**Project Identification**

**Project Title:** The Achievable Foundation’s Whole Person Care Project

**Project Number:** H17MC30793

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**Project Period:** July 1, 2017 - February 28, 2022

**Total Amount of Grant Awarded:** $250,000

**Purpose of Project and Relationship to SSA Title V MCH Programs**

The purpose of the current project is to enhance early identification and treatment of mental health issues, and promote access to, and utilization of, mental health services for underserved children, youth, and young adults through enhanced integration of behavioral health services into a primary medical home setting. This project, called the Whole Person Care Project (WPCP), is implemented through The Achievable Foundation (Achievable), a Federally Qualified Health Center (FQHC) in Culver City, California providing high quality, integrated health care services to individuals with intellectual and developmental disabilities (I/DD), their families, and other vulnerable populations through a medical home model of care. The target population for the WPCP includes underserved children, youth and young adults up to age 25, living throughout 28 adjacent zip codes in western Los Angeles County (LAC), who have, or are at risk for developing, mental health issues. The majority of the target population comes from low-income households...
and experiences lack of access to appropriate care in the general community. This project, and Achievable as a whole, places special emphasis on services specifically tailored to the whole-person needs of individuals with I/DD and medical complexities. The WPCP has five main components. These are to: 1) Improve integration of behavioral health services into a primary care setting in order to address the whole-person needs of underserved children, youth, and young adults; 2) Implement universal, routine screening for social-developmental, behavioral and mental health issues to promote prevention, early detection, and treatment; 3) Increase access to, and utilization of, appropriate behavioral health services for patients in need; 4) Improve transition from pediatric to adult systems of care for transition age youth (TAY), especially those with special needs and I/DD, and 4) Increase the workforce of mental health professionals who are trained on providing services to children, youth, and young adults with I/DD and special needs through direct training and the development of a training curriculum.

The project was funded under the Healthy Tomorrows Partnership for Children Program (HTPCP), which is funded by the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA), and administered cooperatively by MCHB and the American Academy of Pediatrics (AAP). The current project falls under the HTPCP’s purpose of increasing the number of innovative community-based programs that improve the health status of children, youth, and families by increasing access to health care. In alignment with the four key areas prioritized by the HTPCP, this project employees several strategies to promote access to health care services, improve community-based health care, and provide direct preventive care and care coordination services to vulnerable and underserved populations of children, youth, and young adults.

**Needs and Problems Addressed**

A child’s mental health is fundamental to their ability to grow, play, learn, and develop. Mental health has a profound impact on a child’s quality of life, emotional milestones, and functioning, and is just as important as physical health to a child’s overall well-being. Mentally healthy children reach developmental and emotional milestones, learn healthy social skills, learn how to cope when there are problems, and have a positive quality of life.\(^1\) Sadly, mental health issues and disorders are becoming more common in childhood.

\(^1\) Centers for Disease Control and Prevention. *What is Children’s Mental Health?.* Available at: https://www.cdc.gov/childrensmentalhealth/basics.html
One in 5 U.S. children and adolescents experiences a mental health disorder each year, and half of these disorders have onset before age 14.² The most commonly diagnosed mental health disorders in children and youth are ADHD, anxiety problems, behavioral problems, and depression. These dreary statistics were reported before the COVID-19 pandemic, which has further worsened our children’s mental health crisis. Some call the mental health ramifications of the COVID-19 pandemic a second pandemic because of the substantial negative impact it has had on the mental health of children, adolescents, and young adults. A vulnerable subset of children, those with intellectual and developmental disabilities (I/DD), experiences 2-3 times greater burden of mental illness compared to typically developing children.³ Another pediatric subgroup, transition age youth (TAY), has the highest prevalence of serious mental illness compared to other age groups due to increased stressors during a vulnerable life stage.⁴ These TAY are at highest risk for depression, substance use, and suicide. In fact, suicide has become the second leading cause of death among youth ages 10-24 in California.⁵

Most mental disorders are treatable, but nearly two-thirds of children with mental health issues do not receive services, and many disorders are not even recognized until adulthood.⁶ Barriers include stigma, funding, fragmented systems, provider shortages and lack of integrated care. One of the critical keys to addressing the burden of mental illness in children is to develop a system that includes prevention, early identification, and integration of primary care, behavioral health services, and social supports. By including all these key components, the WPCP holds the promise of being a powerful system of care to foster improved mental health and overall well-being for all children, youth, and young adults.

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⁶ Mental Health America. Recognizing Mental Health Problems in Children. Available at: https://www.mhanational.org/recognizing-mental-health-problems-children#
**Goals and Objectives**

The goals and objectives of the WPCP encompass structure, process, and outcome measures related to preventive care (including screening and early identification), coordinated care, access to appropriate care, quality of care, improved patient well-being, and enhanced workforce development. All goals and objectives were expected to be achieved within the 5-year grant period. The goals and objectives specifically pertain to the WPCP pediatric population which includes children, youth, and young adults ages 0-25 years, with special emphasis on the most vulnerable and underserved children with I/DD and transition age youth.

**Goal 1: To improve The Achievable Foundation’s capacity to provide integrated behavioral health care for pediatric patients**

Achievable’s health center began as a first-of-its-kind FQHC providing a comprehensive range of primary care (and some mental health care) with a special focus on addressing the unmet healthcare needs of individuals with I/DD and their families. As the health center grew and Achievable became intimately familiar with patient needs, Achievable recognized the need to develop a new and expanded component of the medical home to ensure whole-person care. This expansion, the WPCP, enhances integration of behavioral health services with primary care services. In an integrated model of care, all providers work together to care for patients in a collaborative manner that focuses on a shared treatment plan that addresses each patient in a holistic, person-centered manner. The pediatric primary care setting is the ideal location for integrated care because this is the place where families come regularly for care, have established a trusting relationship, and where they feel comfortable visiting. Goal 1 of the WPCP is focused on ensuring a process for enhancing infrastructure, formalizing organizational practices and procedures, increasing staff capacity and training, and building an integrated model utilizing evidence-based tools and practices. For this goal, Achievable engaged leadership, staff, a third party consultant, the Board, Patient Advisory Council, and other stakeholders to ensure the development of a robust model of integrated care within the primary care setting. Measurable structure and process objectives related to Goal 1 are:

- **Objective 1a:** Assess organizational strengths and barriers to delivering integrated care by using an organizational self-assessment survey.
• **Objective 1b:** Using results of 1a as a guide, enhance services and incorporate the integrated model into organizational policies and procedures.

• **Objective 1c:** Primary care providers and support staff will be trained and competent in screening for and recognizing mental health symptoms, as well as providing basic mental health services to pediatric patients.

