



BestSelf Behavioral Health Performance and Quality Improvement (PQI) Plan

Section One- Introduction

BestSelf Behavioral Health (BBH) is an innovative organization formed through the merger of Child & Adolescent Treatment Services (CATS) and Lake Shore Behavioral Health (LSBH). Both organizations served this community for a combined 120 years and are proven leaders in innovative delivery of mental and behavioral health services in Western New York. Our shared reputation and stellar delivery of quality care in the community, led the Boards of Directors of both organizations to achieve the merger and the creation of what is now one of the largest community-based mental and behavioral health organizations serving children and adults of all ages in Western New York.

No matter what age a person is, where they live in Western New York, or what challenges they face—BestSelf Behavioral Health can provide families with innovative and evidence-based services, along with a personal and caring approach that will help individuals feel respected, valued, confident and hopeful. We are proud to offer numerous locations that provide extensive behavioral health services. Our Certified Community Behavioral Health Clinics (CCBHC) are part of a new concept in outpatient care that is designed to improve overall health by caring for the whole person, better integrating behavioral health care with physical health care and increasing the use of high-quality, evidence-based practices.

BestSelf Behavioral Health also offers a wide range of programs and services to meet the community's needs including but not limited to award winning after school programs, vocational programs, mobile services for underserved populations including at risk youth, those in recovery, and the homeless population; and a best practice model Child Advocacy Center that works with law enforcement and medical, mental health and child protection professionals to help children and their families with a single, child-friendly, coordinated response during and after a significant trauma.

Programs & Services:

- Mental Health for children, adolescents & adults
- Substance Use disorder treatment, recovery & support
- Medicaid Health Home services for children & adults
- Homeless outreach & supportive housing
- Vocational Services
- Primary care

- School-based prevention & treatment programs
- Bilingual, bicultural, & interpretation services
- Recovery community
- Child advocacy center

BestSelf Behavioral Health (BBH) works to foster a culture of excellence and continuous improvement. Until the time of the merger, the Chief Compliance Officer from LSBH and the Quality Improvement Director from CATS typically implemented Quality Improvement projects as defined by state regulatory bodies and the specific needs identified within each agency. As a result of the merge of the two organizations in June 2017, the position of Vice President (VP) of Quality Improvement & Accreditation was created. In March 2018, the BBH Quality Improvement Department was created with the hiring of the Quality Improvement Coordinator and a Quality Improvement Manager. The QI Department is under the purview of the VP of Quality Improvement & Accreditation who reports to the Chief Compliance Officer.

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

Beliefs

- Strong, healthy families provide the foundation for individual emotional well-being
- Every individual is unique and recovery is possible
- Quality behavioral healthcare is accessible, person-centered and holistic.
- Inclusion of peers, families and significant others in services promotes successful outcomes.
- Services must be culturally sensitive and trauma-informed
- Our employees are our most valuable asset
- Innovative, evidence-based interventions lead to successful outcomes
- Collaboration and partnerships contribute to community health

Performance Quality Improvement Philosophy

In order to ensure the ongoing maintenance and continuous improvement of quality, the organization implements a Performance Quality Improvement (PQI) Plan which involves broad stakeholder participation in the ongoing review of quality indicators of programs and administrative processes which support a platform on which quality services can be delivered.

Our plan is based upon our Mission, Vision, and Beliefs. Successful implementation of the program requires all of the stakeholders within the agency to participate. Quality improvement projects are determined by current data. With the aid of the Business Intelligence (BI) Department, data is gathered and utilized to make informed decisions on where to focus quality improvement efforts. Quality Improvement is a management philosophy with the belief that most things can be improved. QI philosophy does not subscribe to the theory, "if it ain't broke, don't fix it." The scientific method is applied to meet the needs of clients and improve BBH's services.

