



## Tool- Example School-Wide Wellness Action Plan

Now that your school wellness team assessed the conditions for school-wide wellness, the next step is to develop an action plan together. The school-wide wellness action plan will serve as the guide to addressing the priority areas and conditions for wellness you identified during your data analysis. The action plan should include objectives, strategies, timelines, persons responsible, and indicators for evaluation.

### Directions

**Step 1:** Use the information from your needs assessments, environmental scans, and asset maps to summarize the health and educational risks or factors, and the social determinants of health.

**Step 2:** Identify priority areas that emerge from the data above. These should address the conditions your wellness team identified that are necessary for school-wide wellness (e.g. safe schools and neighborhoods, food security and healthy eating, opportunities for recreation and fitness, healthy relationships, social and emotional wellness, positive school climate, access to services and supports, parent and family engagement).

**Step 3:** With your team, develop strategies that will serve as the steps towards addressing the priority area. Be sure to describe each strategy. What audience will you target with each strategy? Is the strategy one time or ongoing? Is it a program, policy, or procedure?

**Step 4:** Write an objective for each strategy that will aim to improve the current situation. Effective objectives are SMART: **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime-bound. The objective can focus on programming and interventions, policy and procedure changes, as well as communications and marketing.

**Step 5:** Indicate how you will evaluate whether the objective was achieved.

**Step 6:** Identify the key person(s) responsible for each activity under the corresponding objective.

**Step 7:** Assign a timeline for each of strategy.

## Priority Area 1

	<b>% at risk and qualitative observations</b>
<b>Identified health factors:</b>	<b>Insufficient nutrition-see social determinants below.</b>
<b>Identified educational factors:</b>	<b>The school has an overall graduation rate of 76%: 56% for English Learners, 60% for students with disabilities , 71% for males , 80% for females, 73.68% for economically disadvantaged</b>
<b>Identified social determinants:</b>	<b>18% ate less than thought they should because there wasn't enough money to buy food Additionally, 15% of students did not eat breakfast once in the last 7 days.</b>

**Description of priority area based on data above: Address hunger and access to affordable & nutritious food for students**

**Overall goals: Decrease prevalence of hunger by next Oregon Healthy Teen Survey assessment date, increase access to affordable nutritious food throughout the school, increase school wide food literacy programs**

<b>Strategies</b>	<b>Objective</b>	<b>Evaluation Indicator(s) / Outcome (s)</b>	<b>Key Person(s)/ Partner (s) Responsible</b>	<b>Timeline</b>
<b>Strategy 1: Screening for food insecurity for students who come into the SBHC</b>	<ul style="list-style-type: none"> <li>- identify # students that are at risk for or are experiencing food insecurity by June 2018</li> <li>- collect quantitative data about food insecurity from 75% of school students (based on 75% who are enrolled in SBHC)</li> <li>- Refer 100% of students who screen positively for food insecurity toward appropriate resources</li> <li>- Screen every new SBHC patient for food insecurity by June 2017</li> </ul>	<ul style="list-style-type: none"> <li>- number of students screened for food insecurity</li> <li>- number of students identified positively</li> <li>- number of students referred to resources</li> </ul>	<ul style="list-style-type: none"> <li>- Food Bank, Nurse Practitioner, BH Specialist, MH Counselor</li> <li>- Curriculum of Cuisine, Harvest Share, district nutrition provider, Clinic Supervisor, SBHC Health &amp; Wellness Coordinator</li> </ul>	<b>Implement referral policy/ process for SBHC by June 2018</b>
<b>Strategy 2: Identify community partners &amp; increase awareness and participation in a weekly Harvest Share for students and parents</b>	<ul style="list-style-type: none"> <li>- Increase availability of affordable and nutritious food for 90% of families and students who screen positively for food insecurity</li> </ul>	<ul style="list-style-type: none"> <li>- The number of students and parents accessing the Harvest Share program</li> </ul>	<ul style="list-style-type: none"> <li>- SBHC, Harvest Share (OR Food Bank), School Administration, Whole Foods, NW Family Services, Wichita Center for Family and Community, district nutrition provider, Health and Wellness Coordinator, Youth Advisory Council</li> </ul>	<b>March-June 2018</b>

