

2018 Report

Performance and Quality Improvement



## I. Introduction

BestSelf Behavioral Health (BBH) works to foster a culture of excellence and continuous Quality Improvement. BBH Quality Improvement (QI) department was created as a result of the merger between Child & Adolescent Treatment Services (CATS) & Lakeshore Behavioral Health (LSBH). BBH serves children from two years old through adulthood, and offers homeless services, substance use disorder treatment, mental health treatment, as well as after school programming and mobile community counseling. The agency has 47 mental health and substance abuse clinic satellites.

The following vision and mission statements show the steps BBH is taking to become a data driven organization. BBH is committed to providing the best quality services to our clients, and as the Quality Improvement Department grows BBH is capable of taking on more projects for the betterment of BestSelf

### Vision Statement

Empowering everyone to be their BestSelf.

### Mission Statement

To provide innovative, evidence-based, accessible, and family-focused behavioral health services to promote health, hope, recovery, and an enhanced quality of life.

BestSelf Behavioral Health provides effective, accessible, and family focused behavioral health services to promote health, hope, recovery, and an enhanced quality of life.

At the time of the merger the Chief Compliance Officer from LSBH and The Director of Quality Improvement implemented Quality Improvement projects as defined by state regulatory bodies and specific needs identified within each program. As a result of the merger the position of Vice President of Quality Improvement & Accreditation was created and fulfills implementation of quality improvement projects. The VP of Quality Improvement & Accreditation reports to the Chief Compliance Officer.

A commitment to Performance and Quality Improvement is crucial to the health and sustainability of the organization. Changes in terms of valued based payments and Delivery System Reform Incentive Payment (DSRIP) projects require the agency to be even more focused in terms of quality improvement in order to maintain fiscal sustainability. BBH has worked to develop the capacity to manage the data that is necessary to drive performance as to provide the infrastructure to support true quality improvement projects and initiatives.

## BestSelf Beliefs

- We believe strong, healthy families provide the foundation for emotional well-being.
- We believe every individual is unique and recovery is possible.
- We believe quality behavioral healthcare is accessible, person-centered and holistic.
- We believe inclusion of peers, families and significant others in services promotes successful outcomes.
- We believe in culturally competent and trauma-informed services.
- We believe engaged employees are essential.
- We believe in innovative, evidence-based interventions.
- We believe in collaboration and community partnerships.
- We believe in community education and advocacy to combat stigma.

The Performance Quality Improvement(PQI) report is an opportunity to address the improvements BBH has made in operations and client services. Performance Quality Improvement (PQI) involves all aspects of the organization, and is the belief that there are always opportunities for BBH to change and transform for the improvement of clients and staff. This report is intended to review the projects BBH has addressed in the past year by providing data in a transparent fashion.

In 2018 the BBH Quality Improvement (QI) team was able to make a positive impact throughout the agency. In a few cases the team was unable to meet certain goals, but QI is on a continuous path of improvement and will continue to strive for success in 2019. As an agency, BBH believes in recognizing opportunities for growth and seeking to improve those areas. This past year BestSelf created a Vice President (VP) PQI Advisory Group, as well as a PQI Advisory Group where employees from all parts of the agency, from Vice Presidents and Nurses to Counselors and Customer Service Representative are invited to come and share opportunities for improvement, as well as brainstorm possible solutions. Through these Advisory Groups, the Quality Improvement department took on more than eight major initiatives to improve different facets of BestSelf identified as needing improvement.

