Los Angeles Trust for Children's Health

Sustaining and Improving School Health Centers in LAUSD

Recommendations for Action: 2009-2013

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as a result of discussions with the Steering Committee for the

Los Angeles Trust for Children's Health Strategic Priorities Project

Funded by the Los Angeles Trust for Children's Health

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Executive Summary

The LA Trust for Children's Health ("the Trust") is a nonprofit organization working to improve the health of the children of the Los Angeles Unified School District (LAUSD). In 2007, the Trust undertook a process to chart its direction for the period from fiscal year 2008-2009 through fiscal year 2012-2013. To accomplish this task, the Trust convened a diverse and committed Steering Committee to provide recommendations to the Trust on new strategic priorities for action. The Steering Committee included approximately 30 key stakeholders from public and private health and mental health agencies, the USC and UCLA dental schools, managed care organizations, and the district's key health and mental health units and met in July, September and November 2007. Appendix A includes a list of participants.

In order to reach its recommendations, the Steering Committee:

- Reviewed data on LAUSD's school health centers related to utilization, scope of services, staffing, financing, and best business practices.

- Discussed the evolving children's health care environment related to California's health care reform and insurance expansion proposals, developments in state policy related to school-based health centers, and changes in federal legislation and regulations, particularly the State Children's Health Insurance Program (SCHIP) and Medicaid Administrative Activities (MAA).

- Explored, identified, and agreed on three recommended priorities for the Trust impacting school health service organization and operations for 2009-2013.

- Developed effective indicators of progress on achieving the three priorities.

Priorities for 2009 – 2013

Following an extensive and thoughtful process, the Steering Committee recommends the following three priorities for consideration by the Trust for the period 2009-2013:

Recommended Priority #1 – Coordinating Council for Policy Planning and Development: Providing coordinated, data-driven planning for health services within LAUSD.

The District and the Trust will jointly convene a coordinating council to provide policy recommendations related to LAUSD's health programs. The council will be advisory to the Trust and LAUSD and will focus on policy making and systems transformation, developing strategies to maximize wellness and health outcomes for students. Research, evaluation, and financing will also be part of the Council's mission.

The Coordinating Council will be made up of representatives from the Superintendent, the Board of Education, cities, Los Angeles County, providers including the Community Clinic Association of Los Angeles County (CCALAC), health plans, the philanthropic sector, parents and students. Representatives will be appointed jointly by the Trust and LAUSD, and membership will strive to reflect LAUSD's ethnic, linguistic, and geographic diversity.

This body will not usurp or replace other efforts, but will instead build on the work of the Steering Committee, the Trust and other policy planning bodies, as well as on LAUSD's Safe and Healthy School Council and other District work.

By 2013, the coordinating council will be an established body that meets regularly to make recommendations about policy planning and development for health services provided in LAUSD.

Recommended Priority #2 – Wellness and Linkage Centers: Creating health centers focused on preventive services and linkage to community-based sources of care at each middle and high school in the district.

The Trust will support the creation of Wellness Centers – health centers that provide preventive services, early intervention, and linkage to community-based sources of care to students and families. The Wellness Centers will target children of all ages in local school communities, and will respond to the particular needs of individual schools and neighborhoods. While the focus of services will be the child, families will also be involved in the care provided and will be offered services as appropriate.

Children will be entitled to a defined scope of individual preventive services and treatment for minor health problems through the Wellness Centers. These "core" services will be further defined in the planning process, but may include CHDP screens;

immunizations; mandated vision, hearing and oral health assessments; anticipatory guidance and comprehensive health education; mental and behavioral risk factor screening; reproductive health services; and screenings for diabetes, asthma, dental disease, and other chronic illnesses. Depending on community need and local availability of community-based providers, some Wellness Center sites will provide more extensive services, such as comprehensive primary care, dental treatment, or mental health services.

The Wellness Centers will be developed through a data-driven, community-based planning process. Planning will include mapping existing services against areas of need in each community. Existing school services and programs, such as Healthy Start, mental health and behavioral health services, and community services and programs will be evaluated for their efficacy in meeting community needs and integrated into the Wellness Center hubs as appropriate. This process will ensure access to a basic level of service in all areas and avoid duplication of high-cost services in a geographic area.

The Wellness Centers will be organized geographically in a “hub” or “school zone” structure based at the complex level (one or two high schools with their feeder schools), with certain services organized at the local district (LD) level. The exact clustering will be driven by data on service and health needs in the local community.

The Wellness Centers will also play a major role in linking children to health insurance, using automated enrollment systems to sign students and their families up for Medi-Cal, Healthy Families and Healthy Kids programs as available. The Wellness Centers will *not* serve as children’s medical homes in most cases, but instead will have effective two-way communication with children’s medical homes and with other community-based sources of health care, mental health and social services.

By 2013, the Trust will have in place program approvals, financing, implementation and technology plans for Wellness Centers across LAUSD. Wellness Centers will be implemented in 12 locations.

Recommended Priority #3 – Oral Health Initiative: Launching a five-year, district-wide intervention to improve the oral health of elementary students.

The Trust, in partnership with LAUSD and other key allies, will initiate a five-year, district-wide initiative to address the oral health of children in kindergarten through third grades. The initiative would be focused on the prevention of dental disease and the promotion of oral health.

Services will include:

- screening and assessment
- sealants
- fluoride varnishes
- oral health education (for children and parents, especially pregnant women), including dental care habits and the use of fluoride toothpaste, and tobacco use prevention
- a “Drink the Water” fluoride campaign
- referrals to community providers for follow-up care

A key challenge in implementation of the initiative will be the identification of sufficient and appropriate referral resources for children in need of follow-up treatment.

This initiative will build on the work of existing LAUSD PTA-operated programs and mobile dental programs, and will take advantage of the expansion of water fluoridation throughout the Los Angeles area. Dental schools (USC, UCLA) and dental hygiene schools will be key partners in the development and implementation of the initiative. Governance of the initiative will be in coordination with the existing Oral Health Collaborative, and with the Coordinating Council once it is active.

The initiative will be phased in, beginning in the first year of operations with 3-5 schools and in the second year expanding to 6-10 schools. By 2013 the initiative will reach children in grades K-3 across the district. The first rounds of implementation will involve pre- and post-intervention measurement of the oral health of participating students, and comparison with a control group of students not participating in the intervention; results will be used to refine the plan before it is rolled out district-wide.

By 2013, an oral health initiative reaching all children from kindergarten through 3rd grade will be in place district-wide.

Conclusion

These recommendations are designed to assist the LA Trust for Children’s Health in determining its course of action over the next five years. These three recommendations – two programmatic (Wellness Centers and the Oral Health Initiative) and one organizational (the Coordinating Council) – have as their ultimate goals improving the health and educational performance of the 700,000 students of LAUSD. The Steering Committee looks forward to continued work with the Trust to achieve these goals.