**Goal 2: To improve screening and early identification of behavioral health issues, including social-emotional developmental delay and mental illness, in pediatric patients**

The second goal of the WPCP relates to ensuring universal and routine screening in the primary care setting, consistent with AAP’s screening guidelines and the *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents.* Universal and routine screening is critical to early detection and identification of potential issues, which can improve treatment, health, and life outcomes. Strategies related to this goal are to increase the proactive role of primary care providers in screening, early identification, and early treatment; improve screening and family education; and increase the proportion of children with positive screens who receive follow-up services and are referred for necessary behavioral health services. Appropriate evidence-based screening tools were selected for screening based on age group. SMART objectives related to this goal are:

• **Objective 2a:** At least 70% of pediatric patients under 12 who have had at least one medical visit in a given year will undergo social-emotional development using an appropriate tool.

  WPCP has implemented consistent screening of psychosocial, behavioral, and emotional development for pediatric patients ages 0-5 years using the PEDS:DM at well-child visits in accordance with the AAP’s Bright Futures Periodicity Schedule, and for children ages 6-12 years using the PSC-17.

• **Objective 2b:** At least 90% of pediatric patients whose screening results indicate need for further mental health intervention will have a follow-up plan documented by the pediatrician in the electronic health record (EHR).
Objective 2c: At least 70% of transition age youth (12-25 years) with at least one medical visit in a given year will be screened for depression and substance abuse. Those with positive screens will be treated and/or appropriately referred for services.

The WPCP has implemented use of the AC-OK to screen for depression in youth ages 12-18 years, the PHQ-9 to screen for depression in young adults ages 19-25 years, and the AC-OK to screen for substance use in adolescents and young adults ages 12-25 years.

Goal 3: To improve access to, and provide, specialty psychiatry, therapy and other mental health services to pediatric patients within an integrated model of care

The third goal of the WPCP tracks processes related to provision of integrated behavioral health services within the primary care setting, and the effects on access and utilization of behavioral health services. Strategies for this goal include enhanced team-based care, improved referral processes, and increasing access to care through increased staffing and community collaborations. In addition to access to, and utilization of, behavioral health services, this goal includes provision of care coordination and transition planning for TAY. Measurable objectives related to Goal 3 are:

Objective 3a: At least 50% of children referred for mental health services throughout the WPCP will have their first visit within one month of the referral.

Objective 3b: Primary care and behavioral health providers will maintain consistent, documented communication on care plans for mutual patients.

Objective 3c: All TAY aged 16 - 25 years will be offered care coordination and insurance enrollment assistance to ensure seamless continuity of transitioning from the child healthcare system to adult care.

Goal 4: To improve patient health, well-being and quality of life

It is expected that the provision of evidence-based, high quality, integrated primary and behavioral health services will result in improved patient outcomes. It is also expected that involving patients and families in treatment planning and decision-making will improve motivation, adherence, and effectiveness of screening and treatment. Goal 4 of the WPCP measures patient and family engagement, and patient outcomes. Measurable objectives related to Goal 4 are:
• **Objective 4a:** At least 60% of patients receiving therapy services will show improvements in quality of life as measured by pre- and post-treatment assessments.

• **Objective 4b:** At least 60% of patients and families will report that they have been included in the treatment planning and decision-making for their integrated care plan.

**Goal 5: To contribute to the workforce of providers specialized in serving children with mental illness, especially those with I/DD and their families**

The WPCP includes an innovative collaboration with The Chicago School of Professional Psychology (TCSPP), which has resulted in a robust advanced practicum to train clinical psychology doctoral students on providing evidence-based therapy in a culturally-sensitive manner to the most vulnerable pediatric patient populations, especially children, youth and young adults with I/DD and other medical complexities. This collaboration enhances the quantity and quality of the workforce qualified to provide services to this patient population. The goal is also to document the training model such that it may be replicated and adapted to various community care settings to further expand the workforce and improve care for those with I/DD, mental illness, and especially co-occurrence of both. Measurable objectives related to this goal are:

• **Objective 5a:** By year 5, at least 8 doctoral students in clinical psychology will have undergone advanced practicum training at our health center through the WPCP

• **Objective 5b:** Create a replicable, evidence-based model and curriculum that can be used to train clinical psychology students to care for children with I/DD and mental illness in a variety of settings (i.e. schools, community, etc.)

**Methodology**

**Improved Infrastructure for Integrated Behavioral Health Services**

During the initial period of this project staff and leadership conducted a self-assessment of Achievable’s practices and processes that contribute to delivery of integrated care. Through the assessment, project staff identified three areas of best performance: 1) Screening and Identification; 2) Staff Competencies; and 3) Administrative Policies and Program Collaboration. The team also identified four key areas of focus for improvement: 1) Quality Improvement and Data; 2) Integrated Person-centered Planning;
3) Integrated and Welcoming Program Policies; and 4) Integrated Discharge/Transition Planning. After conducting its own assessment, the project team then worked with a consultant to conduct a third party organizational assessment. The results of both assessments, along with discovery interviews and review of all practices and procedures, were used to develop an action plan for practice transformation in order to expand and fully integrate services. The following steps were taken to improve the practice of integrated behavioral health services:

- Expansion of mental health clinical staffing to meet the needs of patients that included the hiring of a 1.0 FTE Licensed Clinical Social Worker (LCSW) and 1.0 FTE Behavioral Health Case Manager, and the continuation of the collaboration with TCSP.

- Creation of evidence-based Policies & Procedures that specifically articulate and support integration, including creation of a formalized referral and warm handoff protocol for behavioral health services and case management.

- Development of a formalized process for universal mental health, substance use, and trauma screening. This included the identification of appropriate standardized screening tools, and provider training on administration of screening tools.

- Development of a formal process and criteria for referrals to in-house therapy services, and training on these processes and criteria for both primary care and mental health services team members.

- Integration of the WPCP into the organizational quality improvement (QI) plan.

- Utilization of the EHR to fully support coordinated care planning, treatment, and communication among providers. This included streamlining documentation of notes, treatment plans, and referrals through standardized templates and biweekly team meetings.

- Provision of ongoing, regular staff training on behavioral health services, referrals, cultural competency, and other topics to ensure that services are provided in an integrated, culturally- and developmentally-appropriate, whole-person, equitable manner.

**Provider and Staff Training**

Each member of the health center team plays an important role in integrating behavioral health with primary care. As part of an integrated team, primary care providers play an integral role in screening and
early identification, and should be able to screen for and recognize symptoms of, and risk factors for, mental illness in patients. As such, primary care team members participate in competency training to be able to screen for and recognize symptoms of mental illness and risk factors. Topics include: 1) mental illness in those with I/DD (common issues, symptoms, medications and treatment options); 2) assessment of health needs (symptoms, brief interventions, resources, referrals, psychotherapy); 3) behavioral management interventions (defining behavior, positive and negative reinforcements, instructional strategies, prompting); and 4) identifying stigmas related to mental health illnesses (what is a stigma, effects of stigma, reducing stigmas). All staff also receive training on cultural sensitivities and diversity, universal screening, motivational interviewing, customer service, and cultural competency for those from all backgrounds. Training for primary care staff, providers and students is ongoing and is included in the on-boarding process for any new hires.

