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# Contra Costa Behavioral Health

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## 2023 Quality Improvement Plan

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**Contra Costa Behavioral Health - Quality  
Improvement & Quality Assurance Unit  
(QIQA)**



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 2023 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.<sup>1,2</sup> 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:

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<sup>1</sup> Activities related to both Mental Health and Substance Use Disorder services are shaded gray.

<sup>2</sup>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.*

<b>Goal 1: Monitor service delivery measurements</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
1. Ensure network adequacy for service delivery.	1. Provider psychiatry ratios meet network adequacy standards. <a href="#">[ongoing]</a> <a href="#">[Annually]</a>
	Adult Standard: 1:524 Adult Baseline (FY 22/23): 1:155 Adult Achieved (FY 23/24): Pending Children Standard: 1:323 Children Baseline (FY 22/23): 1:165 Children Achieved (FY 23/24): Pending
	2. Provider ratios for outpatient SMHS meet network adequacy standards. <a href="#">[ongoing]</a> <a href="#">[Annually]</a>
	Adult Standard: 1:85 Adult Baseline (FY 22/23): 1:38 Adult Achieved (FY 23/24): Pending Children Standard: 1:43 Child Baseline (FY 22/23): 1:16 Child Achieved (FY 23/24): Pending
2. Increase penetration rates for underserved populations: Latinx, Asian/ Pacific Islanders, Birth to Five, and Older Adults.	1. Increase penetration rates for underserved populations from previous years. <a href="#">[ongoing]</a> <a href="#">[Annually]</a>
	Latinx Baseline (CY 21):3.3% Latinx Achieved (CY 22): 3.6% API Baseline (CY 21): 2.6% API Achieved (CY 22): 2.2% 0-5 Baseline (CY 21): 1.7% 0-5 Achieved (CY 22): 1.9% Older Adult Baseline (CY 21): 4.4% Older Adult Achieved (CY 22): 4.0%

## 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.*

<b>Goal 2: Beneficiaries will have timely access to the services they need</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
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 21/22): 97.2% (5.7 days) Overall Achieved (FY 22/23): 97.4% (5.3 days) Adult Baseline (FY 21/22): 99.4% (5.9 days) Adult Achieved (FY 22/23): 99.4% (4.9 days) Children Clinics Baseline (FY 21/22): 94.1% (5.3 days) Children Clinics Achieved (FY 22/23): 93.8% (6.1 days) Foster Children Baseline (FY 21/22): 91.0% (5.2 days) Foster Children Achieved (FY 22/23): 84.3% (6.2 days)
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. [ongoing] [Quarterly]
	3. Track and trend NOABDs issued. [ongoing] [Quarterly]
3. Clients will have timely access to post assessment services.	1. Begin tracking the number of business days for follow-up non-psychiatric treatment appointments. [new] [quarterly]
4. Clients requesting initial non-urgent care mental health services are provided	1. 80% of clients at MHP regional clinics are offered a psychiatry appointment within 15 days. [ongoing] [Quarterly]

