

2019 Q2

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 second quarter of the 2019 year.

It is important to note, BBH just completed its second year as part of the Certified Community Behavioral Health Clinic (CCBHC). The CCBHC year for BBH is July 1st to June 30th which makes the data collected for this PQI Quarterly report the data for Q4 of CCBHC.

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

II. Demographics

Business Intelligence collected the following demographic information through the gathering of the information from client's records in the electronic medical record (EMR). This information includes clients' age, gender, and language. Although Demographics don't tell the whole story, they are important to look at.

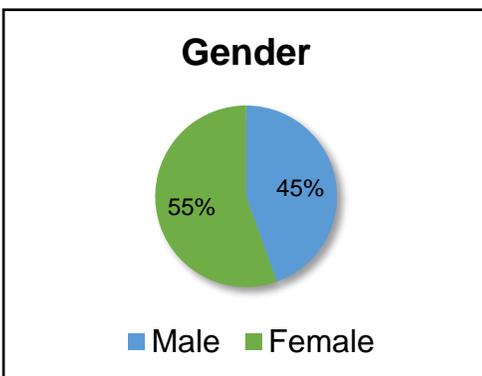
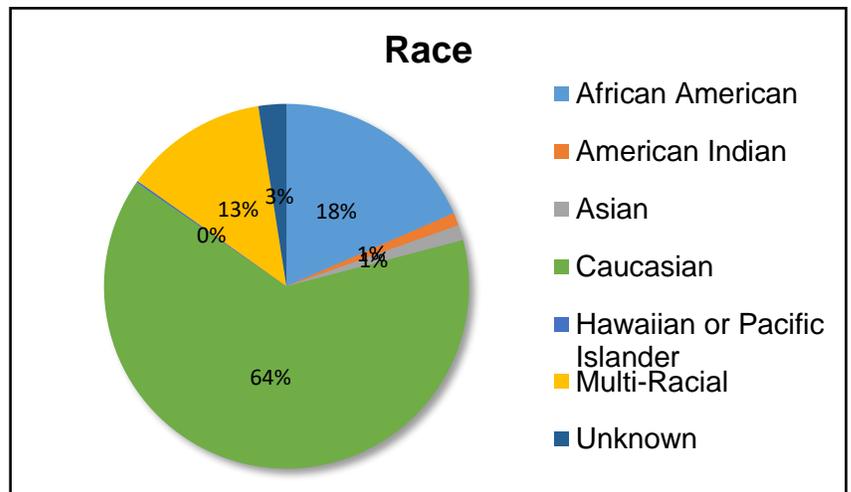
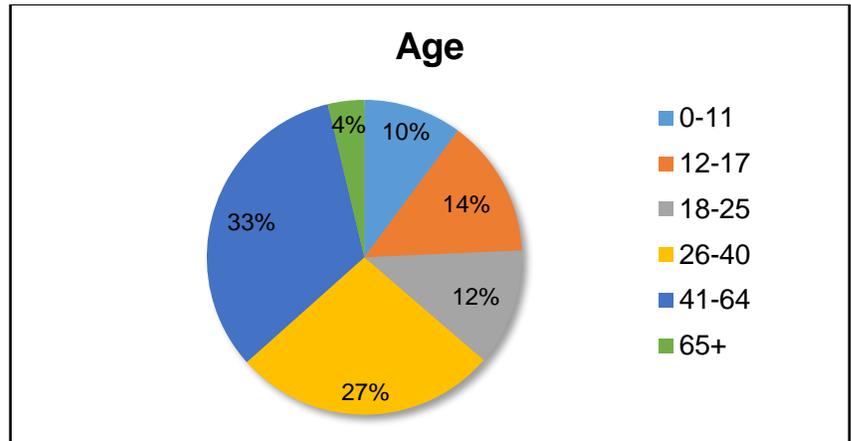
Language	
Arabic	2.89%
Bengali	0.10%
Burmese	0.30%
Chinese (Mandarin)	0.03%
Dari	0.02%
English	85.18%
English/Spanish	0.33%
Ethiopian	0.03%
Farsi	0.02%
French	0.07%
Hindi	0.02%
Japanese	0.02%
Karen	0.10%
Karenni	0.03%
Kinyarwanda	0.02%
Kirundi	0.01%
Kurdish	0.01%
Nepali	0.35%
Other	0.12%
Pashto	0.01%
Russian	0.01%
Sign Language	0.03%
Solmali	0.05%
Spanish	9.73%
Spanish/English	0.44%
Swahili	0.06%
Tigrigan	0.03%
Vietnamese	0.02%