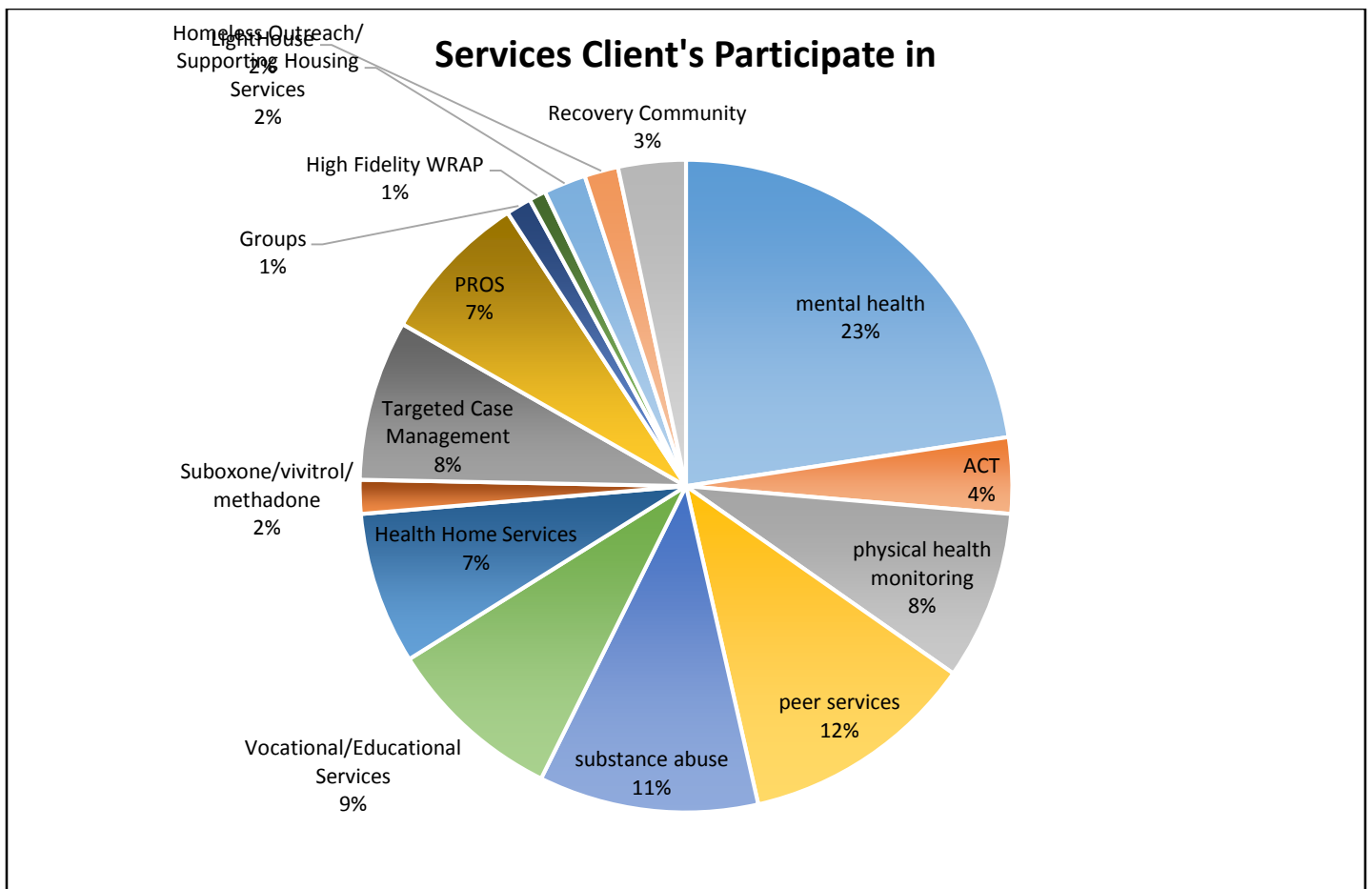
Please note, all data shown throughout this report is for the 2018 calendar year. Shown below are the dates for each quarter where the data was drawn from.

<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
January 1- March 31	April 1 –June 30	July 1 – September 30	October 1 – December 31

## II. Demographics

Demographics are important in understanding BBH clients as well as looking at different aspects of their lives. Although demographics do not tell the whole story, they are important to note. Below you will see that BBH serves a variety of people in the Western New York area with many of our services being utilized.

