

Ready, Set, Success!

How to Maximize the Impact of School-Based Health Centers on Student Achievement

Research shows that school-based health centers can improve attendance and graduation rates, classroom behavior, school climate, and student and family educational engagement – all of which ultimately contribute to positive school experiences and academic success.

While simply providing access to health care contributes to these outcomes, there are other strategies that school-based health centers can use to *further* enhance their impact on student success.

This toolkit covers four strategies that school-based health centers can use to maximize their impact on student learning:

1. [Identify and Intervene with Chronically Absent Students](#)
2. [Address Behavior Problems and Foster Positive School Climate](#)
3. [Establish and Maintain Close Relationships with School Administration](#)
4. [Provide Active Teacher Support](#)

Each section includes a description of the strategy, case studies, tips, and useful resources. The strategies presented here emerged from interviews with 13 school-based health centers. This is an evolving document and we welcome your thoughts and input in order to expand it further.

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SECTION 1: IDENTIFY AND INTERVENE WITH CHRONICALLY ABSENT STUDENTS

WHY:

Students do not learn when they are not at school: chronic absenteeism significantly increases a student's risk of academic failure and is a predictor of high school dropout.

Because chronic absenteeism is the result of complex mental, physical, and family health issues, school-based health centers can play an integral part in strategically addressing attendance problems. In collaboration with educators, health center staff can identify and support students with unmet health needs so they can re-engage with school. Doing so improves student health and increases school attendance.

At Elsa Widenmann Elementary School in Vallejo City Unified School District, educators saw an opportunity to reduce absenteeism by establishing a school-based health center. As former principal MaBella Gonzales explains, "Our concern was attendance, and how many non-urgent health needs were preventing children from coming to school. As we worked with our collaborative partners [to establish our new school-based health center] we wanted to create a hub for our school community where information and resources were available to support the health, well-being and positive lifestyles of students and families."

Tips and Tools for School-Based Health Centers

- 1. Establish a mechanism for working with administrators and the attendance office to identify students who are chronically absent and have them referred to the school-based health center.** If you are able to participate in the school's analysis of attendance data, you may find the following tools useful; if you are not able to participate in that process for privacy reasons, you may want to share the tools with school partners.

Tools for Collecting and Analyzing Student Attendance Data:

- [Attendance Works](#) is a national initiative that promotes awareness of the important role that school attendance plays in achieving academic success. Attendance Works offers several free [assessments and tools](#) for collecting and analyzing school attendance data.

- The [National Center for Education Statistics](#), at the U.S. Department of Education, is charged with collecting and analyzing data related to education. [Every School Day Counts: The Forum Guide to Collecting and Using Attendance Data](#) can help schools collect and analyze attendance data.

2. Participate in the school’s absenteeism intervention team. This team should use an interdisciplinary process to identify and respond to the needs of chronically absent students. Such teams may be focused on attendance (e.g. School Attendance Review Team, or SART) or may address students’ needs more broadly (e.g. Coordination of Services Team, or COST). If your school does not have such a team, the health center should consider spearheading this effort.

Learn More About SARTs:

- A School Attendance Review Team (SART) is an interdisciplinary intervention team, including teachers, administrators, and student support personnel (e.g., counselors, psychologists, nurses, and other school-based health center staff). Any student with frequent absences should be referred to the SART, which is responsible for developing an individualized plan for improving the student’s attendance. SART meetings should engage the student (if age-appropriate), as well as parents or other family members. If attendance does not improve after SART intervention, students are referred to the district or county level Student Attendance Review Board (SARB).
- The California Department of Education website provides several resources for SARTs. These include a [detailed list of school attendance improvement strategies](#) as well as [concrete resources for SARTs to use and/or adapt](#).
- Many school districts guide schools in establishing and running a SART, so it is important to review local requirements. That said, you may find San Francisco’s [Every Day, on Time: Stay in School Initiative Attendance Improvement Manual](#) helpful. Section 3 provides tools for SARTs, including sample parent letters, meeting agendas, and agreements/contracts. Note that some school districts have specific requirements for SART processes, so it is important to review your district’s SART policies before adapting any of these materials.

