



The Achievable Foundation Health Center

A Case Study

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INTRODUCTION

Hearing from patients and families who have experienced The Achievable Foundation’s health center model brings to mind the lyrics of an American Southern Gospel song, “The Welcome Table”:

I’m gonna sit at the Welcome Table, one of these days... I’m gonna feast on milk and honey, hallelujah... and I’m gonna tell all how you treat me, one of these days...

These patients’ stories resonate with the struggle and weariness of seeking a Welcome Table, followed by the exhilaration and relief of finding that Welcome Table at The Achievable Foundation (Achievable).

Achievable’s health center was created out of the founders’ understanding of patients with intellectual and developmental disabilities (I/DD) and their needs, the recognition of the harms done by the absence of this understanding in other health care settings, and the determination to create a wraparound environment that meets those needs.

At a regular clinic with no autism background, it’s very awkward to come in with my son. He’s non-verbal so he makes sounds. [The patients and staff] look at him; they stare at him. They don’t understand what’s going on or how to approach him. And it was very, very difficult to get him the attention that he needed from those doctors because they lacked the knowledge and the resources to help him. – Parent of child with I/DD

A prime example of this is the health center’s reception area. Medical waiting areas are frequently just a holding space, an anteroom prior to the main event of meeting with a physician, nurse, or lab technician. At Achievable, the provision of care begins at the door—patients and their caregivers do not have to endure the typical anteroom experience. Patients and their caregivers experience being seen and being heard as soon as they enter the space. Crossing the threshold, they find a Welcome Table that has anticipated their needs.

This is achingly important for those with I/DD. Caregivers of children with I/DD express relief at how the design and operations of Achievable’s health center space demonstrates an understanding of their needs and their challenges—how they must manage their time, manage the spaces their child passes through, and monitor and guide interactions. Adult patients return for their appointments knowing they will be expected and accepted by all health center staff from the moment they arrive—friendly verbal greetings by name, responding to hand signals, adequate space for assistive devices.

This Case Study

Achievable pursues a vision of bridging the gaps that lead to health disparities for people with intellectual and developmental disabilities (I/DD). In addition to operating the health center and providing direct services to underserved members of the Los Angeles community, including those with I/DD, Achievable advocates for greater awareness of the unmet health needs of individuals with I/DD. Through this case study, The Achievable Foundation aims to build greater knowledge and awareness of its health center model and to encourage more community health partners to consider how they might improve health care for the population of individuals with I/DD in their communities.



The Achievable Foundation commissioned Informing Change, a strategic learning and evaluation firm in Berkeley, California, to prepare this case study. Informing Change reviewed background materials and conducted 12 interviews with patients, family members, community partners, funders, Board members, and staff to assemble the data to develop this case study. Interviews of funders, Board members, and staff were conducted by phone in February and March 2021 in order to assemble the data to develop this case study.

CREATION OF THE HEALTH CENTER

The creation of Achievable’s health center is a remarkable accomplishment in health care provision during a period of expanding costs, policy upheaval, and increasing complexity within the health care field. Four major forces stand behind this accomplishment:

- The Board’s vision, research, and planning
- Partnership with Westside Regional Center
- Obtaining Federally Qualified Health Center (FQHC) status
- Fundraising and private funding

Each of these forces played an integral role in the story of Achievable’s health center.

A Visionary and Determined Board of Directors

The boards of nonprofit organizations are entrusted with improving the community through their mission and goals. The Achievable Foundation was founded by a group of parents in 1996, 17 years prior to the opening of their health center, with the goal of helping people with I/DD overcome financial emergencies. Starting in 1996, Achievable’s Board and volunteers, with some staff support, operated several programs that provided financial and other supports to persons with I/DD in areas for which no other funding was available. Through its Emergency Support Program and Specialized Adaptive Equipment Program, Achievable provided basic necessities, emergency financial assistance, and adaptive equipment to low-income individuals with I/DD and their families. Through its “Camp is Achievable” program, Achievable provided summer camp scholarships to children with autism.

Time and again, it came to the Board’s attention that many of the families Achievable served confront financial emergencies brought on by costly but much-needed medical and dental services. Like many boards, the Achievable Board took time every few years to review and update the organization’s strategic plan, with a community needs assessment as part of the planning process. In 2006, the needs assessment was extremely clear—finding and paying for health care was the most pressing need of individuals with I/DD and their families.

The Creation of The Achievable Foundation’s Health Center (1996–2013)

1996–2007

The Achievable Foundation raises funds and offers resources to address unmet needs of individuals with I/DD.

