

Q1, 2019

Performance and Quality Improvement

best|self™

BEHAVIORAL HEALTH

# I. Introduction

BestSelf Behavioral Health (BBH) works to foster a culture of excellence and continuous Quality Improvement. BBH serves consumers 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. BBH 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 and move forward on the path of continuous improvement. BBH is committed to providing the best quality services to clients, and as the Quality Improvement Department grows BBH is capable of taking on more projects for the betterment of BBH.

### 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.

The Performance and Quality Improvement (PQI) report is an opportunity to address the improvements BBH has made in operations and client services. Performance and 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 quarter by providing data in a transparent fashion.

Beginning this quarter, the PQI Quarterly Report shows not only larger QI Department projects, but also includes some individual program/department outcome measures that were chosen by the Vice Presidents (VPs) and Program Directors (PDs) in conjunction with the VP of Quality Improvement and Accreditation.

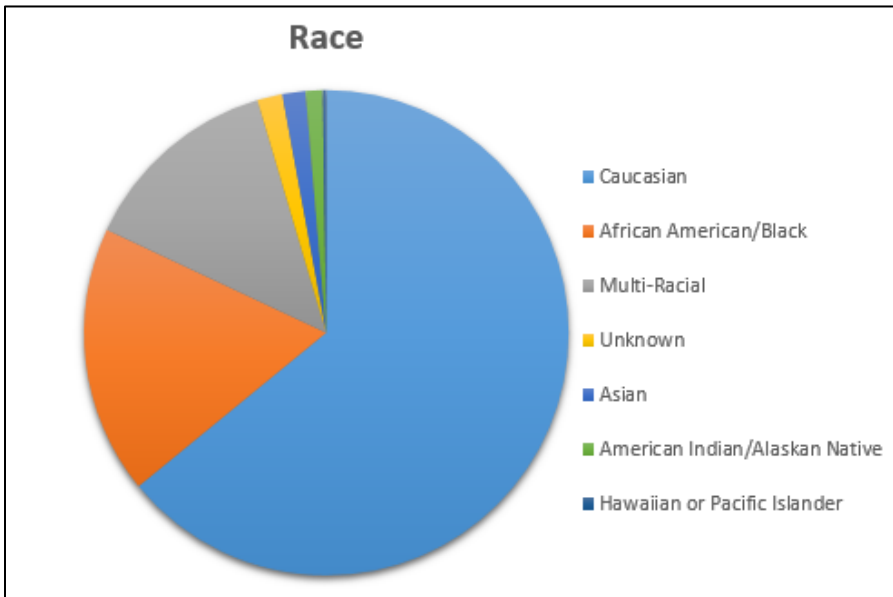
The following dates indicate the separation of quarters throughout the year. This report shows changes and improvements made in the first quarter of the 2019 year.

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

It is important to note, BBH is in its second year as part of the Certified Community Behavioral Health Clinic (CCBHC). The CCBHC year for BBH is July 1<sup>st</sup> to June 30<sup>th</sup> which makes the data collected for this PQI Quarterly report the data for Q3 of CCBHC.