Learn More about Related State-Level Efforts:

- Reducing chronic absence is now a top priority for California State Superintendent of Public Instruction Tom Torlakson. At a news conference in San Diego announcing [11 model districts](#) recognized for their successful efforts to improve attendance, Torlakson emphasized that “combating [chronic absence] is one of the best strategies for having students succeed, fighting the dropout rate,

and saving money.” Recognizing the importance of paying attention to absences for any reason, Torlakson explained that “While we need to address problems with truancy, we cannot overlook students and families that may need support due to health or emotional problems, or who may simply not realize the importance of regular school attendance, even in kindergarten.”

- This emphasis on reducing chronic absence is now reflected in the California Department of Education’s [2012 SARB Handbook](#). Offering concrete guidance about best practice and policy to school administrators and attendance workers, the handbook:
 - Stresses the importance of early identification;
 - Offers a three-tiered approach to improving attendance;
 - Provides sample letters to parents of chronically absent students; and
 - Recommends that attendance boards develop a policy that requires schools with unusually high levels of chronic absence to develop plans for improving attendance.
3. **Conduct health and psychosocial assessments of chronically absent students** and then either deliver indicated services or refer them to additional services not provided by your school-based health center. When possible, help patients and families make appointments with outside providers to ensure access to care. One successful example of a nurse practitioner-led effort to conduct assessments with chronically absent students is outlined in this research article: [Does Contact by a Family Nurse Practitioner Decrease Early School Absence?](#)
 4. **Interview chronically absent students and families to better understand the barriers to school attendance that they are experiencing**, and the types of incentives and supports that will re-engage them in school. This is particularly important for high school students, as they are more likely to make their own decisions about whether or not they will attend school, so attendance incentives should be determined by the teens they target.
 5. **Consult with school administrators on disciplinary policies** to promote progressive disciplinary policies that address the causes of misbehavior rather than suspending or expelling students.
 6. When you can’t reach chronically absent students or their family at school, **conduct home visits to make personal contact**. When possible, perform home visits in partnership with another school or health center staff member. When you find a student or family member at home, establish a non-threatening, non-judgmental approach by conveying your concern about the student’s absence, and inquiring as to how you might be able to help him/her attend school more regularly. It is not important to enter the home; even a brief conversation at the door and a personal invitation to come to the health center will help to build trust with the student and family.

Home Visiting Resources and Training Opportunities

- Drawing on the work of other educational agencies, San Francisco Unified School District compiled a brief but helpful [Guide to Team Home Visits](#). SFUSD also shares its [home visit notification and documentation forms](#), which are available on its website in English, Spanish, and Chinese.
- Chapter 6 of [The School Practitioner's Concise Companion to Preventing Dropout and Attendance Problems](#) includes valuable information on home visits.
- *Strategies* is a nationally recognized alliance working to strengthen California's families and communities. Strategies helps schools and other organizations partner effectively with families and communities by providing high quality training, coaching, and other services. *Strategies* offers [home visiting trainings](#) to practitioners across the state.
- The [Parent/Teacher Home Visit Project](#) (PTHVP) is a nonprofit organization based in Sacramento. PTHVP provides training, consultation and resources to schools and school districts across California and the nation, with the goal of bringing parents and school staff together to support student success.

7. Provide ongoing, individual case management for chronically absent students and families.

Case Management Resources and Training Opportunities

- The National Dropout Prevention Center authored the brief, [School-Based Case Management: An Integrated Service Model For Early Intervention with Potential Dropouts](#) as part of its Solutions and Strategies series.
- The UCLA Center for Mental Health in Schools offers a wide variety of resources on its [Case Management in the School Context](#) website.
- *Strategies* (described in #6 above) offers two-day [Case Management courses](#) to practitioners across the state.

8. Reflect on your efforts by taking a [school-based health center self-assessment](#)!

CASE STUDY: Daly City Youth Center (Daly City, Calif.)

A student was referred to the Daly City Youth Center because she was missing a lot of school, saying that she was feeling “sort of sick to her stomach.” After a sensitive and thorough consultation at the Youth Center, a clinician found that she had no physical ailment, but was experiencing severe anxiety, even panic, related to schoolwork.

The Youth Center provided one-on-one counseling and medication, both of which helped the student overcome her debilitating anxiety. She continued to struggle academically, however, and was referred for special education testing; ultimately, she was diagnosed with a learning disability. Throughout this process, the Youth Center staff provided case management services and advocated for the student with high school staff. The student’s parents, who did not speak English, participated in family counseling, and health center staff supported them in becoming empowered advocates for their daughter’s education.