**Universal Screening**

The WPCP utilizes a comprehensive process for universal and routine screening for psychosocial, behavioral and emotional development, mental illness, and substance use for children, youth and young adults. Primary care providers use evidence-based screening tools for routine screening at annual visits, including the PEDS:DM, PSC-17, PHQ-9, and AC-OK. If a screening indicates cause for concern, the primary care provider provides counseling in the office and documents a follow-up plan that could include referral for a neuropsychological assessment, psychiatry assessment, therapy services, substance use treatment or other services. All referrals and treatment plans are documented and tracked in the integrated electronic health record (EHR).

In the last two years of the grant period, the WPCP began screening pediatric patients for Adverse Childhood Experiences (ACEs). Detecting ACEs early and connecting patients to resources and supports can significantly improve health, well-being, and treatment outcomes of children and families. ACEs screenings are conducted according to evidence-based recommended schedules, which is at 9 months of age, 24 months age and then once a year thereafter during well-child visits. Patients over the age of 18 are also screened for ACEs once in their adult lifetime. Patients with high positive screens are offered referrals for mental health services (in-house or community-based), and receive care coordination services and resources from our
Behavioral Health Case Manager. Patients with positive screens also receive follow-up visits to monitor progress. As part of the ACEs screening process, patient needs with regards to various social determinants of health (SDOH) are also identified, such as transportation, housing, and food insecurity. These needs are reviewed, and patients receive referrals to address the various SDOH.

**Therapy Services**

Patients identified as needing therapy services based on screening results may be referred for in-house individual and/or group psychotherapy services. Patients who are eligible for in-house therapy services through the WPCP include those with mild to moderate anxiety, depression or other mental health diagnosis; those with a major life change; patients who have had a history of therapy treatment; patients exhibiting compliance with medication management; those needing neuropsychosocial assessments; and patients with adjustment disorder, which is typical of those with I/DD who exhibit symptoms of both anxiety and depression, or have difficulty communicating the real basis of feelings. Patients receive a warm hand-off from the primary care team to behavioral health providers. Clinical doctoral student therapists provide short-term therapies, group therapy, and neuropsychological testing to patients requiring short-term treatment. Patients who have I/DD, those with more complex issues, and patients who require longer-term therapies receive service through WPCP’s LCSW. Achievable’s LCSW is also trained in Eye Movement Desensitization and Reprocessing (EMDR), an evidence-based psychotherapy used across the life span that aims to enable people to heal from the symptoms and emotional distress of traumatic life experiences. Provision of this trauma therapy on-site allows for full integration of trauma informed care into our practice. Patients who receive any in-house therapy services undergo a biopsychosocial assessment at intake to further identify mental health issues, social determinants of health, and trauma. All behavioral health services provided to patients are integrated into a shared cared plan providing an interdisciplinary approach to care which addresses patients’ whole-person needs.

**Psychiatric Care**

The WPCP Psychiatrist provides evidence-based psychiatric care, including pharmacotherapy, assessments, diagnosis, medication management and consultations. The psychiatrist conducts an initial intake process that can last as long as 1.5 hours, and may be done over the course of several appointments. The
increased time allocated for psychiatry intake is unique to Achievable's model of care and allows the psychiatrist ample time to appropriately diagnose and develop a treatment plan for especially complex patients, including those with I/DD. The Psychiatrist works closely with the physicians, therapists, patient care coordinator, other providers, families and the patient to develop and implement an appropriate, individualized care plan based on best practices. Some patients require only an initial assessment by the Psychiatrist, but do not have a diagnosis to warrant additional psychiatric care. In this case, primary care providers provide counseling, education and basic treatment to patients with mild issues, in consultation with the psychiatrist and therapists (phone, email, hallway consults, verbal reports). A portion of patients require initial assessment and treatment by the Psychiatrist with follow up management provided through the primary care provider, and some patients require a combination of medication management and therapy services. Patients with more severe mental illness, as well as patients with concomitant mental illness and I/DD, may require regular, ongoing care from the Psychiatrist.

**Case Management and Enabling Services**

All patients have access to enhanced care coordination and case management through a Behavioral Health Case Manager. The Behavioral Health Case Manager works with the WPCP provider team to evaluate and triage patients within one week of a positive screen. This triage protocol determines whether the patient will receive in-house services with our student therapists or our LCSW, or be referred to community-based services.

Through Achievable’s overall integrated medical home model, all health center patients also have access to referral coordination, patient care coordination, insurance enrollment/eligibility assistance, transportation assistance, and translation services. These enabling services are critical to an integrated model of care. Patients with complex needs are also offered extended visits to ensure that their comprehensive needs are met. Services are integrated with social supports in order to meet whole-person needs. Finally, providers are specialized in caring for individuals with I/DD, medical complexities, and other special needs, and all patients can be cared for in the same location throughout their lifespan.

**Telehealth and COVID-19 Pandemic**
At the onset of the COVID-19 pandemic, Achievable began offering telehealth primary care, psychiatry visits and mental health care to patients. Patients who do not have video conferencing capabilities (computer or mobile phone) are offered telephone visits. We also offer hybrid visits for patients without adequate internet access where the patient comes to the health center and has a remote visit with a provider who may be located off-site. Telehealth was the best way for us to maintain continuity of care during the height of the pandemic, and will continue to be offered for the foreseeable future. As patients begin to return to in-person visits, we continue to offer some services in-person and others remotely through telehealth, depending on patient need, type of service, and other factors.

Community Collaborations

Achievable partners with other community organizations to ensure that the social, emotional, developmental, and health needs of patients are met. Patients are referred to some partner agencies for services and programs that we do not offer in-house, and some agencies also refer their clients to Achievable if they know that the client does not have an established medical home.

One key partner of the WPCP is Westside Regional Center (WRC), which is one of 21 regional centers in California with a state contract to provide services to all individuals with I/DD in the local catchment area. Services provided by WRC include crisis intervention, support groups, case management for diverse psycho-social needs, and counseling. Achievable is located in the same building as WRC, allowing for familiarity and accessibility for patients with I/DD, and close integration of primary care with social supports. We have a mutual referral relationship with WRC to ensure that patients with I/DD receive the whole-person care they need.