<b>Goal 2: Beneficiaries will have timely access to the services they need</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
psychiatry appointment within 15 business days.	<p>Overall Baseline (FY 21/22): 81.9% (12.8 days)  Overall Achieved (FY 22/23): 58.2% (16.5 days)  Adult Baseline (FY 21/22): 82.9% (12.4 days)  Adult Achieved: (FY 22/23): 52.8% (17.3 days)  Children Baseline (FY 21/22): 78.5% (14.1 days)  Children Achieved (FY 22/23): 92.7% (11.4 days)  Foster Children Baseline (FY 21/22): 68.4% (14.4 days)  Foster Children Achieved (FY 22/23): 91.7% (11.8 days)</p>
5. 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. <a href="#">[ongoing]</a> .
	2. 100% of urgent outpatient mental health appointments are offered within 48 hours of request. <a href="#">[ongoing]</a> <a href="#">[Quarterly]</a>
	<p>Overall Baseline (FY 21/22): 89.3% (1.6 days)  Overall Achieved (FY 22/23): 88.9% (1.6 days)  Adult Baseline (FY 21/22): 90.5% (1.5 days)  Adult Achieved (FY 22/23): 94.7% (1.3 days)  Children Baseline (FY 21/22): 85.7% (1.9 days)  Children Achieved (FY 22/23): 75.0% (2.4 days)</p>
	3. Track the percentage of urgent service requests resulting in a completed urgent assessment. <a href="#">[ongoing]</a> <a href="#">[Quarterly]</a>
6. Clients discharged from hospitals receive a follow-up mental health service within 7 calendar days.	1. Clients receive an outpatient appointment within an average of 7 calendar days from hospital discharge. <a href="#">[ongoing]</a> <a href="#">[Quarterly]</a>
	<p>Overall Baseline (FY 21/22): 45.8% (16 days)  Overall Achieved (FY 22/23): 52.5% (11 days)  Adult Baseline (FY 21/22): 44.2% (16 days)  Adult Achieved (FY 22/23): 48.8% (12 days)  Children Baseline (FY 21/22): 67.6% (13 days)  Children Achieved (FY 22/23): 78.3% (6 days)  Foster Children Baseline (FY 21/22): 0% (N/A)  Foster Children Achieved (FY 22/23): 85.7% (2 days)</p>

<b>Goal 2: Beneficiaries will have timely access to the services they need</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
	2. Peer navigators support clients discharging from hospital to increase the rate of follow-up post-hospitalization appointments meeting the 7-day standard. [new] [Quarterly]
	Baseline Contra Costa Medi-Cal Residents discharging 4C/4D (CY 2022): 49% Overall Achieved (2/8/23-4/9/2023): 61%

<b>Goal 3: Reduce missed appointment rates</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
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 21/22): 15.9% Psychiatric Achieved (FY 22/23): 14.7% Non-Psychiatric Baseline (FY 21/22): 14.2% Non-Psychiatric Achieved (FY 22/23): 12.2%

<b>Goal 4: Improve the Behavioral Health Access Line triaging and referral processes into the behavioral health system of care</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
1. The MHP will provide beneficiaries with accurate information on how to access services.	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]
	Annual Goal: 60 Baseline (10/1/21-9/30/22): 57 Achieved (10/1/22-9/20/23): 53 Annual Spanish Goal: 24 Spanish Baseline (10/1/21-9/30/22): 22 Spanish Achieve (10/1/22-9/30/23): 14
	2. Meet requirements for business hour test calls to provide callers with accurate information on how to access Specialty Mental Health Services (SMHS) at least 85% of the time. [new] [Quarterly]

<b>Goal 4: Improve the Behavioral Health Access Line triaging and referral processes into the behavioral health system of care</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
	<p>Goal: 85%</p> <p>Baseline Business Hours (10/1/21-9/30/22): 31 calls (77.4% meet requirements)</p> <p>Achieved Business Hours (10/1/22-9/30/23):31 calls (87% meet requirements)</p> <p>Baseline After Hours (10/1/21-9/30/22): 12 calls (41.7% meet requirements)</p> <p>Achieved After Hours (10/1/22-9/30/23):11 calls (83% meet requirements)</p>
	<p>3. Monitor test calls to ensure requirement to provide information about services needed to treat urgent conditions is met. <a href="#">[new]</a> <a href="#">[Quarterly]</a></p>
	<p>Goal: 100%</p> <p>Baseline Business Hours (10/1/22-9/30/23): 100% (38 of 38 calls)</p> <p>Baseline After Hours (10/1/22-9/30/23): 81.3% (13 of 16 calls)</p>
	<p>4. 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. <a href="#">[ongoing]</a> <a href="#">[Quarterly]</a></p>
	<p>Annual Goal: 16</p> <p>Baseline Business Hours (10/1/21-9/30/22): 13 calls (77.4% meet requirements)</p> <p>Achieved Business Hours (10/1/22-9/30/23): 7 calls (100% meet requirements)</p> <p>Baseline After Hours (10/1/21-9/30/22): 10 calls (70.0% meet requirements)</p> <p>Achieved After Hours (10/1/22-9/30/23): 6 calls (83% meet requirements)</p>
	<p>5. Access Line will conduct monthly all-staff review of metrics, call trends, and test call feedback. <a href="#">[new]</a> <a href="#">[Monthly]</a></p>
	<p>6. Access Line will participate in quarterly meetings with Optum and other contracted counties, provide quarterly test call feedback to Optum, and track Optum’s response and training plan to address areas of concern. <a href="#">[new]</a> <a href="#">[Quarterly]</a></p>

