

HOW WELL ARE SCHOOL HEALTH SERVICES, PROGRAMS & PROVIDERS INTEGRATED INTO YOUR COMMUNITY SCHOOL?

Overview: A thriving full service community school effectively leverages health services and programs to meet the needs of students and families. This self-assessment tool is meant for you to quickly assess how well health services and programs are integrated at the school site. The rating scale is defined below:

1 Emerging	We have not yet begun to address this issue.
	We are talking about this, and developing plans, but have taken no significant action to make it a reality.
3 Developing	We have begun to do this, and support is growing, but changes remain fragile; some staff approach the task with a sense of compliance.
5 Thriving	We are consistently doing this; most staff are committed and feel it is an important factor in our collective efforts to improve the school.
	This practice is deeply embedded in our culture; we regularly review, adjust, and realign this work.

Integration Principles			
School and Health Partners...	1 = Emerging	3 = Developing	5 = Thriving
1. Implement mutually supportive policies and procedures that support student health and academic achievement	<ul style="list-style-type: none"> - Site-based health and education policies and procedures are developed and enforced separately. - 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. 	<ul style="list-style-type: none"> - School administrators and health partners are beginning to have conversations and co-develop mutually supportive policies and procedures at the school site. - School administrators and staff make an attempt to inform health partners about school policies and procedures, and health providers notify school administrators and staff as needed about program policies and procedures developed to 	<ul style="list-style-type: none"> - School administrators and health partners routinely co-develop mutually supportive policies to support student health and academics. - 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

		support student health.	and academic programs.
2. Implement school wide strategies and frameworks that support health and academics and help at-risk students	<ul style="list-style-type: none"> - Health partners are not typically involved in the development of school wide strategies developed to support at-risk students. - School administrators and staff are not typically involved in the development of school wide strategies to support student health and wellness. 	<ul style="list-style-type: none"> - 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. 	<ul style="list-style-type: none"> - When new strategies and frameworks are considered and developed, school and health partners are always at the table together. - Strategies to support health, behavior and academics for at-risk students are most often considered one and the same.
3. Implement collaborative systems and structures to plan programs and direct resources to at-risk students and their families	<ul style="list-style-type: none"> - School systems and structures to support health and academics are typically thought of as separate. - School administrators and health partners rarely convene and participate in collaborative systems and structures that support student health and academic achievement. 	<ul style="list-style-type: none"> - 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. 	<ul style="list-style-type: none"> - 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.
4. Implement integrated school-health programs and services that support school goals and target student populations of concern	<ul style="list-style-type: none"> - In general, health partners develop health programs and the school administration and staff develops academic programs. - Health partners do not have a good understanding of school priorities and school administrators and staff do not 	<ul style="list-style-type: none"> - 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. - School and health partners have some sense of the programming that is happening on site in both 	<ul style="list-style-type: none"> - 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. - School and health partners have either developed or collected

	<p>always understand the goals of health partners.</p> <ul style="list-style-type: none"> - Target populations are identified separately by the school and health partners. 	<p>the health and academic realms.</p> <ul style="list-style-type: none"> - School staff and health partners have a basic understanding of each other's goals, priorities and target populations. 	<p>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.</p> <ul style="list-style-type: none"> - 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.
<p>5. Participate in collaborative school and health leadership, decision making, and advocacy</p>	<ul style="list-style-type: none"> - 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. 	<ul style="list-style-type: none"> - 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. 	<ul style="list-style-type: none"> - 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. - 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.
<p>6. Utilize education and health data to drive policy</p>	<ul style="list-style-type: none"> - School and health provides do not routinely exchange and 	<ul style="list-style-type: none"> - School administrators and staff sometimes provide school data 	<ul style="list-style-type: none"> - Needs assessment is conducted at least annually in collaboration

<p>and program development</p>	<p>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.</p> <ul style="list-style-type: none"> - This data is rarely used to drive programming and evaluate program quality and effectiveness in meeting the needs of students. 	<p>to health partners, and health providers sometimes provide health data to school administrators and staff.</p> <ul style="list-style-type: none"> - 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. 	<p>with school administrators, staff, and health partners.</p> <ul style="list-style-type: none"> - 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.
<p>7. Engage in joint resource development to support priority programs and services</p>	<ul style="list-style-type: none"> - Budgets are kept separate and there is little conversation about how health partners can develop resources to support school goals and vice versa. - 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. 	<ul style="list-style-type: none"> - 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. - School and health partners have begun to share more information about funding and sustainability. 	<ul style="list-style-type: none"> - 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. - Health partners and school administrators/school 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.

How Well are your School Health Services Integrated into the School Community?

Integration Principles						
School and Health Partners...	Strength	OK for Now	Could be Better	Urgent Gap	Not Sure	Implication(s) for Action
1. Implement mutually supportive policies and procedures that support student health and academic achievement						
2. Implement school wide strategies and frameworks that support health and academics and help at-risk students						
3. Implement collaborative systems and structures to plan programs and direct resources to at-risk students and their families						
4. Implement integrated school-health programs and services that support school goals and target student populations of concern						
5. Participates in collaborative school and health leadership, decision making, and advocacy						
6. Utilize education and health data to drive policy and program development						
7. Engage in joint resource development to support priority programs and services						