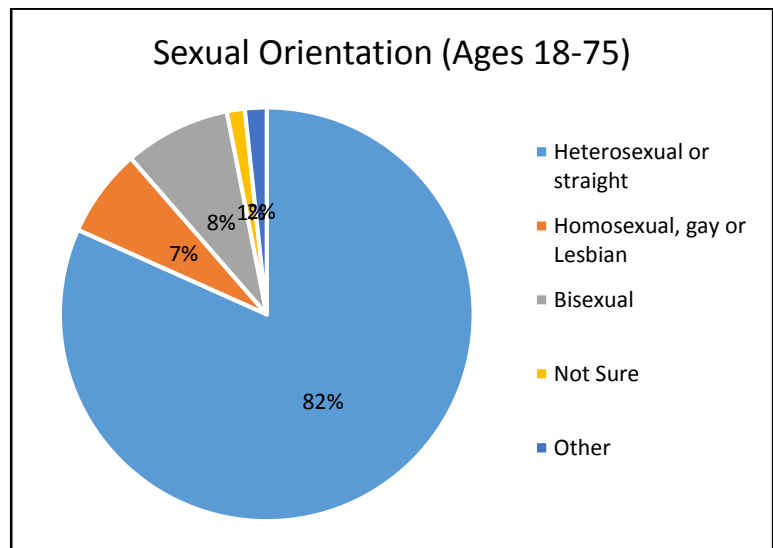
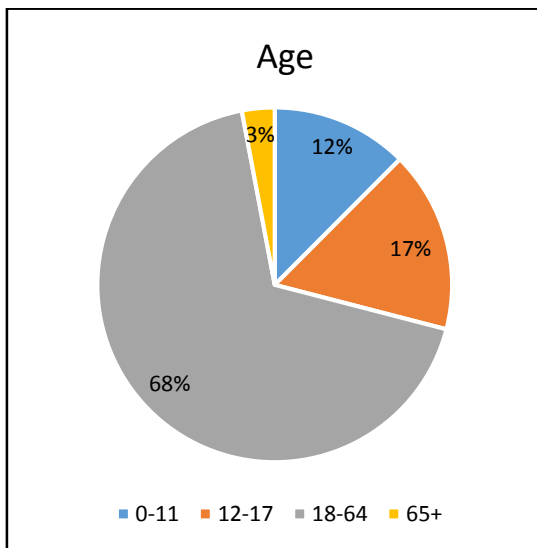
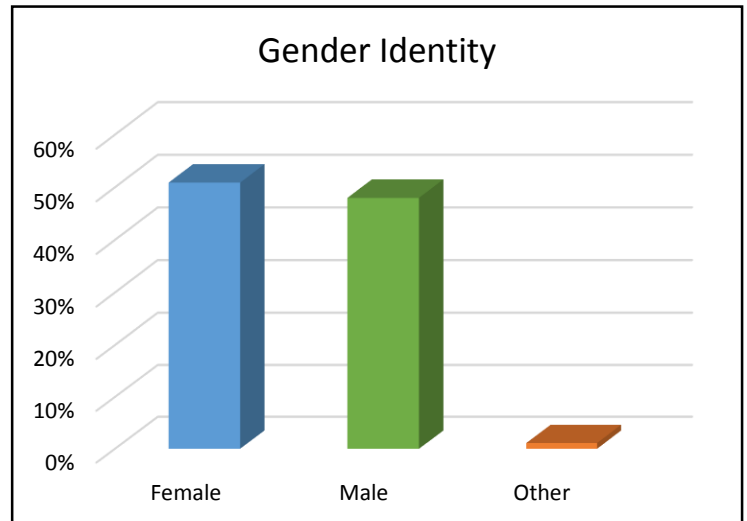
BestSelf conducted a Client Consumer Feedback Survey where one of the questions asked is “which services the client uses.” Of the clients who completed the survey, the most used service was Mental Health Services. Many of our services are also being utilized by our clients and the range of reasons that clients seek services is diverse.



The demographics for gender identity, age, and sexual orientation were taken from the Certified Community Behavioral Health Clinic (CCBHC) Assessment of Care Surveys conducted in 2018. Further information can be found in section IV, Outcomes.

Gender identity and age include both adult and child locations, while sexual orientation was only asked of adults. The amount of males and females we served are similar

with a small percentage not identifying as either male or female. The vast majority of clients are between the ages of 18 and 64, and the majority identify as heterosexual.



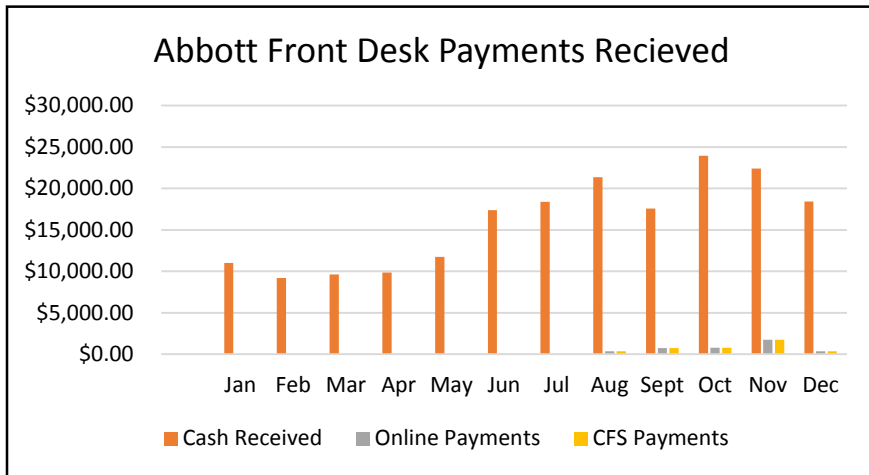
### III. Outputs

Per Council on Accreditation (COA), “outputs are the amount of something you are providing.” These measures were taken from data provided by the Business Intelligence (BI) team and processed by BestSelf’s Quality Improvement Department. Quality Improvement projects include Front Desk Standardization and continuous monitoring of the Delivery System Reform Incentive Payment (DSRIP) measures. “DSRIP’s purpose is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years. Up to \$6.42 billion dollars are allocated to this program with payouts based upon achieving predefined results in system

transformation, clinical management and population health.”<sup>1</sup> Below you will see the output for these projects.

### Front Desk Fee Collection Project

May 14<sup>th</sup> Meeting, Implement in July



#### On Target

With the implementation of this project in June by the Quality Improvement Department, there was an increase in cash received. Overall, the fee collection project has allowed BestSelf to help clients maintain their financial health. In comparing the first half of 2018 to the second half when QI became involved in this project, it is important to note, there was an increase of more than \$57,000 collected.