The WPCP also collaborates with community organizations for substance abuse treatment. For example, we have an MOU with Tarzana Treatment Centers to accept referrals for patients needing substance abuse services including risk reduction, outpatient treatment, residential treatment, rehabilitation for substance abuse and detoxification. Tarzana Treatment Centers providers and our providers will work together to ensure that treatment provided is appropriate.
Workforce Development

Achievable has a groundbreaking community partnership with TCSP which serves to increase the quantity/quality of the workforce of clinical psychology practitioners who are qualified to provide services to a critically underserved and particularly vulnerable population. Through this partnership, which began in 2015, two doctor students in clinical psychology participate in an advanced practicum through the WPCP each year. The advanced practicum lasts approximately 9- to 12-months. During this training, students are supervised by a Clinical Psychology Supervisor and they learn to provide intake, consultation, neuropsychological testing and short-term, evidence-based therapies to patients. Students work as part of our integrated care team, and care plans are integrated with primary care. Care is provided both virtually and in-person. The WPCP’s collaborative care approach has resulted in a robust training program that is strengthening and growing a highly qualified workforce to address the needs of a drastically underserved population. Importantly, this innovative and effective training model maybe replicated and adapted to various community care settings to further expand the workforce and improve care for those with I/DD, mental illness, and especially co-occurrence of both.

Evaluation

The focus of the WPCP evaluation was to determine if the WPCP was effective in accomplishing its goals and objectives. The WPCP evaluation was formed using Donabedian’s structure-process-outcome evaluation framework which assesses health care quality based on the structure or environment in which care is provided, method of provision, and consequences of provided care. The WPCP evaluation was guided by the logic model found in Figure 1. The evaluation plan and logic model were reviewed periodically during the grant period, and revised as necessary to ensure continued alignment with program goals and objectives.
The Achievable Foundation Whole Person Care Project (WPCP) Logic Model

<table>
<thead>
<tr>
<th>Target Population</th>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children, youth, young adults ages 0 - 25 years who live in the proposed service area within Los Angeles County and:</td>
<td>- Board of Directors</td>
<td>- Conduct organizational self-assessment and utilize results to improve integration</td>
<td>- # and types of providers and staff hired and trained</td>
<td>Increased access to high quality care through the creation of a primary medical home with fully integrated mental health services accessible to pediatric patients ages 0 - 25 years.</td>
</tr>
<tr>
<td>- Have mental health issues or are at-risk for developing mental health issues;</td>
<td>- Health center management</td>
<td>- Set up contracting/billing for mental health services.</td>
<td>- Self-assessment results and action plan</td>
<td></td>
</tr>
<tr>
<td>- May be living with or at risk for a range of developmenta l delays or disabilities; and/or</td>
<td>- Health center providers and support staff</td>
<td>- Create integrated care P&amp;P (includes transition planning)</td>
<td>- Funding mechanisms, EHR systems and communication systems in place</td>
<td></td>
</tr>
<tr>
<td>- Have complex medical conditions.</td>
<td>- Project partners (Chicago School, AADAP, regional centers, schools, etc.)</td>
<td>- Enhance capability of data system and EHR to capture data</td>
<td>- Integrated P&amp;P and guidelines in place</td>
<td></td>
</tr>
<tr>
<td>- Target population mostly has low-income, and low access to appropriate primary and mental health care services.</td>
<td>- Advisory Council members</td>
<td>- Incorporate integrated care &amp; mental health measures into QI plan</td>
<td>- QI plan with integrated care measures</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Children and TAY</td>
<td>- Recruit, hire and train staff and students</td>
<td>- Integrated patient care plan</td>
<td></td>
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<tr>
<td></td>
<td>- Families</td>
<td>- Develop communication systems for primary care &amp; mental health</td>
<td>- # of providers and students trained</td>
<td></td>
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<tr>
<td></td>
<td>- Information technology system</td>
<td>- Develop a shared care plan (primary care &amp; mental health) within the EHR</td>
<td>- # of Advisory Council members and meetings (meeting notes/input)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Evidence-based guidelines for care (Bright Futures, tools, test kits, HTPCP webinars, AAP, Title V)</td>
<td>- Train all providers and students on use of shared care plan, EHR and population health data management</td>
<td>- Partnerships created and maintained</td>
<td></td>
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<tr>
<td></td>
<td>- Funding</td>
<td>- Convene Advisory Council to meet regularly</td>
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</table>

The WPCP evaluation examined service utilization, as well as quality of care, access to care, and patient outcomes. The majority of data was continuously collected through an EHR system and population health data management system. In addition to the EHR, other data sources for the WPCP evaluation included surveys, intake forms, staff notes and activity logs, standardized assessment tools, patient interviews, staff training documents, and policy and procedure documents.

The WPCP evaluation was integrated into Achievable’s traditional quality improvement (QI) methods in order to better understand processes of care and how to improve over time. The WPCP team conducted Plan-Do-Study-Act (PDSA) cycles as part of the QI program to plan and implement activities, review data, and conduct action periods to implement changes processes aimed at improving progress.
towards meeting goals and objectives. The WPCP also received evaluation technical assistance through a grant from Kaiser Permanente Southern California.

**Results/Outcomes**

**Individuals Served**

The WPCP provided care to underserved and vulnerable patients ages 0-25 years old throughout the 5-year project period. The WPCP served an average of approximately 760 unduplicated patients ages 0-25 per year throughout the 5-year grant period. As a result of the COVID-19 pandemic, the number of patients served dipped to a low of 667 in the 4th grant year, but then increased again to 785 unduplicated patients served in the 5th year of the grant period. Number of unduplicated patients served by the WPCP by age group is depicted in Figure 2 below.

**Figure 2.** Unduplicated Patients Served by Grant Year and Age Group

On average, over the entire 5-year grant period, of individuals served by the program whose ethnicity was reported, 49.3% self-identified as Hispanic/Latino and 50.7% self-identified as Non-Hispanic. Further, the self-reported race breakdown of individuals served by the program who identified as Non-Hispanic, and whose race was reported, is as follows: 52% Black/African American, 27.1% White, 11.9% Asian/Pacific Islander, and 9.1% of more than one race. The race breakdown by year for the Non-Hispanic project population is depicted in Figure 3 below:
Of program participants with a reported income level, the vast majority, or 96%, lived in low-income households and 72.4% lived in poverty-stricken households with incomes at or below the federal poverty guideline. The majority of patients served throughout the grant period had Medi-Cal insurance coverage, California’s version of Medicaid. In the first two years of the grant, gender breakdown of patients served was approximately half female and half male. In the last three years of the grant, there was a slightly higher percentage of females served through the program than males (53% female and 47% male). On average, 28% of patients served by the program through the grant period were children, youth, and young adults with an I/DD.

