



Creating an Integrated School Health Center Model

The Los Angeles Experience: Accomplishments, Lessons Learned and Recommendations

Executive Summary

In 2008, two initiatives funded by The California Endowment determined that local opportunities existed to advance School Health Center (SHC) systems development and create a model for integrated services. Over a two-year period, the initiatives organized key stakeholder meetings to discuss collaboration opportunities and SHC integration concepts. These efforts resulted in:

1. *The Los Angeles County Board of Supervisors passing a motion to develop at least five Integrated School Health Center Pilots*
2. *A definition of SHC integration with schools and model standards*
3. *An active SHC Policy Roundtable committed to advance SHCs as an important access point for community health and address systems-level barriers*
4. *A commitment to promote integration of school, public health, primary, dental and mental health care services*
5. *Alignment of Los Angeles County Department of Health Services and the Los Angeles Unified School District SHC expansion funding*
6. *Embedding future work in organizations that have an ongoing commitment to SHCs*

Improving school performance and preparing for health care reform were two external drivers for this initiative.

Integration means that school health centers build and sustain relationships with administrators, nurses and teachers, coordinate care with agencies that provide a wide array of services on campus, and operate an active outreach program in the school community.

To access the hyperlinks highlighted in blue in this document, please download the policy brief at www.lahealthaction.org

To inform Los Angeles County Board of Supervisors policy, the Roundtable developed the **L.A. Integrated School Health Center Model Standards** and promoted them to be adopted by the County as the basis for its proposed Integrated School Health Center pilot program. Building upon national and state SHC associations' work, the process of defining integration provided an educational forum for stakeholders to understand school needs, student access issues, limitations of current SHC funding methodologies, and barriers posed by current contractual and regulatory structures. The paradigm developed for the purposes of this project focuses on the integration of SHCs into school communities, rather than integration of clinical services.

Although the pilot program has been delayed due to Los Angeles County's budget deficit, the real impact of the model development was defining and starting to address the access, funding and integration of school health services. This brief will examine the process of developing a stakeholder collaborative committed to improving school communities' health, key environmental factors, the L.A. Integrated School Health Center Model Standards, identification of challenges and lessons learned, and recommendations to the field.

HISTORY AND FACTORS DRIVING MODEL DEVELOPMENT

LA Health Action (LAHA) and the Integrated Behavioral Health Project (IBHP), two strategic initiatives funded by The California Endowment to address health care access barriers for California's safety net populations, collaborated to foster the development of an Integrated School Health Center model. **LAHA** is devoted to expanding access to health coverage and care to vulnerable county residents; the goals of the **IBHP** are to address access and stigma to behavioral health services through integration with primary care. Both initiatives have strong linkages to local policy makers and public and private health care providers.

Starting over two years ago, LAHA's Director initiated conversations with key stakeholders, including sister project IBHP, about opportunities in Los Angeles County to expand primary care and improve school communities' health. The California Endowment, California's largest private health care foundation, was in the process of designing a new strategic plan that would focus on place-based projects constructed, in part, around school communities. LAHA and IBHP sought to identify ways in which their expertise could foster a broad-based approach that would complement the new strategic plan. As conversations with the Los Angeles Unified School District, the Los Angeles Trust for Children's Health, the Community Clinic Association of Los Angeles County and the California School Health Center Association progressed, it became clear that key building blocks were in place for a stakeholder collaboration process to advance SHCs, address policy barriers they face and create a new L.A. Integrated School Health Center model.



In January 2009, shortly after LAHA's Director began convening stakeholders, the newly elected County Supervisor Mark Ridley-Thomas recruited her to become his Senior Health Deputy. Within two months, the Supervisor introduced a motion to direct the County Chief Executive Office to produce a report on how the County could create at least five Integrated School Health Centers pilots. The vote was unanimous to approve it. Implementing this motion became the responsibility of the executive for the County health cluster; she became an active participant in the collaborative process and has identified key staff to participate and problem-solve systems-level issues.