#### Plan

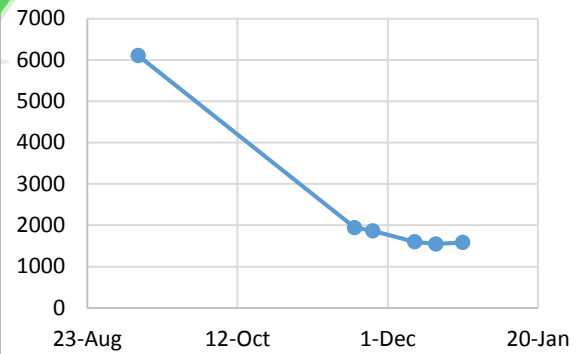
The QI Department is monitoring the Front Desk Script. The next phase of this project involves addressing the accounts that are delinquent. We hired and trained a Client Financial Specialist to work with our clients on their balances and to help them attain insurance if necessary.

<sup>1</sup>Department of Health. (2018, December). Retrieved January 28, 2019, from [https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrjp](https://www.health.ny.gov/health_care/medicaid/redesign/dsrjp)

### On Target

An issue was encountered where services in the system did not have a corresponding note or was not marked as cancelled/ no show. In August of 2018, the number of unresolved services was 6,106, but by focusing our efforts on this measure we saw a significant improvement made. By the end of 2018, the number of services was down to 1,585.

### Unresolved Services

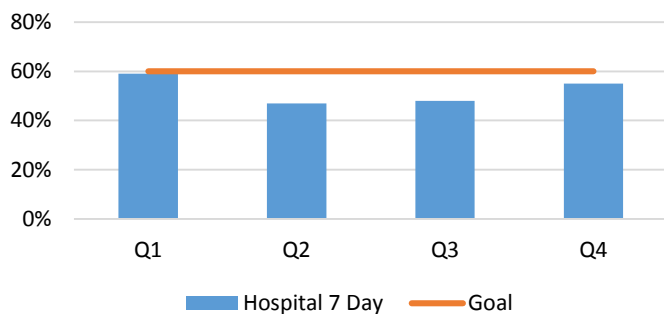


### Plan

A new solution was found for transcription which will improve future unresolved services. Instead of physical devices that have to travel through interoffice mail, BBH now has a portal where prescribers call in and record their transcription. This has already resulted in an improvement in unresolved services.

## DSRIP Projects

### 7 Day Follow-up After Hospitalization

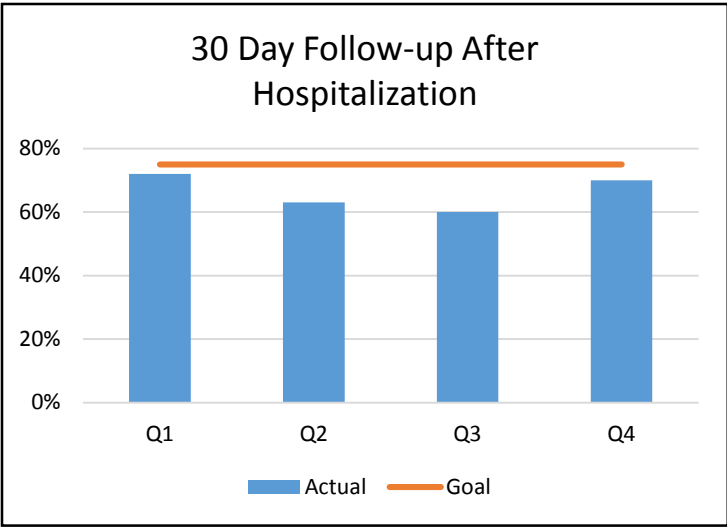


### Improved

BBH staff acts as a Bridger/liaison who visits ECMC to meet with patients, build rapport and encourage the patients to attend services at BestSelf. The improvement in this measure is due to increased coordination with the front desk staff and the Bridger to ensure clients who do not attend their first appointment

### Plan

During the December 2018 PQI meeting, the team suggested possible improvements to consider. Program Directors and Senior Management are working on standardized work flows to address the clients who are not attending their first appointment after hospitalization. Increased collaboration with Central Intake and Health Home workers is also being implemented. In 2019, BBH has expanded the Bridger position to include home visits if the client does not attend their first visit