Performance Quality Improvement Policy

BBH is committed to providing high quality, client friendly, effective, innovative services to consumers who use the programs BBH provides. As such, it is the policy of BBH to implement policies, procedures, and accountabilities that will enable BBH to define, monitor, review and, where appropriate, enhance, a high standard of quality in all of the programs we deliver. In order to achieve our Quality Improvement goals, efforts are focused on all aspects of the organization, including direct service programs and administrative systems and processes, as well as leadership effectiveness.

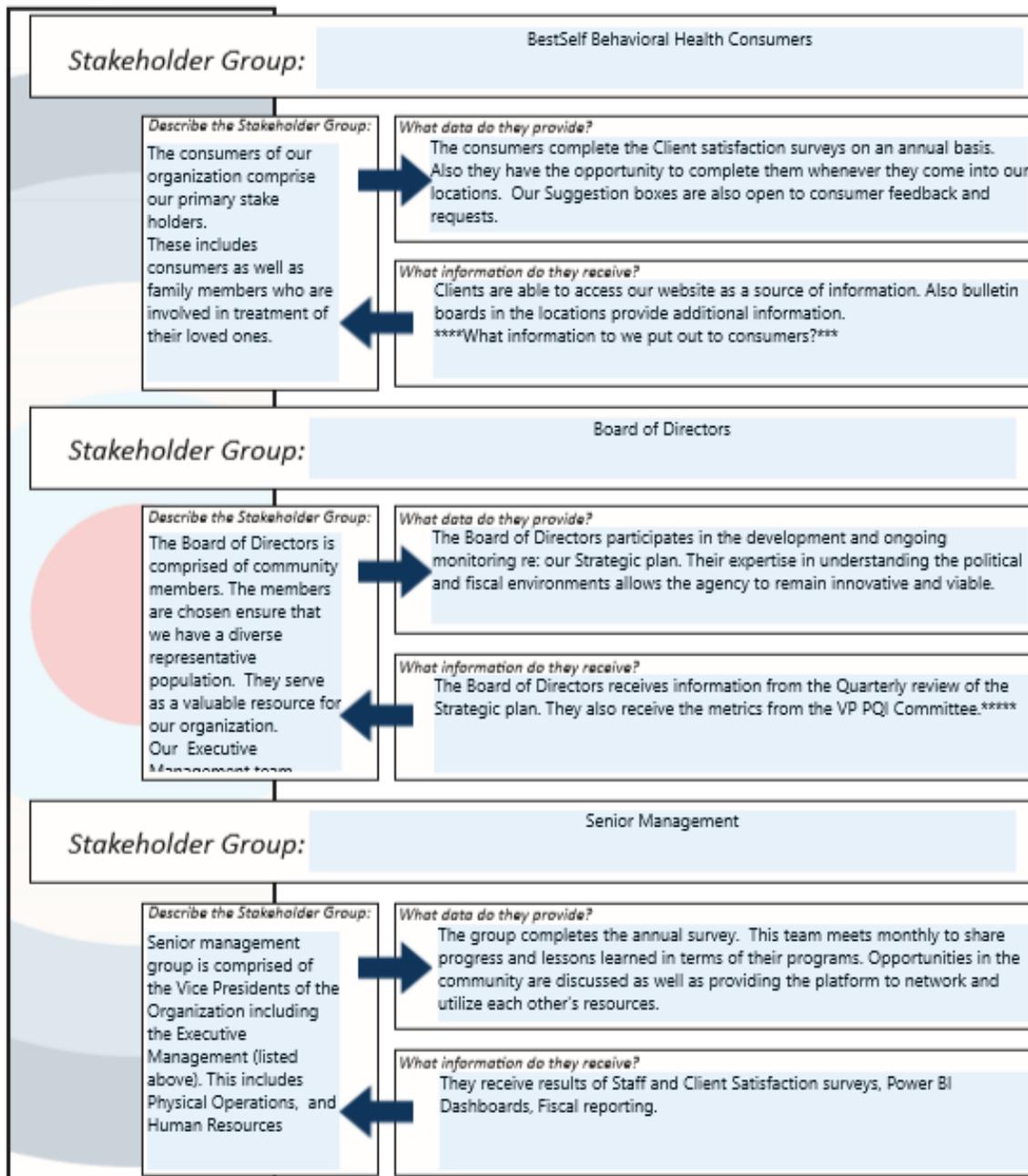
The Agency developed a Performance Quality Improvement (PQI) Plan that outlines the process that is followed to ensure a continuous quality focus in all aspects of BBH's work. The PQI Plan outlines the processes and strategies that demonstrate commitment to quality services for clients, "best practice" service delivery, and high client satisfaction. The plan also includes an effective communication strategy to ensure information on the results of QI activities is regularly disseminated to all stakeholders to enable them to conduct, perform, and sustain improvement activities.