2006–2012

Board researches health care needs, develops local partnerships, and does strategic planning with expert consultants.

Board decides to open a health center, recruits a health center planning team and volunteer Executive Director.

Board applies for and receives a HRSA Health Center Planning Grant (2011).

2013

January–April: The health center planning team develops FQHC application and submits it in April.

September: The planning committee learns FQHC application was not accepted. The health center receives state license to operate a health clinic.

October 1: Achievable opens its health center to the public.

November 1: Thanks to a unique additional pool of funds, Achievable receives FQHC designation.

Persons with I/DD suffer disproportionately from poor health, preventable mortality, and mental illness, and, on top of this, face significant barriers to paying for and accessing care.¹

This community need resonated; Achievable’s founders and many Board members across the years were parents of children and adults with I/DD, and they had personal experience searching for attentive and responsive health care for their loved ones.

That this group of volunteers would understand and effectively respond to the needs of those living with I/DD is not surprising. What is noteworthy is the Board’s foresight and imagination in determining how to best help the community, and their dedication and courage in following through on their idea of creating a health center that would match their vision.

In 2008, after months of further research and deliberations, The Achievable Foundation’s Board made the decision to focus on health care disparities and access to care for those with I/DD. Included in this commitment was the decision to explore the possibility of creating the kind of health center the Board members imagined. One Board member, a sports fan, uses a sports term to describe how he saw the options at that time: “We talked about the needs, the risks, and I said, ‘Hey, this is going to be our legacy play.’”

The Board took on the greatest need of their constituents and put their collective shoulders to the wheel; they engaged consultants, stretched their fundraising muscles, and demonstrated a fierce readiness to take on the hard planning work ahead of them. They created a planning committee and sought advice from consultants for informed decision making and planning. A well-respected health administration consulting firm helped the Board and planning team understand the community clinic landscape they were considering entering, including the challenges of a business model dependent on insurance reimbursement rates.

Between 2008 and 2013, the Board handled a long and weighty list of deliberations, decisions, and actions: creating a business plan for a health center; spending hours in the many planning processes, including applications for clinic licensing and federal health center status; calculating the risks and responsibilities for securing financial support to operate the kind of model they envisioned; and approaching friends, colleagues, clients, and

“The strategic planning consultant came back to the Board and said that access to health care was the most difficult thing to obtain for people with I/DD, and the health disparities were tremendous... It was very compelling.”

– Board member

Regional Centers

California has a network of 21 Regional Centers, private nonprofits that contract with the State Department of Developmental Services to provide or coordinate services and supports for individuals with developmental disabilities. Located throughout the state, they provide a local resource to help find and access the various services.

Regional Centers provide diagnoses and eligibility assessments, and help plan, access, coordinate, and monitor services and supports that individuals with developmental disabilities require. There is no charge for diagnoses and eligibility assessments. Some of the services and supports provided by the Regional Centers are counseling, assistance in finding and using community services, outreach, resource development, and training and educational opportunities for individuals and families.

Each Regional Center, as an independent nonprofit, enters partnerships and makes agreements separate from other Regional Centers, even those in the same city. In communities that do not have a Regional Center, a Commissions on Disabilities may serve a similar role.

¹ Havercamp, S. M., & Scott, H. M. (2015). National health surveillance of adults with disabilities, adults with intellectual and developmental disabilities, and adults with no disabilities. *Disability and Health Journal*, 8(2), 165–172. <https://doi.org/10.1016/j.dhjo.2014.11.002>
Emerson, E., Einfeld, S., & Stancliffe, R. J. (2010). The mental health of young children with intellectual disabilities or borderline intellectual functioning. *Social Psychiatry and Psychiatric Epidemiology*, 45(5), 579–587. <https://doi.org/10.1007/s00127-009-0100-y>
Emerson, E., & Spencer, N. (2015). Health inequity and children with intellectual disabilities. *International Review of Research in Developmental Disabilities*, 48, 11-42. <https://doi.org/10.1016/bs.iridd.2015.03.001>
Cheak-Zamora, N. C., & Thullen, M. (2017). Disparities in quality and access to care for children with developmental disabilities and multiple health conditions. *Maternal and Child Health Journal*, 21(1), 36–44. <https://doi.org/10.1007/s10995-016-2091-0>

neighbors to seek funds. In this multiyear planning period, the Board also had to maintain the focus and momentum to sustain progress toward their primary goal, especially as members cycled off the Board and new members came on.