## 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.

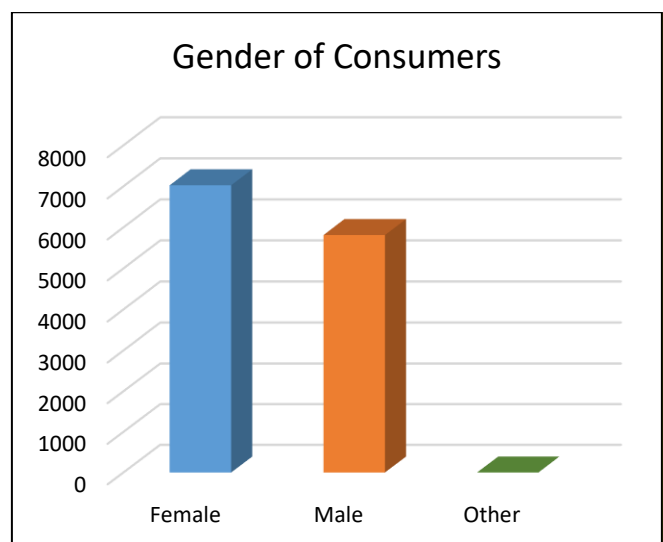
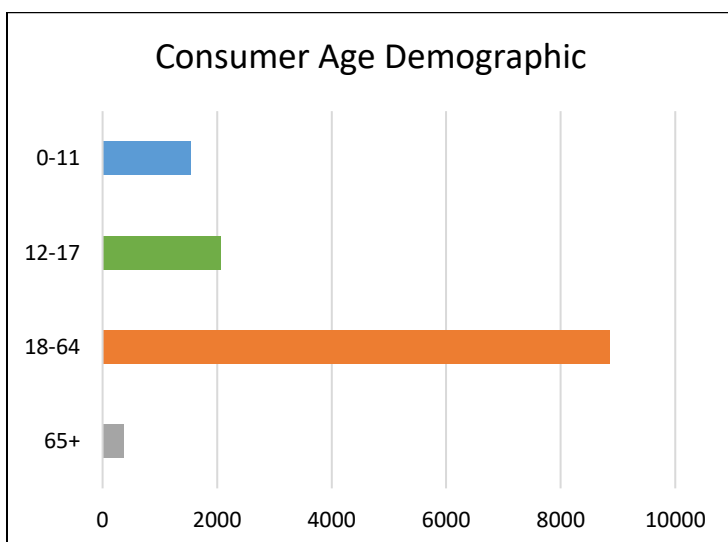


The demographics gathered were taken from data collected for Certified Community Behavioral Health Clinic (CCBHC) and unfortunately do not include other BBH programs outside of clinic based programs.

The majority of the clients BBH serves are Caucasian, African American, or Multi-Racial.

BBH clinics have served 13,252 clients since the beginning of the CCBHC year, July 1<sup>st</sup> of 2018. Since then, the amount of males and females we served are similar with a small percentage not identifying as either male or female.

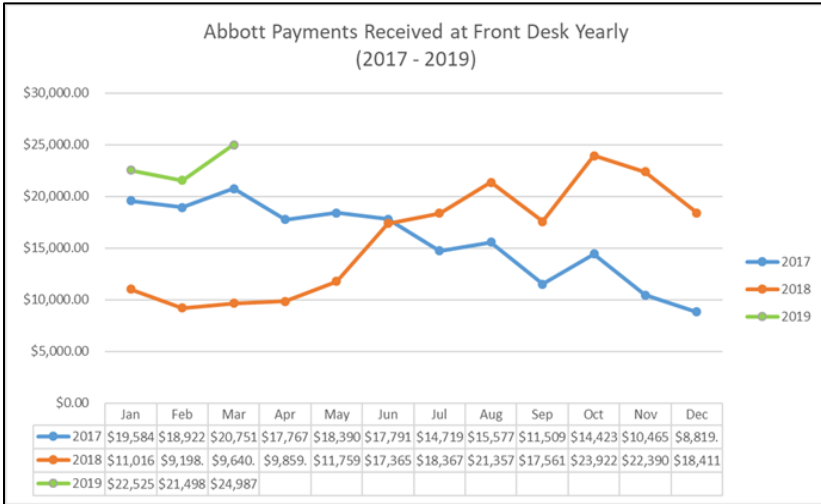
BBH serves clients of all ages and has the ability to serve consumers from the age of two through adulthood. The vast majority of BBH clients seen at the clinics are between the ages of 18 and 64. BBH clinics are the largest provider for children under the age of 18 in the Western New York (WNY) area. Therefore, a good portion of clients fall in the age demographic of ages 0-17.



### III. Previous Project Updates



#### Fee Collection Project:



Front office staff were retrained in regards to requesting payments for services. With the help of the office manager, QI continued to audit the process, adjusting and addressing certain things as needed.