In a new class, with supports for her learning disability, the student began to attend school regularly and do better academically. She continued to work with a counselor and also participated in a rigorous career internship at a child care center, an experience that built up her self-esteem. And, when she graduated, she accepted a job at the child care center where she interned.

CASE STUDY: Stagg Healthy Start Center (Stockton, Calif.)

Stagg Senior High School’s dropout rate has been higher than the district and state averages and the school is committed to raising attendance and graduation rates. The Healthy Start Center is a leader in the school’s fight against chronic absenteeism, with staff members playing a key role in keeping students engaged and attending class.

The director of the Healthy Start Center participates actively in Stagg’s School Attendance Review Team (SART), an interdisciplinary team that also includes an assistant principal, a parent volunteer coordinator, a child welfare specialist, and a bilingual outreach worker. Healthy Start staff follow-up with chronically absent students who have been identified by the school’s attendance office by holding regular meetings with students and reaching out directly to parents. The Healthy Start Center responds to student needs by providing medical and mental health care; staff also coordinates student groups, including a conflict mediation group, to re-engage students in a positive school community. Until the recent budget cuts, case managers provided individualized support to students and families.

CASE STUDY: Shop 55 Wellness Center (Oakland, Calif.)

Shop 55, Oakland High School's combined school-based health center and afterschool program, uses a rigorous case management model. Three case managers support the afterschool program; they each work with forty prioritized students, developing trusting relationships and coordinating a strategic blend of services. Last spring, when a ninth grader began cutting class and getting into fights, she was referred to one of these case managers. The case manager, who met with the student at least three times a week, helped her focus on school by supporting her in goal setting, organizing work, and completing assignments. The student also met with a conflict mediator, to help her learn to resolve disagreements peacefully, and accessed first aid and reproductive services through the health center. Shop 55 was "an all-in-one one-stop shop" for her, and she felt very comfortable there. Over time, the student's attendance, which was tracked by her case manager, improved—especially after lunch when the student had previously cut class.

SECTION 2: ADDRESS BEHAVIOR PROBLEMS AND FOSTER POSITIVE SCHOOL CLIMATE

WHY:

When students behave inappropriately at school, it compromises both their own learning and that of their classmates. Unfortunately, traditional disciplinary policies are often only punitive: they often ignore the complex, underlying causes of misbehavior. As a result, schools struggle to improve either individual student conduct or overall school climate.

Recently, many schools have begun to move away from zero-tolerance disciplinary policies and to acknowledge the social, emotional, and physical factors that shape student behavior. Positive behavior support engages all stakeholders—including teachers, administrators, service providers, and families—in actively teaching and reinforcing expected behavior. This approach prompts schools to identify and meet student needs that manifest as inappropriate behavior, thereby reducing serious problems and improving overall climate.

School-based health centers can play an important role in the positive behavior support movement. Mental health specialists and other school-based health center staff can be integral to the assessment process, through which the underlying causes of a student's disruptive behavior are identified. They can also lead the implementation of alternative behavioral interventions, such as anger management sessions, leadership development programming, individual and group counseling sessions, and peer support groups.

Tips for School-Based Health Centers

- 1. Learn about school climate.** Several organizations focus on demonstrating the importance of school climate to student health, learning, and success, as well as on sharing proven strategies for improvement with educators and their partners.

Tools for Learning about School Climate

- The [National School Climate Center](#) provides educators, mental health professionals, after-school workers, and parents with tangible strategies for improving school climate. NSCC's website has information school climate and a variety of free resources, as well as other resources and services available for a fee.
- [WestEd](#) promotes excellence, equity, and improved learning for children, youth, and adults. WestEd offers [resources and professional development on improving school climate](#), including a [Workbook for Improving School Climate and Closing the Achievement Gap](#). WestEd also administers and analyzes California's SCHL-S surveys, which include the [California Healthy Kids Survey \(CHKS\)](#) (completed by students) and the [California School](#)

[Climate Survey \(CSCS\)](#) (completed by teachers). These surveys provide essential insights into school climate on California's school campuses and both [CHKS](#) and [CSCS](#) results are available online.

