ANNUAL REPORT FOR YEAR 1
(9/1/20-8/31/21)
Santa Clara County
Certified Community Behavioral Health Clinic (CCBHC)
Integrated Behavioral Health Consortium: No Wrong Door to Care
Program Mission Statement

Certified Community Behavioral Health Clinics

set a national gold standard for the delivery of integrated, whole person care to individuals of all ages. The CCBHC model aims to increase access to high-quality mental health and addiction treatment, regardless of ability to pay.

Uplift Family Services’ CCBHC is a collaboration with School Health Clinics of Santa Clara County (SHC) and Pacific Clinics (PC). Uplift and PC enhance SHC primary care services by integrating behavioral health services utilizing the Collaborative Care Model. The Collaborative Care Model is an evidence-based approach that aims to improve consumer outcomes through inter-professional cooperation between Behavioral Care Managers (BCM - mental health clinicians who provide brief psychotherapy), consulting psychiatrists, and primary care physicians (PCPs) and Nurse Practitioners (NPs) who prescribe psychiatric medications. Our version of the model also includes care coordination services provided by System Navigators (SNs) to address social determinants of health.

Program Services Include:
- Individual, group, and family therapy
- Caregiver support and coaching
- Psychotropic medication support
- Targeted case management and system navigation to access needed resources
- Primary care behavioral health screening and monitoring
- Direct care coordination between behavioral health and primary care providers
- Access to substance abuse and crisis support services

Eligibility and Referral Process:
Anyone can enroll as a patient at a SHC clinic to access CCBHC services. Patients are screened for behavioral health symptoms at every visit and referred if they share any needs, or they can simply ask for CCBHC services.

For additional information, please contact:

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**Logic Model**

**CCBHC Integrated Behavioral Health Consortium: Logic Model FY 2020-22**

<table>
<thead>
<tr>
<th>Target Population/Catchment Area</th>
<th>Key Activities/Processes</th>
<th>Goals/Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ages:</strong> Full life span (ages 0+)</td>
<td>Collaborative Care, MH/SU Screening, Assessment, Diagnosis, Treatment Planning, Mobile Crisis, Motivational Interviewing, GBT, other EBPs for mental health &amp; substance abuse, Child psychiatry &amp; consultation, Psychiatric rehabilitation services, System navigation, Peer and family supports, Adult FSP/Modified ACT</td>
<td><strong>Goal 1.</strong> Increase access to outpatient community health and substance use disorder treatment</td>
</tr>
<tr>
<td><strong>Payor:</strong> SAMHS</td>
<td></td>
<td>Obj. 1A. Increase insurance enrollment by providing insurance enrollment assistance to uninsured children/adolescents/adults (25% of uninsured patients enrolled in health plan)</td>
</tr>
<tr>
<td><strong>Other payors TBD</strong></td>
<td></td>
<td>Obj. 1B. Increase number of insured children/adolescents to receive mental health services using ACEs at intake (50% with elevated ACEs receive EBP treatment)</td>
</tr>
<tr>
<td><strong>Referral Source:</strong> School Health Clinics of Santa Clara County (SHC)</td>
<td></td>
<td>Obj. 1C. Increase number of insured adults to receive services and use PHQ-9 and ACEs at intake (50% with elevated scores on PHQ-9 and ACEs receive EBP treatment)</td>
</tr>
<tr>
<td><strong>Criteria for Entry:</strong></td>
<td>School Health Clinics</td>
<td>Obj. 1D. Increase access to behavioral therapy in conjunction with MAT (50% of adults receive MAT and behavioral therapy)</td>
</tr>
<tr>
<td>- Open to anyone in Santa Clara County with emphasis on uninsured SHC individual who are patients of SHC</td>
<td></td>
<td><strong>Goal 2.</strong> Increase availability of EBPs to decrease symptoms impacting daily functioning</td>
</tr>
<tr>
<td><strong>Catchment Area:</strong> 5 locations, San Jose, CA</td>
<td></td>
<td>Obj. 2A. Increase EBPs for children/adolescents w/trauma (60% who receive EBPs will have decrease in trauma-related symptoms by validated measure)</td>
</tr>
<tr>
<td><strong>Discharge/Exclusionary Criteria:</strong></td>
<td></td>
<td>Obj. 2B. Increase EBPs for adults (60% have decrease in trauma-related symptoms by validated measure)</td>
</tr>
<tr>
<td>- None</td>
<td></td>
<td>Obj. 2C. Increase substance use services to prevent and/or treat among children/adolescents at &quot;higher risk&quot; by BSTAD (50% will improve from &quot;high risk&quot; to &quot;low risk&quot;)</td>
</tr>
<tr>
<td><strong>Length of Service:</strong></td>
<td></td>
<td>Obj. 2D. Increase use of BT in conjunction with MAT to increase positive behavioral skills (50% adults receiving MAT and BT will increase skills to avoid triggers/cope positively)</td>
</tr>
<tr>
<td>2-year grant term; beyond TBD</td>
<td>Pacific Clinics</td>
<td><strong>Goal 3.</strong> Provide array of behavioral services in single location to improve access and mitigate barriers for underserved population</td>
</tr>
<tr>
<td><strong>Census:</strong></td>
<td>Collaborative Care, Outpatient primary care screening &amp; monitoring of key health indicators, Medication Assisted Treatment, Screening for HIV &amp; viral hepatitis (A, B, C), Vaccinations, Clinical monitoring for adverse effects of medications, Patient Navigation, Insurance Enrollment</td>
<td>Obj. 3A. Increase integration of physical/mental health services by providing more comprehensive assessments (90% will be screened/assessed in same visit)</td>
</tr>
<tr>
<td>2,000 unduplicated clients/2yrs</td>
<td></td>
<td>Obj. 3B. Increase integration by improving coordination between PCP and BH treatment teams (75% will report high satisfaction with services)</td>
</tr>
<tr>
<td>1 in 5 of 2,000 will require BH services (n=400/2yrs)</td>
<td></td>
<td>Obj. 3C. Develop continuum of outpatient BH services to meet needs of children/adolescents (75% children/adolescent receive outpatient services in clinic)</td>
</tr>
<tr>
<td><strong>Consortium:</strong> Uplift Family Services, School Health Clinics, Pacific Clinics</td>
<td></td>
<td>Obj. 3D. Develop continuum of outpatient BH services to meet needs of adults (60% adults receive outpatient services in clinic)</td>
</tr>
<tr>
<td><strong>Project Launch:</strong> 5/1/2020</td>
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**PI Contact:** Eleanor Castillo Sumi