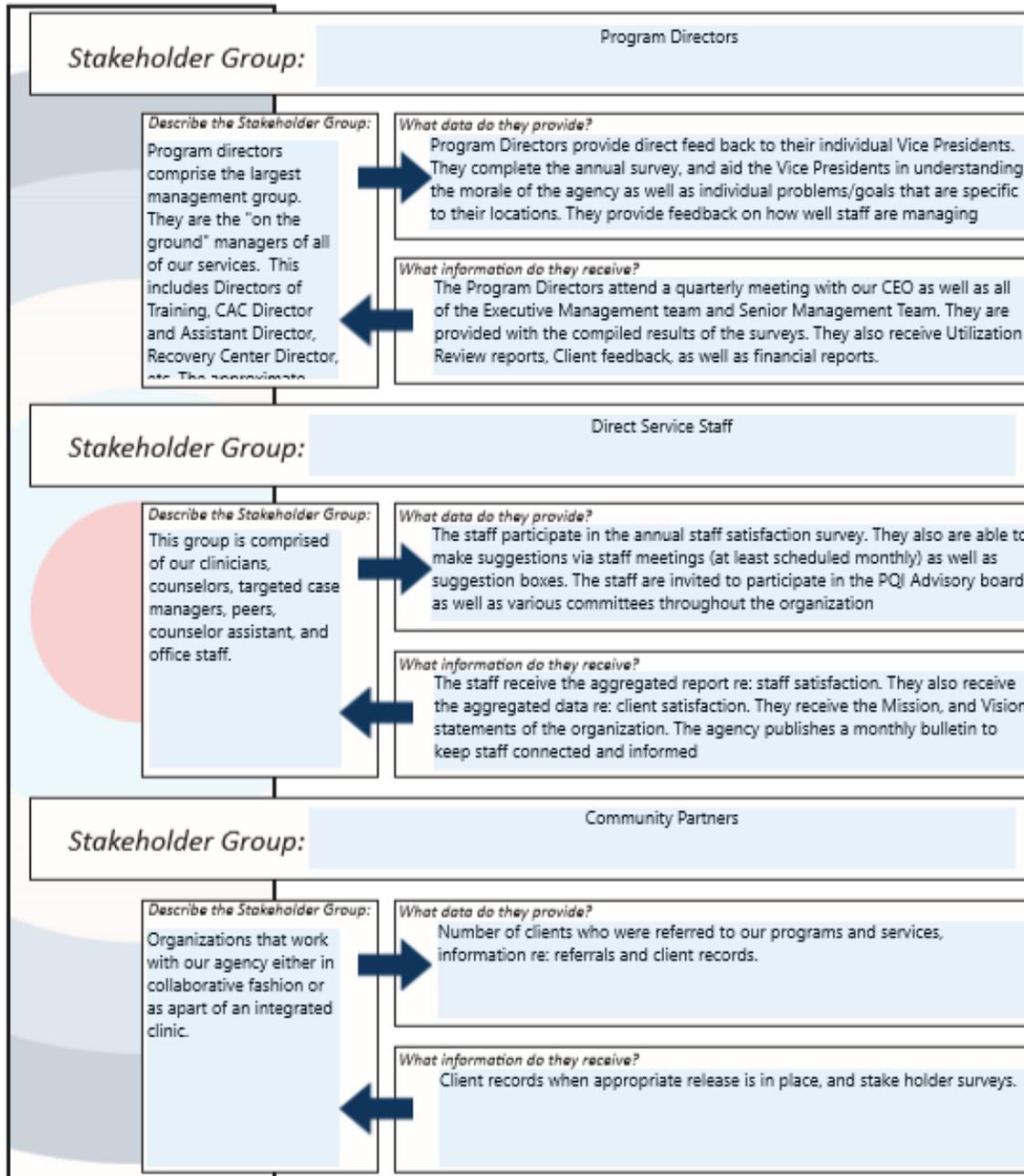
The Board of Directors is ultimately responsible for assuring that high quality care is provided to clients. The Board delegates the responsibility for development, implementation, and continuous monitoring of the PQI Plan to the President and it's Administrative Team. Because quality is the responsibility of everyone in the organization, successful implementation of the plan requires participation and investment from all levels of staff, as well as volunteer leadership of the organization. The Board monitors the activities of management to ensure compliance with quality standards and policies.

