Healthy Schools Collective Impact Strategic Action Plan

**Goal: By 2025, all Colorado K-12 public schools provide an environment and culture that integrates health and wellness equitably for students and staff.**

**Vision: All Colorado youth are healthy and reach their full potential.**

All outcomes should (values):

* Address equity
* Be informed by and accountable to local/on-the-ground perspectives
* Consider student health services, comprehensive physical activity, nutrition, behavioral health and school cultures and climates.
* Consider the whole child
* Prevent and prepare for shocks to the system
* Balance bold/innovative long-term strategies with actionable short-term strategies
* Be informed by data and best practices

Outcomes:

1. Public will: Students, parents, families, educators, administrators, community members, and public officials have a voice, value and actively support health and wellness in schools
2. Policy: Federal, state & local policies and public official engagement are in place to prioritize, support, resource and implement health and wellness in schools
3. Staff: Schools & districts have qualified, motivated, and supported staff to ensure health and wellness is a priority and effectively implemented
4. Climate: Schools have a cultural and structural climate that supports health and wellness
5. Funding: Districts, state agencies & other funders effectively collaborate to ensure health and wellness is a priority in schools and is sufficiently resourced
6. Collaboration: School, community and state level partners consistently collaborate to ensure an efficient and effective system for healthy schools
7. Data: Data system is connected to people to be used to inform decisions and actions to ensure high impact results

Outcome #1: Students, parents, families, educators, administrators, community members, and public officials have a voice, value and actively support health and wellness in schools

| Strategies | Proposed Actions | Steering Committee | HSCI Groups (WGs, sprint groups, etc.) | Other |
| --- | --- | --- | --- | --- |
| Develop strategic and targeted marketing/media/messaging campaigns that hone in on key messages and local needs | Develop marketing/messaging campaign “lite”  Collect, share and replicate success stories | Education campaign annual priority | PD Team |  |
| Identify, foster and grow champions from the field | Collect, share and replicate success stories  Work with champions to take small steps to address health and wellness in their local schools | Could stem from equity/engagement work |  |  |
| Engage students, community and families in championing the benefits and availability of healthy school services and programs | Connect schools to tools and resources that engage the community & families  Engage community to take small steps to address health and wellness in their local schools Communication HUB | Should build from equity work and/or the education campaign annual priority |  |  |
| Broaden awareness of the link between academics and health | Increase community, leadership and administrator buy-in for health and wellness staff, tools, and incentives by creating a link between academics and health. | Could be considered in the education campaign annual priority |  |  |

Outcome #2: Federal, state & local policies and public official engagement are in place to prioritize, support, resource and Implement health and wellness in schools

| Strategies | Proposed Actions | Steering Committee | HSCI Groups (WGs, sprint groups, etc.) | Other |
| --- | --- | --- | --- | --- |
| Establish a state-appointed commission with authority to make decisions about policies |  | Policy annual priority (although not specific to state-appointed) |  |  |
| Develop an HSCI policy agenda to prioritize and guide coordinated policy efforts in support of health and wellness in schools | Review and refine policy priorities identified by topical work groups  Ensure local/on-the-ground needs are captured in the policy agenda  Determine if policy scan is needed  Consider the current political environment at each level when considering a policy opportunity  Compile all information and prioritize greatest opportunities for change and impact  Specific policy opportunities to consider:   * Include health and wellness in accountability systems (require in UIP planning, educator effectiveness, assessment/testing) * Require schools to collect and report health and wellness data and assess their needs * Ensure appropriate staffing levels, certification and needed time for programs or services (e.g., PE class without waivers, PE endorsement, nurse certification, BH services, etc). * Advocate for financial resources and staffing for health/wellness in schools | Identified some opportunities within ESSA | CASH taking first steps to potentially inform this Could come up in Funder’s table |  |
| Identify, recruit, and build advocates and champions for specific policy opportunities |  | Could be part of the policy annual priority – though no specific policy opportunities have been identified by the SC. |  |  |
| Support effective implementation of existing health/education policies and work with local districts to enhance their policies |  |  | PD Team |  |
| Support effective implementation of accountability of health/education policies and work with local districts to enhance their policies |  | Informing ESSA state plan was a small step in this direction | PD Team |  |
| Identify, recruit, & build advocates/champions at local, state and federal level. | Create a speaking Bureau made up parents, students, community members. | Policy annual priority |  |  |