**Improved**

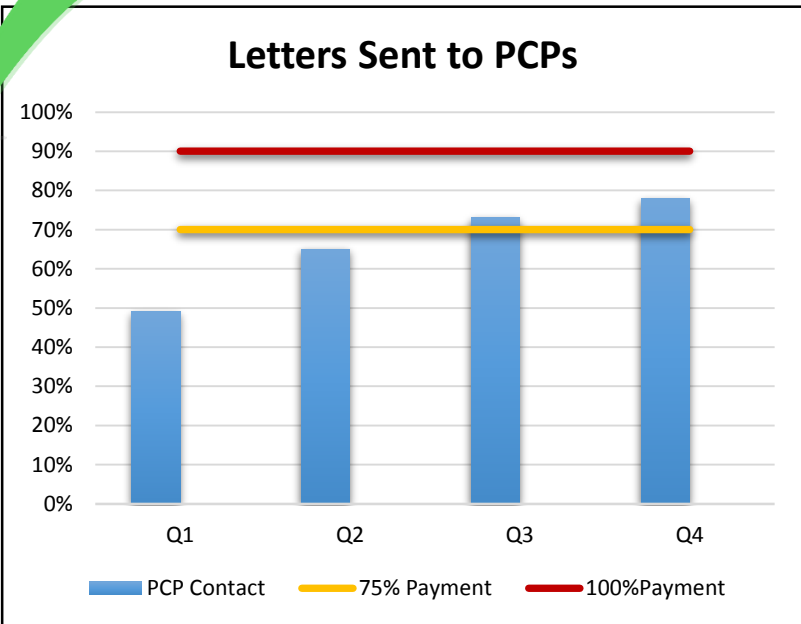
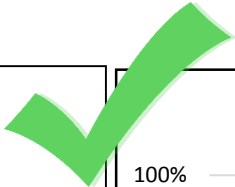
The agency goal is to see the clients within the first seven days of discharge from the hospital. If this goal is not met, a continued effort is made to work with them within the first 30 days. If BBH stays the course, we can meet the benchmark of 75%.

**Plan**

Q1 continues to monitor this metric and emphasize the importance of serving high risk clients regularly. The PQI Advisory Group also continues to discuss and make suggestions to improve this metric.

**On Target**

BestSelf’s Quality Improvement Department has been sending letters to our clients’ Primary Care Physicians informing them their clients are also being seen by BestSelf in order to coordinate care. In the last two quarters of the year, this measure has shown continuous increase over the quarters due to our ongoing efforts.

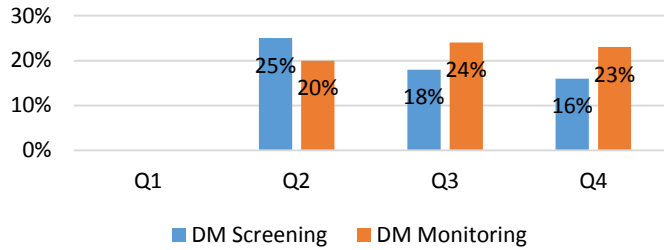


**Plan**

In order to more effectively coordinate care with PCPs, letters should contain more complete client information. BBH implemented to this end a release of information (ROI) blitz which is continuing into the first quarter of 2019. Updated releases will allow the QI team to send regular and complete correspondence to our PCP partners.



### DM Screening and Monitoring with LDL Bloodwork in 12 months



### Room for Improvement

A diabetes monitoring (DM) report is run through PSYCKES showing clients of BestSelf with diabetes who need LDL bloodwork. This DSRIP measure is monitored and the goal is at least 5% improvement from quarter to quarter.

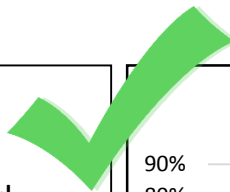


### Plan

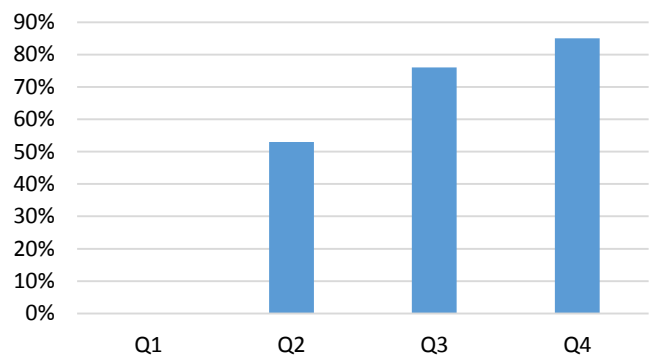
Each quarter we receive a new report from the Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) indicating any clients who are flagged as needing LDL – Lipid Panel bloodwork. Since the denominator for this metric is small, the Quality Improvement Department coordinates closely with clients and nurses at each site to ensure this metric is met and the clients no longer have this flag in PSYCKES. This metric continues to be monitored by Quality Improvement who will work with the nurses to get bloodwork for any clients who need it.

### On Target

The QI Department worked in close coordination with Program Directors and Administration to ensure that client Health Reviews were completed yearly. This effort has caused a large jump in the metric over the last 18 months and is a continued project going into 2019.