As can be seen below, BBH caters to a large spectrum of clientele. BBH clients speak more than 20 languages and their ages expand throughout their lives from childhood to the elderly.

Although the ages of clients span across their lifetime, the majority of clients fall between the ages of 26 – 64 years old. This age range makes up almost two thirds of BBH's overall clients.

The largest primary language of BBH clients is English, which is unsurprising due to the geographic location, but we also have large Spanish and Arabic speaking populations.

About half of BBH's clients are also Caucasian with a large portion being African American or Multi-Racial as well.



III. Service Delivery Programs Outcome Measures

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. Q2 of 2019 will feature Club West, the Child Advocacy Center, the Lighthouse, Harambee House, ACT, and PROS.

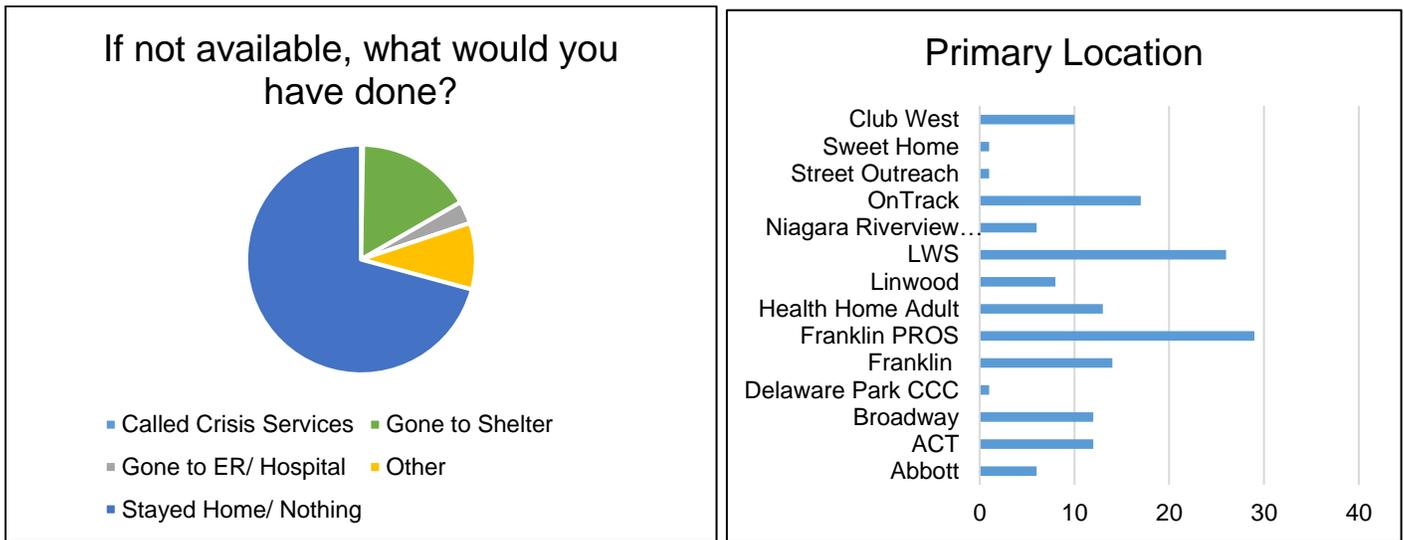
Club West

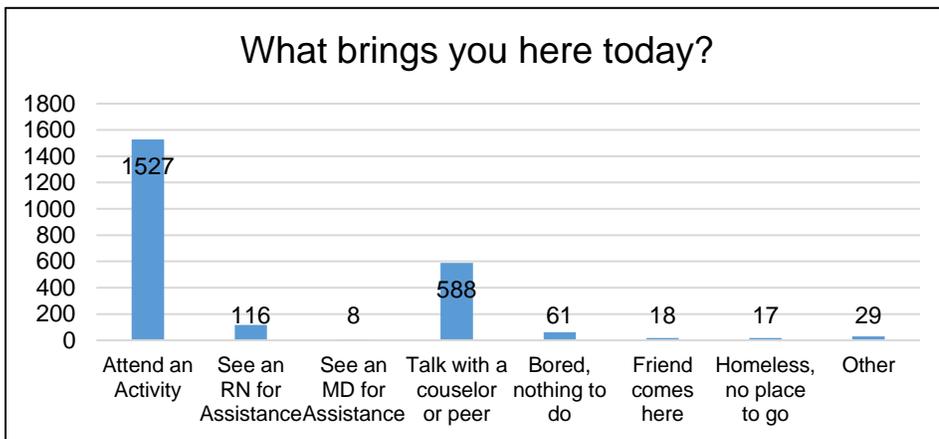
ClubWest/Afterhours strives to provide innovative, evidence-based, accessible, and family focused behavioral health services to promote health, hope, recovery, and an enhanced quality of life. ClubWest/Afterhours Supportive Care is dedicated to providing resources and supportive services to people with serious mental illness (SMI), substance abuse disorder (SUD), and individuals with co-occurring disorder (COD), so that they may live a more fulfilling life, including access to employment, education, housing, health care, and the opportunity to be productive, contributing members of their community.