Building Blocks in Advancing the L.A. Integrated School Health Center Model

- Organized providers
 - A motivated school district with resources
 - New County mental health Prevention and Early Intervention funding
 - One-time only County primary care expansion funds
 - Potential federal funding
 - Political leadership
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SCHOOL HEALTH CENTERS AND THE LOS ANGELES LANDSCAPE

SHCs have existed in Los Angeles for the past 80 years and have been rapidly growing since the mid-1980s. Three of the first teen clinics were part of the Robert Wood Johnson Foundation *Making the Grade* initiative. Since then, largely through California's Healthy Start (SB 620) efforts, community health centers, hospitals, school districts and others have opened sites throughout the region. Each employs various staffing models and disparate services depending on local resources, and all have struggled financially. Some have closed through the years when support was unavailable to sustain operations. Most existing SHCs have identified gap funding sources ranging from grants, private fundraising and reinvesting revenues from school district-generated Local Education Agency Medi-Cal programs. In addition, a number of mobile health programs moving from school to school have been developed to provide specialty care such as oral health, vision and asthma, as well as general medical and urgent care clinics.

Operating both full and part-time, SHCs focus on prevention and early intervention strategies. Both well child and sports physical exams comprise a large portion of their services along with reproductive health services that are consistent with school health policy and state minor consent and confidentiality laws. In clinics that offer mental health services as a part of their array, as many as 40 percent of all visits were mental health related. As budgets are increasingly constrained and school nurses spread across more schools, SHCs can play an important role by accepting referrals from schools to follow-up on failed screenings, such as vision and hearing, and urgent care needs; some also manage chronic health conditions. Some SHCs operate full time, including non-school hours, and some serve the whole community. At those sites, the SHC is independently licensed, and the site has addressed the ingress and egress issues to protect school safety and student confidentiality.

While SHCs primarily deliver medical care, students and families also need mental health, family violence and substance abuse services, particularly at the secondary school level. Although many schools have site-based Early Periodic Screening and Detection Treatment program (EPSDT) services provided by school staff or mental health agencies through County contracts, those services are sometimes not well integrated with the SHCs. Consequently,

some SHCs have not been well positioned to provide behavioral health services when related needs are identified during a medical visit. Some SHCs have struggled financially to sustain licensed mental health staff at their sites. Particularly at the high school level, where students frequently present in crisis at the SHC, this siloed approach is not effective.

The most difficult integration issues are among mental health providers and substance abuse services. In particular, substance abuse providers are certified counselors who are typically adults recovering from substance abuse disorders. They provide treatment to students, with almost no evidence to suggest that this approach works effectively with the adolescent population. Mental health professionals are seldom part of the team, even though depression, anxiety or other co-occurring disorders are part of the presenting picture of the adolescent. Furthermore, a disconnect exists between County-contracted and Federally Qualified Health Center (FQHC)-delivered mental health services because they are funded through different siloed public entities.

The Los Angeles school landscape is complex. Los Angeles Unified School District (LAUSD) is the second largest school district in the nation, educating approximately 650,000 K-12 students, or half the county's student population. Another 80 school districts operate in the county, as well as a large number of charter schools that range between single-school operators to several large charter school management organizations. All schools are facing large budget deficits and challenges to maintain priority programs. LAUSD operates many SHCs providing EPSDT/Child Health and Disability Prevention (CHDP) assessment services, as well as accessing other funding streams¹. The District maintains an active health insurance enrollment program to address the health needs of its very large uninsured population. Medi-Cal revenue is allocated back to school health programs to help sustain services, but as many students are either uninsured, or underinsured, the revenue generated does not meet the operational costs of the program. Other school districts are substantially smaller, and many do not offer EPSDT services. Partnering with FQHCs that have access to enhanced Medi-Cal reimbursement has become increasingly popular as schools seek to sustain SHCs on their campuses. However, the lack of funding for services that make a collaborative service model work such as case management, care coordination, and health promotion and education remains a significant barrier to long-term sustainability.