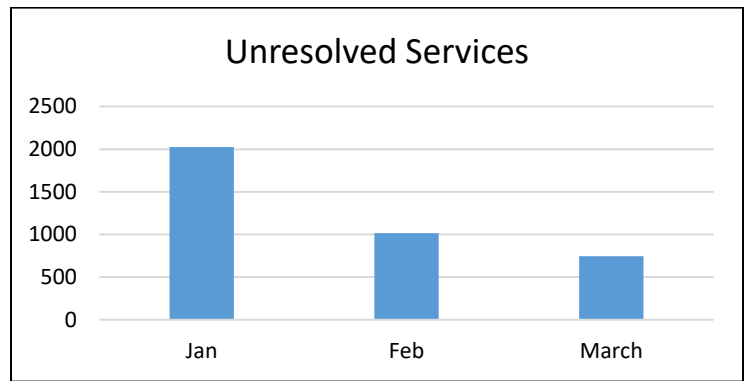
Abbott has more than doubled payments received in March 2019 compared to the amount received since before the start of the project.

Because of the project's success, the new Front Desk Fee Collection process will begin rolling out to all sites in May 2019.

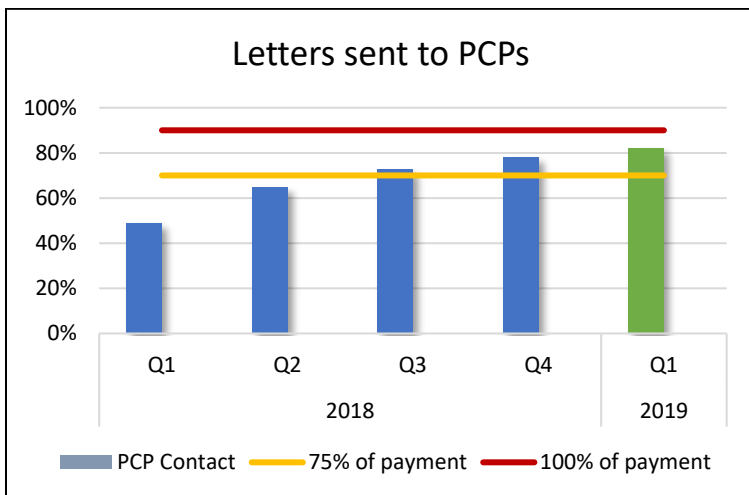
#### Unresolved Services:

In August 2018, the number of unresolved services was 6,106, but by focusing efforts on this measure, a significant improvement was made. In the first quarter of 2019, the amount of unresolved services was 746.

This project was handed off to the Revenue Cycle Manager, Cindy Euler, who continues to monitor and track this data.



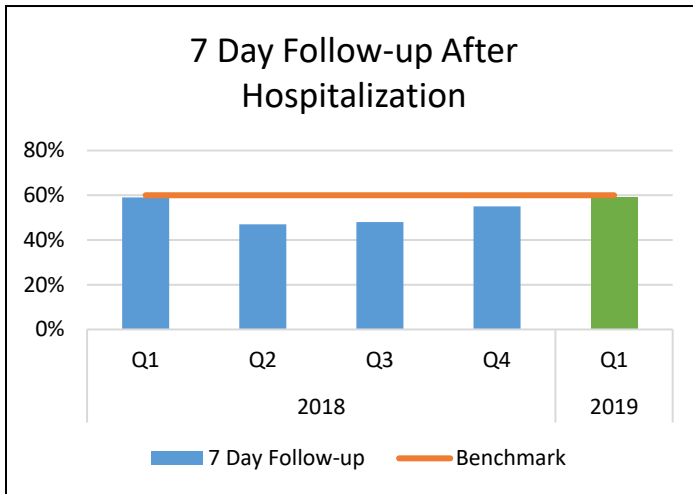
#### Letters sent to PCP:



The DSRIP CPWNY Letters project began with the creation of the QI Department in March 2018 and has seen a steady increase in the percentage of letters sent to primary care physicians (PCPs) to keep communication open.

The QI Department has prioritized this DSRIP project and continues to meet the metric. There is a shift in the project and BBH hopes to begin making the Part 2 data available for PCPs to access in upcoming months.

## IV. Outputs



### Improved

Since QI has focused on this measure, a gradual increase in this metric has been seen, but BBH has yet to hit the benchmark. This quarter BBH was only 1% away from the 60% benchmark. 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 receive follow-up.

