St. John’s Well Child and Family Center located in Los Angeles County, is a network of federally qualified and school-based health centers whose goal is to address the unmet needs of low-income, uninsured and under-insured residents by providing access to patient-centered, culturally appropriate primary care, dental services, and behavioral health services, regardless of the ability to pay.
Integrated Behavioral Health
Goal of Project

Provide a systematic population based care that addresses the overall wellbeing of patient.
Dimensions of Behaviorally Enhanced Person Centered Medical Home

1. A well defined assessment process and level of care system for identifying the level of need of the persons being served

2. Practice as a Team to Coordinate Care

3. Measurement Systems and Tools that measure improvement
Project Description: Population

• A majority of the population is low-income; 70.8% of the residents are at or below 200% of the federal poverty level.

• St. John’s has been deeply rooted for 43 years in the primary Latino and indigent African American communities it serves.

• The population tends to be less educated, less fluent in English, more likely to be unemployed or underemployed, live in substandard overcrowded housing, move frequently and be food insecure and/or undernourished.
Project Description: Methods

- Patient Health Questionnaire (PHQ) for new or established patients
- Abridged PHQ for follow up appointment with Behavioral Health
- 6-8 individual sessions
- 30-50 minutes, average is 40 minutes
- Support group options
- Case management linkages
- Multidisciplinary Team Meetings (Adult & Pediatric)
Project Description: Staffing

- Behavioral Health Counselor
- Psychologist (on medical leave)
- Case Manager
- Interviewing for 1 BHC
- Interviewing for 1 Case Manager
- USC School of Social Work Interns (2)
- CSUDH & USC MFT Interns (3)
Project Description: Assessment Instruments

- Patient Satisfaction Survey
- i2i transition
- PHQ 9 within the PHQ (ACCESS Database)
Progress of Project

**Strengths**
- Pathway for treatment
- Behavioral Health Case Management
- Team Meetings
- Patient Satisfaction Surveys

**Challenges**
- Implementing PHQ
- Clear understanding of system for identifying patients by MAs
Deviations

• Although there was delay in implementing the PHQ, we have not had to deviate from our proposed plans.
Findings

- More training for MAs
- More training for providers
- Continued training to all staff on the systematic team approach model
Next Steps

• Focus on PHQ implementation and trainings
• Ensure processes are in place to measure and/or assess growths, challenges, etc.