This plan was created February 19, 2019. The plan was approved by the Board of Directors May 21, 2019. The next revision will take place by February 19, 2020, for approval by the Board of Directors.

Section Two- Stakeholder Involvement

BBH relies upon stakeholder feedback and involvement for the Performance and Quality Improvement process. The following chart shows how stakeholders are able to provide data and feedback to the PQI process.





Section Three- PQI Infrastructure

Vice President of Quality Improvement and Accreditation

BBH's VP of Quality Improvement and Accreditation oversees the design, implementation, and coordination of the Quality Improvement program. It is the responsibility of the VP of Quality Improvement and Accreditation to provide new staff with a PQI overview and

work with Program Directors and Program Supervisors to ensure staff are trained in the continuous philosophies and procedures of the PQI process.

Vice President of Quality Improvement and Accreditation is a full time position and the following PQI activities are expected as a part of their responsibilities.

- Develop and maintain the Performance Quality Improvement plan
- Review Quality Improvement projects and ensure that they are following the PDSA model
- Maintain and coordinate the VP PQI bi-monthly meeting to review all quality improvement projects and quality improvement opportunity metrics
- Maintain and coordinate the PQI Advisory group bi-monthly meeting and bring the feedback from the group to Executive and Senior Management Teams
- Analyze data and coordination of administration of Client Satisfaction Surveys
- Produce and distribute PQI Quarterly report
- Serve as coordinator and reviewer for COA project and primary contact.

The VP of Quality Improvement and Accreditation guides managers and maintains the PQI activities within the organization in conjunction with staff and management team.

The **Board of Directors** is responsible for:

- Approving the Agency's Mission and Vision statements
- Approving the Agency's PQI Plan and ensuring that the organization is performing in compliance with the Plan
- Follow up on actions/recommendations/concerns reported by the Executive Management Team

The **Executive Management Team (EMT)** is responsible for:

- Developing and approving the Agency's PQI Plan in concert with the Senior Management Team and VP of QI & Accreditation
- Approving requests for QI Projects
- Supporting the Agency's PQI Plan and associated processes
- Reviewing and monitoring data, concerns, action plans and progress
- Reporting data, concerns, action plans and progress to the Board of Directors

The **Senior Management Team** is responsible for:

- Developing and approving annual goals, objectives and outcome measures for their respective programs
- Making recommendations for QI Projects, as needed
- Participating in the development of the Agency's PQI Plan
- Supporting the Agency's PQI Plan and associated processes

Vice Presidents Performance Quality Improvement (VP PQI) Committee

All Quality Improvement activities will be managed and monitored by the Vice President Performance Quality Improvement (VP PQI) Committee. This committee will be a standing committee of the Management Team, and will, at a minimum, include representation of the Executive Management Team (EMT), Senior Management Team, and the designated VP of Quality Improvement & Accreditation, who will function as Chair of the Committee. The Committee may include ad hoc members in order to include staff representation from Agency programs and from stakeholder groups, as appropriate. Terms of membership on the Committee by individual ad hoc members will be defined by the Committee to ensure the Committee has adequate resources to effectively perform its duties. The Committee has a direct reporting relationship to the Agency President.