Total Number of Visits: 1763

Unique Clients: 160

The following data has been collect from January to June of 2019. Club West has been utilized by clients from many of BBH's primary locations. Clients from Franklin PROS and Lower West Side (LWS) go to Club West for services most often. Clients are able to use this service rather than go to the hospital and ER and currently Club West has prevented 56 ER visits.





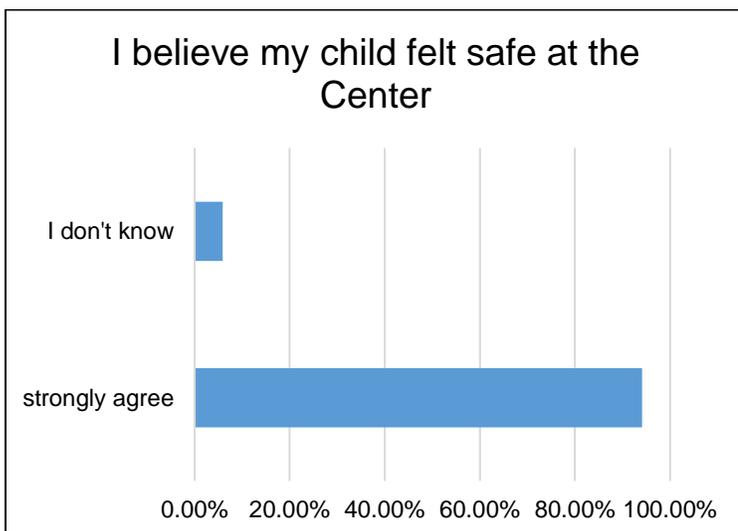
Clients come to Club West for a number of reasons including, but not limited to, attend an activity, talk to a counselor or peer, or see an RN/MD for assistance.

Child Advocacy Center

The CAC is fully accredited by the National Children’s Alliance (NCA) which sets ten mandatory operating standards which must be adhered to in order to maintain accreditation. The service philosophy is the involvement of a Multi-Disciplinary Team (MDT) consisting of representatives of law enforcement, prosecution, child protection, medical, mental health and victim advocacy. Together, they serve to meet the mission of the Center to reduce trauma to victims and hold offenders accountable. CAC services delivered are: MDT child friendly forensic interviews, forensically competent medical examinations, trauma informed individual and group therapy, victim advocacy, intake, case review, information and referral services.

The Child Advocacy Center’s outcomes that are being measured are the number of clients successfully linked to treatment and client’s satisfaction.