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In this multiyear planning period, the Board also had to maintain the focus and momentum to sustain progress toward their primary goal, especially as members cycled off the Board and new members came on. Since its inception, The Achievable Foundation has had a close relationship with Westside Regional Center (WRC), the local organization tasked by the State to help individuals with I/DD find the services they need. WRC staff and many of its vendors shared the Board's enthusiasm for creating a health center model that would meet the needs of WRC's constituents. The Board invited several WRC staff to join their health center planning committee, adding knowledge and connections of skilled professionals to the planning acumen and fundraising abilities of the Board and other organization volunteers.

One of the planning committee's early successes was getting a commitment from WRC's Director of Clinical Services, Danise Lehrer, to serve as the volunteer Executive Director of The Achievable Foundation, until such time as the Board could find a permanent full-time Chief Executive Officer. Danise recalls those days as exciting, very often chaotic, and all-consuming, a typical description of a start-up by the entrepreneurs running them. According to Danise, among the many things she accomplished in her time as Executive Director, one of her smartest moves was hiring Carmen Ibarra as Achievable's permanent Chief Executive Officer. The mission of The

Achievable Foundation resonated with Carmen, and she brought prior experience from years as a Chief Operating Officer for a Federally Qualified Health Center (FQHC). Her experience was crucial for developing the internal systems and navigating the health center's first couple years.

Three Keys to Success in Creating Strong Community Partnerships

What does it take to create such a strong partnership with a Regional Center or other community organization that advocates for persons with I/DD? Achievable's CEO Carmen Ibarra lists three keys to success:

- **Open up a conversation** with the potential partner and be prepared to make it a true dialogue. Talk about your ideas and about the needs that you have observed. Ask for and listen to their ideas and what they are observing among the individuals and families they serve.
- **Do your homework** on community needs. Be prepared to share your own knowledge or data about the health care needs of the community with I/DD.
- Work at generating their **organizational buy-in** by being willing to make some adaptations to your original ideas.

All in all, the actions of The Achievable Foundation's Board leading up to the launch of its health center read like a textbook example of nonprofit board excellence—assessing community needs, developing, and following through with responsive strategies, engaging community donors and volunteers, and staying the course through difficult and confusing times in order to bring the best possible services to the underserved populations the organization was charged with serving. This track record as an established and engaged Board likely played a part in eventually securing the FQHC status for the health center.

Westside Regional Center

WRC, located in Culver City, California, was a supportive partner in this endeavor and gave Achievable a number of advantages in its early months of developing the health center. Several WRC staff and vendors supported the Board planning committee, as noted above.

In a fortunate coincidence, rental space became available in the building that housed WRC just as Achievable was developing its health center operational plans.

Being co-located with WRC meant that individuals with I/DD would already be familiar with the building, and WRC staff could easily refer them or even walk them over to see the new health center and learn about its services. The partnership with WRC also gave early credibility to the new health center—potential patients and their families trusted the WRC staff’s referrals and guidance.

In the interviews for this case study, Achievable’s board, staff, and funders emphasized the value of the partnership with WRC for the development of the health center, and its continuing value today. “The WRC’s partnership was critical,” said one staff member, “and as we continue to strive to meet the needs of the community with I/DD, it remains a critical support.”

Becoming a Federally Qualified Health Center (FQHC)

The visionaries of The Achievable Foundation’s health center knew that the business model of a clinic serving safety-net patients depended on quick and efficient systems of intake, services, and referrals. The available reimbursement rates from public and private insurance were too low for a health center to offer many lengthy appointments or time-consuming transactions. Yet, for the population that Achievable wanted to serve, longer appointment times and additional supportive services would be necessary.

The planning committee, composed of parents of children with I/DD and WRC staff, knew from experience how providing health care for patients with I/DD is more complex than serving the general population, and thus requires more time from providers and support staff. Patients with I/DD often have multiple health conditions and extra care requirements. They may have mobility problems, needing more time or assistance in moving from one place to another. They also may have difficulty communicating or have trouble with transitioning to new or different situations.

What’s an FQHC?

Federally Qualified Health Centers are community-based health care providers that receive funds from the federal government’s Health Resources & Services Administration (HRSA) Health Center Program to provide primary care services in underserved areas. They must meet a stringent set of requirements, including providing care on a sliding-fee scale based on ability to pay and operating under a governing board that includes a patient majority.