In 1991, LAUSD authorized the creation of a non-profit organization, the LA Trust for Children's Health, to foster and sustain school health programs. The LA Trust acts as a convener of partners, an advocate for children's health,

¹ Other funding sources including Local Educational Agency Medi-Cal programs and Medi-Cal Administrative Activities claiming, Mental Health Rehabilitation Program, EPDST mental health, AB 3632, Health Net fee-for-service contracts, L.A. Care reimbursement contract for CHDP services, and other partnerships for vision and oral health services.

and fosters planning and resource development with LAUSD's Health and Human Services Division. The LA Trust has been an active champion throughout this initiative, having identified the need for service expansion as part of its five-year strategic plan.

STAKEHOLDERS AND OPPORTUNITIES

SHCs in Los Angeles had organized themselves into a local coalition supported in part by the **California School Health Centers Association**, with funding and in-kind support from the local Medi-Cal managed care plan, L.A. Care Health Plan. This local coalition had growing and robust membership with providers, many of them FQHCs or community health centers, actively working with school and county personnel on issues that involved access to services, quality of services and sustainability of programs.

Over the last decade, LAUSD embarked upon a massive school construction and modernization initiative that sought to invest over \$20 billion in voter-approved bond funding. Not only was this funding slated to build 130 new K-12 schools and renovate and modernize schools throughout the District, but also certain parts were designated for joint-use projects. Joint-use funding offered a significant opportunity to partner with community-based organizations and agencies to operate facilities designed to serve the broader school community.

In addition, the **National Assembly for School Based Health Centers** was seeking to include an authorization and appropriation for SHCs in federal health reform legislation, with the California School Health Center Association actively organizing political support throughout the state. As a result, a \$50 million appropriation for SHC equipment was made. The California Department of Mental Health had the benefit of new tax funding through Proposition 63 that would provide counties with **Prevention and Early Intervention funding** for the first time. At the elected leadership level within Los Angeles County, Board of Supervisors' support for SHCs resulted in directing LACDHS to expand primary care services, including SHCs serving South and East Los Angeles, which amounted to \$4 million in funding for capital improvements and operations. Additionally, the state senator who had previously authored the state SHC program legislation (**SB 564**, authorized but not funded due to California's ongoing budget deficit) was elected to the County Board of Supervisors, partly on the platform of promising the creation of an improved integrated health care delivery system for his district.

DEVELOPING THE L.A. INTEGRATED SCHOOL HEALTH CENTER PILOTS AND POLICY ROUNDTABLE

Despite the LAHA leadership change, the collaborative planning process continued, resulting in two outcomes. First, the new Board of Supervisors policy motivated the creation of a **set of recommendations** to the Los Angeles County Chief Executive Office for inclusion in its plan for five Integrated School Health Centers, a set of **L.A. Integrated School Health Center Model Standards** that address student age-specific health needs, and internal

What Is "Joint Use"?

Joint use of school facilities refers to the idea that schools have value in the community, not just as an educational entity, but as a place where communities gather, recreate and receive services. In the simplest sense, joint-use agreements refer to the development of a school facility that can serve the students, staff and the broader community.

In the case of LAUSD school bond funds, more than \$100 million has been allocated to projects that develop joint-use facilities on school campuses, such as recreation/athletic facilities, youth development, or community health and wellness centers. By entering into joint-use agreements, the District and public or private partners commit to developing, building and programming facilities that benefit some of the most needy and under-resourced communities.

LAUSD has been particularly successful in partnering with health and human service providers with the capacity to develop SHCs tailored to specific, identified high-priority communities based on a **needs analysis revealing health hot spots** and disparities throughout the District. Providers and community groups often lack a place to deliver services; joint-use facilities offer an answer to one of the issues faced in low-income, densely populated neighborhoods.