<b>Goal 4: Improve the Behavioral Health Access Line triaging and referral processes into the behavioral health system of care</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
2. The Access Line will address disproportionate access to specialty mental health services among Latino/Hispanic and API beneficiaries.	1. Access Line will track call rates for Hispanic/Latino and Asian Pacific Islander beneficiaries. [new] [Quarterly]
	2. Access Line will perform follow-up calls to Spanish-speaking callers to help ensure linkage to services. [new]
3. 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 average wait times in English and Spanish [new] [Quarterly]
4. 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]
5. 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.*

<b>Goal 5: Monitor client/family satisfaction</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
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 (May 2022): Family=4.06; Youth=3.87; Adult=4.01; Older Adult=3.9 Achieved Outcomes (May 2023): Family=3.95; Youth=3.84; Adult=3.91; Older Adult=3.80 Baseline Functioning (May 2022): Family=4.09; Youth=3.89; Adult=4.0; Older Adult=3.72 Achieved Functioning (May 2023): Family: 3.98; Youth=3.89; Adult=3.90; Older Adult=3.76
	2. Report satisfaction survey findings to clinics and contracted providers. [ongoing] [Biannually]
3. Obtain interview and survey data from clients in MHSIP funded programs.	1. Conduct in-depth program and fiscal review of MHSIP 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.

<b>Goal 6: Provide all clients with culturally- and linguistically-appropriate client-centered care</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
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 21/22): 94% Achieved (FY 22/23): 98%
	3. Increase the % of staff who complete cultural competency training within recommended timeframe of 1 year by 9 percentage points. [new] [Annually]
	Goal: 75% Baseline (FY 21/22): 66% Achieved (FY 22/23):84%
2. Increase and diversify cultural humility trainings.	1. Expand cultural humility training topics to add at least three new trainings. [new]
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 at least once every 3 years. [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 21/22): 1,504 Achieved (FY 22/23): 2,175
	3. Monitor volume of Language Line use for encounters. [ongoing] [Quarterly]
	Baseline (FY21/22): 4,040 Achieved (FY 22/23):3,822

**Client Safety and Medication Practices**

*Behavioral Health DHCS Contractual Elements: Monitor safety and effectiveness of medication practices.*

<b>Goal 7: Promote safe and effective medication practices</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
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, 2023. <a href="#">[ongoing]</a> <a href="#">[Annually]</a>
	2. Conduct follow-up with psychiatrists with the lowest compliance rates. <a href="#">[ongoing]</a>
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. <a href="#">[ongoing]</a> <a href="#">[Annually]</a>
3. Monitor safe medication practices.	1. Review safe medication reports quarterly. <a href="#">[ongoing]</a> <a href="#">[Quarterly]</a>
4. Enhance medication monitoring practices for contractors who prescribe.	1. Develop a comprehensive SB1291 medication monitoring process for both directly-operated and contract providers. <a href="#">[EQRO Recommendation]</a> <a href="#">[new]</a>
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. <a href="#">[ongoing]</a>
	2. Pharmacy services are provided within 10 miles or 30 minutes of client place of residence. <a href="#">[ongoing]</a>
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. <a href="#">[ongoing]</a> <a href="#">[Quarterly]</a>
	2. Monitor clients prescribed multiple concurrent antipsychotic medications. <a href="#">[ongoing]</a> <a href="#">[Quarterly]</a>
	3. Monitor the percentage of children and adolescents who had psychosocial care as first-line treatment before new prescription for an antipsychotic. <a href="#">[new]</a> <a href="#">[Quarterly]</a>
7. 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. <a href="#">[ongoing]</a> <a href="#">[Quarterly]</a>
	2. Monitor clients newly treated with antidepressant medication to determine whether they remain on their medications for at least 84 days (12 weeks). <a href="#">[ongoing]</a> <a href="#">[Quarterly]</a>
	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). <a href="#">[ongoing]</a> <a href="#">[Quarterly]</a>