- The [California School Boards Association](#) has recently updated and expanded its toolkit for school board members and school administrators: [Safe Schools: Strategies for Governing Boards to Ensure Student Success](#). The toolkit offers a comprehensive look at school climate and covers current bullying and harassment issues, such as cyberbullying and LGBT safety concerns.
- The [Alliance for the Study of School Climate](#), at Cal State Los Angeles, presents research on school climate, as well as resources and services for schools and organizations working to improve school climate.
- The [Center for School, Health and Education](#), at the American Public Health Association, offers [resources on school climate](#), including an article on the [Role of School-Based Health Care](#) in improving school climate.
- [Restorative Justice for Oakland Youth \(RJOY\)](#) works with Oakland schools to promote restorative approaches that actively engage families, communities, and systems to repair harm and prevent re-offending. This [video](#) captures the power of restorative justice to positively impact student relationships and school culture. RJOY also provides [links to a variety of restorative justice resources](#).
- An article by Charles E. Basch, [Aggression and Violence and the Achievement Gap Among Urban Minority Youth](#), describes how disproportionate exposure to aggression and violence contribute to the achievement gap. It highlights the extent of aggression and violence in cities and outlines ways schools can prevent and address the problem. (It is part of a series titled [Healthier Students Are Better Learners](#), published as a special edition of the Journal of School Health and available for free online.)

- 2. Conduct assessments.** School health professionals can develop a process for conducting health and psychosocial assessments of individual students with behavioral problems, as identified by school administration, teachers, and security.

Tools for Conducting Assessments

- [Bright Futures](#) is a national health promotion and disease prevention initiative, led by the American Academy of Pediatrics, which addresses children's health needs in the context of family and community. Bright Futures offers a [Tool and Resource Kit](#), including age-specific visit forms and developmental, behavioral and psychosocial screening and assessment forms which school health professionals can use with children and youth from birth through 21.

- The Adolescent Health Working Group developed a helpful toolkit for delivering adolescent health care, including conducting psychosocial assessments. [Adolescent Health Care 101: the Basics – CA Edition](#) offers guidance and forms for providers to conduct a HEADSS assessment (Home, Education/employment, Activities, Drugs/alcohol/tobacco, Sexuality, and Sadness/self-Image/depression/suicide), as well as a self-assessment for teens to complete themselves.
 - The [Health Survey for Adolescents](#) was developed by University of Rochester Adolescent Medicine Division faculty as part of an initiative originating from the New York State Department of Health Office of Managed Care to improve preventive health service delivery to adolescents. The survey and explanatory provider information manual offer a brief tool used to assess high priority risk behaviors, such as unintentional injury, nutrition, exercise, tobacco and other drugs, mental health, and sexual health.
3. **Provide therapeutic support.** School health professionals can work with school administration and in conjunction with the school’s disciplinary process to provide therapeutic support programs, as well as personal and social skill development programs, to students with behavioral problems. These might include:
- Individual counseling and case management;
 - Conflict mediation;
 - Group counseling/skill development groups (for example, anger management);
 - Facilitated peer support and peer counseling programs;
 - Youth development programs, including youth leadership;
 - Alcohol, drug, and tobacco use awareness and treatment programs, as well as programs to support students in alternative strategies for managing stress; and/or
 - “Alternatives to” or “in-house” suspension programs that focus on behavior change and may result in modified/ reduced disciplinary action for students.

Tools for Providing Therapeutic Support

- The [Behavioral Health: Adolescent Provider Toolkit](#) was created by the [Adolescent Health Working Group](#). Developed by and for health care providers, it offers detailed guidance and forms for conducting different types of behavioral health assessments, as well for brief office interventions and comprehensive counseling guidelines. It is available for free download; hard-copies can be ordered for \$15.
- This [toolbox](#), from the [Center for Mental Health in Schools](#), contains a wide variety of resources for school mental health practitioners and educators.

Among other things, it has strategies for embedding mental health into a comprehensive classroom and school-wide system for addressing barriers to learning and teaching.

- For additional resources, please see CSHC's [Behavioral Health Resources webpage](#).

4. Deliver or support schoolwide programs. SBHCs and other school health professionals can foster a positive school climate by delivering or supporting schoolwide programs that build positive peer support, respect, safety, and academic engagement (e.g., in-class curricula, schoolwide behavior reinforcement system, awards/assemblies).

- The CDC has outlined [a set of principles and a series of recommendations that schools can use to prevent unintentional injuries and violence](#), many of which are focused on improving school climate.
- In 2010, California received a Safe and Supportive Schools (S3) grant from the U.S. Department of Education. This grant supports statewide measurement of school climate, as well as targeted programmatic interventions to improve school climate. Comprehensive high schools with the greatest needs related to school climate, including several with school-based health centers (SBHCs), have received funding, and SBHCs are key partners in climate improvement efforts.