As appropriate to the specific project, Agency stakeholders may be included on the QI Committee or designated ad hoc subcommittee if appropriate. Potential stakeholders include:

- Clients
- Referral sources
- Agency staff, volunteers, interns,
- Leadership Team members
- Board of Directors
- Funding organizations
- Regulatory agencies

Performance Quality Improvement Advisory Group (PQI Advisory Group)

The Performance Quality Improvement Advisory group is made up of direct line staff. The objective of the group is to review the current Quality Improvement projects and to give input into their operation. BestSelf recognizes that the staff that do the work are often the best advisors as to how the work should be done. The Advisory group reports directly to the VP of Quality Improvement and Accreditation. Meetings are held bi-monthly.

It is the responsibility of those in the PQI Advisory Group to be champions of quality improvement at their sites, share the PQI plan and information with their sites, bring any concerns related to quality improvement to the group for review, and bring any solutions and ideas to the group.

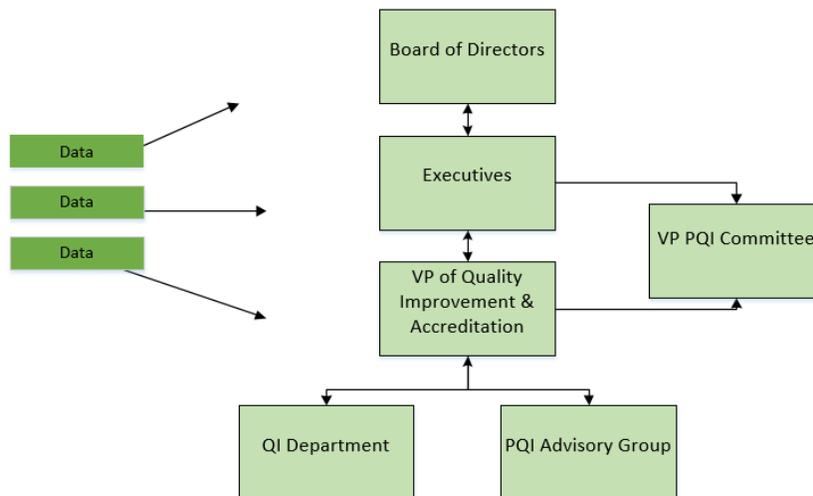
Each committee member is required to have the consent of their current Program Director or supervisor to attend the committee meetings. There is a focus in terms of recruitment to gain membership from all levels of the organization. Each committee member will receive a

1. Description of the group

2. List of Expectations
3. List of current overall PQI projects.

It is the responsibility of the group to be champions for quality improvement at their locations and gather data and ideas from their programs. We want to share our “best practices” that we use and develop at each location.

The chart below depicts the structure of the organization’s quality improvement program spanning from the Board of Directors down to the QI Department.