From other FQHCs in the region, Danise and her team learned that one of the best ways to make their health center vision a reality would be to seek out FQHC designation. Because of the need of the populations they serve, FQHCs are eligible for higher reimbursement rates, which are more likely to cover the patient services typically needed to address health disparities affecting underserved populations, including longer times for appointments. With this information, Danise and the planning committee began pursuing FQHC designation for their nascent health center, in addition to the necessary State of California license to open a health clinic. The Achievable Foundation received a Health Center Planning Grant in 2011 from the U.S. Health Resources & Services Administration (HRSA), which administers the FQHC funding. This grant helped support the planning and preparation for the health center that was underway—the planning group was bustling forward, hiring staff, creating protocols, and purchasing equipment, all specially vetted and selected for serving patients with I/DD.

When it comes to providing quality health services to patients with specialized needs, having FQHC status is key to success. The rate of insurance reimbursement for a patient visit, whether public or private, will pay for a limited amount of time with the health care provider. As an FQHC, the health center is eligible for a higher reimbursement rate called a “wraparound” service rate. With the “wraparound” rate for reimbursement, FQHCs are able to facilitate longer appointment times for patients and more flexible structuring of patient services.

The process of preparing the FQHC application—ultimately spanning 300 pages—was arduous. The planning committee divided up the tasks and worked persistently at it for several months. Alas, their application was turned down in September 2013. The planning team did not let this news stop the momentum, however. They continued

pushing forward and later that same month Achievable opened its doors to patients as a State-licensed community clinic.

Then fortune smiled. An additional round of FQHC funding became available in Fall 2013 to support the creation of new FQHCs at the start of the federal Affordable Care Act, in anticipation of large numbers of previously uninsured patients. With new insurance, these patients would seek out health care at local health clinics. Achievable was selected for one of these awards and gained designation as an FQHC on November 1, 2013.

The Achievable Foundation's health center, designed with services specifically tailored to individuals with I/DD and their families, became the first-of-its-kind FQHC in California. As far as Achievable has been able to determine, it is the first FQHC with this model anywhere in the country.

Although originally designed to serve only those with I/DD, the health center also serves patients from a wider range of underserved populations. Its service area includes neighborhoods whose residents are identified as underserved and highly vulnerable. Community partners of Achievable, including Cedars-Sinai and the California Community Foundation, are pleased to have Achievable's health center available to serve the local communities, and to apply its model to fight the insidious health care disparities that exist in low-income areas and communities of color. As a result, Achievable has become the medical home of choice for patients of all abilities, creating an integrated health center model, rather than an isolation of patients with I/DD. This integration is beneficial to patients with I/DD and staff are very pleased with it. "I talk to people about how our model is an integrated model versus a special model," one staff member says, "with a waiting room where there are people of all abilities. How cool that my patients without disabilities can ask questions and comment on what they see around them, and I get to educate them about what it is and why!"

“We support the health center because of their mission. The health disparities are rampant across Los Angeles, across California, across the nation, so providing wraparound services for folks with intellectual and developmental disabilities and other people who are identified as the most vulnerable is critical. Our support for Achievable’s model is more important now than ever.”

– Funder

Fundraising and Private Funding

If the first key to maintaining The Achievable Foundation's model of services is the higher reimbursement available to FQHCs, the second key is philanthropic support. As any community health center committed to providing a health safety net for the most vulnerable populations, there is never enough revenue from insurance and state Medicaid² reimbursements to fully do the job the staff would like to do. Under the US's current health care system, private philanthropy and other sources of funding are necessary for a community health center to make the step up from surviving to thriving.

Achievable's Board and staff work constantly at generating support from foundations, individual donors, and community groups. It was fortunate for the health center that private fundraising was not something new for the Board. The Achievable Foundation had years of experience raising money to assist low-income individuals with I/DD who needed emergency assistance or specialized adaptive equipment, or those who wanted to attend summer camp. The Board had established contacts and a good reputation with some local funders as the health center began, and since then have only polished that reputation and expanded their circle of supporters.

² Called Medi-Cal in California.

“Our Board, some of them parents of a child with I/DD, know the cause from personal experience. A couple were well-connected, and they raised a ton of money because they were so committed to health care. Others were just community advocates... good citizens. We weren’t all wealthy, but we’d look at the board lists of potential funders and say, ‘Anybody know anybody on this list?’ We shared our years of experience, work, connections, [and] credibility to get donations.”

– Board member

Achievable’s leadership team and development staff have developed and maintained relationships with local foundations and the community benefits programs of the local hospitals, among others.

