Contra Costa Behavioral Health

2022 Quality Improvement Plan

CONTRA COSTA
BEHAVIORAL HEALTH
A Division of Contra Costa Health Services

Contra Costa Behavioral Health Services' Quality Improvement and Quality Assurance (QI/QA) Unit monitors service delivery with the aim of improving the processes of providing care and better meeting beneficiaries' needs. The Quality Management Coordinator oversees the Unit and chairs the Quality Improvement Committee (QIC). The Quality Improvement Committee comprised of Behavioral Health Management, QIQA staff, providers and beneficiaries, meets on a monthly basis and is informed by the Quality Improvement Plan. QIC activities include collecting and analyzing data to measure against the goals or prioritized areas of improvement that have been identified; identifying opportunities for improvement and deciding which opportunities to pursue; identifying relevant committees to ensure appropriate exchange of information with the QIC; obtaining input from providers, beneficiaries, and family members in identifying barriers to delivery of clinical care and administrative services; designing and implementing interventions for improving performance; measuring effectiveness of the interventions; incorporating successful interventions into the operations of behavioral health services; and reviewing beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review. The QIC also reviews timeliness of services, client satisfaction, penetration and retention rates, service accessibility, and other service trends. In addition, the QIC works in collaboration with the Ethnic Services and Behavioral Health Training manager to monitor and improve the quality of offered trainings and education for its workforce, inclusive of promoting greater cultural diversity, humility, and competency. As a result of the monitoring activities described above, the QIC recommends policy decisions, reviews and evaluates the results of quality improvement activities including performance improvement projects, institutes needed quality improvement actions, ensures follow-up of QI processes, and documents QIC meeting minutes regarding decisions and actions taken.

Guided by the above, the BHSD developed its 2022 Quality Improvement Plan. The contents of the Quality Improvement Plan were also informed by County efforts to better meet client needs and incorporate annual feedback from our External Quality review team. This Quality Improvement Plan provides a vehicle for BHSD management to: 1) meet quality improvement requirements specified in the Mental Health Plan contract with the State Department of Health Care Services (DHCS) for the expenditure of Medi-Cal (Medicaid) dollars; 2) meet quality improvement requirements specified under the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver; and 3) address and resolve quality issues raised in the monitoring of the CCMH and DMC-ODS Plans.[1,2] The QI Plan is evaluated annually to assess progress towards identified goals and actions. Activities are marked in brackets as being new, ongoing (continuing from the previous year), and/or completed in comparison to previous years. The frequency which activities are conducted (e.g., annually, quarterly, etc.) is also included in brackets. The quality improvement activities are divided into the following sections:

[1] Activities related to both Mental Health and Substance Use Disorder services are shaded gray.
[2]Activities that are in Monitoring only status are shaded green.

Service Capacity

Behavioral Health DHCS Contractual Element: Assess the capacity of service delivery for beneficiaries, including monitoring the number, type, and geographic distribution of services within the delivery system.

Goal 1: Monitor service delivery measurements	
Objectives	**Actions/Frequency**
1. Ensure network adequacy for service delivery.	1. Provider psychiatry ratios meet network adequacy standards. [ongoing] [Annually]
	Adult Standard: 1:524 Adult Baseline (FY 21/22): 1:213 Adult Achieved: (FY 22/23): 1:155 Children Standard: 1:323 Children Baseline (FY 21/22): 1:150 Children Achieved (FY 22/23): 1:165
	2. Provider ratios for outpatient SMHS meet network adequacy standards. [ongoing] [Annually]
	Adult Standard: 1:85 Adult Baseline (FY 21/22): 1:42 Adult Achieved (FY 22/23): 1:38 Children Standard: 1:43 Child Baseline (FY 21/22): 1:15 Child Achieved (FY 22/23): 1:16
2. Increase penetration rates for underserved populations: Latinos, Asian/ Pacific Islanders, Birth to Five, and Older Adults.	1. Increase penetration rates for underserved populations from previous years. [ongoing]
	Latinx Baseline (CY 20): 4.7 % Latinx Achieved (CY 21):4.1% API Baseline (CY 2020): 3.2% API Achieved (CY 21): 3.0% 0-5 years Baseline (CY 20): 1.7% 0-5 Achieved (CY 21): 1.8% Older Adult Baseline (CY 20): 5.1% Older Adult Achieved (CY 21): 5.0%
	2. Investigate reasons for the disproportionate access to specialty mental health services among Latino/Hispanic and API beneficiaries in Contra Costa County. Take action to ameliorate the gaps in services. [EQRO Recommendation] [new]