Los Angeles Trust for Children's Health
Sustaining and Improving School Health Centers in LAUSD

Recommendations for Action: 2009-2013

I. Introduction

The Los Angeles Trust for Children's Health (hereafter referred to as "the Trust") is a 501(c)(3) nonprofit organization working to improve the health of the children of the Los Angeles Unified School District (LAUSD). Made up of educators, health professionals, and community members, the Trust works to:

- Provide strategic funding and support for LAUSD school health centers and other student health services
- Increase access to health services for LAUSD students
- Educate students and their families about health issues and effective health practices
- Increase public awareness of and advocate for effective responses to critical health issues
- Promote the study and research of health issues and practices
- Promote collaboration among health organizations to address the needs of children.

In 2004–05, the Trust undertook a strategic planning process to develop goals, objectives, projects and champions. That process established the following goals:

- Advocate for students' access to and utilization of health services
- Establish the Trust as a credible, forward-thinking organization in the children's health community
- Develop the Trust leadership and infrastructure.

Over the past three years, the Trust has made great strides in developing its leadership and infrastructure and has become involved in various initiatives within the children's health community. During this time, the Trust became convinced that it needed a process to better identify best practices and successful models for school health centers.

In 2007, the Trust undertook a process to chart its direction for the period from fiscal year 2008-2009 through fiscal year 2012-2013. To accomplish this task, the Trust convened a diverse and committed Steering Committee to provide recommendations to the Trust on new strategic priorities for action. The Steering Committee included approximately 30 key stakeholders (see Appendix A) and met in July, September and

November 2007. In order to reach its recommendations, which are represented in this document, the Steering Committee:

- Reviewed data on LAUSD's school health centers related to utilization, scope of services, staffing, financing, and best business practices.
- Discussed the evolving children's health care environment related to:
  - Governor Schwarzenegger's and the legislature's health care reform and insurance expansion proposals
  - The Governor's proposal to increase by 500 the number of elementary school-based health centers
  - Passage of AB 560 (Ridley-Thomas) to set up a statewide office for school-based health centers to provide technical assistance and collect data (currently unfunded)
  - SB 564 (Ridley-Thomas) to fund school-based health centers (now a two-year bill)
  - Changes in federal legislation and regulations, particularly the State Children's Health Insurance Program (SCHIP) and Medicaid Administrative Activities (MAA)
- Explored, identified, and agreed on three recommended priorities for the Trust impacting school health service organization and operations for 2009-2013.
- Developed effective indicators of progress on achieving the three priorities.

II. The LA Trust for Children's Health

The Trust was originally formed as the LAUSD Student Health Services Support Fund, Inc. through a 1991 resolution of the LAUSD Board of Education. The Support Fund's primary function was to support the operation of school-based health centers (SBHCs). In 2004, the organization changed its name to the Los Angeles Trust for Children's Health to reflect the expansion of its strategic direction.

The Trust retains an affiliation with LAUSD. Each LAUSD Board of Education member appoints a representative to serve on the Trust's Board of Directors, which also includes members not appointed by the Board. These representatives are key liaisons to the highest-level policymakers in the school district. In addition, throughout the organization's history, the Trust has maintained a close working relationship with the LAUSD Student Health and Human Services Division.

The Trust has a long history of navigating LAUSD's structure, protocols and policies. As an autonomous organization, the Trust is expert in serving as a fiscal agent for entities external to the district to bring effective or innovative health promotion, prevention and treatment programs to students. The Trust also facilitates access to demographic, health and academic data that LAUSD collects about its student population.

The Trust plays a crucial leadership role in bringing together the diverse range of health organizations in Los Angeles to focus on the needs of children. For example, in 2005

and 2006 the Trust, with LAUSD's Student Health and Human Services Division, co-hosted conferences that brought together more than 700 individuals from across the health care spectrum to develop a coordinated school health model for Los Angeles. The Trust also has helped build the capacity of some school-community health organizations by serving as a fiscal agent. Most recently, the Trust and the Annenberg Foundation have convened Los Angeles County's Oral Health Collaborative, which includes both USC and UCLA dental schools as key partners and has been successful in garnering philanthropic funding for a major dental assessment and monitoring program. The Trust has also funded staff to develop a District plan to participate in the Mental Health Services Act.

In the area of joint use planning, the Trust brought together community health partners and key personnel from the District's Facilities Division to discuss expanding existing health programs and initiating new programs utilizing bond funds set aside for joint use projects. To date, the Board of Education has approved approximately $1 million in joint use projects that expand the asthma mobile van program and a primary care mobile van program in the South Bay area.

The Trust has historically served as a source of logistical and financial support for school-based health centers and for health partnerships serving elementary, middle and senior high school students in LAUSD through a broad range of school-linked health services. In particular, the Trust provided substantial financial support to the direct operation of six "legacy" clinics from 1994 to 2002. The 1990s saw a proliferation of school health centers in the District, and the Trust found itself with the difficult task of trying to raise the necessary funds to fully support ongoing costs of the six legacy clinics and without adequate resources to support any of the new clinics in a meaningful way. For a number of years, the Trust advocated for sustainability and self-sufficiency, and provided incentive funding to those clinics that developed business plans and billed third party payors. Currently, the Trust provides no sustaining operational funding to any clinics, but operates a small grant program that disburses emergency "bridge" funding of up to $10,000 to school health centers.

The Trust is funded by private sector resources and individual charitable contributions.

III. LA Trust Vision and Mission Statement

Vision
Every student experiences optimal health and well-being essential for academic achievement.

Mission
The mission of the Los Angeles Trust for Children's Health is to improve student health and readiness to learn through access, advocacy and programs. To meet these goals, the Trust supports efforts to increase access to health services, works to increase awareness of and effective responses to critical health issues, and strives to improve the quality of health services available to the students and families of the Los Angeles Unified School District.

IV. History of School Health Programs in LAUSD

LAUSD has a long history of providing health services to its students. In 1907, LAUSD hired its first school nurse; today, the District employs approximately 600 nurses. In addition, LAUSD has 20 nurse practitioners, eight physicians, and four optometrists in its system. These staff clinicians operate the largest CHDP program in the state of California and staff ten of the district-run school-based health centers and four of the PTA vision clinics (described below).

The School Mental Health Unit was founded in 1933 and today operates five mental health clinics providing psychiatric evaluations, prescriptions and medication monitoring, and counseling services. These services are provided primarily by licensed clinical social workers and by more than 135 school-purchased psychiatric social workers who provide prevention and counseling services based on individual school need. School Mental Health Services provides a full range of mental health interventions to students who show social, emotional, behavioral, and trauma-related problems that inhibit their ability to learn. Services are provided at five strategically-located traditional mental health clinic sites, several Healthy Start centers throughout the district, and numerous elementary, middle and high schools. The School Mental Health Clinics are funded under a nationally recognized effort of "blended funding" under a contract between the Los Angeles County Department of Mental Health (LAC-DMH) and the LAUSD Board of Education.