A commitment to fundraising is a necessary corollary to Achievable’s commitment to ensuring equity and inclusion across their services. It takes some additional staffing to serve patients with I/DD, as well as costly specialized equipment, such as exam tables that can be raised and lowered for patients who need to transfer out of wheelchairs. Achievable is proud to have staff with the language skills and cultural competencies to welcome the diverse patients who come from nearby neighborhoods, and to ensure that those patients feel seen, heard, and understood. Fundraisers for Achievable have been able to interest donors and funders in financially supporting their health center goals.

THE HEALTH CENTER MODEL

Achievable’s health center operates on a patient-centered medical home model of care, where specialized providers work together to provide whole-person care for each patient.³ In this model, providers can ensure that a patient’s unique traits and complex needs are understood and addressed through appropriate interactions, instructions, and treatment plans.

The health center facility was custom built to offer an accessible environment that promotes wellness and comfort for all patients, including adaptive equipment in all exam rooms for those with mobility challenges and special needs. The health center offers a full range of primary care services, integrated mental health care, enabling services, and some specialty care.⁴

To ensure comprehensive care for patients with complex needs, patients can receive extended visits up to double the time other health centers provide. In addition, all patients have access to supportive services, including transportation assistance, referral coordination, and assistance with enrollment for other community-based

Funders & Donors

The Achievable Foundation’s health center received initial and ongoing support from a variety of funders, including:

- LA Care Health Plan
- U.S. Health Resources & Services Administration (HRSA)
- JL Foundation
- Cedars-Sinai Medical Center
- Weingart Foundation
- California Community Foundation
- The John Gogian Family Foundation
- Carl W. Johnson Foundation
- George Hoag Family Foundation
- S. Mark Taper Foundation
- Swanton Foundation
- The Material World Foundation
- The Rosalinde and Arthur Gilbert Foundation
- Baxter International Foundation

and from numerous individual donors, including:

- Teddy Tannenbaum & Danise Lehrer
- Bob & Mary Jane Steiner
- Lou Spitz
- Kent Graham
- Dr. Pam Wiley
- Mr. James & Dr. Anahita Lovelace
- Jeff & Allison Mirkin

³ According to the American College of Physicians, the term Patient-Centered Medical Home refers to “a care delivery model whereby patient treatment is coordinated through their primary care physician to ensure they receive the necessary care when and where they need it, in a manner they can understand... in a centralized setting that facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient’s family.”

⁴ For an up-to-date description of services, see The Achievable Foundation’s website: www.achievable.org

programs and resources. A Patient Care Coordinator assists patients with navigating the systems necessary to obtain resources that will address their physical, emotional, or social needs.

The Achievable team must often help caregivers and parents of patients with I/DD understand their role in providing ongoing, complex care at home. As a child with I/DD ages, the team also works with the family on how to engage their child in that care.

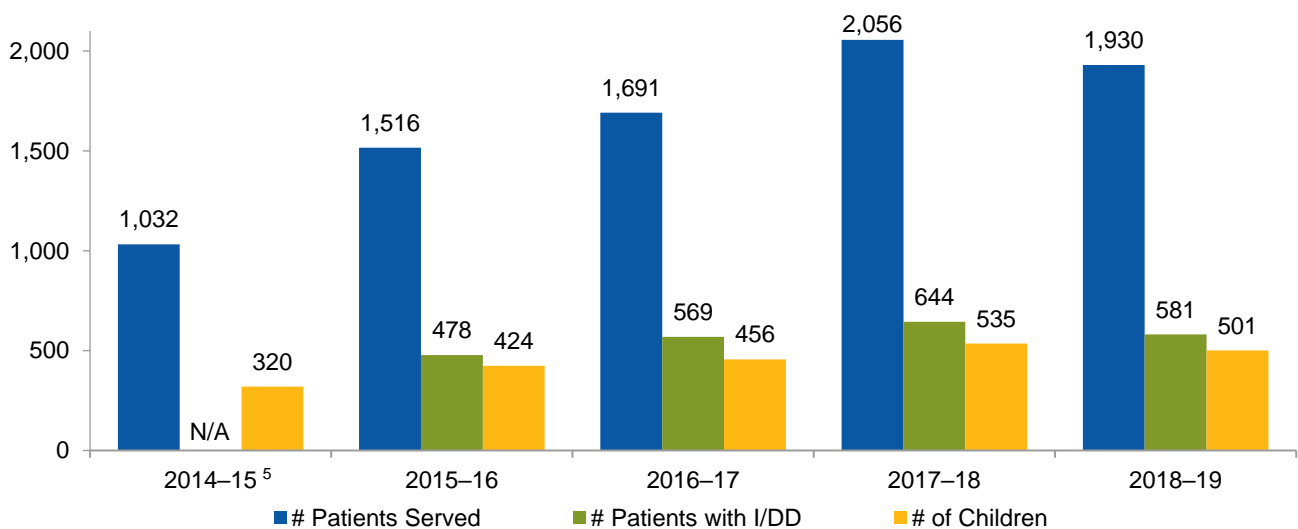
Achievable’s commitment to early developmental assessments that determine whether a child has any indicators of a developmental delay is a key support for pediatric patients. If the assessments find there is a developmental delay, Achievable draws on its partnership with Westside Regional Center to provide the child’s family with referrals for care and resources.