For more on the S3 program, visit [WestEd's S3 website](#), which includes detailed information, a wide variety of tools and resources, and archived technical assistance webinars. Many of WestEd's resources will be useful to anyone working to improve school climate. Information is also available on the [CDE website](#).

- The [Technical Assistance Center on Positive Behavioral Interventions and Supports](#), established by the Office of Special Education Programs at the U.S. Department of Education, provides information for schools and families to help them start, run, and support PBIS programs. The website includes a comprehensive section outlining the [current research](#) on PBIS implementation in schools.
- WestEd offers a variety of [resources and professional development on improving school climate](#), including a [Workbook For Improving School Climate and Closing the Achievement Gap](#).

**CASE STUDY: Logan Health Center (Union City, Calif.)
Tennyson Health Center (Hayward, Calif.)**

Tiburcio Vasquez Health Center, Inc., School Based/School Linked Health Services sites provide positive alternatives for students who, at many other schools, would receive disciplinary action. At Logan and Tennyson high schools, youth have the opportunity to participate in afterschool youth leadership and performance art programs instead of serving detention or suspension, or being expelled. The afterschool programs follow a gender-based curriculum and include a strong case management component. In almost all cases, about 90% of the time, students who attend afterschool programs and demonstrate positive behavior are given a second chance by the schools and school district.

The teachers and administrators at Logan and Tennyson High Schools are very supportive of the afterschool programs as an alternative to discipline. School-based health center leaders conducted a thorough orientation for school staff to the program, allowing them to explain its goals and approach, walking school staff through a universal referral process and necessary paperwork, and answering questions. Today, teachers and administrators make regular referrals to the school based health centers, both to find alternatives to detentions, suspensions, and expulsions, and to proactively address other behavior problems that impede learning.

CASE STUDY: Santa Maria High School (Santa Maria, Calif.)

At Santa Maria High School, the school and school-based health center have developed a true collaborative partnership. Together, they provide a wide range of behavior-related support services. These services include: crisis intervention sessions; a grief group for students dealing with loss; a positive choices program, facilitated by adults and peer leaders; and ongoing opportunities for students to build important personal and social skills, such as the skills to foster strong relationships and maintain a healthy lifestyle. During the upcoming school year, Santa Maria High School will work with an outside partner agency, Fighting Back, to provide focused conflict resolution training to students with high levels of need.

The positive choices program is co-led by a school-based health center therapist and the school's crisis intervention consultant. Together, students and staff talk about difficult real-world situations, discussing potential actions and their likely outcomes. Students learn how to communicate their emotions using strategies, like "I statements," that will help them minimize conflict and engage in positive interpersonal interactions. The positive choices program helps students as they develop into caring, responsible adults. It's not about never messing up, the staff emphasize, but rather about knowing how to grow when you do.

The positive choices program, like other programs offered at Santa Maria High School, supports students in focusing on learning and achieving great things. One student who has a lot of gang influence in his home has committed to a peaceful lifestyle and on-time high school graduation. While the credit for this decision is his alone, health center staff are there to support him every step of the way. They are available when he needs to talk. They help connect him to other men who have chosen to walk away from gangs and who can therefore provide first hand advice and guidance. And, as he becomes more confident and outgoing, they are hoping to support him in becoming a leader able to motivate his peers.

SECTION 3: ESTABLISH AND MAINTAIN CLOSE RELATIONSHIPS WITH SCHOOL ADMINISTRATORS

WHY:

Building a strong relationship with school administrators allows a school-based health center to dramatically increase its impact on student success. Administrators are experts on a school's academic priorities and programming and can be invaluable allies as a school-based health center works to maximize its influence on student learning. Administrators also wield tremendous influence, both with their teachers and with the district. When a principal is invested in a school-based health center, she can help students by committing resources, facilitating referrals, and rallying district support. Finally, we know that collaborative, holistic efforts meet students' needs more effectively than isolated interventions. If school-based health center staff and administrators have strong relationships, trust each other, and agree on decision-making protocols, they can work together to develop and implement schoolwide strategies to promote student success. School-based health centers can influence a school's overall approach, but only if the principal is on board!