Dental services have been part of LAUSD health services since the early part of the last century. In 1946, LAUSD transferred responsibility for its dental clinics to the Parent Teacher Association/Parent, Teacher, Student Association (PTA/PTSA), which for over 50 years has operated a number of dental clinics under contract with Dr. Robert Taylor,

DDS and in cooperation with school nurses throughout LAUSD. For most of this time, the United Way (formerly Community Chest) was the major funder of the PTA dental and vision services, with additional support from the PTAs, LAUSD itself, classroom giving and other grant funding. In recent years, however, the model has become unstable. The 10th District PTA ended direct services at its clinics, and the 31st District PTA clinics are operating at a loss. Dental services are available through a limited number of other LAUSD school health centers, as well as through mobile vans at some locations.

Vision services also have been provided through the PTA clinics, under the oversight of Student Medical Services. Optometrist and ophthalmologist services are available to students at reduced rates through these clinics. Several mobile vans also provide vision services in the District, as do other on-site and off-site school health centers.

The District is actively engaged in efforts to expand insurance coverage among its students. In 1997, LAUSD implemented the Children's Health Access and Medi-Cal Program (CHAMP) to increase enrollment of uninsured children in all available free and low-cost health care programs. CHAMP partners and coordinates linkages with the LA County Departments of Public Health and Public Social Services, nonprofit community-based organizations, managed care organizations/health plans, community hospitals, school health centers, and Healthy Starts. CHAMP has developed a software program called CHAMPtech to support outreach efforts and manage the Request for Information forms that CHAMP uses to identify families who need assistance with insurance enrollment. These efforts, along with the CHAMP Call Center, use of an electronic outbound calling system, Express Lane Enrollment through the school lunch program, the CHDP Gateway program, and others, have increased students' access to health insurance, though the District estimates that 125,000 students remain eligible for, but not enrolled in, public insurance programs.

School health centers have been operating in LAUSD for over thirty years. Until the early 1990s they were few, with six "legacy" clinics that were supported largely by the Trust. In the early 1990s, the Board of Education and the Los Angeles County Board of Supervisors passed motions for demonstration projects to develop three elementary school-based health centers with the County providing medical preceptorship and the school district providing the nurse practitioners.

During the 1990s, and in large part because of the state's Healthy Start Program, school health centers began to proliferate in the District disconnected from other school health services; as of January 2007, the District's Health Partnership Registry Report listed over 125 health centers and affiliated providers, including on-site (or school-based) school health centers; mobile primary care, vision and dental providers; school-linked primary care providers; on-site mental health services; health enrollment and outreach partners; and managed health care partners. Thirty-four of these providers are on-site or school-based health centers (SBHCs), sponsored variously and sometimes in combination by federally qualified health centers (FQHCs), by the District (in several different structures), by Los Angeles County, by hospitals and by other entities.

In 2007, LAUSD surveyed health centers operating in or linked to LAUSD schools. The 36 respondents included:

- 25 on-campus school health centers (SBHCs) (of a total of 34 in the Partnership Report);
- three off-campus school health centers, including some linked to school health center networks and serving large groups of students and families;
- six mobile vans, including mobile health clinics; and
- two dental clinics, located on school campuses but operated separately from health centers on the same campuses.

Vision programs, CHDP mobile teams, mental health centers, special education clinics, and medical treatment units were not included in the survey.

The 36 responding health centers reported 86,550 encounters with students and 18,335 new charts in the 2005-2006 school year. Eighty percent of students seen were Latino, 8.5% White (non-Hispanic), and 4.9% Black (non-Hispanic). Three-quarters of students in the 9^{th}-12^{th} grade group were girls.

According to survey respondents, nurse practitioners were the most common staff at on-campus health centers, while students visiting mobile vans and off-campus health centers were most likely to see doctors. On-campus school-based health centers provided immunization services most frequently, while at off-campus centers, sexually transmitted infection (STI) services were the most common services.

A key finding of the survey was that sixty percent of visits were by students without insurance. While perhaps unsurprising, given the high rate of uninsurance among students cited earlier, this fact has significant impact in terms of students' reliance on school health centers for their care, and in terms of the centers' financial viability. Section VI discusses innovations in school health center financing in California and across the nation.

LAUSD has some of the most developed student health services in the state, with a number of groundbreaking and progressive programs that have great benefits for students' health. A century of experience in providing health services to students and the variety of models developed over the years mean a tremendous knowledge base both within LAUSD and among cooperating providers and community members. In many instances, health services have been developed locally, at the school or neighborhood level. At best, this means that they are responsive to particular community needs, but this is not always the case. Health services are not distributed equitably across the District, and there are no central processes for mapping, planning or evaluation. Financing for health services is underdeveloped and inadequate. It is in this environment that the Trust embarked on a process to determine priorities for action, and sought the counsel of the Steering Committee.

V. The Health Needs of LAUSD Students

The Los Angeles Unified School District enrolls over 700,000 students at its 1,153 schools and centers, making it the second largest school district in the United States. Of LAUSD's students:

- 73.2% are Latino
- 11.4% are Black (non-Hispanic)
- 8.8% are White (non-Hispanic)
- 74% participate in the Free and Reduced Price Meals Program
- 27% are uninsured
- 44% are enrolled in Medi-Cal
- 8% are enrolled in Healthy Families

LAUSD students experience high rates of health problems, ranging from chronic illness to poor nutrition to mental health problems. Many students in the District live in low-income families, and low-income children are more likely than middle-class children to have untreated vision problems, dental problems, and poor nutrition. Their home and neighborhood environments expose them to more smoke, lead, and pollutants, contributing to high rates of asthma. Many of these health conditions affect school performance, limiting concentration and leading to missed school days. In its 2005 Organizational Transition Plan, the Trust identified oral health, asthma, and obesity as priority health areas, because of their impact on student health and academic outcomes and the potential for effective action on these issues to improve these outcomes. Entering the 2007 process to determine priorities for action, the Trust looked beyond these three issues to articulate additional health problems that affect students in and outside the classroom and that are susceptible to improvement.

- **Oral health.** Tooth decay is the most common childhood disease in the country, and has a significant impact on children's learning: more than 500,000 children ages 5-18 in California miss school each year because of dental problems. District data show over 25% of kindergarteners entering school with untreated dental decay. In a recent national study, parents reported that three in 10 California children did not visit a dentist in the previous year– not surprising, given that 18% of California children lacked dental insurance in 2003, and that only 38% of dentists statewide accepted new Denti-Cal patients in 2005. On the positive side, in-school examinations show the percentage of California's third-graders with untreated cavities declined from 57% in 1993 to 29% in 2005.[1]

  LAUSD has a long history of providing dental services to students in some schools, but the models that have supported that work are shifting. At the same time, advances in water fluoridation in the Los Angeles region and a new requirement for school-entry dental screening are just two examples of the momentum toward action on children's oral health.

- **Asthma.** Childhood asthma is widely prevalent, particularly among low-income populations in Los Angeles. Asthma is often undiagnosed and under-treated, with major implications for the health and welfare of children and their families. A recent symptom-oriented case identification survey of over 28,000 students in 22 LAUSD schools determined that 14.1% of the students in LAUSD have "active" asthma.[2] Of these, less than half (6.0% of total) had been previously diagnosed. These percentages translate to approximately 105,000 LAUSD children with active asthma, and approximately 60,000 previously undiagnosed. A highly sensitive and specific 7-item questionnaire is available to identify children with a high probability of having asthma; this has been used successfully in schools to permit earlier intervention with children in need.