### CVD and Schizophrenia

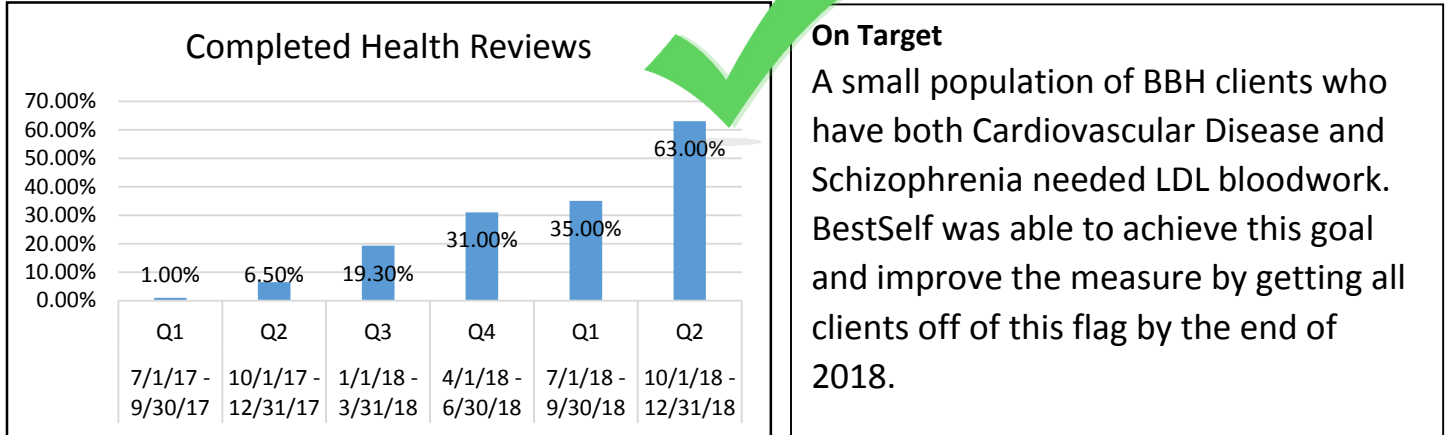


### Plan

The QI and Business Intelligence (BI) Departments will continue to send out a list of clients to the branches whose clients require bloodwork. QI will be follow up with Program Directors for responses. This project is ongoing in 2019.

## CCBHC Projects

CCBHC's quarters follow the beginning of the project and for BestSelf we began CCBHC in July of 2017. For accuracy purposes the data below shows data from July 1, 2017 through December 31, 2018.

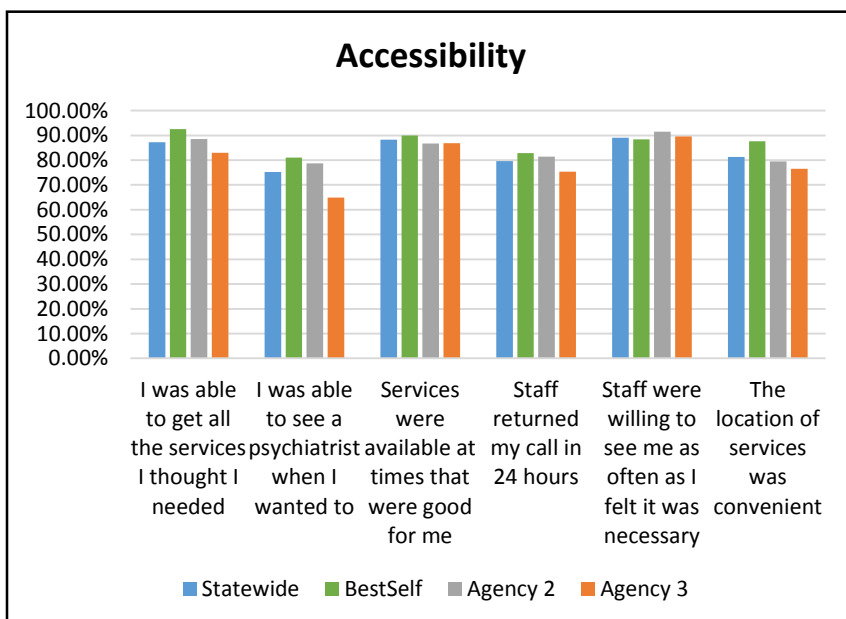


### Plan

Quality Improvement will continue sending out completion rates to Administration and Program Directors. The next step is to increase completed Health Reviews to 70% by April of 2019 and up to 86% at CCBHC Year End (June 30<sup>th</sup> 2019).

## CCBHC Output Survey Results

One last output that was measured by CCBHC in the output survey, further discussed in the Outcomes section of this report, is our agency's accessibility. The results of the CCBHC survey show BestSelf's scores alongside the average statewide score as well as scores for the two other CCBHC agencies in Western New York (WNY). This data allows comparisons with other organizations in our area, and shows areas of potential improvement in the quality of our services. As BBH outcomes were favorable, QI will work to maintain these positive metrics.