**Universal Screening and Early Identification**

Throughout the 5-year period, the WPCP implemented consistent screening of psychosocial, behavioral and emotional development for pediatric patients ages 0-5 years using the PEDS:DM at well-child visits in accordance with the AAP’s Bright Futures Periodicity Schedule. The PEDS:DM elicits parent concerns and identifies red flags for social-emotional problems. The WPCP utilizes an online version of the PEDS:DM. In Year 1, 91% of children ages 0-5 were screened with the PEDS:DM, but in Years 2-5, 100% of children ages 0-5 years who had a visit in a given year were screened using the PEDS:DM.
The WPCP team chose the PSC-17 as the standardized screening tool to use for identifying mental health issues in children ages 6 to 17 years old. Consistent screening using this tool began in Year 4. Only 59% of children ages 6 to 11 years were screened using the PSC-17 in Year 4 along with 59% of children ages 12 to 17 years. However, in Year 5, 78% of children ages 6 to 11 years were screened and 86% of children ages 12 to 17 years were screened. Further, 86% of children ages 12 to 17 years were screened for substance use utilizing the AC-OK, which is an evidence-based screening tool that elicits responses to reveal mental health, substance use disorders, and trauma in youth and adolescents. As of the end of the grant period, the WPCP has met universal screening goals for all children ages 0 to 17 years, and expects to maintain and improve universal screening for these children and youth.

The WPCP team chose to use the PHQ-9 to screen for depression in young adults ages 18 to 25 years, and the AC-OK to screen for substance use in these young adults. The WPCP team experienced several challenges with formalized and routine screening for this age group, with only 57% of patients screened for depression in Year 5 of the grant. The WPCP is still in the process of formalizing substance use screening in a routine and universal manner, and is continuing to work on developing referral relationships with community agencies who provide substance use treatment options for patients with positive screens.

Positive Screens, Documentation, and Follow-Up Plans

Over the course of the 5-year grant, approximately 8% of children ages 0 to 5 who were screened using the PEDS:DM, screened positive for missing milestones in social-emotional development. A follow-up plan was documented in the EHR by the pediatrician for all patients with positive screens (100%). Approximately 13.6% of patients ages 0-5 with positive screens were reassessed at a later date, with no additional cause for concern. The remaining children with positive screens were referred for services.

During Years 4 and 5 of the grant period, approximately 17% of children and youth ages 6 to 17 years screened positive for depression or other mental health issue on the PSC-17 screening tool. Of those who screened positive, 42% received education and intervention through primary care. Of the patients ages 6 to 17 years who screened positive for needing additional services, 66% had a follow-up plan documented in the EHR. Only 2% of adolescents ages 12 to 17 who were screened for substance use using the AC-OK had a
positive screen, of which 67% had a follow-up plan documented, and the rest received education and intervention services through primary care.

Also during Years 4 and 5 of the grant period, approximately 11.8% of young adults ages 18 to 25 years who were screened with the PHQ-9, screened positive for depression or other mental health issues. Those needing therapy services had a follow-up plan documented in the EHR, and others received education and brief intervention in primary care.

Through the grant period, the WPCP team worked on improving continuity of care and triaging of patients within the WPCP to ensure that patients are referred appropriately and receive services in a timely manner, or at least have a first visit within 30 days of referral. Patients with positive screens are evaluated to determine whether the patients will benefit from short-term therapy with our student therapists, long-term therapy with our LCSW, or whether the patient will need more intensive long-term services from a community-based mental health agency. Referrals are reviewed weekly in order to ensure timely triage of patients. Once a patient is referred for services, therapists use a biopsychosocial (BPS) assessment intake form to assess patient need. The BPS is a holistic assessment that looks at client needs on multiple levels (biological, psychological and social) which could be contributing to a problem. All BPS assessments are imaged into the EHR to be shared with all members of the care team. The WPCP triage system has resulted in decreased time on the waiting list for therapy services. If the patient is determined to need long-term therapies, they are referred to our LCSW who facilitate further referrals and access to services.

Finally, since 2020, the WPCP has implemented a process of screening pediatric patients for Adverse Childhood Experiences (ACEs), which help identify patients at high risk for toxic stress and need for behavioral health services. Detecting ACEs early and connecting patients to resources and supports can significantly improve health, well-being and treatment outcomes of children and families. ACEs screenings are conducted according to the recommended schedule, which is at 9 months of age, 24 months age and then once a year thereafter during well-child visits. During Year 5 of the grant, 75% of children and adolescents ages 0-17 years were screened for ACEs. Patients screening positive for ACEs have follow-up plans and appropriate referrals.

**Therapy and Psychiatry Services**
Overall, on average, between 6% and 8% of patients ages 0 to 25 years accessed in-house mental health and/or psychiatry services during the 5-year grant period. Specific data on number of patients served and number of visits by age group are available for years 4 and 5 of the grant period, as shown in Table 1 below:

**Table 1. Children, Youth, and Young Adults Receiving WPCP Therapy and Psychiatry Services, Years 4 & 5**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Grant Year 4</th>
<th>Grant Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of Patients Receiving WPCP Therapy Services</td>
<td># of Patients Receiving WPCP Psychiatry Services</td>
</tr>
<tr>
<td>0-5 years</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>6-11 years</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>12-17 years</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>18-25 years</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>Total:</td>
<td>28</td>
<td>26</td>
</tr>
</tbody>
</table>

Grant Year 4 occurred during the height of the COVID-19 pandemic, and 8.1% of patients ages 0 to 25 years accessed in-house behavioral health services during that time. These patients were served through 220 visits. In Year 5, 5.6% of patients ages 0 to 25 years accessed in-house behavioral health services and were served through 232 visits, indicating more complicated mental health issues requiring a greater number and frequency of visits for these patients. Results indicate that patients ages 18 to 25 years have the greatest need for both therapy and psychiatry services, with as much was 12.1% of these patients accessing these services through the WPCP.

As part of its integrated service model, the WPCP’s integrated care team participates in biweekly meetings to discuss patients and mutual treatment plans, and they maintain consistent, open communication regarding mutual patients. The WPCP utilizes streamlined process and templates within the EHR for note taking and referrals, and all staff receive training with regards to documentation and utilization of shared records. The processes are reviewed periodically and modifications are made as needed. Shared care plans and consistent communication is especially important for patients with complex needs and multiple conditions, such as those with I/DD and mental health issues.
Care Coordination and Insurance Enrollment Assistance

Achievable’s health center offers care coordination and insurance enrollment assistance to all patients. The WPCP’s Behavioral Health Case Manager provides case management services specifically to all patients receiving mental health services in-house, and care coordination services for patients with positive mental health or ACEs screens. The Behavioral Health Case Manager works with families, providers and community organizations to connect patients with resources to fill unmet needs. Further, on average, approximately 85 patients ages 25 years and younger received insurance enrollment assistance annually during the 5-year grant period.

Patient Outcomes

The WPCP uses the PedsQL to track improvements in quality of life pre- and post-treatment for children up to 18 years old. This tool is a brief 23-item, developmentally-appropriate tool that measures physical, emotional, social and school functioning. The PedsQL tool can be self-administered (or read aloud) for children ages 8-12 and teens ages 13-18. For young children ages 5-7, the PedsQL is read to the child for them to answer. The WPCP uses the Quality of Life Inventory available through Pearson's psychological assessment services to measure quality of life improvements for patients who are older than 18 years. On average, at least two-thirds of patients receiving in-house therapy services show improvements in quality of life.