Mental health services are available on-site, increasing the likelihood that patients will access them. “The continuum of health care, that includes mental health as well as primary health, is a model we felt we needed to include from the beginning,” says a member of the health center planning team. The health center’s mental health program began with an on-site Psychiatrist, and then added an innovative collaboration with The Chicago School of Professional Psychology in which doctoral students in the field of clinical psychology complete a 9- to 12-month advanced training at Achievable. During this training, students provide intake, consultation, assessments, and therapies to patients. This collaboration has been crucial to Achievable’s ability to offer greater access to critically needed mental health services for the most underserved patients and has served as an innovative workforce program to increase the pool of providers treating vulnerable children and adults with mental health issues. Achievable’s integrated mental health team has now grown more robust with the addition of a Licensed Clinical Social Worker and a Behavioral Health Case Manager on staff to ensure that patients, their parents, and their caregivers receive a cohesive and integrated set of services.

Achievable’s health center serves individuals throughout their lifespan. Pediatric patients that reach adulthood are able to maintain continuous care at Achievable, which is especially important for patients with I/DD and provides peace of mind for their families. The majority of the staff is bicultural and bilingual (English and Spanish), and translation services are available through a vendor that can provide interpretation in more than 200 languages.

Achievable’s health care providers and staff are knowledgeable about and experienced in caring for patients with medical complexities. As a result, families and patients coming to the health center for the first time feel relief that they will finally be taken care of appropriately.

Patients Served 2014–2020



⁵ At this time, Achievable did not yet have a method for tracking the number of unique patients served with I/DD.

Advice for Groups Developing a Similar Health Center

For organizations interested in developing a health center that will meet the needs of patients with I/DD and their families, or other special populations, the Achievable health center team recommends:

- Understand the needs of your community.
- Get buy-in from the organization’s Board of Directors and other key stakeholders including legislative representatives and the philanthropic community.
- Engage your target population in the planning process. Be serious about practicing the philosophy of “With them, not for them.”
- Get technical assistance on the requirements for a community health center and funding options.
- Create and strengthen partnerships with Regional Centers and/or Commissions on Disabilities in your targeted service area.
- Create and strengthen partnerships with other Community Health Centers in your targeted service area.
- Hire an experienced consultant to write your application to HRSA.
- Once your FQHC or “Look-Alike” application is approved, hire a consultant to help you establish your Prospective Payment System (PPS) rate.
- Raise funds for capital improvements (facility) as well as 9–12 months of operational expenses because there are always delays in getting everything approved, for example your PPS rate and Medicare/Medicaid applications.

See the Appendix for more resources.

THE WELCOME TABLE: SERVING ALL WITH RESPECT AND UNDERSTANDING

Patients and their caregivers describe their first visits to Achievable’s health center with deep appreciation and some degree of wonder and awe, recalling how different the experience was compared to their visits to other doctors’ offices and clinics. The Achievable team anticipated their needs, from the first step into the reception area, to the accessible exam tables and equipment, to the time and attention from the doctor to listen to them. Parents of children with I/DD have said in many ways, “the providers hear me; they see me and know my struggles; they take time to hear my story.”

“I feel like the doctor actually listens to me—his mother—[and] wants to know my point of view. She shows me that she cares—she doesn’t just say it, she shows it by being quick to schedule appointments, to get [my son] an MRI, a CAT scan, medication, a referral to the dermatologist. She shows me by being quick about these things, and that absolutely stands out for me.”

– Parent of an adult patient with I/DD

For many patients with I/DD, their health needs are complex. Some communicate nonverbally, meaning it takes creativity and time before a provider can gather the information needed to make a diagnosis.