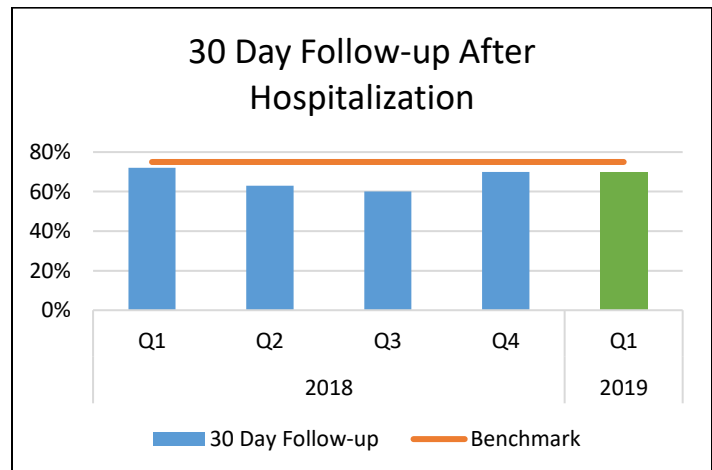
### Plan

A new workflow for follow-up after hospitalization was introduced and implemented in November 2018. The workflow includes cooperation between sites and the hospital Bridger who sees consumers before they are discharged. It also includes sites checking on clients already being seen by BBH.

With the implementation of the new workflow, the metric should continue to increase and BBH will hit the benchmark for the second quarter of 2019.

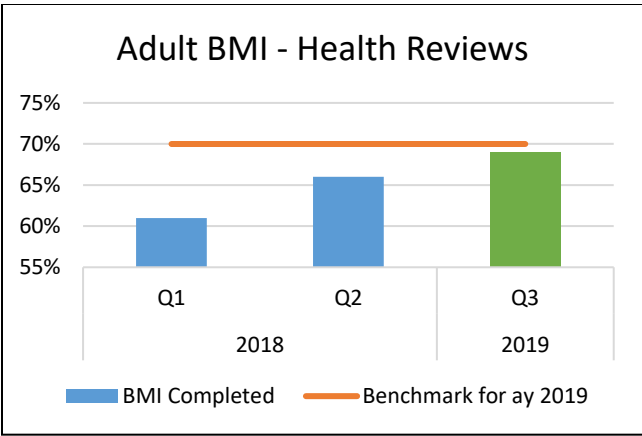
### Improved

BBH's 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, the 75% benchmark can be met.



### Plan

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



### On Target

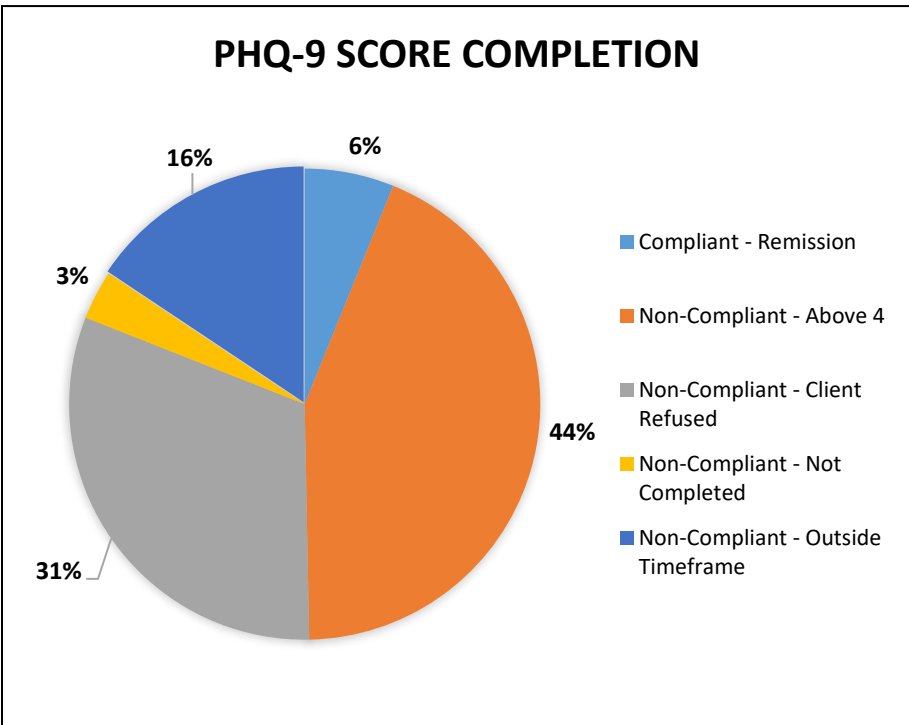
BBH has a goal of increasing completed health reviews to 70% by May. With the implementation of the Health Review project, BBH has seen a large jump in completed health reviews in the past year and at the first quarter of 2019/ third quarter of the CCBHC year, the agency's completion is at 65%.