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| Outcome #3: Schools & districts have qualified, motivated, and supported staff to ensure health and wellness is a priority and effectively implemented |

| Strategies | Proposed Actions | Steering Committee | HSCI Groups (WGs, sprint groups, etc.) | Other |
| --- | --- | --- | --- | --- |
| Provide a high-quality professional development system (including TA) to build the capacity of staff focusing on the components of the WSCC model |  |  | PD Team |  |
| Inform and support effective teacher and administrator preparation programs to ensure health and wellness are valued and prioritized |  |  | PD Team |  |
| Leverage resources to ensure adequate number of staff fill critical health and wellness positions | Ensure each school employs at least one staff member who focuses on health and wellness | May connect to the funding annual priority |  |  |
| Provide tools and resources to staff and schools | Provide tools and resources to effectively implement health and wellness strategies (including incentives)  Provide resources and support for teacher/staff wellness as well as student wellness  Ensure sufficient training and comfort with technology to enhance learning |  | PD Team  DRE WG  CME WG |  |
| Offer high quality professional development based on best practices for PD | Conduct assessment to determine strengths & weaknesses to implement health & wellness having right people do prioritized work and the right amount of people |  | PD Team  DRE WG  CME WG |  |
| Offer financial & other types of recognition to school personnel, schools, & districts |  |  | PD Team |  |

Outcome #4: Schools have a cultural and structural climate that supports health and wellness

| Strategies | Proposed Actions | Steering Committee | HSCI Groups (WGs, sprint groups, etc.) | Other |
| --- | --- | --- | --- | --- |
| Outline a process for schools, in partnership with youth, families and communities (e.g. local wellness teams), to develop health and wellness plans that are culturally relevant, incorporate best practices, and identify resources, gaps, strengths, and readiness |  | somewhat informed ESSA plan recommendations  Could be informed by equity work | PD Team  DRE WG  CME WG |  |
| Support schools with implementing and evaluating their health and wellness plans |  | somewhat informed ESSA plan recommendations | CEI – SmartSource? |  |
| Implement consistent health and wellness education that is aligned with Comp Health and PE state standards and integrated into school day | Implement comprehensive health education in all schools  Improve all school vending  Support sports and after school enrichment programs  Support therapeutic programming  Increases social/emotional health  Increases physical health |  | PD Team |  |
| Support site-based management (decentralization of school decision making) |  |  |  |  |
| Increase access to adequate and effective behavioral health services to meet staff and student behavioral health needs | Implement Mental health first aid  Increase mental health supports in schools  Support districts to use a model (like MTSS) to address needs of students  Ensure schools use a trauma-informed approach  Leverage resiliency research  Create opportunities for connection/attachment  Support self-regulation skills  Competency (sense of what I’m good at)  Identify and train “Askable Adults”  Focus on safety  Support role modeling  Implement Positive Youth Development  Consider whether the restorative discipline policy is too punitive | somewhat informed ESSA plan recommendations  May be addressed by focusing on funding for behavioral health |  | Legislation passed in 2017 that expands eligibility for the School Behavioral Health Professionals and Counselor Corps grant programs to include elementary schools, includes new funding for ~150 professionals to provide services in schools |
| Address pressure on teachers and students to show student growth | Change teacher evaluation system  Make accountability systems meaningful and useful for schools (including health & wellness as a priority). Leverage ESSA? | Somewhat informed ESSA plan recommendations | PD Team |  |
| Address high-risk behaviors | Intimate partner violence  Bullying  Unsafe sexual behaviors  Access to guns  Access to and use of drugs (especially in relation to legalized marijuana in CO)  Educate on impact on developing bodies and brains  Tie to healthy lifestyle |  | PD Team |  |
| Ensure schools have safe and adequate physical infrastructure to support health & wellness |  |  |  |  |
| Increase equitable access to nutritious food |  |  |  |  |
| Increase school, district, student, parent, and community awareness of what a healthy cultural and structural environment looks like and ways to achieve that healthy environment. | Outline best practices for diverse engagement of school community (including students, families, and medical community)  Create a shared understanding of “cultural & structural environment that supports health & wellness”  Create centralized “library” of what a “cultural & structural environment” looks like & how it’s created (both evidence-based & creative/innovative) | broad health & wellness informed ESSA plan recommendations  May be informed by equity work | PD  DRE WG (best practices)  CME WG (Hub, centralized library) |  |