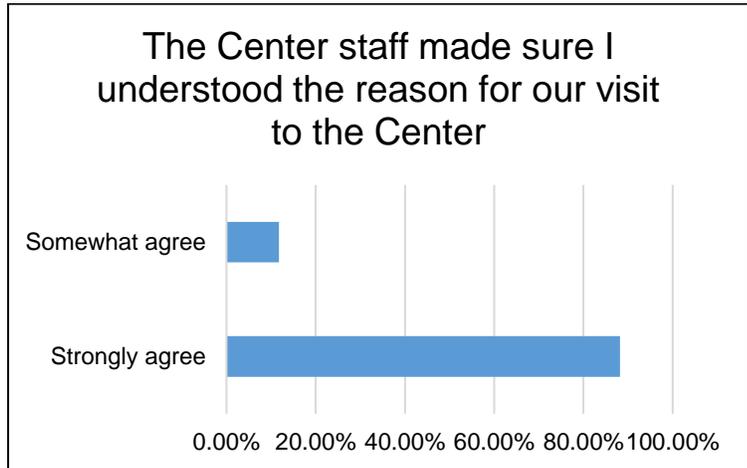
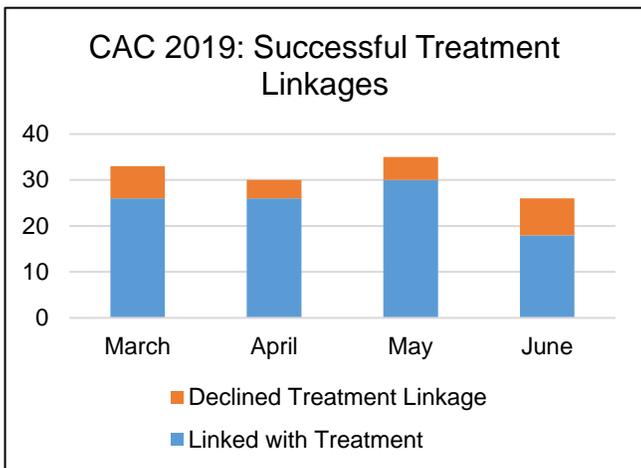
It is a newer concept for the CAC to collect data. They have begun to collect client satisfaction data and respond to this data to improve services.



In order to increase safety and the feeling of safety at the CAC, the front desk will ID all visitors. Advocates/volunteers wait in the rooms when children are present.

Staff are asked to consistently wear ID badges so that consumers feel safe and know they are CAC staff.

A new workflow has been implemented regarding introductions to clients using full names and titles, as well as the intake specialist giving a brief overview of forensic interview.

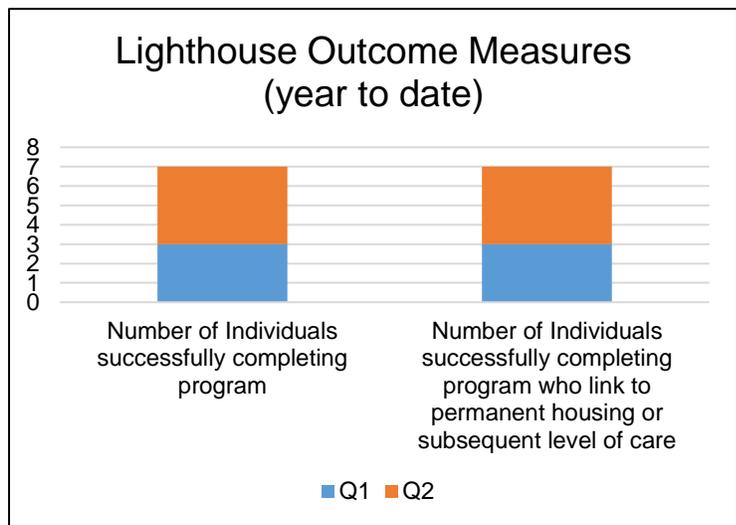


A large amount of CAC clients have been linked to treatment. In June of 2019, 69% of clients were linked to treatment and 61% of those linkages were with BBH. This has significantly increased in the last few months. To compare, in March of 2019, only 13% of linkages were to BBH. The CAC continues to assess why clients deny linkage to treatment. They will continue to collect data and encourage linkages of clients to appropriate treatment.