Tips for School-Based Health Centers

1. **Assign a “point person” for communication with school administrators;** usually, the “point person” will be the school-based health center coordinator/director, but some school-based health centers do things differently!
2. **Create systems for regular—as well as emergency—communication with school administrators.** For example, you might set up weekly or monthly meetings, establish shared email expectations, or join a walkie-talkie team for campus crisis situations.
3. **Define and follow a clear decision-making protocol** between school-based health center leadership, other student support services providers, and school administrators.
4. **Disseminate information about new services and upcoming events** to school administrators to keep them informed and connected to the school-based health center.
5. **Share service and outcomes data** with school administrators so they understand the positive impact of school-based health center programs and services, using a variety of methods—including meetings, calls, emails, text messages, newsletters, bulletin boards, and student presentations.
6. **Engage administrators in ongoing conversations about how the school-based health center can best support academic achievement** (e.g., through targeted

intervention for at-risk students, contributions to anti-absence efforts, efforts to improve school climate).

CASE STUDY: Richmond High School (Richmond, Calif.)

After a brutal sexual assault on campus, the school-based health center at Richmond High School was able to work more closely with administrators to try to meet students' immediate needs, improve school climate, and prevent future violence. While there are often overwhelming challenges, such as a rise in violence, crime, and poverty in the community, this tragic event brought the health center closer to school leadership and campus security.

Now, school-based health center leaders meet monthly with the principal and vice principals. These meetings foster collaborative problem-solving to address student disciplinary and health issues, and provide opportunities to share information about program implementation and impact. The health center has recently been given a walkie-talkie—allowing the health center coordinator to stay in close contact with site administrators and security, and to respond directly to crises. In addition, as part of a district initiative to help centralize community partners and health services on campus, site administration asked the health center to coordinate all student support services on campus. This allows the school-based health center to ensure that multiple providers work together in effective, efficient ways. A new full-time case manager is now co-funded by the school district and the Y-Team, a local community-based mental health services provider. The case manager works with students who are ineligible for Medi-Cal—meaning that the school-based health center can serve more youth.

The school-based health center begins each year with a school staff event that includes a health center orientation and open house, food, staff appreciations, and an open dialogue to ask questions and learn more about the health center. The health center has been sending out an annual newsletter that highlights health center successes; this will be increased to a quarterly release to keep staff informed about services and resources in the health center.

Because of its closer relationship with the administration, the school-based health center is better integrated into the school and able to respond to student health and safety needs. School administrators and staff are working more closely with the health center and are referring more students for services. By helping shape the school's student support policies, the school-based health center staff is working to ensure that all students have the services that they need to be successful in school.

CASE STUDY: Columbus Middle School (Canoga Park, Calif.)

School-based health center leaders at Columbus Middle School believe that a strong relationship with school administrators is vital to their center's success. They therefore put significant effort into proactively building that relationship. School-based health center staff make time to get to know administrators both individually and through regular attendance at key gatherings, such as staff meetings, back to school nights, coffee-with-the-principal conversations, and PTA, School Site Council, and Resource Coordination Team meetings. They invite administrators to attend health center events, making sure to schedule them at convenient times. They provide the principal with a list of current clinic staff and their areas of expertise, along with a menu of professional development topics and presentations that the health center can provide for parents or staff. Health center staff also regularly acknowledge administrators for their hard work and support of the health center, and share with school district directors and the superintendent the positive contributions and dedicated leadership that school administrators provide.

School-based health center staff also build strong relationships with other members of the school community, including parents, teachers, the custodial team, the attendance office staff, and the principal's administrative assistant. They invite all staff to hold their meetings inside the health center's large conference room. They also provide some services, such as flu shots and health screenings, to staff and parents at no cost. Recently, when health center staff wanted to evaluate the impact of their immunization program on student attendance, they asked the attendance office to compile the relevant reports. Because they knew that this request took time—and because it went above and beyond the attendance office's regular responsibilities—health center staff not only personally thanked their colleagues but also let the principal know how helpful and responsive clerical staff had been.

School-based health center leaders are careful neither to be seen as—nor to operate as—a “separate entity.” As a result, the Columbus Middle School-based health center is truly integrated into the campus and visible at all campus events. This integration enhances the health center's impact: with the entire school community supporting the health center's efforts, more students are referred for critical services and receive the individualized support necessary for long-term success.