### Plan

QI will continue to monitor the completed BMI/Health Reviews to make sure sites are completing the health reviews. Once the project hits 70% it will be considered a successful Quality Improvement project and will no longer be monitored by QI.

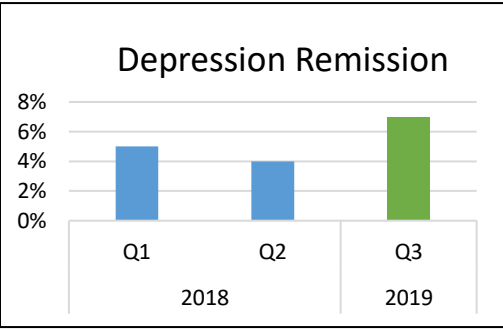
## V. Outcomes



### Depression Remission after 12 Months

This metric tracks BBH Clients with Major Depressive Disorder (MDD) without the diagnosis of bipolar or personality disorders.

After looking at the data, it was discovered that in order to make an impact on this measure we need a higher completion rate of the PHQ-9s.



**15.04**  
Average Initial Score

**10.94**  
Average Follow-Up Score

**27.3%**  
% Decrease

Not only is depression remission a CCBHC metric, but as a mental and behavioral health agency it is important to track this outcome data to ensure we are making a difference in the consumers. Because of this, the QI Department is also looking at the average initial scores and scores after 12 months to determine the trend of data showing that even if a client isn't in remission, BBH services are still making a positive impact.

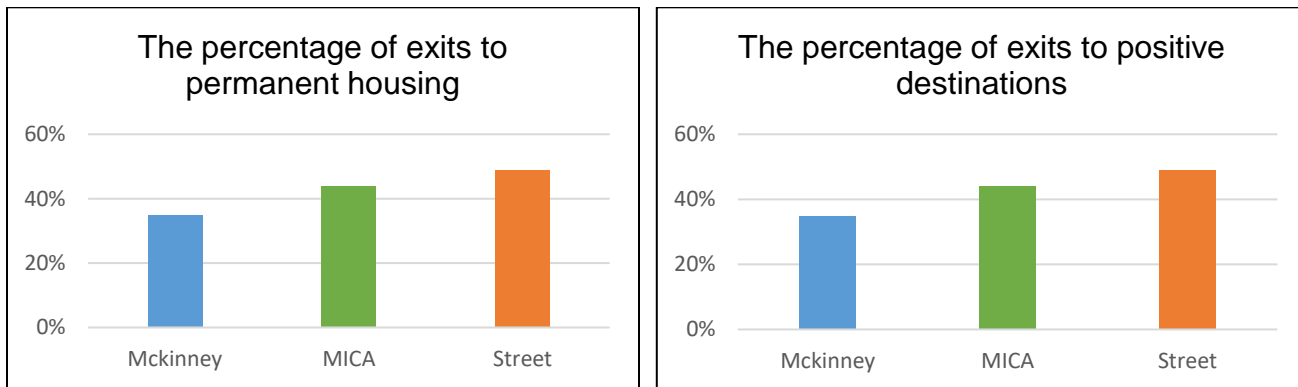
## Individual Program Outcomes

Each program now has their own individual QI projects that were decided on by Vice Presidents and Program Directors in conjunction with the Vice President of Quality Improvement and Accreditation. The VP of each program presents the data at the VP PQI Committee and data for each program will be presented bi-annually in the PQI Quarterly Report. Q1 of 2019 will feature BBH's Homeless Programs, Building Brighter Futures, IT, and Finance.