Performance Quality Improvement Communication

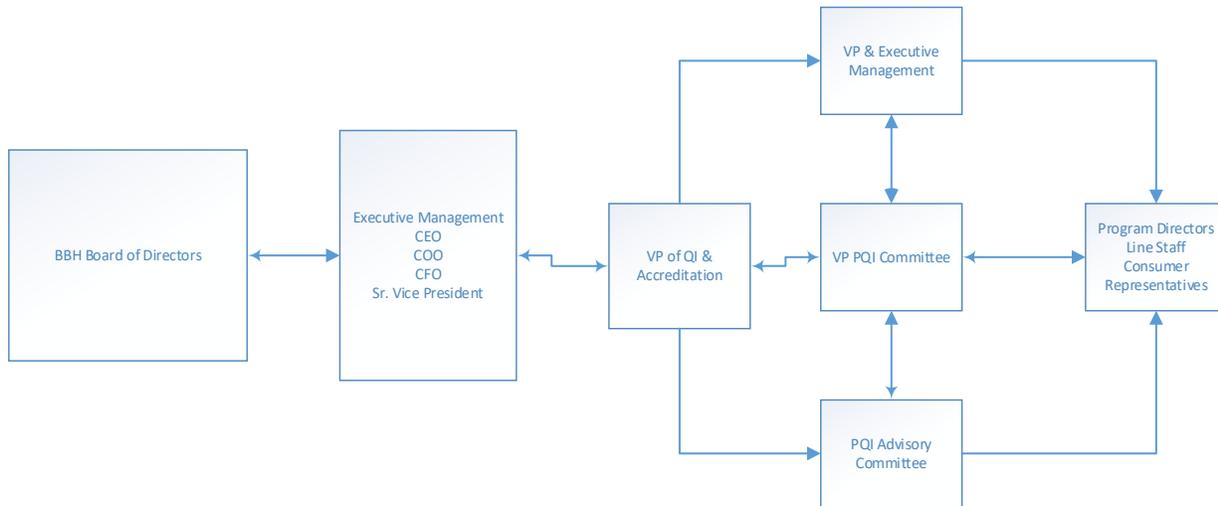
The Vice President Performance Quality Improvement Committee provides transparent communication of its activities to the President at a level and on a schedule approved by the President. In addition, the Board is advised of the activities of the Committee at a level and on a schedule approved by the Board Chair. At any time, if deemed appropriate by the Committee, information that involves a violation of the Code of Conduct or some other ethical violation of a nature deemed serious by the Committee is reported to the Chief Compliance Officer for follow up.

A Quarterly Report will be produced by the Quality Improvement Department. The purpose will be to keep our stakeholders informed of our initiatives and any lessons learned.

The communication of the findings and current QI projects will be communicated through the Performance Quality Improvement Quarterly report and through bi-annual PQI presentations at staff meetings. The PQI Quarterly report will inform all stakeholders of the current QI projects and the progress being made. The report will also focus on areas of strength and quality practice and areas for improvement which

future QI projects may be addressing. The PQI presentations will address site specific data and projects

Below is a chart depicting the flow of information, which is from all levels of the organization.