Accessibility of Services

Behavioral Health DHCS Contractual Elements: Assess the accessibility of services within service delivery area, including:

- *Timeliness of routine appointments;*
- *Timeliness of services for urgent conditions;*
- *Access to after-hours care; and*
- *Responsiveness of the 24 hour, toll free telephone number.*

Goal 2: Beneficiaries will have timely access to the services they need	
Objectives	**Actions/Frequency**
1. Clients requesting non-urgent mental health services are provided an initial assessment appointment within 10 business days.	1. At least 90% of first appointments are offered to clients within 10 business days. [ongoing] [Quarterly]
	Overall Baseline (FY 20/21): 96.4% (5.5 days) Overall Achieved (FY 21/22): 97.2% (5.7 days) Adult Baseline (FY 20/21): 98.1% (5.2 days) Adult Achieved (FY 21/22): 99.4% (5.9 days) Children Clinics Baseline (FY 20/21): 93.8% (5.9 days) Children Clinics Achieved (FY 21/22): 94.1% (5.3 days) Foster Children Baseline (FY 20/21): 90.4% (5.3 days) Foster Children Achieved (FY 21/22): 91.0% (5.2 days)
	2. Track the percentage of service requests resulting in a completed assessment. [ongoing] [Quarterly]
2. NOABDs will be issued for all clients not meeting timeliness standards.	1. Sample at least 8 clients per quarter from the NOABD report to ensure compliance. [new] [Quarterly]
	2. Track and trend compliance for clients sampled. [new] [Quarterly]
	3. Track and trend NOABDs issued. [ongoing] [Quarterly]
3. Clients will have timely access to post assessment services.	1. Investigate reasons for long wait time and wait lists for services after initial assessment. Take action to improve wait times post assessment to ongoing service and reduce waitlists. [EQRO Recommendation] [new]
	2. Establish data source to track the number of business days for follow-up therapy appointments. [new] [quarterly]
4. Continue to offer beneficiaries the option to receive care through phone and telehealth formats.	1. Continue to promote beneficiary choice in service modality. [EQRO Recommendation] [new]

Goal 2: Beneficiaries will have timely access to the services they need	
Objectives	**Actions/Frequency**
5. Clients requesting initial non-urgent care mental health services are provided psychiatry appointment within 15 business days.	1. 80% of clients at MHP regional clinics are offered a psychiatry appointment within 15 days. [ongoing] [Quarterly]
	Overall Baseline (FY 20/21): 92.2% (8.1 days) Overall Achieved (FY 21/22): 81.9% (12.8 days) Adult Baseline (FY 20/21): 95.9% (7.0 days) Adult Achieved (FY 21/22): 82.9% (12.4 days) Children Baseline (FY 20/21): 73.7% (14.0 days) Children Achieved (FY 21/22): 78.5% (14.1 days) Foster Children Baseline (FY 20/21): 61.1% (15.4 days) Foster Children Achieved (FY 21/22): 68.4% (14.4 days)
	2. Track the percentage of psychiatry referrals resulting in a completed psychiatry evaluation. [ongoing] [Quarterly]
	3. Track the percentage of assessments resulting in a treatment appointment (psychiatry or non-psychiatry). [ongoing] [Quarterly]
6. Urgent care mental health service requests are offered an appointment within 2 business days.	1. Update urgent appointment workflows and reporting to capture data in hours as opposed to business days. [new].
	2. 100% of urgent outpatient mental health appointments are offered within 2 business days of request. [ongoing] [Quarterly]
	Overall Baseline (FY 20/21): 84.2% (1.5 days) Overall Achieved (FY 21/22): 89.3% (1.6 days) Adult Baseline (FY 20/21): 82.4% (1.5 days) Adult Achieved (FY 21/22): 90.5% (1.5 days) Children Baseline (FY 20/21): 100% (1.8 days) Children Achieved (FY 21/22): 85.7% (1.9 days)
	3. Track the percentage of urgent service requests resulting in a completed urgent assessment. [ongoing] [Quarterly]
7. Clients discharged from hospitals receive a follow-up	1. Clients receive an outpatient appointment within an average of 7 calendar days from hospital discharge. [ongoing] [Quarterly]