**Priority Area 1**

Strategies	Objective	Evaluation Indicator(s) / Outcome (s)	Key Person(s)/ Partner (s) Responsible	Timeline
<p><b>Strategy 3:</b></p> <p><b>-Implement food insecurity screenings across district, at all SBHCs and schools</b></p>	<p><b>-Identify 6 leaders/providers in SBHCs, teachers, students, counselors, school nurses &amp; administrators to serve on a food insecurity task force by June 2018.</b></p>	<p><b>- The approval of a district wide food insecurity policy/process</b></p>	<p><b>-Clinicians will administer screenings at SBHCs</b>  <b>-Nurses and counselors will administer screenings in all district schools without SBHCs</b></p>	<p><b>March-June 2018</b></p>
<p><b>Strategy 4:</b></p> <p><b>-Create &amp; implement a coordinated referral process for students who have been positively identified as experiencing food insecurity.</b></p>	<p><b>- Develop a referral process, present at school board meeting, and implement food insecurity policy by June 2018.</b></p>	<p><b>- Number of students experiencing food insecurity across the district</b></p>	<p><b>-OR Food Bank, School District Admin, Teachers, school nurses, SBHC staff, community orgs, horticulture club, YAC, Health and wellness Coordinator</b></p>	<p><b>March-June 2018</b></p>

## Priority Area 2

% at risk and qualitative observations	
<b>Identified health factors:</b>	<ul style="list-style-type: none"> <li>• 20% of students considered suicide in the last 12 months. This rate is above the state average.</li> <li>• 32% of students felt sad or hopeless for two weeks or more in a row that they've stopped participating in some of their regular activities. This rate is higher than the state average.</li> <li>• 25% of students had an emotional or mental health care need not met in the last year. This is above the state average.</li> </ul>
<b>Identified educational factors:</b>	<ul style="list-style-type: none"> <li>• 28% of respondents indicated having serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition.</li> <li>• 40% of respondents are getting mostly C's.</li> <li>• In the past 12 months, 8% of respondents indicated missing school 3-5 days because of an emotional or mental health reason. 6% missed 6-10 for an emotional or mental health reason.</li> </ul>
<b>Identified social determinants:</b>	<ul style="list-style-type: none"> <li>• 27% of respondents indicated having been intentionally hit or physically hurt by an adult in their lifetime.</li> </ul>

**Description of priority area based on data above:** In the past 12 months, students are experiencing a range of social & emotional health issues at higher rates than the average student is across the State of Oregon.

**Overall goals:** Address the mental health needs of students including; self-harm, sadness and anxiety

Strategies	Objective	Evaluation Indicator(s) / Outcome (s)	Key Person(s)/ Partner (s) Responsible	Timeline
<b>Strategy 1:</b> Implementation of integrated behavioral health approach to primary care where an LCSW is on-site to provide immediate intervention for Behavioral Health & Mental Health needs brought up in medical visits.	<ul style="list-style-type: none"> <li>-Identify students who have behavioral and mental health needs in the SBHC and providing immediate, on-site referral to a short-term BH Specialist then long-term MH counselor if needed</li> <li>- Refer students toward appropriate resources</li> </ul>	<ul style="list-style-type: none"> <li>-number of students or rate of students receiving behavioral health/mental health services at the SBHC</li> <li>- rates of suicide, sadness, and hopelessness</li> <li>-rates of met and unmet emotional and mental health care needs</li> </ul>	SBHC Staff, Out Patient mental health services: Trillium, Western Psych, Kartini. School staff -Curriculum of Cuisine, Harvest Share, Wichita Center, Chartwells Clinic Supervisor, Health & Wellness Coordinator MA, Nurse Practitioner, BH Specialist, MH Counselor	Sept-June 2018

## Priority Area 2

Strategies	Objective	Evaluation Indicator(s) / Outcome (s)	Key Person(s)/ Partner (s) Responsible	Timeline
<p><b>Strategy 2:</b> Require professional development for school staff on strategies to address &amp; improve mental health for students including: identifying symptoms, knowledge of resources, effects on learning.</p>	<p>-Implementation of a school-wide policy that incorporates mental health training into staff professional development by September 2018. The training will highlight the connection between students' mental &amp; emotional health and their ability to learn, concentrate and overall educational success.</p>	<p>-Level of implementation of Mental Health Professional Development program. -Selection of training curricula -Implementation of the policy -Frequency of mental health training opportunities -Number of staff trained each year -change in student concentration and decision making -student grades -student attendance and absenteeism rates</p>	<p>-SBHC, School Admin, NW Family Services, Wichita Center, teachers, Health and wellness Coordinator (RB)</p>	<p>March-Sept 2018</p>
<p><b>Strategy 3:</b> Include mental Health/Social Emotional Learning opportunities into graduation requirements; similar to the career related learning experience or the extended application students are responsible for</p>	<p>-All students will gain social emotional learning skills leading to increased mental health literacy. -We will see reduced stigma associated with mental health issues throughout the school, and a more supportive, inclusive school environment.</p>	<p>-Level of implementation of new mental health requirement - rates of suicide, sadness, and hopelessness -rates of met and unmet emotional and mental health care needs -change in student concentration and decision making -student grades -student attendance and absenteeism rates</p>	<p>-SBHC, School Admin, NW Family Services, Wichita Center, teachers H&amp;W Coordinator</p>	<p>March-June 2018</p>