SHC Policy Roundtable Collaborators

- LAUSD
- LA Trust for Children’s Health
- Los Angeles County Chief Executive Office
- IBHP
- LAHA
- California School Health Centers Association, school health providers and LA regional coalition
- Community Clinic Association of Los Angeles County
- Health plans

Lessons Learned from Alameda County SHCs

Alameda County is now planning its next expansion into Oakland’s middle schools, and is evolving the model to become youth development centers. By blending public and private funds, Alameda County intends to add 10 middle school youth development centers, integrate a broader set of family support services as well as better integrate primary care and mental health services. Its SHC support is led by a set of core values that drive this public health approach:

- SHCs provide access to care plus education, which equals social justice
- If a department of behavioral health is not providing services on school campuses that are increasingly populated by poor children, it is not doing its job
- SHCs are one of the missing ingredients in the health care delivery system—early access, low-cost services and diversion of long-term expense
- By augmenting SHC funding with new prevention and early intervention funds in order to address the fact that 75 percent of all mental illness manifests before age 25

and external service integration. Second, through facilitation support funded by the LA Trust for Children’s Health and provided by the Pacific Business Group on Health, the group decided to formalize its identity and address the recommendations in the report *Sustaining and Improving School Health Centers in LAUSD: Recommendations for Action*. As a result, the group became a policy and planning council, the SHC Policy Roundtable, in September 2009. The SHC Policy Roundtable shaped its efforts in the context of national and state health care reform proposals a major priority.

ALAMEDA COUNTY MODEL: CROSS-COUNTY COLLABORATION

During local planning meetings, California School Health Center Association identified Alameda County as operating the most evolved school health center system in the state. With initial funding provided by IBHP, Los Angeles stakeholders conducted two site visits to multiple Alameda County SHC sites and county administrators, and engaged in ongoing dialogue with the Alameda County Health Care Services Agency. The site visits were informative to Los Angeles County staff, which previously had limited exposure to comprehensive SHC systems and were tasked with developing the Board-mandated integrated pilots. The site visits created a new relationship for two of the largest urban California counties to discuss how they could align to address local, state and federal policy barriers.

With more than a 10-year history supporting SHCs, Alameda County Health Care Services Agency has incorporated SHCs as a core component of its public health infrastructure. It supports the SHCs by funding core operating grants, providing meeting infrastructure to address administrative and policy issues, and championing a local tax initiative to fund the SHC system. Additionally it has interwoven its youth-oriented outpatient mental health services around the SHCs. There is increased **awareness of youth mental health needs** and a desire to employ early detection and intervention strategies to identify and mitigate the early onset of mental illness among youth.

ADDRESSING SCHOOL INTEGRATION AND DEVELOPING THE L.A. INTEGRATED SCHOOL HEALTH CENTER MODEL STANDARDS

Integration means many things in the field and typically the focus is on clinical integration—ideally operating a health care team that includes primary care, mental health and substance abuse professionals, a combined health record, and regular case conferencing for care coordination. LAUSD and the LA Trust for Children’s Health elevated the issue of school integration as a primary component to success, because decades of experience showed that schools and clinics have different missions, language and motivations.

In developing the **L.A. Integrated School Health Center Model Standards**, the role of the school and the need for the SHC to integrate with the school community became the overarching integration paradigm. In order to maximize the SHC impact and address the reality of transitioning school leaders, LAUSD articulated that integration must mean SHCs operate outside of their four clinic walls by building and sustaining relationships with school administrators, nurses and teachers, coordinate care with myriad agencies that provide a wide array of services on campus, and operate an active outreach program in the school community. The L.A. Integrated School Health Center Model Standards build on state clinic licensing as well as national and statewide SHC association standards.