The Lighthouse

BestSelf Behavioral Health’s Lighthouse program was created to provide specialized services to pregnant and/or parenting women with substance use disorders in an integrated setting that allows them to remain with their children throughout treatment. The program addresses both substance abuse and parenting to assist women in becoming healthy parents.

The Lighthouse’s outcomes that are being measured are the number of individuals successfully completing the program and the number of individuals successfully completing the program who are linked to permanent housing or subsequent level of care



In 2018, there were 12 successful discharges of Lighthouse clients. So far, in 2019, there have been seven successful discharges of clients who have also been linked to permanent housing. This information is collected by Lighthouse staff and reported on.

Harambee House

Outcome Measure	Q1	Q2
The percent of clients who remain in or move to permanent housing	100%	100%
Percent of clients who return to homelessness within 6 months after exiting to permanent housing	0%	0%
Average # Days from Entry to Move in	0	0
Percent of beds filled each night during the reporting period	100%	100%
Percent who maintained/increased earned income	0%	0%
Percent who maintained/increased any income	100%	81%
Maintained housing for 12 months or longer	94%	94%

Harambee House is a residential facility that provides single-occupancy, permanent housing to chronically homeless individuals diagnosed with mental disorders who are eighteen years of age and over. The program was developed through HUD funding as a safe haven project, and adheres to the housing first model in encouraging and assisting homeless individuals to come in off of the streets. Harambee House is a low-demand environment that focuses on providing residential stability without requiring pre-admission adherence to treatment modalities or abstinence from substance use.

As can be seen through the outcome measures, Harambee House is a fairly consistent program. For each of their outcome measures, with the exception of percent who maintained/increased any income. Even that metric remained good at 81%.

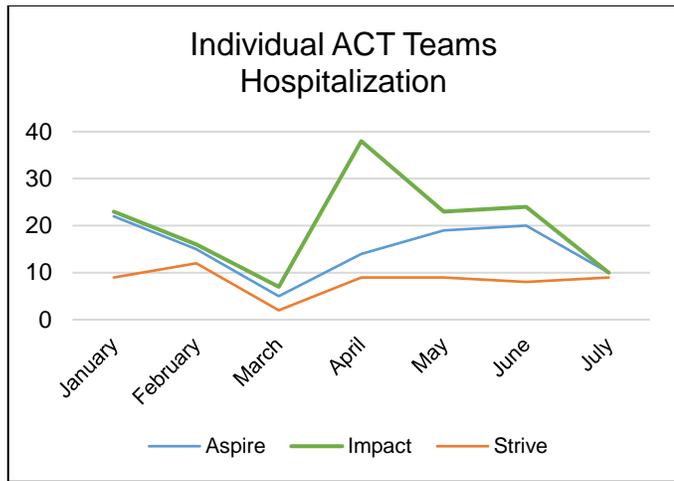
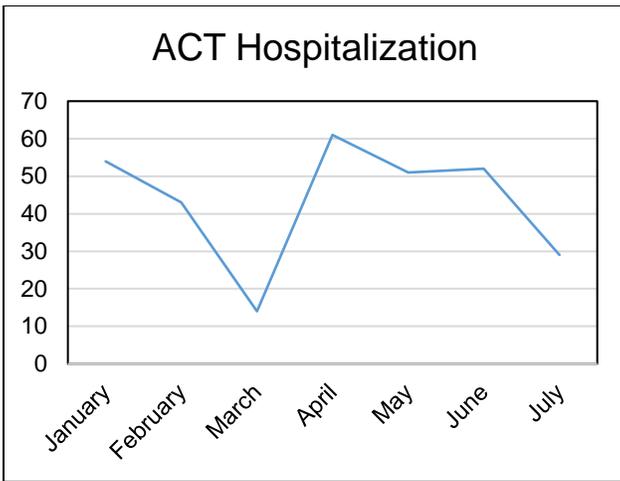
Kelly Whitman, the VP of Substance Use Disorders Treatment and Housing, reports on this measure at the bi-monthly VP PQI Committee.