The WPCP also uses an annual Patient Satisfaction Survey (PSS) to measure self-reported improvements in quality of life and health status. Approximately 88.6% of WPCP participants with a PSS response indicated “Great” or “Good” when asked about their quality of life, and 79.5% indicated “Great” or “Good” when asked about their current health status. Further, 41% of WPCP participants with a PSS response indicated that their health was somewhat/much better than a year ago, and 45% indicated that their health status was somewhat/much better than a year ago. Qualitative interviews and surveys have also shown satisfaction with services. One parent reports, “I greatly appreciate the kindness and care everyone in the office has for me and my children. It is a huge relief and so valuable!”
Workforce Development

Throughout the 5-year grant period, 10 students (two per year) from TCSPPP worked with the WPCP to complete a 9-12 month advanced practicum. Services provided include intake, consultation, assessment, individual and family therapy, neuropsychological testing, and outreach to schools. Students were supervised by a Clinical Psychology Supervisor who effectively helped students reflect, develop skills, link theory to practice, interpret findings and decide on the most effective treatment methods.

As a result of this project, the WPCP’s Clinical Psychology Supervisor developed a replicable, evidence-based model and curriculum for training clinical psychology students to care for children with I/DD and mental illness. The goals of the curriculum are:

• To provide integrated care for patients with medical conditions, I/DD, and mental health conditions in a holistic manner to improve quality of life;
• To provide specialized training for future psychologists in this area; and
• To develop a replicable model of training and supervision program so other universities, mental health professionals, and integrated care clinics can utilize this model.

Challenges

The WPCP experienced the following challenges during the 5-year grant period which affected progress towards goals and objectives:

• The COVID-19 pandemic required a complete overhaul of many processes and procedures, and resulted in an overall lower number of patients, postponed well-visits, and challenges with screenings and service provision. In order to maintain continuous care for patients, Achievable quickly implemented telehealth services. Unfortunately, telehealth can be difficult for patients and families who have difficulties with access to technology and computers. Telehealth services can also make it more difficult to implement universal screenings. Further, those with communication issues or I/DD may find it more difficult to benefit from telehealth therapies, and therapists may find it difficult to establish rapport as well as in-person. Telehealth may result in therapists missing some of the nonverbal cues and other indicators which can be assessed in person.
• With several members of the WPCP team working remotely due to the COVID-19 pandemic, warm handoffs and collaboration become more difficult. Therapists worked around this issue by joining virtual sessions with other providers to make introductions and conduct a virtual warm handoff. For therapy sessions, students had to learn new technology and telehealth therapy activities to engage patients.

• Due to stigma and cultural beliefs, families and patients are often hesitant about mental health screenings, ACEs screenings, and subsequent treatment, especially with regards to patients with I/DD. WPCP providers are trained in motivational interviewing which allows them to meet a patient where the patient is most comfortable when it comes to sensitive topics such as behavioral health screenings and treatment. WPCP providers use client-centered counseling that opens dialogue around behavioral health screening and treatment. If patients are hesitant, providers work to discuss beliefs, resolve ambivalence and improve motivation to determine a mutually agreeable path forward.

• Initially, the project experienced a significant delay in hiring an LCSW, which caused for WPCP project participants to experience gaps in continuity of care during student transition periods, and long wait lists for therapies. The WPCP has addressed overcoming this challenge through the hiring of an LCSW, and will continue to improve mental health staffing capacity in response to patient needs. Further, the WPCP Psychiatrist was on leave for 6 months of the grant period in Years 3 and 5. This temporarily resulted in decreased access to in-house psychiatry services for WPCP patients.

• During the project period, Achievable transitioned to a new EHR system. During the EHR transition, we experienced decreased productivity and limited appointment access while staff and providers underwent training to learn how to effectively use the new system. The EHR transition also created barriers to collecting and analyzing previous year data. We continue to work on streamlined data collection, analysis, shared communication, and shared care plans in the EHR.

• The WPCP did not meet the goal of ensuring transition plans for TAY during the project period. The team is conducting a needs assessment to identify key areas that families of TAY might need help with, whether or not our project has the ability to provide needed supports in-house, and which
partnerships and resources we will need to develop in order to support our patients with transitioning. The team will use results to integrate transition planning into care for all TAY.

**Publications/Products**

Following is a list of key products and publications which were developed and utilized during the WPCP project period:

- Quarterly newsletters were published in electronic and print form, and distributed to over 1,300 stakeholders, including patients and families. Each newsletter contains information on the healthcare landscape, provider or staff spotlights, patient stories, information about services and other important health topics. A total of eight newsletters were released during the grant period. In response to the mental health ramifications of the COVID-19 pandemic and the health landscape in general, Achievable’s most recent newsletters which were released in 2020 and 2021 highlighted mental health for our community. These newsletters included information on healthy adjustments to a “new normal”, dealing with the pandemic, stress management strategies for caregivers and family members with I/DD, the importance of good sleep for overall health and well-being, and information on our services and mental health program.

- In 2018, The Achievable Foundation, in partnership with Supervisor Mark Ridley-Thomas, hosted a legislative breakfast focusing on development of the healthcare workforce in Los Angeles County. The event brought together a wide variety of sectors that educate and employ the healthcare workforce in order to focus on innovative healthcare workforce partnerships, discuss critical issues facing the workforce, and conceptualize policy-based solutions. Achievable published a report which gave an overview of the results of these discussions, including key challenges that were identified to developing this workforce, as well as possible policy-centered solutions. The report was disseminated to partners and stakeholders, including event attendees, and was published on our website.

- Through a grant from the Lucile Packard Foundation for Children’s Health, Achievable worked with a consulting firm (Informing Change) to create a case study which tells the story of the creation of Achievable’s unique health center model, including integrated behavioral health services. The case study includes real stories and testaments, while also providing detailed information on community need, critical factors for success, historical timelines, funding needs, service model, future steps and other
details around the development of our health center. The case study also provides recommendations for developing similar health centers and resources regarding community health centers. This case study is meant to be disseminated and serve as a tool for replication of Achievable’s model of care.

• The following presentations were made during the project period for the WPCP:
  - Dr. Michelle Catanzarite presented “Delivering Equitable Care: Meeting the Needs” at the Institute for High Quality Care’s 2019 Los Angeles County Quality Improvement Summit. This included a panel discussion around incorporating social determinants of health considerations to improve health equity for patients with disabilities and other vulnerabilities.
  - Dr. Meredith Rimmer, Dr. Michelle Catanzarite, and Dr. Tiffany Saucer presented “Supporting Transition Age Youth Through Telehealth” at the 19th Annual NADD State of Ohio MI/ID Conference in 2021.
  - Dr. Meredith Rimmer, Dr. Michelle Catanzarite, and Angela Pierucci (student therapist) presented a poster entitled “How We Move Forward: A Sustainable Model of Telehealth Practice for Transition Age Youth with I/DD” at the Integrated Care Conference conducted in 2021 by the Collaborative Family Healthcare Association.