Other doctors said my child’s health problems are to be expected because he was born early—this is just how it is. At Achievable, the doctors immediately listened to my concerns and wrote orders for us to go see specialists. Come to find out, my little one that was scrambling to walk, he could barely see. He had issues with his sight.

What I love about Achievable is the time, the thoroughness, and having a doctor who knows our story. My son has such a complex story. To have a doctor sit and listen for an hour, not just ten minutes, and take a holistic approach was amazing. And it was extremely helpful to assess him much better.

The Achievable doctor sent us to a kidney specialist, and he immediately scheduled my little boy for surgery. Our doctor at the other clinic was telling us for two years there was nothing wrong.

– All quotes from parents of children with I/DD

Patients with I/DD find a Welcome Table at Achievable, an accepting, helpful atmosphere where they know they can find assistance. In particular, the parents of patients with I/DD describe their experiences at Achievable as full of creative, kind, generous actions by staff, which make their visits comfortable and productive. “They really understand that a child with special needs takes more time for a visit,” says one parent. “I mean, if he has a seizure on the floor, you can still stay and finish the appointment. They know how to deal with special needs kids.”

Sometimes, words can’t calm patients down. The blood pressure cuff frightens them, or the otoscope for an ear exam sends them looking for a protective corner. To reduce the scariness and coax more cooperation, Achievable doctors will call in other staff to sing or do hand rhythms, creating a new environment so the exam can continue.

A doctor recalls a specific example of needing this kind of approach: “We needed an EKG for pre-op clearance, and the patient didn’t want to lie down. So we got three staff in the room singing and working together. It took us 45 minutes to get that EKG done but we didn’t say, ‘Well, we can’t do this, it’s too hard,’ and have the patient miss getting what they need. The expectation here is that we find a way.” This kind of teamwork and creativity by staff isn’t always successful, of course. As the doctor said, “There are times when no amount of singing is going to do it. Then it’s on us to figure out how to collaborate with the surgeon or the hospital to get this done so the patient will get the care that they need. It’s just not acceptable to let anyone say, ‘This patient is too difficult to take care of.’”

“The drive to Achievable is a little far, but I’ll drive to Mars if I have to, to get that kind of caring.”

– Patient’s family member

The Achievable team is especially attentive to parents and caregivers when sharing news that something has been newly diagnosed in the patient. Parents of young children in particular need a lot of support when receiving news of a new diagnosis, and the Achievable team strives to present this in a sensitive way. “It’s a shock to their system, sometimes so shocking that anything said afterwards goes unheard,” says one staff member. Achievable trains and supports its staff team in how to deliver the hard-to-hear news and empathetically support the parents and caregivers afterwards.



Parents of children with I/DD appreciate that Achievable offers primary care services to patients of all ages and stages of life, meaning it can serve as the medical home for the whole family, reducing multiple doctor visits at different locations. “We were allowed to go as a whole family to this clinic,” explained one mother, a touch of amazement in her voice as she explained this opportunity. “Not just my son with special needs, also his older brother without special needs and my husband and me. Can you imagine? They know my son’s father; they know [my health issues.] It’s a holistic approach to help the whole family.”

Access to dental care is a major health care gap reported by patients. It is very difficult to find dentists who will take patients with special needs, as well as to find dentists who are knowledgeable and skilled in handling their needs. “Just imagine a kid with autism and you’re trying to put a drill in their mouth. It’s not gonna happen,” says one parent. Patients say Achievable has been a helpful partner in their search for care. The health center staff is continuously building relationships with dentists who have knowledge about and experience working with

patients with I/DD. Parents and caregivers, who feel guilty when months or years pass between dental visits, deeply appreciate having Achievable’s support in securing quality dental care.

Parents as well as patients feel respected and understood, not just for their role as a guide and support for their child while at the health center, but for all the unseen work prior to the visit, handling the complexities of daily care for a child with I/DD and bearing the worries about what will happen in the future. “The staff know how to make it easier for us [parents]. Two of my kids have autism, and every day for a parent of a kid with autism is difficult,” says a parent. The caregiver of an adult with I/DD is thankful to have at last found a sense of partnership with medical professionals who respect the daily concerns and demands that fill her life as a caregiver. She explains, “When I’m there, no joke, I usually have a long list of things that I want to share with the doctor. I want to hear her opinion and her suggestions. So I run my questions by her. I can just say, ‘Doctor, I have this concern,’ and she’ll listen, and we’ll talk and sometimes she says, ‘If you want, we can check it out. Maybe we should get some blood work.’ She’s like my partner.”