**Program Contact:** Rachelle Grant, Project Director

**rev.2021-09-15**
Executive Summary

Demographic Data on the 234 Behavioral Health-Enrolled Customers We Served from September 1, 2020 through August 31, 2021

<table>
<thead>
<tr>
<th>Age</th>
<th>Child</th>
<th>Adult</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>64%</td>
<td>36%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Hispanic/Latino</th>
<th>Non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>83%</td>
<td>17%</td>
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</table>

62% identify as female
Mostly treated for mood problems (54%)
74% enrolled within 10 days of referral

Our Excellent Outcomes Include:

<table>
<thead>
<tr>
<th>Outcome Objective</th>
<th>Target</th>
<th>Actual</th>
<th>Achieved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to meet needs through CCBHC</td>
<td>60-75%</td>
<td>87-94%</td>
<td>✓</td>
</tr>
<tr>
<td>Good to excellent overall health</td>
<td>83%</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Positive functioning in everyday life</td>
<td>83%</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Positive social connectedness</td>
<td>74%</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Satisfied with services</td>
<td>75%</td>
<td>90%</td>
<td>✓</td>
</tr>
</tbody>
</table>

100% of customers live in community settings
83% attend school or work regularly
100% have no criminal justice involvement
76% have a stable place to live
Part I: Program-Wide Data

2,943 primary care consumers from School Health Clinics completed 10,670 behavioral health screenings

77% more consumers were screened for behavioral health issues upon CCBHC launch. The CCBHC expanded evidence-based screening to include:

- Depression
- Anxiety
- Suicidality
- Adverse childhood experiences
- Substance abuse
- Conduct problems

Integration of care increased over time, with PCPs referring 70% more patients to behavioral health in the second half of the year.

65% of consumers were contacted within 1 day or less of their referral

We met our grant goal to develop 6 formal partnerships with supporting organizations in the first year

The CCBHC is required to meet high standards for availability and accessibility of services. Timely access metrics are continually tracked to identify opportunities for continuous quality improvement.

- There is 24/7 access to crisis services.
- 74% of consumers were enrolled in services within 10 days of their referral.
- As part for the collaborative care model, PCPs had curbside consultations with psychiatrists about 40 patients.

The CCBHC is coordinating care with these 6 organizations to provide whole-person supports for consumers, including:

- Primary care FQHC services
- Training/consultation/services for adults, substance abuse, psychiatry
- Intensive adult substance use services
- Early childhood development services
- Domestic violence support services
- Housing support services
Part I: Treatment Consumer Data

We Enrolled and Served 234 Behavioral Health Customers from September 1, 2020 through August 31, 2021

Gender
- Female: 62%
- Male: 36%
- Other: 2%

Preferred Language
- English: 52%
- Spanish: 47%
- Other: 1%

Race
- White: 83%
- Black: 5%
- Asian: 3%
- Unknown: 6%
- >1 Race: 4%

Most customers received behavioral health treatment for mood problems (54%), including anxiety and depression. The most common evidence-based treatments delivered were motivational interviewing (MI; 51%) and cognitive-behavioral therapy (CBT; 41%). Each customer could have more than one problem targeted or treatment delivered; thus, percentages add up to more than 100%.