Outcome #5: Districts, state agencies & other funders effectively collaborate to ensure health and wellness is a priority in schools and is sufficiently resourced

| Strategies | Proposed Actions | Steering Committee | HSCI Groups (WGs, sprint groups, etc.) | Other |
| --- | --- | --- | --- | --- |
| Assess and identify the best opportunities to develop a statewide approach to allocate resources to districts (specifically related to health and wellness) – ensure a more equitable process. |  | Annual funding priority | Needs assessment could help inform this |  |
| Identify, prioritize and pursue policy-related opportunities to direct or allocate funding toward school health and wellness. | Consider opportunities to direct marijuana state tax dollars towards school health and wellness strategies (especially in those areas of highest need and those more impacted by the marijuana industry in CO – rural, industrial, etc.) | heavily informed ESSA plan recommendations | CASH taking first steps to potentially inform this | Children’s Campaign is participating in several K-12 coalitions that are re-examining CO’s school finance system |
| Develop a healthy schools fundraising and funding reallocation plan | Conduct a school health and wellness funding scan  Determine priority resource gaps  Develop a fundraising/resource reallocation plan  Meet with current and potential funders, experts in funding sources (e.g., Medicaid, insurance), and state agencies to identify possible funding collaboration opportunities. Find opportunities to increase funding through crowd-sourcing (and leverage marketing efforts to help) | Annual funding priority |  | Children’s Campaign is participating in several K-12 coalitions that are re-examining CO’s school finance system |

Outcome #6: School, community and state level partners consistently collaborate to ensure an efficient and effective system for healthy schools

| Strategies | Proposed Actions | Steering Committee | HSCI Groups (WGs, sprint groups, etc.) | Other |
| --- | --- | --- | --- | --- |
| Build collaboration among schools when it’s beneficial to health and wellness strategies | Connect HSCI grantees  Consider regional model for school health & wellness needs in rural districts (BOCES?) |  |  |  |
| Identify and promote community, state, and national resources that support health and wellness for schools and students (i.e. community health centers, mental health centers, etc.) |  |  | CASH taking first steps to potentially inform this |  |
| Identify health, wellness, and safety gaps within schools and districts. | Create a needs assessment to identify gaps, needs for schools and districts.  Analyze results of needs assessment  Share results with statewide partners, HSCI team to identify existing resources or a mechanism to fund and create needed resources. |  | Needs assessment may help inform this |  |
| Identify state/systems level partnerships and initiatives to collaborate and align resources to address identified gaps and needs that improve health, wellness, and safety in all schools in Colorado. | HSCI partner with other school health and wellness groups to leverage work and opportunities | Annual priority | PD Team  CASH | Connecting with CO9to25  Considering explicit connection with CCHS  Children’s Campaign/ DPS partnering on Phase II of a PE model policy pilot program |
| Identify mechanisms for soliciting input from students, staff, community members, and other district and state stakeholders to optimize and promote health, wellness, and safety in Colorado schools. |  | Annual priority  Equity work | Needs assessment may help inform this  PD Team |  |
| Identify state/systems level/school district, and community partnerships and initiatives to support implementation of policies that improve health, wellness, and safety in all schools in Colorado. |  |  | PD Team  CASH taking first steps to potentially inform this |  |

Outcome #7: Data system is connected to people to be used to inform decisions and actions to Ensure High Impact Results

| Strategies | Proposed Actions | Steering Committee | HSCI Groups (WGs, sprint groups, etc.) | Other |
| --- | --- | --- | --- | --- |
| Define best practices for schools and student outcomes (what defines healthy schools and students) | Regularly update existing tools to incorporate the latest best practices. |  | DRE WG  PD Team |  |
| Continue to build data systems and promote use to identify needs and gaps and inform accountability systems | Incentivize schools to participate in the data system by recognizing and rewarding healthy schools, by providing actionable data back to schools and communities, and by supporting utilization in accountability systems  Map out who is collecting what data, when, etc. so that we clarify, understand and streamline the roles of the Data/Research group, Harder, and others who might be collecting data.  Maximize opportunities for using data schools are already collecting. |  | CEI (Smart Source) & CDPHE (HKCS)  Needs assessment may help inform this  DRE WG CME WG  Part of Shared Measurement System conversation within DRE and evaluation team |  |
| Provide professional development to school districts on how to use data to inform decisions and actions. | Work with the PD group to see if they are already doing something in this area and/or if another entity needs to take this on  Determine action plan for getting training and TA to schools. |  | CEI (Smart Source) & CDPHE (HKCS) |  |
| Streamline the various sources of data so that it is more accessible to our partners. | Build a database that would then connect with the “hub” that the communications work group is considering  Leverage the “hub” website to support systems building CO 9to25 is working on. (they are under contract through CDHS for a youth app and are looking at creating a website |  | CEI (Smart Source) & CDPHE (HKCS)  CME WG  DRE WG |  |