### Homeless Programs

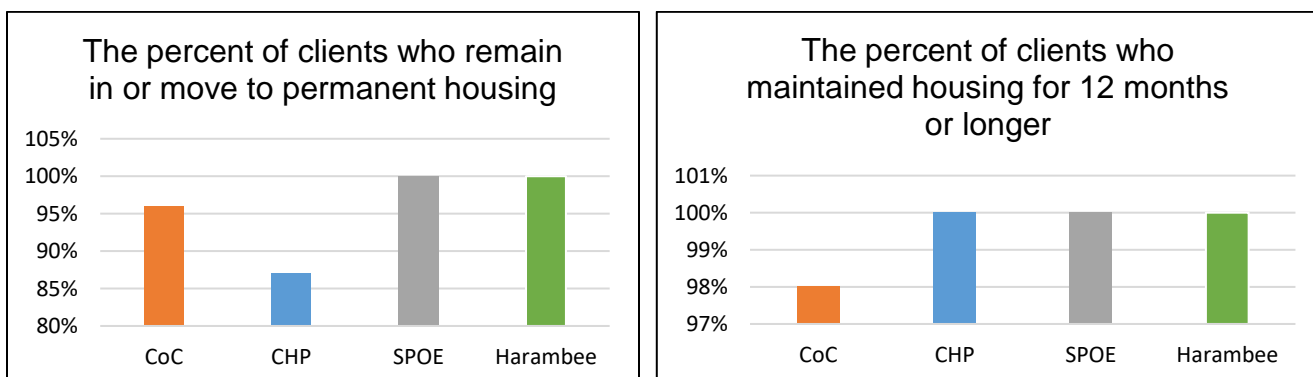
#### Homeless Outreach

The outcome metrics being tracked for Homeless Outreach are the amount of exits to permanent housing and percent of exits to positive destinations. These outcome measures show the impact the BBH Homeless Outreach program has on the WNY community and on the individuals who utilize the program and their services. As can be seen below, the Homeless Outreach program has a great success rate and does a great job at getting the homeless to more positive destinations and off the streets.



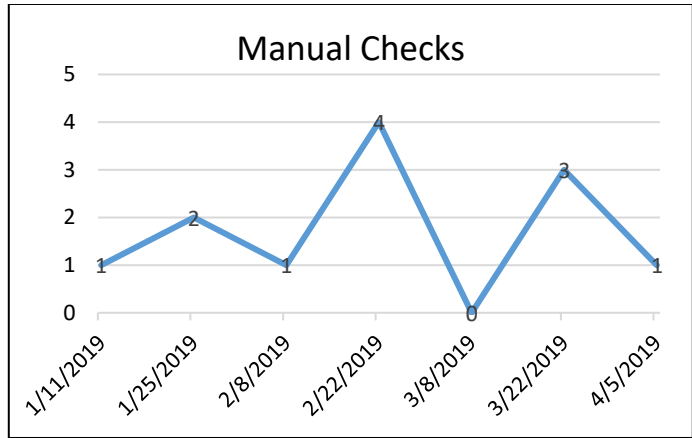
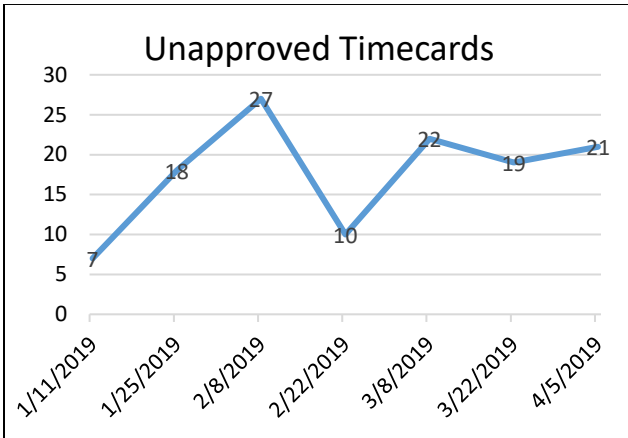
#### Homeless Supportive Housing

The outcome metrics being tracked for Homeless Supportive Housing are the percent of clients who return to homelessness within 6 months after exiting to permanent housing, percent of clients who remain in or move to permanent housing, and the percent of clients who maintained housing for 12 months or longer. Below shows two of the metrics showing the success of BBH's Homeless Supportive Housing program. For the third metric measuring the percent of clients who return to homelessness within 6 months after exiting to permanent housing they measured 0% for each of their programs.