  Like dental disease, asthma takes a significant toll on school attendance. School health services can mitigate some of the negative effects of asthma, decreasing asthma exacerbation and reducing hospitalizations. A New York City study comparing management of children with asthma at schools with and without school health centers found that not only were emergency room visits for asthma cut approximately in half at schools with health centers, attendance at these schools was increased by an average of 3 days.[3]

- **Obesity.** Over one-third (36%) of LA's children are obese or overweight, with even higher rates among Latino children. Over two-thirds (68%) report that they "never exercise."[4]

  School health centers are well-positioned to play a role in stemming current trends toward overweight and obesity. School-wide wellness programs may lower the incidence of obesity and its related health consequences, and diabetes screening and follow-up can identify the students at highest risk and assist them in managing the condition if it develops.

- **Vision.** LAUSD has documented that between 15 and 30% of middle school students fail the visual acuity screening, yet less than 8% of those that fail receive follow-up care for their vision defects. Obviously, untreated vision problems can have a serious impact on school performance. In fact, some children may be wrongly diagnosed with learning disabilities due to undiagnosed and easily-treated vision problems.

- **Mental health.** Recent survey data reflect high rates of mental health problems, including depression and post-traumatic stress disorder, among LAUSD students. Children in elementary school as well as those in higher grades need assistance when they are exposed to violence in their homes or neighborhoods, and community resources are highly variable and unpredictable. LAUSD students are frequently faced with issues related to loss, separation from family members, gang involvement, teen pregnancy, and school dropout. Dropout rates are alarming: in California, 48% of Latino students do not graduate, with immigrant youth at particularly high risk.[5] Nationally, Latino children and

adolescents are at particular risk for not receiving mental health care, with about 88% of those in need of services failing to receive care.[6]

Though LAUSD will seek to leverage existing mental health services through Proposition 63 (Mental Health Services Act), the competitive bidding process for these funds does not guarantee district-wide funding.

- **Access.** School health services are critical in LAUSD because many students do not have adequate access to health care in the community. Although CHAMP, along with its partners, enrolls 15,000 – 20,000 students in health insurance programs each year, the challenge of an overall uninsurance rate of 27% remains daunting. In addition, LAUSD experiences high rates of mobility, which make it more difficult to maintain a relationship with a health care provider. In some communities, there are shortages of some types of providers, or a lack of providers who accept certain types of insurance. As a result, even children with health insurance may miss school due to untreated caries, for example, or because they need to travel across town for a specialist appointment.

  Older children, including adolescents, face particular difficulties in accessing health care, since many are ineligible for public insurance due to age cutoffs and immigration status. Only 74% of Los Angeles youth ages 12-18 have regular access to a doctor, compared to over 90% of younger children.[7] Disproportionately affected by the health issues described above, adolescents also require reproductive health and substance abuse services, and may face barriers related to consent and confidentiality when they seek care in the community.

VI. Innovations in School Health Center Financing

Financing of school health care has been a difficult and complex problem in LAUSD, as in schools everywhere. Health services in LAUSD are supported by a formidable array of funding sources, but total funding remains inadequate to meet the needs and can be unstable from year to year. School health centers, in Los Angeles as throughout the state, have struggled over the years to sustain their operations. School health centers generally are not self-sustaining, due to patient population, mix of services, relationships to managed care plans, staffing patterns, and volume.

Unlike most states with large numbers of school-based health centers, California has no state funding infrastructure that specifically supports these centers. By contrast, according to data from the National Assembly on School-Based Health Care, 20 states and the District of Columbia spent over $56 million to support school-based health centers in 2004-2005. In cities like New York City and Chicago, for example, state funds are a critical source of financing for school-based health centers. Most states allocated funds through competitive grant programs, while others allocated core funding to agencies that offered essential services to school populations. State general funds

provided more than half the state dollars explicitly available to school health centers. States also use tobacco settlement dollars and Title V MCH block grant funds, among other sources, to fund school-based health centers.

In the absence of state funding, several California counties have developed their own financing mechanisms. While Alameda County and San Francisco are much smaller than Los Angeles, certain aspects of their programs are relevant to the LAUSD situation. In particular, advocates and providers in both places credit the success of their programs to formal collaborations between the schools, health agencies, and community providers, and to coordinated county-wide planning.

- Since 1996, the Alameda County school-based health centers have been organized through the Alameda County School Health Services Coalition, a collaboration of adolescent health advocates and providers who share their expertise, insights, and experience to improve the delivery of health care in schools across Alameda County. The Coalition includes practitioners, school and school district administrators, advocates, and policy makers representing ten school-based health centers, one school-linked health center, and five coordinated school health programs in 17 schools throughout the County.

  In 2004, voters in Alameda County passed Measure A, which levied a half-cent sales tax increase dedicated to funding essential health services in the county. Measure A provides approximately $1 million annually for school health centers, and Tobacco Master Settlement Funds contribute another $1 million. These funds are disbursed through the Alameda County School-Based Health Center (SBHC) Fund as core operating support grants of $100,000 annually to each of the county's high school health centers. The Fund also provides technical assistance and evaluation services and funds two regional adolescent health initiatives.

- In San Francisco, the San Francisco Wellness Initiative supports programs in all 15 high schools and in two middle schools to improve the health, well-being and educational outcomes of all students. The Wellness Programs provide free, confidential services, including behavioral health counseling services; support and empowerment groups; reproductive health services, and information and referrals to health resources in the community.

  With leadership from the Department of Children, Youth and Their Families (DCYF), Department of Public Health (DPH) and the San Francisco Unified School District (SFUSD), the initiative builds on existing resources to improve the way government agencies, the school district and community-based organizations work together to address student health needs. The annual budget for the 17 Wellness Programs is over $5 million. DCYF contributes more than $3.8 million annually to fund the core staff of the Wellness Programs. SFUSD allocates $770,000 annually and leverages

grant funding to support additional nurse days at each of the sites. DPH leverages Medi-Cal and Proposition 63 to support behavioral health service hours at the sites. Many schools also allocate funds from their site budgets to support additional nurse days at their sites.

Third-party reimbursement remains a limited source of support for school health centers in LAUSD. Statewide, more than half of all school health centers recover less than 50% of their budget from all billing sources. Many services provided by school health centers, such as health education and peer counseling, are not reimbursable by most third party payors, and some centers have said that the amount of reimbursement they recoup for other services does not justify the administrative time spent on billing.

Sponsorship by a federally-qualified health center (FQHC) provides a more stable model for school health centers, since FQHC-sponsored school health centers can be reimbursed at a higher rate for students insured through Medi-Cal, can participate in Medi-Cal managed care plans and in Healthy Families and Healthy Kids programs, and provide a diversified range of services. Notably, all of Alameda County's school health centers are FQHCs.