**Goal 7: Promote safe and effective medication practices**

<b>Objectives</b>	<b>Actions/Frequency</b>
8. 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.

<b>Goal 8: Implement Performance Improvement Projects to improve client care and outcomes</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
1. Increase the percentage of follow-up appointments scheduled within 7-days of ED discharge.	1. Assign ED Social Workers to link clients to timely follow-up care [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] [ongoing]
	3. Access Line pilot performing clinical assessments when clients call for service. [Non-clinical PIP] [new]
	4. Implement appointment adherence policy. [ongoing]
<b>Goal 9: Improve tracking and monitoring of Evidence Based Practices (EBPs) in adult and children’s systems of care</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
1. EBP outcome measures data available to programs on demand.	1. Build children’s outcome measures into ccLink. [ongoing]
	2. Develop iSite reports to allow for real time access to EBP outcome data. [ongoing]
	3. Build tracking program into ccLink for Housing Services to more easily track outcomes of clients at Board and Cares participating in CBSST. [new]
<b>Goal 10: Evaluate client grievances, unusual occurrence notifications, and change of provider appeal requests</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
1. Review and respond to 100% of grievances, change of provider, and appeal requests within the	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]

<b>Goal 10: Evaluate client grievances, unusual occurrence notifications, and change of provider appeal requests</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
policy guidelines and state regulations to identify system improvement issues.	2. Collect and analyze change of provider requests for patterns that may inform need for policy or programming changes. [ongoing] [Annually]
	3. Track and trend the number of grievances and appeals received over time. [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.
	2. Track and trend unusual occurrences. [ongoing]
	3. Report on unusual occurrences annually to the QIC. [ongoing] [Annually]

<b>Goal 11: Monitor utilization review practices</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
1. UR provides comprehensive written guidance to providers on changes resulting from CalAIM implementation.	1. Develop a documentation and clinical process manual that furnishes specific guidance on the utilization management requirements and is regularly updated and reviewed with the providers. Develop and publish Frequently Asked Questions from discussion of CalAIM changes that is routinely updated and circulated. [EQRO Recommendation] [new]
2. Decrease claim denials.	2. Investigate claim denial reasons and develop a plan to reduce denials and recover lost revenue. [EQRO Recommendation] [new]
3. UR helps facilitate improvements in documentation.	1. UR samples charts to identify quality issues targeted for improvement. [ongoing]
	2. UR will monitor timely completion of initial assessments in accordance with Behavioral Health policies and procedures and seek justification for assessments exceeding recognized standards. [new]