Goal 2: Beneficiaries will have timely access to the services they need	
Objectives	**Actions/Frequency**
mental health service within 7 calendar days.	Overall Baseline (FY 20/21): 48.9% (15 days) Overall Achieved (FY 21/22): 45.8% (16 days) Adult Baseline (FY 20/21): 46.8% (15 days) Adult Achieved (FY 21/22): 44.2% (16 days) Children Baseline (FY 20/21): 75.8% (17 days) Children Achieved (FY 21/22): 67.6% (13 days) Foster Children Baseline (FY 20/21): 0% (8 days) Foster Children Achieved (FY 21/22): 9% (N/A)
	2. Investigate reasons for low rate of follow-up post-hospitalization appointments meeting the 7-day standard. Take action to improve rate of appointments meeting the standard. [EQRO Recommendation] [new]
	Overall Baseline (FY 20/21): 49.8% Overall Achieved (FY 21/22): 48.9%

Goal 3: Reduce missed appointment rates	
Objectives	**Actions/Frequency**
1. Improve appointment data collection on mental health appointment adherence.	1. Explore clients identified as having the race of "Other" or "Unknown" to determine whether changes can be made to the racial identification process to obtain more specific information. [ongoing]
	2. Standardize workflows for entering appointment adherence data into ccLink. [ongoing]
2. Reduce no show rates.	1. No more than 15% of psychiatric and non-psychiatric appointments are no shows. [ongoing] [Quarterly]
	Psychiatric Baseline (FY 20/21): 15% Psychiatric Achieved (FY 21/22): 16% Non-Psychiatric Baseline (FY 20/21): 16% Non-Psychiatric Achieved (FY 21/22): 14%

Goal 4: Improve the Behavioral Health Access Line triaging and referral processes into the behavioral health system of care	
Objectives	**Actions/Frequency**
1. The MHP will provide beneficiaries with accurate	1. On quarterly basis, conduct 15 test calls, 10 (including 4 in Spanish) during business hours and 5 (including 2 in Spanish) after hours. [ongoing] [Quarterly]

Goal 4: Improve the Behavioral Health Access Line triaging and referral processes into the behavioral health system of care	
Objectives	**Actions/Frequency**
information on how to access services.	Annual Goal: 60 Baseline (10/1/20-9/30/21): 41 Achieved (10/1/21-9/30/22): 57 Annual Spanish Goal: 24 Spanish Baseline (10/1/20-9/30/21): 14 Spanish Achieved (10/1/21-9/30/22): 22
	2. Provide callers with information at initial contact on how to access Specialty Mental Health Services (SMHS), including SMHS required to assess whether medical necessity criteria are met. [ongoing] [Quarterly]
	Goal: 100% Baseline Business Hours (10/1/20-9/30/21): 23 calls (95.6% meet requirements) Achieved Business Hours (10/1/21-9/30/22): 31 calls (77.4% meet requirements) Baseline After Hours (10/1/20-9/30/21): 8 calls (62.5% meet requirements) Achieved After Hours (10/1/21-9/30/22): 12 calls (41.7% meet requirements)
	3. The MHP will conduct 4 calls to test the Access Line on beneficiary problem resolution and fair hearing process, 2 calls during business hours and 2 calls after-hours. [ongoing] [Quarterly]
	Annual Goal: 16 Baseline Business Hours (10/1/20-9/30/21): 5 calls (80% meet requirements) Achieved Business Hours (10/1/21-9/30/22): 13 calls (77.4% meet requirements) Baseline After Hours (10/1/20-9/30/21): 5 calls (20% meet requirements) Achieved After Hours (10/1/21-9/30/22): 10 calls (70.0% meet requirements)
2. Business hours Access Line calls are answered promptly by a live staff.	1. 75% of business hour calls are answered within three minutes by a live staff person. [ongoing] [Quarterly]
	2. Report the longest wait times in English and Spanish [ongoing] [Quarterly]
3. After-hours Access Line calls are answered by a live representative within 1 minute.	1. 95% of after-hour calls are answered within one minute by a live representative. [ongoing] [Quarterly]
4. Decrease call abandonment rates for Access Line business hour calls.	1. Track and reduce rates of call abandonment. [ongoing] [Quarterly]

Beneficiary Satisfaction

Behavioral Health DHCS Contractual Elements: Assess beneficiary or family satisfaction at least annually by:

- *Surveying beneficiary/family satisfaction with services;*
- *Informing providers of the results of beneficiary/family satisfaction activities.*