None of the FQHC sponsors of on-site LAUSD health centers interviewed for this report said that their school clinics were self-supporting. All of them cited the need for outside support, for example from local philanthropies or from LAUSD itself, in order to sustain services. Among reasons cited for the difficulties in sustaining school health centers were their small size, which limits the number of patients seen and falls short of the volume needed for financial viability; the very high rate of uninsurance among the patient population; and the service mix, which includes many important services that are not reimbursable. Several school health centers reported that a major hurdle in their efforts to seek reimbursement is their inability to access insurance information that the District collects: HIPAA restrictions regarding the sharing of health information between the District and school health centers that are separate entities limits these providers' ability to bill for services even where a source of coverage may be available and is documented in the District's electronic health services record.

Currently, managed care presents particular difficulties to school health centers' efforts to gain third-party reimbursements. School health centers' ability to participate as providers in these systems depends in part on who the sponsoring health care providers are, what services are offered by the center, and the willingness of the managed care plans to work with school health centers community by community, health plan by health plan. If health center sponsor is an FQHC or other comprehensive care provider, the school health center is more likely to be able to participate as a contracted primary care provider (PCP) within the health plan's provider network. By contrast, school health centers that cannot participate as PCPs need special contracts with managed care plans in order to bill for services to children enrolled in those plans, and at present few health centers have reached such agreements with plans. Even when a contract can be signed, concerns about duplication of services, sharing of medical records, and

maintenance of medical homes may limit the services for which school health centers can be paid.

Contracting and administrative requirements pose steep hurdles to school health centers' participation in managed care. In 2005, L.A. Care Health Plan conducted a pilot project to get information about services provided to L.A. Care members in school health centers, and to model strategies for integrating school health centers into managed care. Nine school-based health centers in Los Angeles participated by submitting claims to L.A. Care. The project found that the school-based health centers experienced administrative barriers to establishing a relationship with the plan, including negotiating and executing the contract, identifying and verifying patients' insurance status, submitting claims, and communicating with the patient's PCP. Some centers reported that their sponsoring organizations did not choose to invest in the necessary infrastructure to allow them to generate claims.

HealthNet and L.A. Care heath plans both do contract with school health centers outside the PCP relationship. HealthNet pays school health centers on a fee-for-service basis for certain services for its Medi-Cal and Healthy Families members statewide. The child's PCP continues to receive the full capitation. The health centers in turn send billing forms to HealthNet so that the case coordination team there can close the referral loop with the PCP and ensure that records of the health center services are included in the child's medical record. This arrangement benefits both the school health center, which is paid for the services it provides and has the information it needs to try and connect patients to their PCPs, and the health plan, which gains access to more complete information about their members' use of health services and can follow up on identified health needs. The L.A. Care arrangement with school health centers works similarly.

Just as other states have established grant programs to direct state dollars to school health centers, many have also intervened in policy to assist school health centers in receiving third-party reimbursement, including from managed care plans. According to research by The Center for Health and Health Care in Schools at The George Washington University, as of 2002:

- Five states required Medicaid managed care plans to include school health centers in their provider networks and 11 more states (including California) encouraged Medicaid managed care to include school health centers in their networks. For SCHIP plans, five states required and nine states (including California) encouraged the inclusion of the centers.
- Thirty-eight states (including California) permitted school health centers to bill for services under fee-for-service (FFS) Medicaid and the State Child Health Insurance Program (SCHIP).
- Thirty-one states (including California) permitted nurse practitioners to participate as primary care providers in Medicaid managed care plans; 29 states (including California) permitted nurse practitioners to participate as primary care providers

in SCHIP plans, and 24 states (not including California) permitted nurse practitioners to participate as primary care providers in commercial plans.[8]

VII. Priorities for 2009 – 2013

A. Planning Assumptions

The following assumptions guided the Steering Committee's development of recommended priorities and the planning process generally:

- The identification of these recommended priorities is intended to enhance the Trust's ability to think and act strategically. These priorities are intentional and strategic rather than reactive and operational.

- These recommended priorities and activities build on the Trust's internal strengths and its history of collaboration with LAUSD, and take advantage of external collaborative and partnership relationships and opportunities. Key partners include local PTA, community clinics, academic centers, county health and mental health departments, and health plans, among others.

- The recommended priorities involve choices on how best to accomplish the organization's mission: to improve student health and readiness to learn through access, advocacy and programs.

B. Development of Priorities for the Trust: 2009-2013

Members of the Board of Directors of the Trust met during the spring of 2007 to design a process and develop a list of individuals to be invited to join a Steering Committee. Response to these invitations was very strong, and on July 9, 2007 more than 25 individuals met to provide recommendations to the Trust on priorities for action for the period 2009-2013.

Conversation at the first Steering Committee meeting focused on three key questions:

- How would universal coverage change school health services?
- Should schools be targeted for expanded services?
- What should the array of services be and how can their impact be measured?

Steering Committee members subsequently broke into small groups to discuss possible planning priority areas: prevention and wellness; primary and episodic care and chronic disease; oral health; mental health; financing; and infrastructure. In each group, participants developed a definition of the area, discussed *why* that area might be a

priority for the Trust, and identified barriers to success in that area and lessons learned to date.

Following the meeting and based on the Steering Committee's initial work, Trust Board members met again to develop a range of scenarios focused on the identified priority areas. From an initial group of approximately one dozen scenarios, Trust Board members and consultants chose five to present to the Steering Committee at its next meeting.

On September 24, 2007, the Steering Committee met again to examine and discuss these five scenarios, which described possible strategic priorities for the Trust. The scenarios are summarized here (see Appendix B for the complete scenarios document from the September meeting):

1. Wellness Centers and Per-Student Funding

LAUSD establishes "Wellness Centers" at each middle and high school in LAUSD. The Wellness Centers emphasize preventive services, including CHDP screens, immunizations, mandated vision, hearing and oral health assessments, as well as anticipatory guidance and comprehensive health education for children and families; mental and behavioral risk factor screening; and screenings for diabetes, asthma, and other chronic illnesses. The Wellness Centers also provide comprehensive primary care to students at some sites, and "convenience services" such as immunizations and brief episodic care to LAUSD employees.

The Wellness Centers are part of a new "hub" structure. The new structure integrates services around groups of 1-2 high schools and their feeder middle and elementary schools (resembling the LAUSD "clusters" of the 1990s). District-wide planning ensures access to a uniform scope of services in all areas and avoids duplication of high-cost services (such as dental treatment) in a geographic area.

The Wellness Centers are supported through an annual per-student fee or allocation. With 700,000 students in the district, a fee of $40 per child allows for annual grants of approximately $225,000 for each middle- and high-school. A policy body composed of representatives from LAUSD, the City, County and State, as well as business, parents, and community groups, is charged with setting priorities for the wellness centers and distributing the operating grants.

2. SHCs as Linkage Centers

LAUSD refocuses its health care mission on ensuring that all children in the district have access to enhanced referral and linkage services to community providers. Each administrative sub-district within LAUSD creates a care coordination center to provide case management and centralized referral, supporting school health centers, where they exist, and school nurses. Use of

advanced information technology systems ensures relevant, accurate and timely referrals, and the linkage center follows up to make sure that children are actually seen by referral providers.