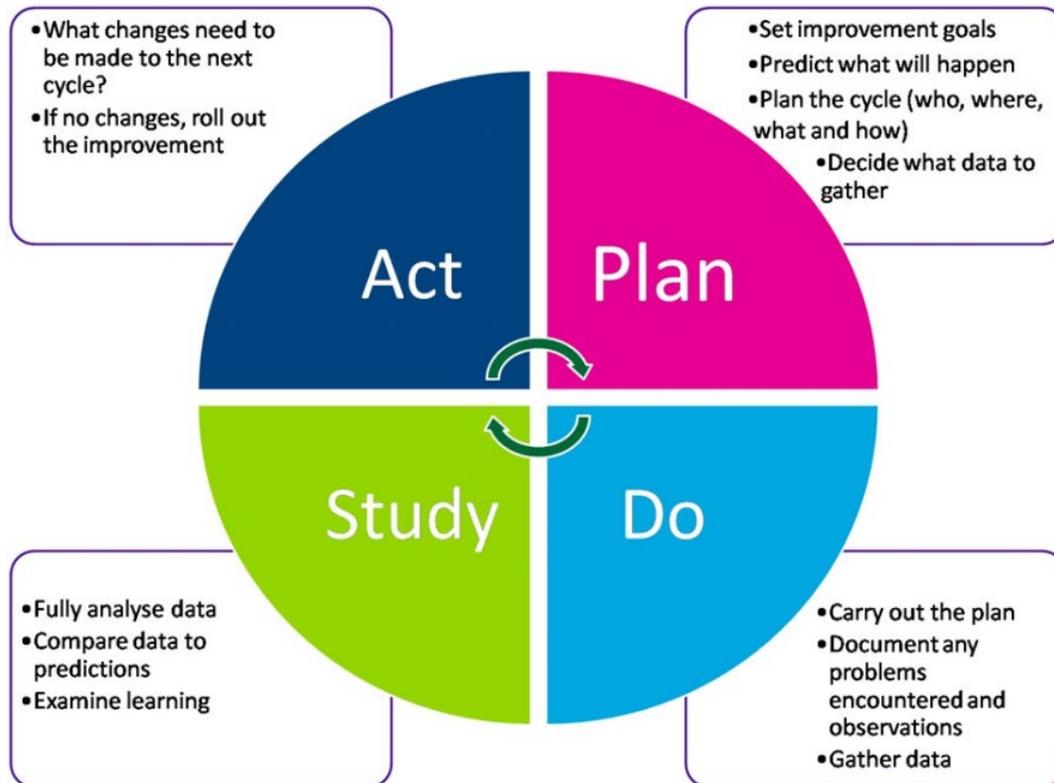
BBH is a data driven agency and the data collected will drive QI Projects. The data collected will be distributed by the Business Intelligence (BI) Department in conjunction with the QI Department using Crystal Reports and Power BI. Power BI uses the data gathered by the Crystal Reporting software and utilizes graphs and charts to display the data and make it more approachable. Power BI is utilized to present data to staff to review, analyze, interpret, and plan timely corrective actions, when deemed necessary. The Power BI dashboard is available to Executive Management, Vice Presidents, Program Directors, as well as the QI and BI Departments. Access to Power BI will be granted to other staff members, when deemed appropriate.

Section Four- Model for Change- Plan Do Study Act

Quality Improvement Projects will be determined based on problems at the agency. Problems can be brought to administration's attention by clients, staff, auditing/regulatory bodies, the PQI Advisory Group, Suggestion Boxes, or the Compliance Hotline.

Once a problem is recognized, the Vice President of Quality Improvement and Accreditation will bring the problem to Administration to be reviewed. Through the input of the Vice President's (VPs) and Executive Management Team, either a solution will be implemented or the necessity of a PDSA project will be determined.

The Quality Improvement Department, in conjunction with Vice Presidents and Program Directors, implement the Plan, Do, Study, Act (PDSA) method to improve overall efficiency throughout the agency or at specific sites, when deemed necessary. PDSA follows the steps of the scientific method and is vital to the implementation of quality improvement at BBH. The PDSA model offers a “trial and learning” approach which will help reveal the outcome of change.



¹Improvement is based on building knowledge (of what works and does not work) and applying it appropriately.

Plan the change strategy (who will be involved, what data will be collected, how and when the data will be collected, and when the data will be considered adequate to the study.)

Do the intervention.

Study the result.

Act on the knowledge you gain from the data (maintain the plan, add to the plan). Continue with another PDSA cycle, and so forth. The process will continually build and foster improvement efforts.

If the PDSA Project was successful, it will be solidified by:

- Expanding the “change” to the rest of the system.
- Establishing systems to support it.

¹Plan Do Study Act <http://www.pressureulcer.scot/wp-content/uploads/2017/11/PDSA-1024x660.png>

- Identify ways in which further improvements can be made.

The following is a video developed by the Quality Improvement Department to explain to staff the Plan, Do, Study, Act cycle.

<https://vimeo.com/291918210>

Section Five- Improvement Plans & Opportunities

All programs are expected to establish Quality Improvement opportunities and to have an active Quality Improvement plan.