## IV. Outcomes

Outcomes differ from outputs in that outputs are numeric measures, whereas outcomes are sustainable changes which demonstrate that interventions worked and show that clients are getting better. Outputs are forms of Quantitative data while outcomes are Qualitative, which are observed and show a change in the client's wellbeing. Outcomes are more difficult to measure because they include a larger diversity of tools and measurements.

As an agency, BestSelf recognizes that collecting outcome data is challenging. In 2018, the Quality Improvement Department focused a large percent of our time on output measures. A new client satisfaction survey was developed in 2018, and the data will help us determine future QI projects. In 2019, QI plans to expand its influence to include more outcome measures. This can be seen in section VIII of this report, Future Plans.

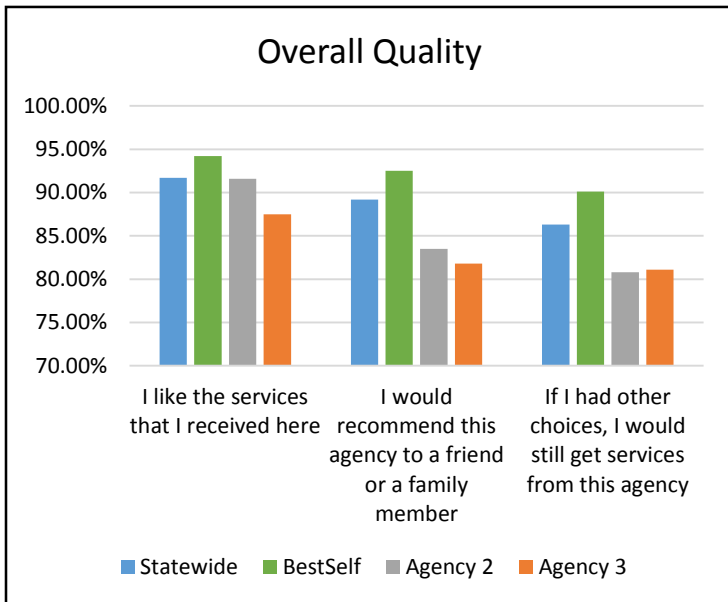
The outcome data shown in this report was taken from a survey conducted by the New York State Office of Mental Certified Community Behavioral Health Clinic (CCBHC). BestSelf Behavioral Health sent in surveys for 297 adults at our clinics as well as 257 surveys completed by the children's clinics.

Through this survey, the results for BBH are shown, as well as where they compare to State averages including two other CCBHC programs in the area. The data provided are highlights of our results. The following link will provide the data collected for all participating agencies throughout NY State.

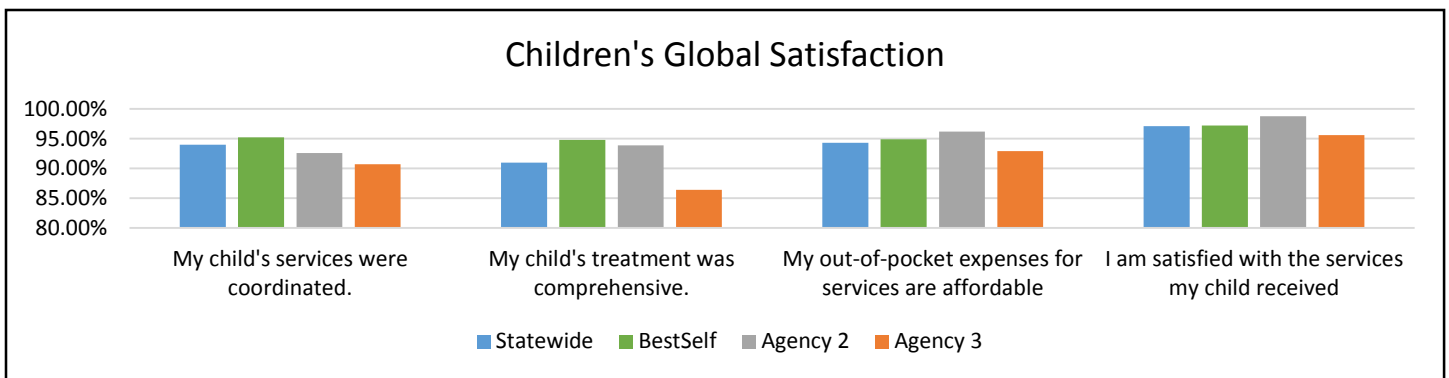
The data from these surveys also includes a comparison of BestSelf to other agencies in New York, and specifically the WNY area. BestSelf is

above the average in the majority of positive outcomes on our client's lives as can be seen in the above table comparing BBH results to the state's average.

