

QUALITY IMPROVEMENT WORK PLAN FY23-24 – EVALUATION



County of Santa Cruz Integrative Behavioral Health Services Mental Health Plan and Drug Medi-Cal Organized Delivery System

PURPOSE

Santa Cruz County Behavioral Health Services (SCCBHS) Quality Management Program: Santa Cruz County Behavioral Health Services (BHS) in an integrative service delivery model in which leadership and staff value operational excellence and sustainable quality of care.

The purpose of the QM plan's activities includes, but is not limited to:

- Ensuring that beneficiaries have timely access to appropriate and quality services which are authorized in a timely manner and meet network adequacy standards;
- Promoting evidence-based practices and monitoring the effectiveness of treatment;
- Ensuring coordination of appropriate care;
- Including beneficiary involvement through monitoring beneficiary satisfaction and review of beneficiary grievances, appeals and requests to change treatment staff;
- Ensuring compliance with documentation standards;
- Review and improve Behavioral Health's utilization management systems, include prevention of fraud, waste and abuse;
- Monitoring Performance Improvement Projects for BH;
- Ensure on-going development of BH workforce, including staff credentialing.

BH Quality Management (QM) program is responsible for monitoring the MHP's and DMC-ODS' effectiveness and for providing support to all areas of MHP/DMC-ODS operations by conducting performance monitoring activities.

The QM program’s activities are guided by the relevant sections of federal and state regulations, including the Code of Federal Regulations Title 42, California Code of Regulations Title 9, California Welfare and Institutions Code, as well as DHCS’ relevant MHP/DMC-ODS agreement requirements and performance measures. These QM activities are performed by Quality Improvement team in partnership with MHP and/or DMC-ODS departments to ensure compliance and promote department and BH agency quality improvement initiatives.

Quality Improvement Work Plan: The intent of the Quality Improvement (QI) Work Plan is to ensure data relevant to the performance of the MHP/DMC-ODS is available in an easy interpretable and actionable form. Elements of the Plan are informed by quality improvement requirements of the MHP/DMC-ODS performance contract, and feedback from the CalEQRO, DHCS MHP/DMC-ODS audit findings & recommendations, and Quality Improvement Committee.

The QI Work Plan goals are specific, measurable, achievable, relevant and time-bound (SMART) and focus on service and operational improvement initiatives that align with our core trauma-informed guiding principles, Health Service Agency (HSA) values and BH staff surveyed value priorities.

Behavioral Health Values & Core Guiding Principles

Inclusion & Engagement	Cultural humility & responsiveness • Human connection and relationship • Universal dignity, respect, kindness, and compassion • Offerings of support and gratitude • Transparency and collective communication • Timely accessibility • Inclusion of client voice/choice • Dependability
Operational Excellence & Service Stewardship	Excellent effective care and customer service delivery • Adaptability • Ethics • Responsibility • Accountability • Innovation • Utilize outcomes to improve care, support program decisions and share with other healthcare providers and the greater community.
Targeted Treatment & Evidence-Based Services	Trauma-informed care • Individualized “Voice & Choice” care • Targeted Health • Clinical quality & fidelity to EB practices • Utilize data outcome to inform decisions • Workforce Training
Equity & Sustainability	Promote resiliency and recovery (personal/social/environmental/economic) • Collective impact • Equity for All • Justice • Integrity • Collaboration • Holding hope & Eliminating stigma • Positivity • Capacity building
Safety	For all who provide and receive services from SCCBHS, including staff, clients, contractors, partners, stakeholders, and our community at large. Safety includes physical, emotional and self-care when at county facilities, remote work setting and/or in community

WORK PLAN GOAL CATEGORIES

1. Access to 24/7 Services (Timeliness, Crisis Services, Authorization, Network Adequacy)
2. Evidence Based Practices / Effectiveness of Services
3. Coordination of Care
4. Beneficiary Satisfaction & Involvement
5. Documentation Standards Compliance
6. Quality Improvement
7. Workforce Development

GOALS

Category #1: Access to 24/7 services (Timeliness, Authorization, Network Adequacy)