Other products developed as part of the WPCP include provider and staff training materials; patient wellness surveys; social determinants of health screening survey; ACEs brochures (by age group); and pamphlets and fact sheets on various mental health topics including stress, coping, wellness, and sleep hygiene.

**Dissemination/Utilization of Results**

Achievable continually collects data on all projects to demonstrate the impact our projects and model of care can have on patients and their families. In addition to being reviewed and shared internally, key results are shared with our community partners and stakeholders, including healthcare associations, health centers, community leaders, policymakers, patients and families. As indicated from the previously mentioned publications, the WPCP team has presented at state and national conferences that have, and will continue to, contribute to dissemination of our model and findings. Further, members of our team have been actively involved in maintaining partnerships, building local and statewide collaborations, increasing awareness and conducting outreach activities to policymakers, providers and leaders. The goal of such outreach is to
generate local-, regional- and state-level interest in improving integration of services for our vulnerable community members.

Achievable is participating in a collaborative offered through, and funded by, the Center for Care Innovations (CCI) and the California Health Care Foundation (CHCF) called Advancing Behavioral Health Equity in Primary Care (ABHE-PC). This is a 20-month program to help California community health centers expand and improve behavioral health outcomes, advance health equity, and align behavioral health and social needs resources. This collaborative consists of 15 health centers throughout California including Achievable. Through the collaborative, Achievable is part of an online learning community through which it can connect with peer organizations, share tools and resources, learn about different strategies for strengthening care, and share best practices. This collaborative will be an important avenue for disseminating results.

Additionally, Achievable will work with the Community Clinic Association of Los Angeles County (CCALAC), regional centers, and stakeholders with regards to marketing and distributing our case study throughout the region, state, and nation. WPCP staff will also work with TCSP to disseminate our curriculum to interested higher education institutions, FQHCs, and other community-based settings.

Our staff also has implemented various strategies for communications with our patients and families about the availability of the WPCP and the benefits for families: 1) Front line staff discuss this with families; 2) Creation of fact sheets, flyers and posters to help educate current and potential patients; 3) Publication of quarterly newsletters which highlight the key aspects of our model; 4) Information on our website; 5) Presence and updates on social media to increase awareness and educate the community; 6) Continued partnership with the regional center and case managers who can relay awareness to clients; and 7) Convening of an Advisory Board to further our mission.

**Future Plans/Sustainability**

**Future Plans**

The WPCP aims to continue improving and increasing our services and reach throughout our community and beyond. First, in respond to demand for services from patients and families, the WPCP expects to increase staff capacity for the provision of behavioral health services by hiring an additional
mental health provider and Behavioral Health case Manager. This will allow us to increase our capacity to provide virtual and in-person behavioral health services in a culturally- and linguistically-appropriate manner. Second, Achievable has convened an Expansion Taskforce to lead efforts to expand to a second site. This second site will follow the same integrated care model as the WPCP, and is expected to increase access and utilization of services for patients in underserved communities. Third, we expect that dissemination of the replicable curriculum to train clinical psychology students to care for children with I/DD and mental illness will increase the workforce of mental health professionals with this expertise. This curriculum will be disseminated in order to advance the workforce in a variety of settings, thereby creating positive change in the provision of mental health services to individuals with I/DD and mental illness. Finally, we developed a case study to serve as a resource that can be used to support successful replication of our health center model. The hope is to result in the creation of health centers throughout the State with the knowledge, expertise and service model which is best suited to serve the healthcare needs of children with I/DD. If utilized appropriately, the case study can result in a new, unique and powerful system of care and supports designed to foster improvement in health, well-being and developmental outcomes for children with I/DD and their families. The greatest impact will be on the most underserved children with I/DD, including those with low income, who receive services through FQHCs.

Sustainability

Achievable's Board of Directors, leadership, staff and advisors fully support the WPCP, and are committed to its sustainability within the health center. The WPCP is streamlined with Achievable's overall operations and incorporated into our overall system of program and services. The WPCP’s outcome measures are incorporated into our quality improvement plan. To ensure financial sustainability, Achievable's Board, leadership and development team will play an active role in securing funding to ensure sustainability of all aspects of the program. Achievable's financial sustainability plan for the WPCP includes revenue from grants, individual & corporate donors, events, campaigns, in-kind supports and clinical services. Our development team and Board of Directors continually work hand-in-hand to diversify our funding portfolio to ensure financial sustainability and our ability to continue providing the utmost in quality care and services.
Our development activities allow us to balance a broad base of fundraising and community support with our federal grants and patient service revenues.
The purpose of the current project is to promote access to, and utilization of, mental health services for underserved children, youth, and young adults ages 0-25 years old through enhanced integration of behavioral health services into a primary medical home setting. This project, called the Whole Person Care Project (WPCP), was implemented through The Achievable Foundation (Achievable), a Federally Qualified Health Center (FQHC) in Culver City, CA providing high quality, integrated health care services to individuals with intellectual and developmental disabilities (I/DD), their families, and other vulnerable populations through a medical home model of care. The WPCP has five main components, which are to: 1) Improve integration of behavioral health services into a primary care setting; 2) Implement universal, routine screening for social-developmental, behavioral and mental health issues; 3) Increase access to, and utilization of, appropriate behavioral health services for patients in need; 4) Improve transition from pediatric to adult systems of care for transition age youth; and 4) Increase the workforce of mental health professionals who are trained on providing services to children, youth, and young adults with I/DD and special needs. Activities included enhanced infrastructure, provider and staff training, universal screening utilizing evidence-based tools, provision of in-house therapy and psychiatry services, integrated care plans, team-based care, referrals, and care coordination.

**KEY WORDS:**

Integrated Primary and Mental Health Care

Universal Screening for Mental Health

Mental Health Services

Children and Adolescents

Transition Age Youth

Children and Youth with Special Health Care Needs

Access to Care

Intellectual and Developmental Disabilities
ABSTRACT

Project Title: The Achievable Foundation’s Whole Person Care Project

Project Number: H17MC30793

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Project Period: July 1, 2017 - February 28, 2022

Total Amount of Grant Awarded: $250,000

PURPOSE OF PROJECT: Mental health is fundamental to a child's ability to grow, play, learn and develop. One in 5 U.S. children and adolescents experiences a mental health disorder each year, and half of these disorders have onset before age 14. A vulnerable subset of children, those with intellectual and developmental disabilities (I/DD), experiences 2-3 times greater burden of mental illness compared to typically developing children. Another pediatric subgroup, transition age youth, has the highest prevalence of serious mental illness compared to other age groups due to increased stressors during a vulnerable life stage. Most mental disorders are treatable, but nearly two-thirds of children with mental health issues do not receive services, and many are not even recognized until adulthood. When children and youth do access mental health services, the services are usually inadequate and uncoordinated. The Whole Person Care Project (WPCP) was developed by The Achievable Foundation (Achievable), which is a Federally Qualified Health Center whose mission is to provide high quality, integrated health care services to individuals with I/DD, their families, and other vulnerable populations. The purpose of the current project was to enhance early identification and treatment of mental health issues, and promote access to, and utilization of, mental health services for underserved children, youth, and young adults through enhanced integration of behavioral health services into a primary medical home setting. The target population for the WPCP includes underserved
children, youth and young adults up to age 25, living throughout 28 adjacent zip codes in western Los Angeles County (LAC), who have, or are at risk for developing, mental health issues. The majority of the target population comes from low-income households and experiences lack of access to appropriate care in the general community. The project places special emphasis on the whole person needs of patients with I/DD.