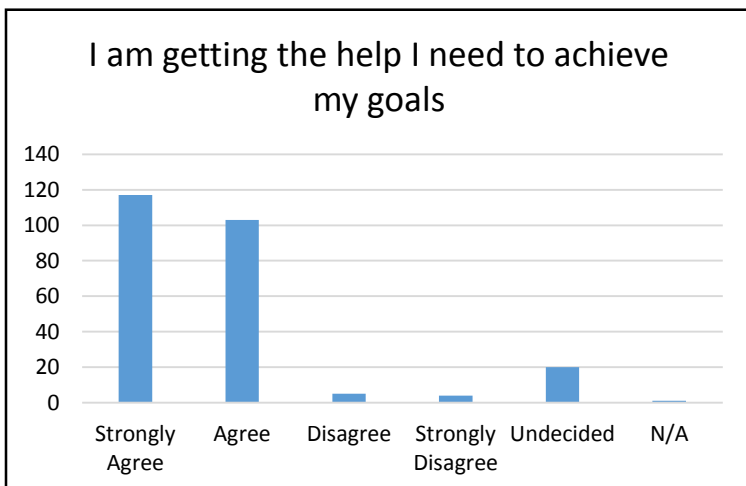
Item Description	BestSelf % Positive	Statewide % Positive
I am better able to control my life	81.9%	79.3%
I am better able to deal with crises	79.4%	77.0%
I am getting along better with my family	71.6%	73.0%
I deal more effectively with daily problems	80.9%	80.8%
I do better in school and/or work	68.2%	65.2%
I do better in social situations	67.3%	68.6%
My housing situation has improved	65.5%	63.0%
My symptoms are not bothering me as much	71.6%	66.8%



Other promising results received by BBH from the CCBHC surveys were the “Overall Quality” data for the adults and the “Global Satisfaction” for the children. Similarly, to the Outcome data, BBH overall ranked higher than the state average and the other two CCBHC agencies in WNY. These results reflect BBH’s continuous positive impact on clients and the WNY community.



## V. Client Satisfaction



BBH clients voice their opinions about their services through their completion of the Client Consumer Satisfaction Survey. Of the surveys completed at the end of 2018 the vast majority of BBH clients felt as if services were helping them achieve the goals they set in place. This is an accomplishment for everyone in the BestSelf community.

## **VI. Recognition**

QI would not have been able to make such an impact without the help and support from others at BestSelf. QI would like to recognize some individuals who have gone above and beyond to support the projects and implement the processes for the betterment of the agency and clients.

Kim Faulhaber and Joe DiStasio, as well as Kathleen Delano and the Abbott Corners Staff were very instrumental in supporting the Front Desk Fee Collection project. Through their support QI received the cooperation needed and are seeing significant results in fee collection at the Abbott location. The Billing Department's help and cooperation has also made a large impact on the success of the project.

The unresolved services project was taken over by Cindy Euler in late 2018. Her diligence with this project ensured its continued success.

Liz Woike-Ganga and Margery Stanton were a huge part of the increased success of the follow-up after hospitalization project. They were able to secure the funding from Millennium for the Bridger position. Thank you for the hard work and support.

Thank you to Jim Butcher and the nursing staff for working so hard on completing the BMI for the Health Reviews. It is due to their efforts that we have seen such great results. Good Job!

The COA Accreditation project has required the cooperation of many people and departments. Each and every person's help is appreciated, however, a couple of individuals have really stepped up and helped make progress in the written policy. Patrick Silver has been extremely helpful in terms of input and cooperation on the COA project. Kim Luce has put together a COA workgroup for the Building Brighter Futures/ School-Based Programs to assist on creating and gathering the required evidence for their standard.

Kelly Whitman and her team, Stephen White, Nadia Pizarro, and Tye Pope are appreciated for all their help with the policies and procedures for their programs.

Many thanks to Kevin Weise, David Jones, and their team at BI and IT for all their help in data collection, dashboard development which keeps the accuracy of our data strong.

## VII. Future Improvement Plans

The BBH QI Department will continue to monitor all of 2018 projects as well as initiating several new projects. Below is the list of the 2019 projects.

1. Improvement of Fee collection/ Front Desk Standardization- collect the fees that are owed to the agency and to standardize front desk work flows.
2. Time to Second Appointment- Clients should receive their second appointment within one week of initial intake.
3. Mental Health follow up after Hospitalization- 7 & 30 Days- High risk clients should be seen by out clinicians within seven days of hospital discharge or thirty days if the seven-day target is missed.
4. Depression Remission at Discharge- we want those clients that have a diagnosis of Depression to experience a lower score on their PHQ-9.
5. Completion of COA accreditation/Review of Policy/Procedures- The agency will achieve the COA Accreditation and complete updated policy and procedure manuals.

### Contact Us!

If you have any questions or feedback about this report, please contact Claire Haumesser by email or phone.

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