Goal / Requirement	Plan	Goal Sponsor	Action Steps	Measurement																									
<p>1.1: Medi-Cal beneficiaries who request BH services from the MHP during FY 23-24 will be screened utilizing the Screening Tool. 90% will be referred to the MHP, MCP and/or DMC-ODS (SUD) for assessment.</p> <p>Requirement: BH MHP Contract & CalAIM (Also aligns with BH Strategic Plan Goal #3)</p>	MHP	Adult & Children's MH Access Teams	<ul style="list-style-type: none"> ❖ Update & ensure Avatar reports track Work Plan Goal activity. ❖ QI to implement County BH MHP quarterly monitoring and reporting for FY 23-24. 	<p>Tracking distribution of referrals.</p> <p>Data source: AVATAR Screening Tool Outcomes Report</p>																									
<p>Review Findings: <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met / Further work <input type="checkbox"/> Not Met</p> <p>FY 23-24 Data: Screening Tool Outcome</p> <table border="1"> <thead> <tr> <th></th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Adult & Youth Screening Tool referred to MCP</td> <td>43%</td> <td>41%</td> <td>47%</td> <td>38%</td> </tr> <tr> <td>Adult & Youth Screening Tool referred to MHP (internal referral)</td> <td>53%</td> <td>56%</td> <td>50%</td> <td>56%</td> </tr> <tr> <td>Adults & Youth already being served (no referral needed)</td> <td>4%</td> <td>3%</td> <td>3%</td> <td>5%</td> </tr> <tr> <td>Total % referred</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table>						Q1	Q2	Q3	Q4	Adult & Youth Screening Tool referred to MCP	43%	41%	47%	38%	Adult & Youth Screening Tool referred to MHP (internal referral)	53%	56%	50%	56%	Adults & Youth already being served (no referral needed)	4%	3%	3%	5%	Total % referred	100%	100%	100%	100%
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<p>1.2: By close of FY 23-24 BH will participate in a closed-loop multi-agency referral tracking system when outcome of the screening tool determines the beneficiary will be externally referred for assessment.</p> <p>Requirement: CalAIM (Also aligns with Strategic Plan Goal #3)</p>	MHP & DMC-ODS	MHP & DMC-ODS Clinical Teams	<ul style="list-style-type: none"> ❖ County BH will work with SCHIO and community partners to develop a closed-loop referral tracking system by Jun 30, 2024. 	Tracking referrals through Unite Us
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<p>Review Findings: <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met / Further work <input type="checkbox"/> Not Met</p>	
Quarter 1 Report	BH part of phase 1 of HSA launch of Unite Us; working with SCHIO to launch; utilizing Unite Us for both PIPs (FUA / FUM); Unite Us staff enrollment / training underway
Quarter 2 Report	Initial use of Unite Us is underway; QI team receiving training for data pulls; begin engagement with Carelon (MCP) to gather their participation with Unite Us
Quarter 3 Report	SUN with successful referrals through Unite Us which led to care linkage and closed loop FUA referrals; on-going efforts to engage Carelon (MCP) in use of Unite Us
Quarter 4 Report	MCP will not participate in Unite Us, minimal use by County BH, decision is to cease use of Unite Us and continue to utilize the excel spreadsheet to track closed loop referrals. Although Unite Us did not work out, staff are consistently tracking closed-loop referrals.

<p>1.3: 80% of Youth Medi-Cal beneficiaries who seek mental health services (and if administered, Youth Screening Tool indicates SMHS assessment) from the MHP & Contract Partners will be offered an assessment appointment within 10 business days.</p> <p>Requirement: BH MHP Contract & 42 CFR § 438.68</p>	MHP	Children’s BH	<ul style="list-style-type: none"> ❖ Identify Children’s BH Gate leads to monitor outcomes ❖ Update Avatar reports to connect screening outcomes to first offered appointments/ services 	Data Sources: SRDL Timeliness Report & Screening Outcomes Report
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<p>Review Findings: <input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met / Further work <input type="checkbox"/> Not Met</p>					
<p>FY 23-24 Data:</p>					
	Q1	Q2	Q3	Q4	Fiscal Year average
<p>% of youth offered assessment w/in 10 business days:</p>	73%	81%	76%	73%	76%