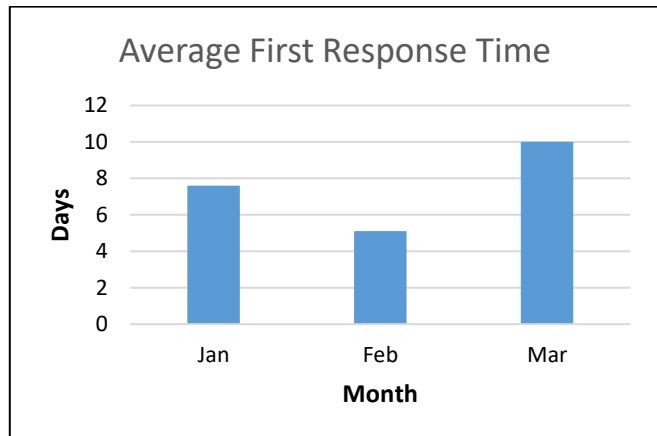
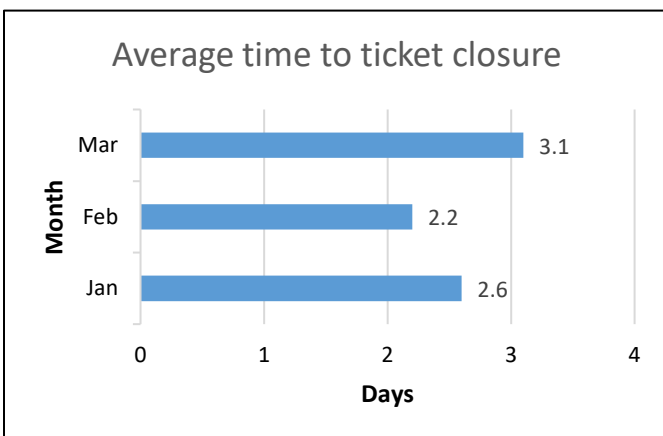
## Finance

The Finance Department at BBH has begun to track outcome measures. The measures finance is tracking are the amount of unapproved timecards and amount of manual checks they need to run each pay period. When staff do not submit their timecards into ADP on time it causes extra work within the Finance Department, as well as having to cut manual checks. Over the course of 2019, the goal for the Finance Department is to lower these two measures by 10%.



## IT – Information Technology

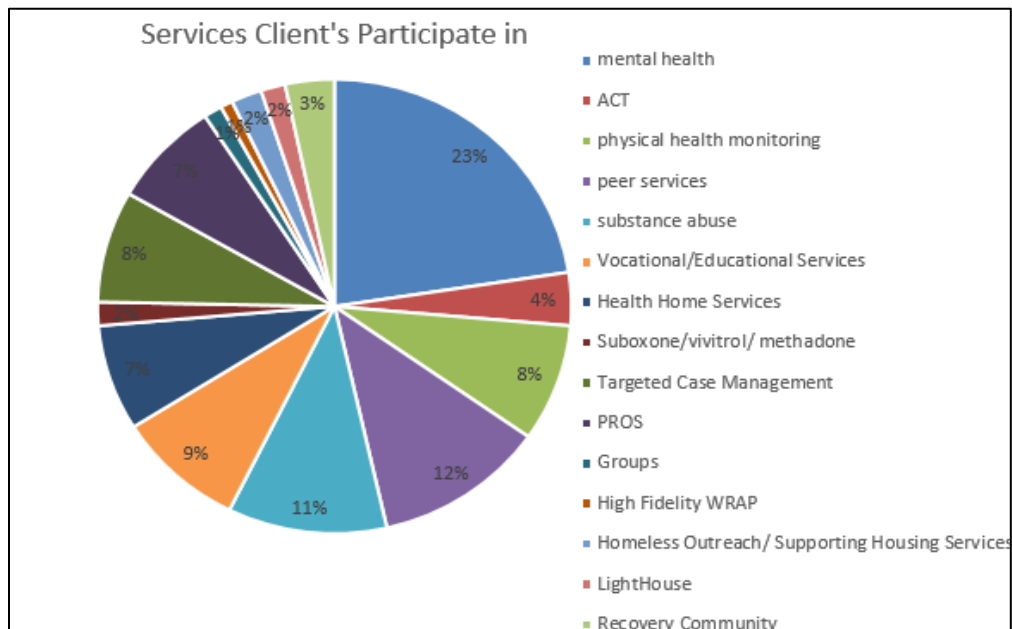
The IT team strives to provide timely, courteous and well-functioning technology related support, service, and systems to the entire organization. Data is tracked, measured and monitored via the SolarWinds Web Help Desk and Allworx phone platforms. Dashboard visualizations are also created in Microsoft Power BI. Two of the IT outcome measures BBH is tracking are the average time to ticket closure and average first response time. With the growth of BBH, there has been an increase in the amount of tickets for IT to respond to. The IT team is doing their best to keep response times low in order to provide the best service possible to employees.