Respectful partnership elevates and distinguishes the health care provided at Achievable, says CEO Carmen Ibarra. “It’s what sets us apart from others—it’s not being an FQHC or providing case management, but the partnership with the patient or caregiver. We listen to the patient and caregiver and become the conduit that ensures they get the care and treatment they deserve.”

MOVING FORWARD

“A pivotal moment for us was when we had staffing for development and advocacy and could build external partnerships. We brought in community members, legislators with their staff, and other FQHCs to learn about our work. We could bring our mission to others!”

– Health Center Staff Member

What will the future bring to The Achievable Foundation? Of course, Achievable’s leaders are actively planning to sustain the health center’s momentum and continue providing quality care to as many patients as possible. But the founders of the health center and its current leaders continue to hold a vision of making high-quality health care for patients with I/DD more accessible and prevalent across the country, not only in their own neighborhood. Achievable’s leaders often speak to groups about their model, hoping to interest more disability advocacy groups, such as California’s Regional Centers, in developing local partnerships that will improve access to quality health care for persons with I/DD. Achievable leaders would love to see some new health centers developed that follow their standalone model. They also encourage community advocates to consider whether a local FQHC or other health center might add a specialty of working with patients with I/DD.

Achievable is also working to build knowledge and awareness of the needs of patients with I/DD among the federal agencies that oversee FQHCs. Carmen Ibarra, Achievable’s CEO, recalls an FQHC site visit in 2017: “Our model did not fit what they were used to seeing on site visits. They had so many questions.” But with time, she reports, FQHC officials have developed a better understanding and more appreciation of the Achievable model. Those who conducted the most recent FQHC site visit, in 2021, better understood how and why Achievable had adapted the typical FQHC model to meet the needs of their patients more effectively.



The Achievable Foundation’s stakeholders also have their wish list for more and greater things for Achievable:

- **Expand the health care space and operations.** Everyone sees a need for a larger facility so that more patients, especially those with I/DD, can receive services there. The current physical space is operating at full capacity and unable to handle larger numbers of patients.
- **Develop the behavioral health program.** Many patients and staff note the value of this program and want these services to continue.
- **Strengthen and expand the network of specialists.** Staff would like to find more providers across the city who share Achievable’s mission and who have or are willing to develop the skills to work with patients with I/DD.
- **Increase the dental care pool.** Patients have noted that dentists who can work with patients with I/DD are particularly needed.
- **Explore telehealth.** Staff would like to continue developing this new tool for connecting with patients and caregivers.
- **Raise funds for expansion and new programs.** Most stakeholders would like to see an expansion of services; some see opportunities for piloting new programs. These suggestions arise from stakeholders’ enthusiasm for the good work Achievable is doing, and a desire to engage more community members in knowing about and supporting the health center’s accomplishments.

The most poignant wish of all, heard from all the stakeholders, is for more people across the state and the country to have a health center modeled after Achievable—a wish that more patients with I/DD and their families, in their search for quality health care, will find a Welcome Table like they’ve found at Achievable.

Appendix A: Helpful Resources About Community Health Centers

The Achievable Foundation suggests the following as helpful resources links for those who are interested in developing a Community Health Center:

- **What is a Health Center and How Health Centers Work**
<https://bphc.hrsa.gov/about/what-is-a-health-center/index.html>
- **Two Paths into the Health Center Program, Funding, and Look-Alike Designation**
<https://bphc.hrsa.gov/programopportunities/howtoapply/>
- **What is a Look-Alike and How to Apply**
<https://bphc.hrsa.gov/programopportunities/lookalike/index.html>
- **National Training and Technical Assistance Strategic Partners**
<https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/ncapca/national-training>
- **State or Regional Primary Care Associations (PCA's) Strategic Partners**
<https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/ncapca/associations.html>
- **Funding Opportunities from the Bureau of Primary Health Care**
<https://www.hrsa.gov/grants/find-funding?status=All&bureau=641>
- **Tips to facilitate the Medicare Enrollment Process**
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/Enrollmenttips.pdf>
- **American Academy of Developmental Medicine & Dentistry (AADMD)**
<https://www.aadmd.org/>
- **California Department of Developmental Services (DDS)**
<https://www.dds.ca.gov/>
- **California Regional Centers**
<https://www.dds.ca.gov/general/eligibility/>

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