ACCOMPLISHMENTS – LEVERAGING LEADERSHIP AND FUNDING

A number of remarkable things happened through this school and agency stakeholder collaboration process:

- New relationships emerged and have built an active SHC Policy Roundtable committed to addressing policy barriers that affect SHC sustainability and expansion
- Transition of the policy work facilitation to the Los Angeles County Education Foundation that received a three-year grant to implement a SHC program and foster policy development
- LAHA funding commitment for the LA Trust for Children’s Health to build and implement a Learning Community of schools, clinics and communities to support the LAUSD joint-use expansion and target SHC operational and integrational challenges

The Importance of School Integration

Research has demonstrated that SHCs can support improved learning behavior and influence academic achievement, impacting factors such as attendance and graduation rates, behavior in school, and student and family educational engagement. Recently, many schools have begun to acknowledge the social, emotional and physical factors that shape student behavior. SHCs can provide mental health specialists and other SHC staff 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.

Source: California School Health Centers Association, Ready, Set, Success: How To Maximize The Impact of School Health Centers on Student Achievement, November 2010

L.A. Model Standards Features

- Defines integration and includes integrating with school health programs and operating outside the four clinic walls of the SHC as a major feature
- Sets minimum level of administrative and clinical service requirements
- Articulates a vision for the future—resources do not exist today to implement fully

Features New to Many SHCs

- Full time, year round
 - Insurance enrollment programs
 - Open access to all students regardless of ability to pay and insurance status
 - Billing third-party payers
 - Care coordination with PCPs
 - Quality improvement and disease registries
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- Active participation of key stakeholders that track and lead California’s SHC policy efforts to ensure the initiative evolves in the context of national and state health care reform
- Active California School Health Center Association leadership participation that is initiating an ongoing Los Angeles-Alameda County dialogue for policy development
- Outreach to Board of Supervisors offices resulting in increased participation by their health deputies in SHC Policy Roundtable meetings
- Engagement of Medi-Cal health plans to address limitations of the SHC-managed care contracts and reimbursements
- Continued Los Angeles County Chief Executive Office and key department executive participation despite the delay in issuing the Integrated School Health Center Pilot Report to the Board of Supervisors in response to the motion, because of looming budget cuts
- Identifying ways in which SHCs can be access points for building “healthy” communities
- Linking with the national and other state school-based health groups to research models of integrated behavioral health approaches, catalogue tools and disseminate information accordingly
- Building a stronger coalition by engaging additional stakeholders to participate in the SHC Policy Roundtable. As the work of the group progressed, Los Angeles County Education Foundation emerged as a new SHC supporter that joined the SHC Policy Roundtable, along with Neighborhood Legal Services and Los Angeles County Office of Education.

CHALLENGES

Several policy barriers exist that may prevent further progress:

- Impending State and local budget cuts pose real threats to maintaining school, county and clinic health services despite this successful effort to expand SHCs
- While health care reform and coverage expansion are exciting developments, new federal appropriations do not offset cuts to state and local programs that affect education, health and mental health
- The advent of federal health care legislation has also posed new local challenges for the Los Angeles County health care system. It must begin planning a more robust integrated health care delivery system that can compete for its traditional patient base while at the same time cutting health and mental health care services to meet local budget shortfalls. These competing priorities stress personnel capacity and distract departmental leaders.



- SHC sponsors identified sustainability and having to rely on multiple funding streams as their greatest challenge. In particular, Medi-Cal managed care contracting, the lack of student insurance enrollment information availability, and implementing billing infrastructure into small clinical sites burdens SHCs because of limited space, administrative staff and low return on billing process investments.

LESSONS LEARNED

The collaborative planning process and policy advances have been a cross-systems learning laboratory. Contemplating systems integration and what it means to public bureaucracy and clinical practice built relationships that spawned increased commitment to foster systems change and align policy and resources.