The district seeks policy changes to allow reimbursement for care coordination, and seeks philanthropic and corporate funding to support the expansion of IT capacity.

3. District-wide Campaign for Oral Health

LAUSD establishes a five-year, district-wide intervention to address the oral health of children under age 8. Services including screening, sealants, fluoride varnishes, and oral health education (for children and parents, especially pregnant women) are provided at school sites. School health centers work closely with the educational program and with school food services on educational and preventive interventions. Children with emergent or chronic care needs are triaged to community providers.

The intervention includes a significant research component to evaluate the impact of the program on students' health and academic performance. LAUSD and the Trust seek private and government funds for the intervention and involve academic and research partners in the data collection and evaluation portions.

4. SHCs as Behavioral Health Providers

Behavioral health services become the central services provided in school settings, with referrals to community providers for primary care. Each middle- and high-school in the district has a school health center focused on behavioral health, including reproductive health. Services include coordinated health education, assessment, counseling, and other support services, including support and empowerment groups, substance abuse treatment, and referrals to community health resources.

Services are funded through third-party sources, including Family PACT and Medi-Cal, and LAUSD works with the county to access Mental Health Services Act (Proposition 63) funds to support the centers.

5. Joint Children's Health Authority/Coordinating Council

LAUSD, the Trust and other partners seek a waiver to allow funding to be blended across categorical lines in order to provide services according to the particular needs of each community. Such a waiver might include state funding, or only county, city and district agencies and funds. Funding is administered by a coordinating council, or a joint children's health authority, made up of representatives from federal, state, county, and city agencies and entities and from the school district. The council allocates a formula-derived base amount of

money, based on population and need and driven in all cases by careful use of data. Billing, accounting and reporting processes are coordinated and streamlined.

In small groups, Steering Committee members discussed, combined and amended these scenarios, evaluating them according to the following criteria:

- Supports prevention, health promotion, and wellness
- Increases access to and appropriate utilization of medical services, and increases communication with community-based providers with a goal of reduced duplication
- Demonstrates evidence-based impact, measured both by number of individuals and by outcomes
- Fills a gap in existing services and extends the scope of current activity
- Is financially viable, based on a sound business model, and responsibly allocates limited resources
- Leverages strategic alliances and has political appeal
- Demonstrates sustainability from financial, managerial and political perspectives
- Demonstrates synergy with central education purpose of LAUSD
- Integrates with existing services, programs and partnerships

In small groups and in discussion of the entire Steering Committee, three recommended priorities came clearly into focus. These were: a version of the Joint Children's Health Authority/Coordinating Council (scenario 5); a combination of the Wellness Centers and Linkage Centers (scenarios 1, 2 and 4); and a version of the Campaign for Oral Health (scenario 3). These priorities, as amended by the group, are described fully below.

As the final title suggests, the Wellness and Linkage Center priority area incorporates most of the functions of the original Linkage Center scenario (scenario 2). All Wellness Centers would sign children up for health insurance and communicate with children's primary care providers as appropriate, though they would not necessarily provide the full range of social service referrals imagined in scenario 2.

"SHCs as Behavioral Health Providers" (scenario 4) also was incorporated into the Wellness Centers priority, though not by name. Mental and behavioral risk factor screening would become part of the core set of services at the Wellness Centers, though the Centers would not focus exclusively on mental health. Coordination with existing LAUSD mental health services and Wellness Center capacity for mental health treatment will be among the issues requiring critical attention as the Wellness Center model is further developed.

On November 2, 2007, the Steering Committee met once more to review a draft of the priorities document and, in a round-robin process, to refine and answer key questions about the three priorities for action. Subsequently, Steering Committee members were offered the opportunity to review this document. Nearly half of the Committee members submitted comments, which are incorporated here.

C. Priorities

The Steering Committee recommends the following three priorities for consideration by the Trust for the period 2009-2013:

Recommended Priority #1. Coordinating Council for Policy Planning and Development: Providing coordinated, data-driven planning for health services within LAUSD.
Recommended Priority #2. Wellness and Linkage Centers: Creating health centers focused on preventive services and linkage to community-based sources of care at each middle and high school in the district.
Recommended Priority #3. Oral Health Initiative: Launching a five-year, district-wide intervention to improve the oral health of elementary students.

VIII. Recommended Priority #1: Coordinating Council for Policy Planning and Development

- **Strategic Goal:**

  A coordinating council for policy planning and development will provide policy recommendations for health services within LAUSD, with a goal of improving students' health outcomes and increasing the efficiency of health services delivery.

- **Coordinating Council – The Proposal:**

  The District and the Trust will jointly convene a coordinating council to provide policy recommendations related to LAUSD's health programs. The council will be advisory to the Trust and LAUSD and will focus on policy making and systems transformation, developing strategies to maximize wellness and health outcomes for students. Research, evaluation, and financing will also be part of the Council's mission.

  The inter-agency nature of the Coordinating Council is essential to the success of the program strategies because of the essential interdependence of pubic and private organizations to achieve these goals. The need for an expanded inter-agency involvement of the oversight function and the subject matter itself help define the specific role of the Council, beyond the traditional roles of the Board of Education or the Trust. This body will not usurp or replace other efforts, but will instead build on the work of the Steering Committee, the Trust and other policy planning bodies, as well as on LAUSD's Safe and Healthy School Council and other District work.

  At full implementation, the coordinating council might take responsibility for efforts including:

  - Mapping of health care needs against health care resources across LAUSD
  - Integration of the relevant work of related planning bodies
  - Evaluation of school health services
  - Financing of on-going and expanded student health services
  - Development of timelines for various initiatives
  - District-wide planning to avoid duplication of services
  - Dissemination of best models for school based health services
  - Coordination with partners.

  The Coordinating Council will be made up of representatives from the Superintendent, the Board of Education, cities, Los Angeles County, providers including the Community Clinic Association of Los Angeles County (CCALAC),

health plans, the philanthropic sector, parents and students. Representatives will be appointed jointly by the Trust and LAUSD, and membership will strive to reflect LAUSD's ethnic, linguistic, and geographic diversity.

The Coordinating Council's structure and activities will be sequenced and phased in over time. In the initial iteration, the Trust would present the Superintendent with a concept paper outlining the Council's roles and responsibilities, governance and operations, potential membership, and key priorities (including the Wellness Centers and Oral Health Initiative discussed below). The Trust and the Superintendent would then jointly approach the School Board with this paper. Eventually, the concept paper would become a charter for the new Council, which would grow in size and activity over time.

The Trust's role in the Coordinating Council might take one of several forms:

- The Trust could help catalyze the effort to establish the Council and then seat a representative on the Council
- The Trust could help catalyze the effort to establish the Council and then serve as the infrastructure behind the Council

In either case, the Trust would seek and develop community champions to support the Council's work.

At the outset, the Council's area of focus will be LAUSD. As it matures, the Council might also develop a committee structure, working with existing groups such as community councils and student councils, and formalizing these relationships through memoranda of understanding (MOUs) or other mechanisms.