Goal 5: Monitor client/family satisfaction	
Objectives	**Actions/Frequency**
1. Survey domain means on the Mental Health Statistics Improvement Program (MHSIP) indicate clients and/or their families are satisfied with their care.	1. Conduct the MHSIP biannually to obtain level of client satisfaction with services. [ongoing] [Biannually]
	2. Implement changes based on survey data. [ongoing]
2. Monitor client satisfaction on Mental Health Statistics Improvement Program (MHSIP) survey.	1. Client scores improve on the MHSIP Domains of Outcomes and Functioning. [ongoing] [Biannually]
	Baseline Outcomes (June 2021): 4.0 Achieved Outcomes (May 2022): Pending UCLA data Baseline Functioning (June 2021): 4.0 Achieved Functioning (May 2022): Pending UCLA data
	2. Report satisfaction survey findings to clinics and contracted providers. [ongoing] [Biannually]
3. Obtain interview and survey data from clients in MHSA funded programs.	1. Conduct in-depth program and fiscal review of MHSA funded programs, including client interviews and surveys. [ongoing] [Every 3 years]

Cultural and Linguistic Competence

Behavioral Health DHCS Contractual Elements: Comply with the requirements for cultural and linguistic competence.

Goal 6: Provide all clients with culturally- and linguistically-appropriate client-centered care	
Objectives	**Actions/Frequency**
1. All services are delivered in a culturally competent manner.	1. Update the Cultural Humility Plan, incorporating DHCS cultural competency plan requirements and National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Healthcare by HHS. [ongoing] [Annually]
	2. 100% of staff complete cultural competency training. [ongoing] [Annually]
	Goal: 100% Baseline: (FY 20/21): 89% Achieved: (FY 21/22): 94%
	3. Increase the % of staff who complete cultural competency training within recommended timeframe of 1 year by 10 percentage points. [ongoing] [Annually]
	Goal: 75% (26 percentage point increase) Baseline: (FY 20/21): 49% Achieved: (FY 21/22): 66%
2. Increase and diversify cultural humility trainings.	1. Hold trainings on specific ethnic minority groups, religious minorities, and sexual orientation/gender identify. [ongoing]
3. Collect data on workforce equity, retention, and training needs.	1. Administer CCBHS Workforce and Training Survey to County employees, contracted providers, and partner community based organizations. [ongoing] [Annually]
4. Increase Access to services for non/limited English speakers.	1. Monitor accessibility of Access Line and services to non-English speakers by conducting quarterly test calls. [ongoing] [Quarterly]
	2. Monitor number of HCIN interpretation encounters to gauge other language needs. [ongoing] [Quarterly]
	Baseline: (FY 20/21): 2,743 Achieved: (FY 21/22): 1,504
	3. Monitor volume of Language Line use for encounters. [ongoing] [Quarterly]
	Baseline: (FY 20/21): 4,667 Achieved: (FY21/22): 4,040

Client Safety and Medication Practices
Behavioral Health DHCS Contractual Elements: Monitor safety and effectiveness of medication practices.

Goal 7: Promote safe and effective medication practices	
Objectives	**Actions/Frequency**
1. Mental Health charts reviewed using the Medication Monitoring Tool will maintain an average compliance rate of at least 90%.	1. 100% of medical staff to have a sample of their charts reviewed by December 31, 2022. [ongoing] [Annually] 2. Conduct follow-up with psychiatrists with the lowest compliance rates. [ongoing]
2. Identify behavioral health clients who are medication stable.	1. Collaborate with treating psychiatrists and primary care doctors to annually review 100% of charts of clients who are stable on anti-depressants and ADHD medication for possible step-down. [ongoing] [Annually]
3. Monitor safe medication practices.	1. Review safe medication reports quarterly. [ongoing] [Quarterly]
4. Monitor medication practices for contractors who prescribe.	1. Include contractors in medication monitoring review. [EQRO Recommendation] [new]
5. Ensure access to medications will be provided.	1. Pharmacy services are provided within 24 hours for prescriptions with prior authorization, and within 72 hours for emergency supply. [ongoing] 2. Pharmacy services are provided within 10 miles or 30 minutes of client place of residence. [ongoing]
6. Meet HEDIS measures for children and adolescents, including foster care children.	1. Monitor clients prescribed ADHD medication in children's System of Care for three to four appointments. [ongoing] [Quarterly] 2. Monitor clients prescribed multiple concurrent antipsychotic medications. [ongoing] [Quarterly]
7. Reduce risk of negative drug interactions.	1. Provide educational training to all Psychiatrists. [ongoing] [Quarterly] 2. Provide educational trainings to psychiatrists at the hospital and in Physical Health at Department of Psychiatry meetings. [ongoing] [Quarterly]
8. Promote medication adherence for adults.	1. Monitor clients diagnosed with schizophrenia and schizoaffective disorder prescribed antipsychotic medication to determine whether they remain on medication for at least 80% of their treatment period. [new] [Quarterly] 2. Monitor clients newly treated with antidepressant medication to determine whether they remain on their medications for at least 84 days (12 weeks). [new] [Quarterly]