<p>1.4: MHP & DMC-ODS staff will be able to define what qualifies as an Urgent service. Urgent service requests will be tracked in the Service Request & Disposition (SRDL) to ensure individuals needing Urgent access to treatment are served within network adequacy requirements.</p> <p>Requirement: BH MHP & DMC-ODS contract & CCR Title 9 § 1810.440 & 42 CFR § 438.68</p>	MHP & DMC-ODS	QI & all Clinical Teams	<ul style="list-style-type: none"> ❖ QI will re-train providers on Network Adequacy Standards ❖ Publish an Urgent Definition and workflow (No Auth and Prior Auth) 	<p>Measure: Timeliness of Urgent Requests</p> <p>Data source: Training Pre & Post Tests; SRDL</p>
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Review Findings: Met Partially Met / Further work Not Met
The QI Team / Clinical Leads were not able to devote time to this goal in FY 23-24.

<p>1.5: The Plan will monitor success of 24/7 crisis / access 800# to ensure callers receive information regarding access to services, and that callers are served in their preferred language. 75% of After-Hours test calls will be recorded appropriately (name, date, & disposition) A minimum of 20% of test calls will be completed in Spanish</p> <p>Requirement: BH MHP & DMC-ODS contract</p>	MHP & DMC-ODS	BH Quality Improvement & Contract Partner Community Connections	<ul style="list-style-type: none"> ❖ Conduct test calls (English & Spanish; business hours / after-hours). ❖ Track performance ❖ After-Hours contract partner will provide QI with their internal QA analysis x2/month & BH QI will review. 	Data source: DHCS 800# test call report & DMC-ODS tracking report
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Review Findings: Met Partially Met / Further work Not Met

FY 23-24 Data:

	Q1	Q2	Q3	Q4	Fiscal Year average
% After-Hours tests calls recorded appropriately:	81%	72%	77%	88%	79.5%

Review Findings: <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met / Further work <input type="checkbox"/> Not Met					
FY 23-24 Data:					
	Q1	Q2	Q3	Q4	Fiscal Year average
% of test calls completed in Spanish:	35%	31%	33%	18%	29%

Category #2: Evidence Based Practices / Effectiveness of Services

Goal / Requirement	Plan	Goal Sponsor	Action Steps	Measurement	
2.1: 100% of clients who transfer from the MHP to MCP will have a completed Transition of Care Tool. DHCS Requirement: CaAIM (aligns with Strategic Plan Goal #1)	MHP	MHP Clinical Teams & Access Teams	❖ Identify key staff to monitor report	Data Source: AVATAR Transition Tool Outcome Report	
Review Findings: <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met / Further work <input type="checkbox"/> Not Met FY 23-24 Data:					
	Q1	Q2	Q3	Q4	Fiscal Year average
% of client with a Transition of Care Tool:	100%	100%	100%	100%	100%
2.2: DMC-ODS staff will use one or more Evidence Based Practices for 90% of all counseling services provided. DHCS Requirement: BH DMC-ODS contract	DMC-ODS	DMC-ODS Clinical Teams, all LOC	❖ EBP training will be offered to all DMS-ODS staff annually.	AVATAR Billing Report showing the EBP usage Attendance Sheets at staff EBP training	
Review Findings: <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met / Further work <input type="checkbox"/> Not Met FY 23-24 Data:					
	Q1	Q2	Q3	Q4	Fiscal Year average
% of notes with EBP documented:	100%	100%	100%	100%	100%
County DMC-ODS offered a training to all BH providers, including contract partner staff regarding Trauma-Informed Care via an SUD lens.					