Customer Problems Targeted

Mood: 54%
Behavioral: 39%
Thought: 32%
Trauma: 18%
Substance: 6%
Other: 5%

Evidence-Based Treatments Delivered

MI: 51%
CBT: 41%
BT: 14%
PMT: 13%
SS: 4%
Other: 3%

Unlike many Uplift programs, the CCBHC serves the entire age range. Here is a breakdown of customer ages at start of behavioral health services.

- Ages 0-12: 34%
- Ages 13-17: 30%
- Ages 18-25: 22%
- Ages 26-64: 13%
- Ages 65+: 0%

Ethnicity
- Hispanic/Latino: 83%
- Non-Hispanic: 17%

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Part II: Treatment Outcome Data

Using data from the National Outcome Measures (NOMS)

All CCBHCs report on a standard set of outcome measures, the National Outcome Measures (NOMS), to SAMHSA for each consumer at intake, every 6 months during treatment, and discharge from behavioral health services. The NOMS include assessment of health, functioning, social determinants of health, diagnoses, services received, and satisfaction with services.

Here are highlights from the CCBHC’s first year of NOMS results, representing 10-31 consumers (depending on measure):

CCBHC consumers reported significant improvements in health, functioning, and social connectedness.

- Healthy overall: 63% baseline to 83% second interview
- Functioning in everyday life: 37% baseline to 83% second interview
- Socially connected: 61% baseline to 74% second interview

CCBHC consumers improved or maintained their stability within the community.

- Retained in the community: 97% baseline to 100% second interview
- Had a stable place to live: 69% baseline to 76% second interview
- Attending school regularly and/or currently employed/retired: 75% baseline to 83% second interview
- Had no involvement with the criminal justice system: 100% baseline to 100% second interview

From our logic model, here are some goals that stand out the most:

- Adults receiving MAT who are also receiving behavioral therapy (goal: 50%)
- Youth with mild to severe needs able to receive CCBHC outpatient services (goal: 75%)
- Adults with mild to severe needs able to receive CCBHC outpatient services (goal: 60%)
Part III: Satisfaction and Staff Data

Youth, Families, and Adults Report Their Satisfaction

- Youth, families, and adults report their satisfaction level with services on a scale from 1 to 5, where 5 indicates highest satisfaction. There were 9 youth, 5 family members, and 10 adults who completed the survey as part of their follow-up or discharge NOMS interview. 90% of consumers receiving CCBHC behavioral health services reported high satisfaction (average of 3.5 or above).

Staff Report Their Satisfaction

Our program is supported by clinical and administrative staff across Uplift, SHC, and PC. There are 12 full-time Uplift CCBHC staff. A staff engagement survey showed that 91% of the 11 behavioral health staff surveyed reported high satisfaction with their work (average of 3.5 or above on a scale from 1 to 5). The 37 primary care and behavioral health staff surveyed expressed high satisfaction with the CCBHC and Collaborative Care Models:

- The CCBHC model, which provides a range of integrated whole-person services, is beneficial for patients.
  - Agree: 4.43243
  - Strongly Agree: 4.45946

- Being a part of the CCBHC has made me more knowledgeable about integrated physical and behavioral healthcare.
  - Agree: 4.51351

- The Collaborative Care model is beneficial for patients.
Gloria is a 24-year-old female who was referred to mental health and psychiatric services by her primary care physician at the CCBHC after screening for severe anxiety and depression.

Gloria came into School Health Clinics due to multiple health conditions when she was given routine behavioral health screeners (PHQ-9 and GAD-7). The results of these screeners suggested severe anxiety (GAD-7 = 20) of and depression (PHQ-9 = 23), which prompted her primary care provider to send a referral to behavioral health. The next day, a system navigator reached out to her, and a few days later she was enrolled in the program.

When Gloria came into the program she was feeling down, depressed, and hopeless, having little energy, poor appetite, intense feelings of guilt and worthlessness, excessive worrying and troubles with sleep and appetite. These symptoms impacted Gloria’s daily functioning to the point where she was isolating from family and friends, missing out on workdays and eventually disenrolled in school.

Gloria first met with a Behavioral Care Manager (BCM) who was able to assess these symptoms. BCM then consulted with psychiatry regarding the assessment and they collaborated with PCP on a plan of action for behavioral health services and medications. PCP prescribed the medication at their follow-up appointment.

Since her time with CCBHC, Gloria has learned to incorporate various coping skills such as grounding and mindfulness techniques to reduce her symptoms, reframing of negative thoughts and has found a dosage of medication that is just right for her. Gloria feels more stable emotionally, has a new job and is working with a system navigator to enroll back into college courses. Gloria has a support system she feels comfortable expressing her needs to and feels more optimistic for her future. Before discharging with her BCM, Gloria’s PHQ-9 score was reduced to 2 (no depression) and GAD to 0 (no anxiety).