Goal 7: Promote safe and effective medication practices	
Objectives	**Actions/Frequency**
	3. Monitor effective continuation of clients treated with antidepressant medication to determine whether they remain on their medication for at least 180 days (6 months). [new] [Quarterly]
9. Monitor clients taking antipsychotic medications for dangerous side-effects.	1. Use established reports to track clients for diabetes and cholesterol screening. [ongoing] [Quarterly]

Service Delivery and Clinical Issues

Behavioral Health DHCS Contractual Elements:
a. Address meaningful clinical issues affecting beneficiaries system-wide.
b. Monitor appropriate and timely intervention of occurrences that raise quality of care concerns.
c. Evaluate beneficiary grievances, appeals, and fair hearings.
d. Evaluate requests to change persons providing services.

Goal 8: Implement Performance Improvement Projects to improve client care and outcomes	
Objectives	**Actions/Frequency**
1. Increase the percentage of 7-day and 30-day mental health services for Medi-Cal clients served in an ED for a MH condition by 5% by June 30, 2023.	1. Assign a referral navigator to ED to monitor, manage, and follow-up on referrals. [Clinical PIP] [new]
	2. Develop centralized tracking system to allow for real-time referral coordination with EDs. [Clinical PIP] [new]
2. Improve no show rate	1. Therapists make "gain focused" warm reminder calls for initial assessment appointments at East Adult clinic. [Non-clinical PIP] [ongoing]
	2. Implement Artera appointment reminders at 7-days and 1-day before appointments to reduce no-show rates. [Non-clinical PIP] [new]
	3. Implement appointment adherence policy. [ongoing]

Goal 9: Improve tracking and monitoring of Evidence Based Practices (EBPs) in adult and children's systems of care	
Objectives	**Actions/Frequency**
1. Improve tracking of clients enrolled in EBPs.	1. Provide EBP lead staff EBP enrollment reports monthly to assist with EBP monitoring, [new]
2. Children's EBP outcome measures data available to program on demand.	1. Develop iSite reports to allow for real time access to EBP outcome data. [new]

Goal 10: Evaluate client grievances, unusual occurrence notifications, and change of provider appeal requests	
Objectives	**Actions/Frequency**
1. Review and respond to 100% of grievances, change of provider, and appeal requests within the policy guidelines and state regulations to	1. Collect and analyze behavioral health service grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, and provider appeals to examine patterns that may inform the need for changes in policy or programing. [ongoing]
	2. Collect and analyze change of provider requests for patterns that may inform need for policy or programming changes. [ongoing] [Annually]

Goal 10: Evaluate client grievances, unusual occurrence notifications, and change of provider appeal requests	
Objectives	**Actions/Frequency**
identify system improvement issues.	3. Continue establishing baselines for number of grievances and appeals received. [ongoing]
	4. Present finding to the QIC to identify strategies to improve reporting and address issues. [ongoing] [Annually]
	5. Respond to 100% of grievances and appeals. [ongoing]
	6. Respond to 100% of change of provider requests. [ongoing]
2. Review 100% of unusual occurrences to identify trends.	1. Collect and analyze trends in unusual occurrences. [ongoing]
	2. Continue establishing baseline for unusual occurrences. [ongoing]
	3. Report on unusual occurrences annually to the QIC. [ongoing]
3. Make system improvements following Sentinel Reviews.	1. Report system-level areas of improvement to QIC as applicable. [ongoing] [Annually]

Goal 11: Monitor utilization review practices	
Objectives	**Actions/Frequency**
1. UR helps facilitate improvements in documentation.	1. UR samples charts to identify quality issues targeted for improvement. [new] [new]
	2. UR reports summary of monitoring results to QIC. [new] [annually]

Establishing Beneficiary and System Outcomes

Behavioral Health DHCS Contractual Elements: conduct performance monitoring activities throughout operations, including beneficiary and system outcomes.