Category #3: Coordination of Care

Goal / Requirement	Plan	Goal Sponsor	Action Steps	Measurement
<p>3.1: BH will liaise at least quarterly with HSD Family & Children’s Services (FCS) Nurse to obtain metabolic monitoring data for foster care youth who are prescribed antipsychotic medication by the MHP.</p> <p>DHCS Requirement: EQRO / HEDIS measure tracking</p>	MHP	Children’s BH	<ul style="list-style-type: none"> ❖ Identify Children’s BH staff liaison ❖ Quarterly meetings with FCS ❖ Creation of tracking log 	Data source: tracking log
<p>Review Findings: <input type="checkbox"/> Met <input type="checkbox"/> Partially Met / Further work <input checked="" type="checkbox"/> Not Met</p>				
Quarter 1 Report	QI is working with Children’s MH Management to develop a plan & tracking source.			
Quarter 2 Report	Children’s MH have quarterly meetings with FCS colleagues.			
Quarter 3 Report	Determined the staff roles are complex in monitoring and tracking this data. Quarterly meeting did not occur.			
Quarter 4 Report	Goal will be continued on QI Work Plan in FY 2024-2025			
<p>3.2: Beneficiaries with an Opioid Use Disorder (OUD) will increase their length of continuous treatment in an OUD program.</p> <p>DHCS Requirement: BH DMC-ODS contract / PIPs)</p>	DMC-ODS	DMC-ODS / Janus of Santa Cruz	❖ Coordinate with POD workgroup	Data source: POD Workgroup data
<p>Review Findings: <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met / Further work <input type="checkbox"/> Not Met</p>				
Quarter 1 Report	Background / problem statement / overview of the PIP shared with QIC.			
Quarter 2 Report	Santa Cruz County rates for successful on-going pharmacotherapy for OUD = less than the State average. Overall treatment episodes for OUD increased yearly. Goal = increase care coord for clients with OUD diagnosis.			
Quarter 3 Report	PIP report submitted to the State; slow progress on intervention due to staff turnover at Janus of SC.			
Quarter 4 Report	Work to embed the Needs Assessment in the Electronic Health Record for sustainability of the project SUD Stakeholder group to meet to discuss continuation (or not) of this PIP			

Category #4: Beneficiary Satisfaction & Involvement

Goal / Requirement	Plan	Goal Sponsor	Action Steps	Measurement												
<p>4.1: The Plan will evaluate beneficiary requests to change treatment providers, grievances, appeals and fair hearings in accordance with the Managed Care Program Annual Report (MCPAR) requirements. 80% of change in provider requests will be resolved within 30 days.</p> <p>DHCS Requirement: BH MHP & DMC-ODS contracts & CCR Title 9 § 1810.440</p>	MHP & DMC-ODS	BH Quality Improvement	<ul style="list-style-type: none"> ❖ Update the change in provider form to collect specific data on reasons for change in provider requests. ❖ Implement data tracking (BHET database) method to track & analyze reasons for provider requests. 	Data source: BHET Database												
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<p>4.2: BH will identify one (1) operational improvement each, for MHP & DMC-ODS, based on consumer feedback from annual consumer surveys, and define improvement strategies based on the identified improvement need.</p> <p>DHCS Requirement: BH & DMC-ODS contracts & CCR Title 9 § 1810.440</p>	MHP & DMC-ODS	BH Quality Improvement	<ul style="list-style-type: none"> ❖ Review surveys ❖ Identify improvement ❖ Plan / implement improvement strategies 	Data source: annual CPS & TPS surveys												
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Quarter 4 Report	Data regarding 2024 MHP surveys collected was shared; Information about DMC-ODS 2024 survey shared.															

Due to exceptional & on-going demands on the QI team, the team was unable to go more in-depth on this goal.

Category #5: Documentation Standards Compliance

Goal / Requirement	Plan	Goal Sponsor	Action Steps	Measurement
<p>5.1: BH will monitor CalAIM documentation reform compliance in monthly UR meetings which will meet the DHCS contract requirements, including client involvement in their care. 90% of MHP clients that require a care plan will have a care plan completed in their chart. 90% of DMC-ODS clients will have documented medical necessity for care coordination.</p> <p>DHCS Requirement: CalAIM & CCR Title 9 § 1810.440</p>	MHP & DMC-ODS	BH Quality Improvement	<ul style="list-style-type: none"> ❖ Conduct monthly UR meetings for Children’s MH, Adult MH & DMC-ODS at least 10x/year to review documentation. ❖ Track care plan completion & documentation of medical necessity for care coordination in log 	Data source: Tracking log
<p>QI team was unable to come up with a reliable method to track the % of care plans completed (MHP) and medical necessity progress notes (DMC-ODS), thus the team reported out on documentation trainings and support provided to the Plans during the fiscal year.</p> <p>Review Findings: <input type="checkbox"/> Met <input type="checkbox"/> Partially Met / Further work <input checked="" type="checkbox"/> Not Met</p>				
Quarter 1 Report	Report out on new progress note template for TCM Care Plan (MHP).			
Quarter 2 Report	Spot check of DMC charts demonstrated 77% of the time a medical necessity progress note was in charts and fo MHP 67% of the time TCM Care Plan progress notes were in the chart.. SUBG care plan template also created for DMC-ODS.			
Quarter 3 Report	Report out on progress note timeliness which demonstrated SUD / MHP in compliance with new progress note timeliness of 3 days and crisis team in compliance with 24 hour progress note timeliness for the providers who included service start time in their progress notes.			
Quarter 4 Report	Report out on QI documentation trainings and improvements accomplished in FY 23-24			
<p>5.2: BH will implement a documentation training structure that allows quality</p>	MHP &	BH Quality Improvement	❖ Creation of work group & conducting regularly	Data source: Workgroup meeting