SECTION 4: PROVIDE ACTIVE TEACHER SUPPORT

WHY:

Teachers work hard to promote the academic success of their students. By actively supporting teachers, school-based health center staff can help teachers reach all students, while also increasing the health center's impact on learning.

First, school-based health center staff have valuable insight and expertise to share. Individual consultations and targeted professional development opportunities can build teachers' capacity to respond effectively to students' needs in the classroom context. Teachers supported by school-based health center staff are better teachers.

Second, teacher allies and champions can advance the school-based health center's mission, indirectly contributing to academic success. Teachers know best the strengths and needs of their students and can help school-based health center staff develop high-quality interventions. Teachers can also be a key referral source. Not surprisingly, the more invested they are in the school-based health center, the more students they will refer for its services. Finally, teachers can be important advocates with administrators and districts. Ultimately, school-based health centers supported by teachers are better school-based health centers.

Many teachers immediately embrace school-based health centers. Others, however, have legitimate questions and concerns about a health center's role on a school campus. It's therefore imperative that school-based health center staff actively reach out to teacher colleagues.

Tips for School-Based Health Centers

- 1. Build personal relationships with teachers** and show appreciation for their hard work.
- 2. Communicate with teachers in consistent, convenient, and natural ways.** Consider attending regularly scheduled staff, department or committee meetings, and find out how each teacher prefers to communicate with you (e-mail, in-person, phone calls, etc.).
- 3. Provide an annual teacher orientation to your school-based health center, as well as ongoing opportunities for teachers to visit and learn more.** Include a school-based health center tour in your orientation, and cover topics such as how to refer students to the school-based health center, school-based health center programs and services, and any available services for staff (e.g., flu shots,

tuberculosis tests). Talk with teachers about how you will work together to minimize instructional disruptions while also effectively meeting students' needs.

4. **Offer individual consultation to teachers.** This might mean supporting a teacher in developing strategies for working with challenging or disruptive students, including those with special needs. (You might suggest classroom modifications for a student with ADHD after carefully observing him in class, in the hallway, at lunch, and during P.E.). This might mean educating teachers about a student's medical condition, particularly if it is rare or requires in-class monitoring. This might also mean helping a teacher prepare to talk to a parent about a student's health-related challenges. Of course, individual teacher consultation is individualized, and it might mean anything!
5. **Provide professional development to teachers** on health topics that they are interested in, possibly including asthma/allergy triggers, bloodborne pathogens and universal precautions, healthy eating and physical activity, health education delivery, etc.
6. **Invite teachers to participate in your school-based health center's advisory board** (or planning committee, if you are in the "start-up" phase). Think about inviting teachers who are already committed to your center, as well as some who want to learn more.

CASE STUDY: The James Morehouse Project, El Cerrito High School (El Cerrito, Calif.)

The James Morehouse Project was started by an El Cerrito High School teacher who saw unaddressed health and mental health needs impeding student learning and overall wellbeing. She and other health center staff prioritize strong personal and professional relationships with teachers. Teachers who are knowledgeable about and invested in the James Morehouse Project are more likely to make referrals and reach out for consultation.

At the beginning of each year, James Morehouse Project staff introduce themselves and health center services at a schoolwide staff meeting. They then foster ongoing communication by regularly attending meetings, distributing flyers, organizing student presentations, talking with individual teachers, and participating in a staff listserv that facilitates open dialogue about student support policies and procedures. Health center staff are committed to following up with teachers who refer students to the James Morehouse Project to ensure continued collaboration and information sharing. In addition, health center staff are sometimes called to participate in Student Support Team meetings for students with whom they are working, collaborating closely with teachers and administrators in planning and implementing interventions. Finally, the health center hosts teacher appreciation events—sometimes even providing much-needed massages!

Ultimately, strong relationships between teachers and school-based health center staff impact student success in positive ways. When teachers at El Cerrito High School were worried about the frequency with which certain students were being pulled out of class for health and mental health services, James Morehouse Project staff were receptive to their concerns. They worked closely with teachers and administrators to minimize learning disruptions, successfully creating flexible schedules that effectively balanced students' academic, health, and mental health needs. And, when teachers identify specific students in need of services, they feel comfortable reaching out to health center staff to initiate collaborative solutions. According to one teacher, "I and my students have benefited from the James Morehouse Project. It's a total package. I feel sorry for teachers who don't have it – it's a crown jewel."