- **Strategic Objectives:**

  - Create a coordinating council to advise the Trust and LAUSD on policy related to the health programs of LAUSD.
  - Fund staff and operations of the coordinating council
  - Convene coordinating council to map health care needs and health care resources across LAUSD
  - Convene coordinating council to guide the implementation of the Wellness Centers and Oral Health Initiative (Priorities 2 and 3)

- **Results/Outcomes by 2013:**

  The coordinating council will be an established body that meets regularly to make recommendations about policy planning and development for health services provided in LAUSD.

- **Major Activities and Milestones:**

  - Activity 1: Develop a concept paper including a mission and purpose statement. Clearly define respective roles of the Trust, the District, and other partners. Gain approval from the Board of the Trust.
  - Activity 2: Gain approval from the LAUSD Superintendent, executive staff and administration.
  - Activity 3: Gain approval from the LAUSD Board.
  - Activity 4: Gain approval from LAUSD PTAs.
  - Activity 5: Develop a financing plan to support staffing and operations of the Coordinating Council.
  - Activity 6: Develop a process for nominating individuals to the Coordinating Council.
  - Activity 7: Convene the Coordinating Council.

- **Timeline:**

	2009	2010	2011	2012	2013
Activity 1:	Develop concept paper; approval from Trust				
Activity 2:	Approval from Supt.				
Activity 3:	Approval from Board				
Activity 4:	Approval from parents				
Activity 5:		Financing plan			
Activity 6:		Nominating process			
Activity 7:		Convene Coordinating Council			

IX. Recommended Priority #2: Wellness and Linkage Centers

- **Strategic Goal:**

  Students throughout LAUSD will have access to school-based preventive health and mental health services in order to improve their health and mental health outcomes and support the educational mission of the schools.

- **Wellness Centers – The Proposal:**

  The Trust will support the creation of Wellness Centers – health centers providing a range of services to students and families, focused on preventive services, early intervention, and linkage to community-based sources of care. The Wellness Centers will target children of all ages in the school communities, and respond to the particular needs of individual schools and neighborhoods. While the focus of services will be the child, families will also be involved in the care provided and would be offered services as appropriate.

  Children will be entitled to a defined scope of individual preventive services and treatment for minor health problems through the Wellness Centers. These "core" services will be further defined in the planning process, but might include CHDP screens, immunizations, mandated vision, hearing and oral health assessments, anticipatory guidance and comprehensive health education, reproductive health, mental and behavioral risk factor screening, and screenings for diabetes, asthma, dental disease, and other chronic illnesses. Depending on community need and local availability of community-based providers, some Wellness Centers sites will provide more extensive services, for example comprehensive primary care, dental treatment, or mental health services. The oral health initiative described below will eventually be included as part of the wellness centers.

  The Wellness Centers will be developed through a data-driven, community-based planning process. Planning will include mapping existing services against areas of need in each community. Existing school services and programs, such as Healthy Start, and community services and programs, such as school health centers and mobile van programs, will be integrated into the Wellness Center hubs, and would be evaluated for their efficacy in meeting community needs. This process will ensure access to a basic level of service in all areas and avoid duplication of high-cost services (such as dental treatment) in a geographic area.

  The Wellness Centers will be organized geographically in a "hub" or "school zone" structure based at the complex level (one or two high schools with their feeder schools), with certain services organized at the local district (LD) level. The exact clustering would be driven by data on service and health needs in the local community. The "hub" would not in all cases be a physical site, but might instead be a virtual hub that could incorporate the use of mobile services and multiple

providers, responding to students' needs to receive health care at various locations.

The Wellness Centers will also play a major role in linking children to health insurance, using automated enrollment systems to sign students and their families up for Medi-Cal, Healthy Families and Healthy Kids programs as available. The Wellness Centers are *not* designed to serve as children's medical homes in most cases, but instead would develop effective two-way communication with children's medical homes and with other community-based sources of health care, mental health and social services.

While the difficulties in sustaining school health centers are clear, so are the benefits of setting ambitious goals for services and funding. Key to the program's success will be system-wide efforts to increase access to third-party reimbursement, both for direct medical services and for care coordination. Recognizing that reimbursement sources will not be adequate to fully fund the Wellness Centers, however, other sources of support will also be developed. Among these sources are:

- *Redeployment of existing resources within LAUSD.* At certain schools, some of the Wellness Center functions are already underway, with services provided by Healthy Start programs, drop-out counselors, PTAs, CHDP, and/or existing clinics, to name just a few. Establishment of the Wellness Centers should be coordinated with and should build on – not supplant – existing services.

- *Earmarking MAA funds to student health.* As part of the data collection to prepare for the work with the Steering Committee and the Trust, LAUSD Student Health and Human Services conducted a pilot study which determined that, with a change in methodology, LAUSD could potentially increase its annual Medicaid Administrative Activities (MAA) claim to approximately $22 million. MAA funds become unrestricted general fund once they are received by an LEA and can be used to reinvest in programs that draw down an additional federal funds share. By earmarking the MAA funding for reinvestment into student health services LAUSD could potentially increase its MAA reimbursement and could increase the reimbursement of LEA Billing when the claims are reconciled for actual costs.

  If MAA is eliminated by CMS in October 2008 as has been proposed, LAUSD will still file claims for all remaining quarters, and since MAA claims are generally paid 12-18 months after the close of the quarter, LAUSD could expect to see the last of the MAA revenue in fiscal year 2009-2010. LAUSD hopes to stop the federal elimination of the program, as well as the elimination of proposed fee-for-service specialized transportation billing.

- *Increasing general fund support to student health.* LAUSD seems to have lost ground in the percentage of the general fund that supports health and human services, with the result that many student health services are supported through categorical funding. The reduction in general fund reduces both MAA reimbursement to the district (LEAs must use state and local funds for the federal match) and reduces the LEA Billing Claim (which also uses state and local funds for Federal Fund Participation). In addition, LAUSD's Mental Health unit has a LA County contract for Rehabilitation Option fund reimbursement, and LAUSD's general fund expenditure is used to draw down the 50% federal fund match to that program.

- *New fund sources.* Early, informal cost estimates suggest that Wellness Centers could be funded at all middle- and high-schools for a sum equaling approximately $40 per LAUSD student annually above current expenditures and third-party reimbursements. Business models, methods for raising these additional funds, and the feasibility of doing so on an ongoing basis, remain to be addressed and would be a primary activity under this priority. The Trust has the organizational ability to research and seek out monies from philanthropic interests, some of whom have expressed interest in investing in school health services in LAUSD.

Both insurance linkage and communication with other providers will require significant new IT and MIS investments. These would build on the work already underway in the District with One-e-App and Express Enrollment, and the District's Welligent system. Data collection would be a priority for evaluation as well as reimbursement.

- **Strategic Objectives:**

  - Obtain approval for the Wellness Centers concept from the Trust Board and the LAUSD Board (see Priority 1).
  - Develop a plan for district-wide implementation of Wellness Centers, coordinated with existing efforts and based on the best available data about communities' needs and resources. Work with existing school health center sponsors, other providers, LAUSD staff, parent clubs, and other key allies in the development of this implementation plan.
  - Develop a financial plan that will guide implementation of the Wellness Centers.
  - Implement Wellness Centers at 12 sites.

