improvement in student attendance data tracking and health providers are more explicitly supportive of student attendance.</i>

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7. Engage in joint resource development to support health program and school priority programs and services	<i>Sample Structure: Health partners have a budget that clearly defines funding sources, staffing and shortfalls.</i>	<i>Sample Process: There is a team with representatives from the school and health partners that meet regularly to review budgets and conduct fund development planning.</i>	<i>Sample Outcome: School actively supports fund development for prioritized health programs.</i>