



Boyle Heights

Health Innovation Community Partnership (HICP)

The California Accountable Communities for Health Initiative (CACHI) was established to spearhead efforts to modernize our health system and build a healthier California. To realize this vision, CACHI utilizes a model known as **Accountable Communities for Health (ACH)**, where multiple sectors—in collaboration with community residents—align goals and work together to address the leading health issues facing their communities.

Historic Boyle Heights sits due east of Downtown Los Angeles and has been the landing place for immigrant communities in the City of Angels for generations. Today, Boyle Heights is home to a predominantly Mexican-American community and celebrates a strong tradition of Chicano arts, culture and activism. Despite this rich history, Boyle Heights experiences many challenges facing highly dense, economically depressed urban neighborhoods. One of these is the struggle to address historic and community trauma, and in particular, its impact on children and youth in the community.

In 2017, Boyle Heights' community leaders came together to create the [Health Innovation Community Partnership \(HICP\)](#), an Accountable Community for Health. Supported by its backbone organization, the [LAC+USC Medical Center Foundation, Inc.](#), HICP is supported by its nearly 70 members drawn from community-based organizations, educational institutions, and public agencies, as well as local health and social services institutions. Together, they have engaged the community, changed policies, increased resources and guided local development to meet the needs of local residents. Now, addressing childhood trauma is the priority.

HICP's newly adopted state initiatives, "Integrating Children and Youth Behavioral Health" and "Advancing Child Health and Well-Being," aim to provide an "open door" for young children, youth and their families who

are seeking support for anxiety, depression, addiction and other conditions. By integrating mental and behavioral health into other programs—using school-based partnerships, peer support networks and other elements to assist health plans, clinics, schools and community organizations—the ACH believes it can streamline the process and remove stigma, shame and distrust from the process.

"We basically want to create a direct line from the community to the resources," said Edward Padilla, a community partner with the nonprofit youth-serving organization Casa 0101. "Kids and their families should be able to connect immediately, as if they have Batman's big red bat-phone. Then, help will be on the way."

These state initiatives will also help bring in more resources, wellness coaches, promotoras and other non-clinical staff that will help connect youth and families with whatever level of support they need. In pediatric clinical settings, Adverse Childhood Experiences (ACEs) screenings will be integrated to catch at-risk children early.

The HICP also hopes to get young people and their families intimately involved with this work, while closing the digital divide so that everyone can participate. They see community participation as essential to accomplishing their goals.

"One of our biggest goals is to form youth advisory councils, leadership groups and training series," said Christina Cardenas, the ACH's senior project manager. "By partnering with youth serving organizations and young leaders, we will be able to identify smaller interventions that can make a huge impact for youth, all while getting our community even more involved."

For more information, visit [Health Innovation Community Partnership](#).