County government has an unfulfilled powerful role to play in leading an SHC initiative focused on better prevention, early intervention, and improved chronic disease diagnosis and management. The current literature and utilization data suggests that the health care delivery system poorly serves many high-risk communities. In particular, local public health departments are well positioned to provide population-based services with an emphasis on oral health, reproductive health, mental health and substance abuse treatment, which are key factors to overall cost savings to the system.

Lastly, this initiative demonstrated the role of health plans in serving their consumers and ensuring that they received prevention and early intervention services. Health plans may offer increased expertise and funding to help with these efforts as they mature, in areas such as payment systems, health information technology and evaluation. In addition, they may be involved in improving the performance of this new consumer-oriented delivery system.

- **Advancing school health centers and ensuring their success is a mission embedded in multiple delivery systems**, which may be achieved through coalition building. Relationship building has been a key activity throughout the initiative. The process of developing the L.A. Integrated School Health Center Model Standards was educational to all the stakeholders as each articulated key values of and barriers to integration.
- **Integrating primary care, behavioral and dental health services into school operations is a national effort** and the L.A. Integrated School Health Center Model Standards that this project developed appears to be a unique contribution to SHC development. Determining how integration will happen and be funded is a work in progress.
- **The initiative was timely, leveraging local funding opportunities and laying the groundwork for future federal funding.** However, these policy initiatives are on separate timelines and driven by different governmental agencies making maximizing alignment and leveraging timelines challenging. The current budget environment has continued to delay Los Angeles County's release of the Integrated School Health Center pilot sites.
- **Achieving SHC financial sustainability is the top issue** concerning SHC sponsors and the public systems that seek to expand them. Current state and local budget cuts have made sustainability even more important to SHC sponsors.
- **Establishing a community-driven initiative addresses the lack of County capacity to provide vision and direction, but it is not a substitute for the ongoing County leadership role needed** to evolve SHCs as a population-based public health strategy. Although this project successfully engaged the Chief Executive Office and department leaders, unlike Alameda County, Los Angeles County has declined to lead SHC planning and policy development to foster and sustain SHCs due to other competing priorities.
- **Engaging key staff from Department of Health Services, Department of Public Health and Department of Mental Health to problem-solve systems barriers is possible when clear outcomes are established and**

- linked to Board of Supervisors policy.** Yet, even Board leadership and policy do not necessarily ensure systems change. County budget shortfalls have diverted leadership attention to curtailment rather than innovation.
- **Engaging health plans requires outreach and identifying specific payer-related issues.** SHCs are a population-based approach to outreach and engage students and their families, particularly hard-to-reach inner city populations. Managed care reimbursement is tied to assigning families to a primary care provider that is responsible for providing all care and referrals. Despite the assignment model, many low-income families access care where it is easiest to reach, such as at schools. Teens in particular seek “sensitive services” from trusted sources that are experienced in adolescent health care, such as many SHCs.
 - **Collaborating with local and statewide SHC organizations enhances systems change efforts.** Statewide associations need input from the field to be effective and lead meaningful change. Active engagement of state association leadership brings expertise and experience that benefit local efforts. The bi-directional information exchange is key to informed policy development.
 - **Aligning two strategic initiatives funded by The California Endowment to prepare for the foundation’s place-based strategy (Building Healthy Communities Initiative) created synergy,** shared expertise and cross-fertilized local and statewide efforts.
 - **Creating a Policy Roundtable takes dedicated staffing with expertise in SHCs,** policy development and facilitating collaborative, community-driven initiatives.
 - **Cross-County Collaboration accelerated understanding and Los Angeles County commitment.** Understanding of Alameda County SHC operations, services, funding and different SHC models created a greater understanding of the role the Department of Public Health may play to lead and sustain a SHC system. Los Angeles County representatives experienced the passion for the SHC approach to improve population health and learned about the importance of political leadership in developing a SHC system. Site visits increased executives’ awareness that Los Angeles County has an opportunity to develop a much larger concept than proposing five Integrated School Health Centers, and the potential critical role of the local Public Health department.
 - **Cross-County Collaboration holds promise for new SHC policy development and accelerating learning.** The California School Health Center Association has committed to host conference calls to explore proposals to improve county, state and federal SHC policies and to share county SHC learning community curricula with each other.