**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. Increase the use of EBPs to treat clients with trauma symptoms.	1. Expand training in TF-CBT and DBT to clinicians in the MHP’s Juvenile Justice system <a href="#">[new]</a>
	2. Increase the number of clinicians trained at regional clinics and at specialty programs. <a href="#">[new]</a>
	3. Apply for CYBHI funding to support expansion of EBPs to treat children and young adults experiencing trauma.
2. Clients enrolled in EBPs experience improved outcomes.	1. Children’s and parents’ PTSD-RI scores will decrease from pre to post-TF-CBT intervention. <a href="#">[ongoing]</a> <a href="#">[Biannually]</a>
	Pre-Intervention: Child = 37.9 (as of 6/30/23). Parent=40 Post-Intervention: Child=21.6 (as of 6/30/23). Parent=20.5
	2. Children’s Difficulties in Emotion Regulation Scale scores will decrease from pre to post DBT intervention. <a href="#">[ongoing]</a> <a href="#">[Biannually]</a>
	Pre-Intervention: 58.8 (as of 6/30/23) Post-Intervention: 54 (as of 6/30/23)
	3. Suicide Ideation Questionnaire scores completed by youth will decrease from pre to post DBT intervention. <a href="#">[ongoing]</a> <a href="#">[Biannually]</a>
	Pre-Intervention: 47.8 (as of 6/30/23) Post-Intervention: 31.5 (as of 6/30/23)
	4. Adults’ ILSS and RAS scores will increase over time. <a href="#">[ongoing]</a> <a href="#">[Biannually]</a>
	1st ILSS: Appearance=.93; Hygiene=.90; Care of Possession=.90; Food Prep=.79; Money Management= .65; Transportation=.41; Leisure=.50, Job Seeking=.02; Health Maintenance=.89, as of 6/30/2023
	Most Recent ILSS: Appearance=.95; Hygiene=.92; Care of Possession=.90; Food Prep=.83; Money Management=.83; Transportation=.47; Leisure=.55; Health Maintenance=.94; Job Seeking=.07= as of 6/30/23 Baseline RAS (for participants >1 RAS): 93.5 Most Recent RAS: 97.2 (as of 6/30/23)
	Clients enrolled in EBPs will experience fewer PES visits and hospitalizations 6 months post EBP participation compared to 6 months pre EBP participation. <a href="#">[new]</a> <a href="#">[Annually]</a>
For FY 2022: Pre EBP Hospitalization: .25                      Post EBP Hospitalization: .15 Pre EBP PES: .28    Post EBP PES: .11	

<b>Goal 13: Increase use of outcome measures</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
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, 2023. [ongoing] [Annually]
	Baseline Needs (1/1/22-12/31/22): 6.4 (at reassessment 5.5) Achieved Needs (1/1/23-12/31/23): Pending
	Strengths identified on CANS will increase by 10% by December 31, 2023. [ongoing] [Annually]
	Baseline Strengths (1/1/22-12/31/22): 4.98 (at reassessment 4.95) Achieved Strength (1/1/23-12/31/23): Pending
2. Improve CANS data collection.	1. Improve CANS data integrity. [ongoing]
	2. Increase CANS discharges. [ongoing]
	Baseline discharges (10/1/21-9/30/22):1872 Achieved discharges (10/1/22-9/30/23): 1957
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]

<b>Goal 14: Maintain effective and consistent practices to safeguard Protected Health Information (PHI)</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
1. Track and trend HIPAA incidents.	1. Compare the number of 2022 HIPAA incidents to the number of 2023 incidents. [ongoing] [Quarterly]
	Number of HIPAA Incidents Quarter 1 CY 22 vs CY 23: 4 vs 3 Number of HIPAA Incidents Quarter 2 CY 22 vs CY 23: 8 vs 5 Number of HIPAA Incidents Quarter 3 CY 22 vs CY 23: 4 vs 2



<b>Goal 14: Maintain effective and consistent practices to safeguard Protected Health Information (PHI)</b>	
<b>Objectives</b>	<b>Actions/Frequency</b>
2. Decrease the rate of HIPAA incidents	1. 100% of staff complete HIPAA training. [ongoing] [Annually]
	Baseline completion rate (FY 21/22): 95% Achieved completion rate (FY 22/23): 94% Goal: 100%
	2. Increase the % of staff who complete HIPAA training within recommended timeframe of 1 year to at least 70%. [ongoing] [Annually]
	Baseline completion rate (FY 21/22): 65% Achieved completion rate (FY 22/23): 73% Goal: 70%