Goal 12: Increase use of evidence-based practices	
Objectives	**Actions/Frequency**
1. Clients enrolled in EBPs demonstrate improvement on outcome measures.	1. Children's and parents' PTSD-RI scores will decrease from pre to post-TF-CBT intervention. [ongoing] [Biannually]
	Pre-Intervention: Child = 37.7 Post-Intervention: Child = 21.5 (as of 3/31/22)
	2. Children's Difficulties in Emotion Regulation Scale scores will decrease from pre to post-test DBT intervention. [ongoing] [Biannually]
	Pre-Intervention: 57.5 Post-Intervention: 44.8 (as of 3/31/22)
	3. Suicide Ideation Questionnaire scores completed by youth will decrease from pre to post DBT intervention. [ongoing] [Biannually]
	Pre-Intervention: 56.5 Post-Intervention: 31.3 (as of 3/31/22)

Goal 13: Increase use of outcome measures	
Objectives	**Actions/Frequency**
1. Use aggregate data to evaluate client progress.	1. Track and trend CANS and ANSA data quarterly. [ongoing] [Quarterly]
	2. Needs identified on CANS will decrease by 10% by December 31, 2022. [ongoing] [Annually]
	Baseline Needs (1/1/21-12/31/22): 4.82 3. Achieved Needs (1/2/22-12/31/22): Update in January 2023
	Strengths identified on CANS will increase by 10% by December 31, 2022. [ongoing] [Annually]
	Baseline Strengths (1/1/21-12/31/21): Mean= 3.82 4. Achieved Strengths (1/1/22-12/31/22): Update January 2023
	5. Increase CANS reassessments. [ongoing] [Monthly]

Goal 13: Increase use of outcome measures	
Objectives	**Actions/Frequency**
	Baseline number of re-assessments (10/1/20-9/30/21): 2913 Achieved number of re-assessments (10/1/21-9/30/22): 2726
2. Improve CANS data collection.	1. Improve CANS data integrity. [ongoing]
	2. Increase CANS discharges. [ongoing]
	Baseline discharges (10/1/20-9/30/21): 1785 Achieved discharges (10/1/21-9/30/22):1872
3. Track PHQ-9 and GAD-7 data at all adult mental health clinics.	1. Identify racial and gender disparities in PHQ-9 and GAD-7 scores. [ongoing] [Quarterly]
	2. Report the percentage of clients with an elevated PHQ-9 score who had evidence of response or remission within 4-8 months after initial elevated PHQ-9 score. [ongoing] [Quarterly]
4. Track adults' ILSS and RAS scores with repeated administrations.	1. Adults' ILSS and RAS scores will increase over time. [ongoing]
	2. Adults' ILSS and RAS scores will increase over time. [ongoing]
	1st ILSS: Appearance= .92; Hygiene= .90; Care of Possession=.90; Food Prep =.85; Money Management=.73 Transportation=.42; Leisure = .48 Job Seeking = .06; Health Maintenance = .94 2nd ILSS: Appearance=.94; Hygiene=.89; Care of Possession=.88; Food Prep=.77; Money Management= .73; Transportation=.51; Leisure=.56, Job Seeking=.07; Health Maintenance=.95, as of 6/30/22 Baseline RAS (for participants >1 RAS): 95.12 Most Recent RAS: 100.54 (as of 6/30/22)

Goal 14: Maintain effective and consistent practices to safeguard Protected Health Information (PHI)	
Objectives	**Actions/Frequency**
1. Track and trend HIPAA incidents.	1. Compare the number of 2021 HIPAA incidents to the number of 2022 incidents. [ongoing] [Quarterly]

Goal 14: Maintain effective and consistent practices to safeguard Protected Health Information (PHI)	
Objectives	**Actions/Frequency**
	Number of HIPAA Incidents Quarter 1 CY 21 vs CY 22: 7 vs 4 Number of HIPAA Incidents Quarter 2 CY 21 vs CY 22: 5 vs 8 Number of HIPAA Incidents Quarter 3 CY 21 vs CY 22: 3 vs 4
2. Decrease the rate of HIPAA incidents.	1. 100% of staff complete HIPAA training. [ongoing] [Annually]
	Achieved completion rate (FY 2020-2021): 88% Achieved completion rate (FY 21/22): 95% Goal: 100%
	2. Increase the % of staff who complete HIPPA training within recommended timeframe of 1 year by 20 percentage points. [ongoing] [Annually]
	Baseline completion rate (FY 20/21): 50% Achieved completion rate (FY 21/22): 65% Goal: 70% (20 percentage point increase)