RECOMMENDATIONS

Schools, districts, counties, school health center operators and funders can accelerate the growth and development of Integrated School Health Centers as a population-based approach to improving school communities’ health. Partnerships and inclusion of public health departments can leverage expertise and funding to address the health care needs of students and improve their educational outcomes. With health care reform including SHCs as primary care access points and the expectation that SHCs will provide full primary care and integrated mental health services, now is the time for school health stakeholders to examine how they can build a robust school health system.

To State and Federal Policy Makers

- Appropriate funds to existing state and federal grant programs for SHCs, and to SHC core operating grants to fund school/SHC integration
- Define a set of minimum SHC services and data elements to be collected
- Mandate managed care health plans to contract with SHCs that meet the minimum standards
- Define a new SHC payment mechanism under health care reform that is not built around per visit billing

To SHC Operators

- Engage in SHC coalition building through California's regional clinic consortia to prepare for Health Care Reform and new SHC funding
- Build coalitions that include a broad range of education and health care stakeholders, e.g. school administration, nurses, departments of public health, to provide cross-system learning opportunities
- Understand school communities' needs for SHCs to operate outside their four walls to insure student engagement, proactive problem solving with administration, and clear communication pathways with teachers and other health and social service providers operating on campus

To County Leadership, Health Departments and School Districts

- Foster SHC systems and policy development with stakeholder organizations through collaborative planning and problem solving
- Provide leadership to engage county and district departments and align funding
- Develop Board-level policy (school district, city council and county supervisors) that acknowledges the important and intertwined benefit of supporting education and healthy communities and aligning Education, Public Health and Mental Health Department initiatives
- Engage in joint planning to align opportunities and funding, and share resources and expertise
- Plan and implement a Learning Community to offer ongoing support, quality improvement, expansion and sustainability of SHCs
- Identify funding sources to support integration activities and provide core support



To Funders

- Convene SHC stakeholders to discuss system development and integration with school communities
- Provide funding to match stakeholder investments to integrate services, particularly to support clinical services integration with school health programs
- Align school health initiatives with other foundations and private funders
- Continue to support SHCs during difficult state and local budget cycles
- Invest in statewide and local SHC policy and program development and bi-directional information sharing

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ABOUT THE CALIFORNIA ENDOWMENT INITIATIVE

LA Health Action

A program office of The California Endowment and a project of Community Partners, LAHA's mission is to improve the health of low-income Los Angeles communities through policy advocacy and strategic alliances. It convenes Los Angeles County safety net stakeholders, initiates policy development, disseminates research, advocates for public safety net health services and maintains an information resource web site. Its areas of focus include:

- Strengthening primary care
- Expanding school health centers
- Supporting health care reform dialogue and consensus building for transforming Los Angeles County's public safety net system

Integrated Behavioral Health Project

Launched in 2006 by The California Endowment and the Tides Center, IBHP has been working to enhance access to behavioral health services and improve outcomes in primary care community clinics throughout California. Its major projects include the following to contributions to the field:

- Invested in vanguard clinics to promote their leadership and demonstrate their role as a vital health and behavioral health service provider in communities
- Established a learning community committed to knowledge transfer and dissemination through conferences, monthly trainings, and technical assistance from state and national experts
- Served as a dissemination portal for resources, training materials and research findings related to the impact and effectiveness of integrated behavioral health
- Developed strong partnerships and collaborations to create a policy environment that supports and encourages expansion of integrated behavioral health by eliminating financing, IT and workforce barriers, and promoting a change strategy focused on enhanced access, stigma reduction and improved client and provider satisfaction

AUTHOR INFORMATION

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