The Quality Improvement Projects are divided into two categories:

1. Agency-wide QI Projects
2. Individual Program QI Projects

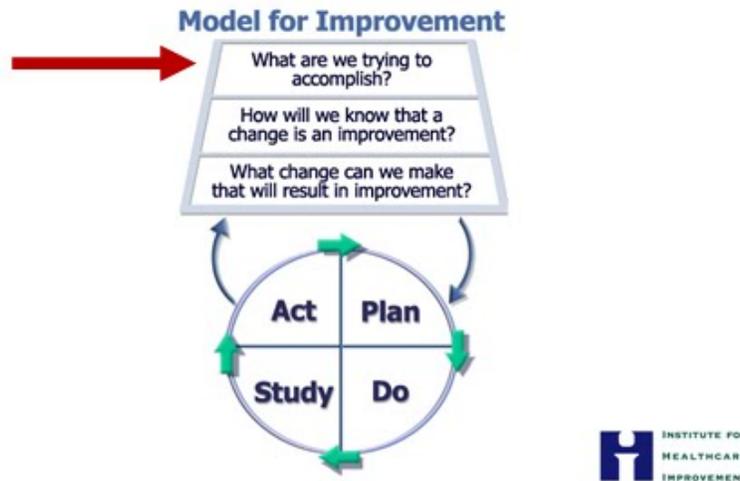
Agency-wide QI Projects: These projects are typically identified annually and will be carried out, and monitored, specifically by the QI Department. At any time, Administration may add a project based on consumer and/or agency need.

Individual Program QI Projects- Annually, the Program Director and/or VP complete a Program Indicators Worksheet and chooses a project in line with their mission and need. Once identified, the project is presented to the VP PQI committee. The committee reviews the project and makes a determination whether the full scope of a project with direct oversight from the QI Department is necessary, given information that is presented by the VP.

Quality Improvement plans may be proactive or the result of a Corrective Action Plan. Proactive plans are determined by the needs of the consumers and organization but are not the result of a specific incident or audit. Corrective Action Plans are the result of an audit or incident that needs to be corrected or addressed.

Each plan has to be observable, measurable, and have a clear beginning and end. Plans are conceptualized utilizing the CCNY PDSA plan template (see appendix). There must be a clear AIM statement regarding the identified problem and how the agency intends to improve it.

Aim



The aim statement guides our work by establishing what success looks like, and gives a clear idea of:

²A- What we are trying to accomplish

I- How will we know that a change is an improvement?

M-What change can we make that will result in improvement?

Copies of improvement plans are kept on the agency's shared drive (S Drive) and updated regularly. As we are a data driven agency, accompanying data needs to be attached to the plan.

Section Six- Areas of Measurement

Annually, Program Directors and Vice Presidents will meet with the VP of Quality Improvement and Accreditation to complete their Program Indicators Worksheet (see appendix). This worksheet details the program's outputs, outcomes, quality improvement indicators, and administrative review.

Outputs are the amount of something you are providing, or how much of a service is produced, and are typically numeric measures. Outcomes are sustainable changes,

² Model for Improvement what are we trying to accomplish?

<http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementSettingAims.aspx>

which demonstrate that interventions worked and show clients are getting better. Outcomes focus on whether or not the work that we conducted (outputs) actually created the change we targeted.

Quality indicators are used to assess the work being done and ensure we meet quality standards. Utilization Reviews, satisfaction surveys, suggestion box comments are, as well as recommendations from OMH, OASAS, and any other regulatory bodies are reviewed to determine whether we meet their standards. These indicators also assess the quality of services we provide and ensure the best services possible for clients. The results of quality indicators (outcomes and outputs) are reviewed in our Quarterly PQI Report and through the VP PQI Committee and PQI Advisory Committee.

VPs and/or Program Directors meet annually with the VP of Quality Improvement and Accreditation, or their designee, to go over the policies and procedures under their purview for administrative review. Administrative review is utilized to understand and improve any of the processes involved in service delivery. Ultimately, the question we need to answer is “are we providing excellent service for our consumers?”

Section Seven: Appendices

1. 2019 Agency-wide Quality Improvement Projects
2. Program Indicators Worksheet
3. PQI Meeting Calendar
4. CCNY PDSA Sheets