- **Results/Outcomes by 2013:**

  The Trust will have in place program approvals, financing, implementation and technology plans for Wellness Centers across LAUSD. Wellness Centers will be implemented in at least 12 locations.

- **Major Activities and Milestones:**

  - Activity 1: Obtain approval for the Wellness Centers concept from the Trust, Superintendent and LAUSD Board (see Priority 1).
  - Activity 2: Develop a program design plan for Wellness Centers, including mapping existing services and service gaps, defining core services and organizational structures, and creating a plan for data collection and evaluation.
  - Activity 3: Develop a financing plan for start-up and ongoing funding of Wellness Centers that maximizes access to reimbursement payment sources.
  - Activity 4: Work with the Coordinating Council to develop an implementation timeline for the Wellness Centers, with earliest implementation at schools with greatest identified need.
  - Activity 5: Develop a technology plan to facilitate communication, support case management and link to data collection and evaluation.
  - Activity 6: Seek approval of these plans from the Trust and LAUSD Boards.
  - Activity 7: Implement Wellness Centers in at least 12 sites.

- **Timeline:**

	2009	2010	2011	2012	2013
Activity 1:	Approval of Wellness Centers concept (see Priority 1)				
Activity 2:	Program design plan				
Activity 3:	Financing plan				
Activity 4:		Implementation timeline			
Activity 5:		Technology plan			
Activity 6:			Approval of plans from Trust and LAUSD		
Activity 7:	Implement pilot Wellness Center at 1 site	Implement pilot Wellness Centers at 3 sites total	Implement Wellness Centers at 5 sites total	Implement Wellness Centers at 8 sites total	Implement Wellness Centers at 12 sites total

X. Recommended Priority #3: Oral Health Initiative

- **Strategic Goal:**

  The rate of increase in dental disease among LAUSD students will be slowed or reversed over five years.

- **Oral Health Initiative – The Proposal:**

  The Trust, in partnership with LAUSD and other key allies, will initiate a five-year, district-wide initiative to address the oral health of children in kindergarten through third grades. The initiative would be focused on the prevention of dental disease and the promotion of oral health. Services would include:

  - screening and assessment
  - sealants
  - fluoride varnishes
  - oral health education (for children and parents, especially pregnant women), including dental care habits and the use of fluoride toothpaste, and tobacco use prevention
  - "Drink the Water" fluoride campaign
  - referrals to community providers for follow-up care

  The Oral Health Initiative responds to significant changes in the service models and capacities of the 10th and 31st District PTAs. These developments, in concert with the ongoing concern about the status of LA children's oral health, their dental insurance coverage and access to services, led the Steering Committee to identify oral health as the topic of a recommended district-wide intervention.

  This initiative will build on the work of existing LAUSD PTA-operated programs and mobile dental programs, and will take advantage of the expansion of water fluoridation throughout the Los Angeles area. Dental schools (USC, UCLA) and dental hygiene schools will be key partners in the development and implementation of the initiative. Governance of the initiative will be in coordination with the existing Oral Health Collaborative, and with the Coordinating Council once it is active.

  A key challenge in implementation of the initiative will be the identification of sufficient and appropriate referral resources for children in need of follow-up treatment. In some cases, community-based providers may be available and affordable to families. In other cases, this will not be so, either because providers are scarce or because families lack insurance or other means of payment. In response to these concerns, a priority of the initiative will be the development and expansion of referral resources, and initiative staff will work with the county dental association, local dental and dental hygiene schools, FQHC clinics that operate as school-based or school-linked health centers, and other entities and organizations

in this effort. The successful efforts of the 10th District PTA to expand their list of referral dentists provides an excellent model in this regard.

A preventive and early intervention effort will face challenges in financing and will not be entirely supportable through third-party reimbursement. The initiative will therefore seek financing from private philanthropies and from government sources, while making efforts to maximize reimbursement for those children with insurance coverage. State-level efforts to increase reimbursement rates and make other policy changes would also be required.

The initiative will be phased in, beginning in the first year of operations with 3-5 schools and in the second year expanding to 6-10 schools. By 2013 the initiative will reach children in grades K-3 across the district. The first rounds of implementation will involve pre- and post-intervention measurement of the oral health of participating students, and comparison with a control group of students not participating in the intervention; results will be used to refine the plan before it is rolled out district-wide.

The initiative will benefit from the experience of a group of private schools located near USC in implementing a similar oral health intervention. In this effort, now 12 years old, every student in the schools receives preventive oral health services each year, with USC students and staff volunteering to provide the care in an intensive intervention conducted in a short period. Data from the USC project will be used to plan the initial implementation of the LAUSD project, and will also be useful in defining a cost estimate for the intervention.

- **Strategic Objectives:**

  - Obtain approval for the Oral Health Initiative as a key priority as part of the overall concept paper (see Priority 1).
  - Convene an advisory group of stakeholders to develop program design, financing, implementation and evaluation plans for a district-wide oral health initiative.
  - Identify and secure outside funding for the initiative.
  - Begin implementation of the initiative in 6-10 schools as first step in planned district-wide implementation.

- **Results/Outcomes by 2013:**

  An oral health initiative reaching all children from kindergarten through 3rd grade will be in place district-wide.

- **Major Activities and Milestones:**
  - Activity 1: Obtain approval for the Oral Health Initiative from the Trust, Superintendent and LAUSD Board as part of the overall concept paper (see Priority 1).

- Activity 2: Working with the Oral Health Collaborative, convene an advisory group of stakeholders to define the initiative and develop program design, financing, implementation and evaluation plans. This group would begin its activities prior to the launch of the coordinating council, but would be incorporated into the council when appropriate, and would be staffed by the Trust and LAUSD.
- Activity 3: Advisory group develops a program plan that reflects a consensus view among stakeholders about how to proceed with existing and new programs and how to coordinate with other school health services, among other issues.
- Activity 4: Advisory group develops a cost estimate and financing plan for development and implementation of the initiative, and identifies and seeks funding.
- Activity 5: Advisory group develops a timeline and implementation plan for the initiative.
- Activity 6: Begin implementation of the initiative in 6-10 schools.
- Activity 7: Evaluate first year of initiative.
- Activity 8: Finalize plan for district-wide implementation of the initiative.
- Activity 9: Implement initiative district-wide.

- **Timeline:**

	2009	2010	2011	2012	2013
Activity 1:	Approval of concept paper (see Priority 1)				
Activity 2:	Convene advisory group				
Activity 3:	Program design plan				
Activity 4:	Cost estimate				
Activity 5:	Implementation plan				
Activity 6:	Implementation in 3-5 schools	Implementation in 6-10 schools	Implementation in 11-20 schools		
Activity 7:		Evaluate Year 1 of initiative	Evaluate Year 2 of initiative		
Activity 8:			Finalize district-wide plan		
Activity 9:				Implementation district-wide	

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