**GOALS AND OBJECTIVES:** The goals and objectives of the WPCP encompass structure, process, and outcome measures related to preventive care (including screening and early identification), coordinated care, access to appropriate care, quality of care, improved patient well-being, and enhanced workforce development. All goals and objectives were expected to be achieved within the 5-year grant period. The goals and objectives specifically pertain to the WPCP pediatric population which includes children, youth, and young adults ages 0-25 years, with special emphasis on the most vulnerable and underserved children with I/DD and TAY. The five main goals of the project were to: 1) Improve Achievable’s capacity to provide integrated behavioral health care for pediatric patients and TAY; 2) Improve screening and early identification of behavioral health issues including social-emotional developmental delay and mental illness, in pediatric patients; 3) Improve access to, and provide, specialty psychiatry, therapy, and other mental health services to patients within an integrated model of care; 4) Improve patient health, well-being, and quality of life; and 5) Contribute to the workforce of providers specialized in serving children with mental illness, especially those with I/DD and their families.

**METHODOLOGY:** Organizational assessments were conducted, and an action plan was followed to improve infrastructure and capacity for the provision of integrated behavioral health services in a primary care setting. Primary care providers received training on universal screening and recognition of mental health issues, behavioral health providers received training on team-based care and recognition of physical health issues, and all staff receiving cultural competency training. Universal screening tools were identified for various age groups, and processes for universal screening were implemented. Patients with positive screens were provided in-house behavioral health services (therapy and psychiatry) and/or referrals for services. Services were provided either in-person or via telehealth. Patients also had access to case management, care coordination, insurance enrollment/eligibility, and other enabling supports. The WPCP also included a workforce development component for doctoral students in clinical psychology.
**EVALUATION:** The WPCP utilized a combination of quantitative and qualitative methods within a structure-process-outcome model for evaluating the project. Data sources for the evaluation included electronic health records, surveys, intake forms, staff notes and activity logs, standardized assessment tools, patient interviews, staff training documents, and policy and procedure documents. Over the course of the grant period, key portions of the WPCP evaluation were integrated into Achievable’s traditional quality improvement (QI) methods in order to better understand processes of care, and how to improve upon these processes over time. The WPCP conducted Plan-Do-Study-Act (PDSA) cycles as part of the QI program to plan and implement activities, review data, and conduct action periods to implement changes to care processes aimed at improving quality.

**RESULT/OUTCOMES:** The WPCP served an average of 760 children, youth, and young adults ages 0 to 25 per year throughout the 5-year grant period (06/01/2017 - 02/28/22). Approximately half of the individuals served by the project in 5 years self-identified as being of Hispanic/Latino ethnicity. The vast majority of patients served through the WPCP (96%) came from low-income households and had Medicaid insurance coverage. By the end of the project period, in a given year, 100% of children ages 0-5 years were screened for social-emotional development delay using the PEDS:DM, 78% of children ages 6 to 11 years were screened for mental health issues using the PSC-17, and 86% of children ages 12 to 17 years underwent screening for mental health issues and substance use. As of the end of the grant period, the project team has met the universal screening goals for all children ages 0-17 years, and expects to maintain and improve universal screening for these children and youth. Universal screening for young adults ages 18 to 25 years proved challenging, with only 57% of patients screened for depression using the PHQ-9 in the last year of the grant period. Over the course of the 5-year grant, approximately 8% of children ages 0 to 5 who were screened using the PEDS:DM, screened positive for missing milestones in social-emotional development. During Years 4 and 5 of the grant period, approximately 17% of children and youth ages 6 to 17 years screened positive for depression or other mental health issue on the PSC-17 screening tool. Also during Years 4 and 5 of the grant period, approximately 11.8% of young adults ages 18 to 25 years who were screened with the PHQ-9, screened positive for depression or other mental health issues. Follow-up plans were documented in the EHR for all patients with positive screens, and patients were referred for services as
necessary. Overall, on average, between 6% and 8% of patients ages 0-25 years accessed in-house mental health and/or psychiatry services during the 5-year grant period. Results indicate that patients ages 18 to 25 years have the greatest need for both therapy and psychiatry services, with as much was 12.1% of these patients accessing these services through the WPCP. On average, at least two-thirds of patients receiving in-house therapy services show improvements in quality of life. Further, patients with positive screens received care coordination and case management services. Finally, throughout the 5-year grant period, 10 doctoral students in clinical psychology (two per year) worked with the WPCP to complete a 9-12 month advanced practicum. A replicable, evidence-based curriculum for this training program was developed.

**PUBLICATIONS/PRODUCTS:** The WPCP team developed and utilized several products and publications including newsletters, annual reports, website and social media posts, a workforce development report, a case study, staff training materials, patient surveys, brochures, pamphlets, fact sheets, and multiple presentations to local, state, and national audiences.

**DISSEMINATION/UTILIZATION OF RESULTS:** The project results are utilized to continually improve the project and positively impact participants. Results are also disseminated to community partners and stakeholders, including healthcare associations, health centers, community leaders, and policymakers. Project components are disseminated to patients and families through frontline staff, brochures and flyers, newsletters, website and social media, direct outreach strategies, partnerships with the local regional center and other community organizations, and through a Patient Advisory Council. The WPCP is also participating in a statewide learning collaborative aimed at Advancing Behavioral Health Equity in Primary Care, which will facilitate enhanced integration of care, utilization of results, and dissemination of results and products.

**FUTURE PLANS/SUSTAINABILITY:** Achievable plans to continue to grow and enhance the WPCP, with increased staff capacity to accommodate patient need, continued fine-tuning and streamlining of processes, expansion to a second site serving underserved communities, and replication of the model throughout the State. The project is supported by the Board, leadership, staff, and advisors. The WPCP will be streamlined with Achievable’s overall operations, and financially sustained through patient revenue and a diverse stream of philanthropic revenue, including grants, individual & corporate donors, events, campaigns, and in-kind supports.