improvement staff to work collaboratively with clinical supervisors to ensure all staff receive training, guidance and supervision regarding existing and new documentation & reporting requirements, including the CalAIM initiative (BHIN Implementation Project).	DMC-ODS		scheduled meetings / follow-up work ❖ QI team to learn Relias skillset	agendas / minutes; Training Dates, Training Attendance Records in Relias
DHCS Requirement: CalAIM				

Review Findings: <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met / Further work <input checked="" type="checkbox"/> Not Met	
Quarter 1 Report	PSC project is to review and potentially implement CalAIM assessment form, including training needs and timelines.
Quarter 2 Report	Continued PSC work on CalAIM assessment includes pilot of form and timelines recommendations to sr. leadership
Quarter 3 Report	PSC / QI working on training for CalAIM assessment form to go live with all MH programs.
Quarter 4 Report	PSC focused on discharge planning, discharge documentation requirements and closing client to BH services when indicated.

Category #6: Quality Improvement

Goal / Requirement	Plan	Goal Sponsor	Action Steps	Measurement
6.1: BH will meet the annual criteria for Performance Improvement Projects, one clinical and one non-clinical for each Plan, as well as PIPs that track DHCS required reporting measures (Follow-Up after Hospitalization measures & Opioid Treatment measures). DHCS Requirement: BH MHP & DMC-ODS contracts	MHP & DMC-ODS	BH Quality Improvement & BH Clinical Teams	❖ Coordination with PIP workgroups	Data Source: PIP workgroup reports & BHQIP reports

Review Findings: <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met / Further work <input type="checkbox"/> Not Met				
MHP & DMC-ODS consistently has had 4 active PIPs. Santa Cruz BH works with a consultant firm who supports with PIPs. The PIPs were reported out on regularly at the QIC meetings.				

Category #7: Workforce Development

Goal / Requirement	Plan	Goal Sponsor	Action Steps	Measurement												
<p>7.1: By close of FY 23-24, BH will develop and implement a leadership development training program with a focus on equity for supervisors, managers, and directors.</p> <p>Requirement: N/A (Also aligns with Strategic Plan Goal #4)</p>	MHP & DMC-ODS	BH Senior Leadership	❖ Senior Leadership to work with Strategic Planning workgroup	Data source: Pre / post-test of workforce training												
<p>Review Findings: <input type="checkbox"/> Met <input type="checkbox"/> Partially Met / Further work <input checked="" type="checkbox"/> Not Met</p> <p>BH leadership was unable to devote time to this goal this year. BH Director met with HSA leadership who consolidated / updated the agency Strategic Plan goals.</p> <p><u>Updated consolidated HSA objectives:</u></p> <ul style="list-style-type: none"> By June 2025, HSA will identify and define key equity-focused and behaviorally-based performance indicators for leadership and staff. By June 2025, HSA will develop a baseline assessment method of the equity-focused performance indicators to inform the HSA training plan needs. 																
<p>7.2: BH will demonstrate compliance with cultural and linguistic competence requirements by increasing attendance in the overall completion of CLAS hours.</p> <p>DHCS Requirement: BH MHP & DMC-ODS contracts</p>	MHP & DMC-ODS	BH Supervisors, Managers & Directors	❖ Supervisors of all levels to require completion of CLAS hours and ensure staff have work hours to complete the training.	Data source: Relias report showing the staff CLAS hour completion rates												
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