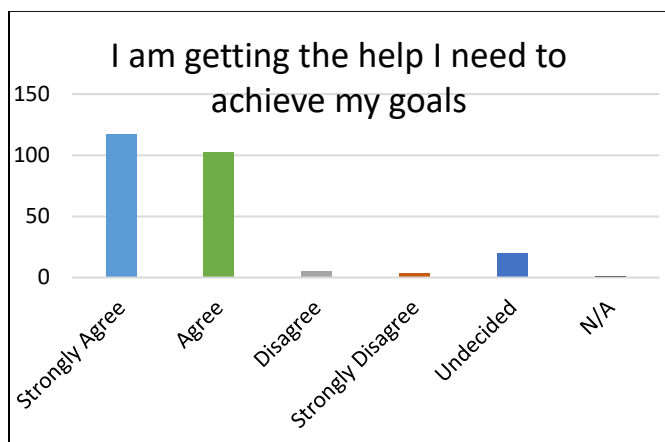


## VI. Client Satisfaction

The QI Consumer Survey asks BBH clients about their experience with the services provided by BBH. The responses to the data collected were gathered from surveys complete from December 2018 to March of 2019.



This survey gathered data from clients from a variety of BBH programs from clinics providing mental health counseling to vocational services and homeless outreach. The pie chart shows the vast amount of BBH services being utilized by consumers in the Western New York community.



Another question the QI Consumer Survey asks clients is whether the client is getting the help they need to achieve their goals. The response to this question is overwhelmingly positive with the vast majority of those who responded stating that they either “strongly agree” or “agree” to the statement and very few consumers disagreeing or being undecided about the service they are receiving.

## VII. Recognition

Quality improvement is only possible with the cooperation and support from others at BBH. QI would like to recognize some individuals who have gone above and beyond to support the projects and implement processes.

QI would like to thank Stephanie Perrotti for helping spread the word of quality improvement by taking the time and energy to record the videos spreading the word of QI.

Nicole Hynes for lending her unique perspective, advice, and expertise on performance and quality improvement and the COA process.

Chris Chavez had done an amazing job implementing and overseeing the Front Desk Standardization Project and the Fee Collection Project. With his oversight, both projects have been incredibly successful.

Anne Dernbach has been working diligently with VPs and PDs to get policies written to COA standards with best practices in place. Her hard work has brought up further along in the process of COA accreditation.

Thank you Nadia Pizarro and the homeless team for all their help with policy and data collection for their homeless programs.

For their help with the rolling out the Front Desk Standardization project to ACT, Health Homes, and the Children's Clinics, QI would like to thank Sheena Woods, Patty Polvino, Lynette Riviera, Mary Sterlace, Mireya Albino, and Margery Stanton.

As the site visit for COA draws near, it is extremely important to get in the policies and self-study evidence for all BBH programs. Shelia Korman stepped up this quarter and put together the required self-study evidence for COA with diligence and in a timely manner. Thank you Shelia!

Many thanks to Kevin Weise, David Jones, Michael Edinger, and IT for all their help in data collection, and dashboard development which keeps the accuracy of the data strong and allows QI to track and monitor projects.

## **Contact Us!**

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

[CHaumesser@bestselfwny.org](mailto:CHaumesser@bestselfwny.org)

(716) 842-0440 x 599