ACT

The Assertive Community Treatment (ACT) team is an innovative program designed to meet the needs of individuals with serious and persistent mental illnesses who have “fallen through the cracks” of the mental health system and, as a result, are at risk to themselves or others. The goal of ACT services is to provide mental health services to persons who have a severe and persistent mental illness, have an acute need for services, have demonstrated high utilization of emergency services, and whose service needs have not been adequately met by the traditional mental health treatment system.

ACT’s outcome measures that are being monitored are:

- Number of consumer hospitalizations- less than 5% hospitalized
- Number of consumer ER visits- less than 5 % emergency room visit



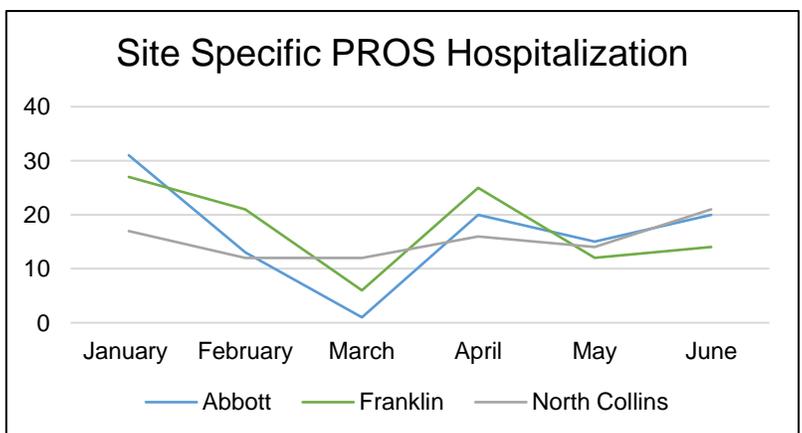
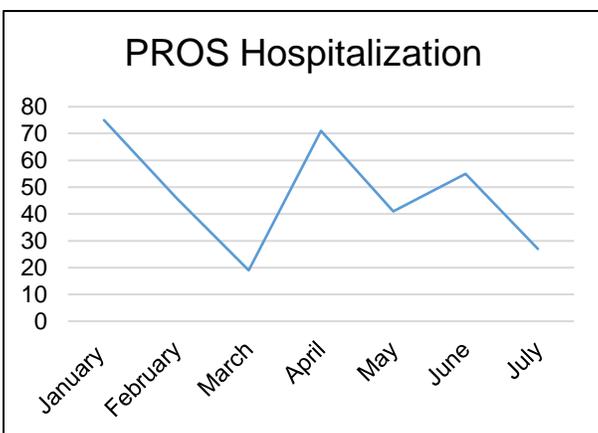
The above data reflects the amount of hospitalizations and emergency room visits ACT clients had thus far in 2019. As can be observed in March there was a large dip in numbers which could be due to a large push to use Club West services. During that time peers were bringing clients to see the services offered and show them the alternative to going to the hospital. Although hospitalizations spiked again in April, they have slowly began to decrease again.

PROS

Personalized Recovery Oriented Services (PROS) is a comprehensive recovery oriented program for individuals with severe and persistent mental illness. The goal of the program is to integrate treatment, support, and rehabilitation in a manner that facilitates the individual's recovery. Goals for individuals in the program are to: improve functioning, reduce inpatient utilization, reduce emergency services, reduce contact with the criminal justice system, increase employment, attain higher levels of education, and secure preferred housing.

PROS's outcome measures that are being monitored are:

- Less than 5 % of consumers will be hospitalized
- Less than 5% of the consumers will visit the ER.



The above data reflects the amount of hospitalizations and ER visits PROS clients also had thus far in 2019. As can be observed in March there was a large dip in numbers which could be due to a large push to use Club West services. During that time peers were bringing clients to see the services offered and show them the alternative to going to the hospital.

IV. Quality Improvement Projects

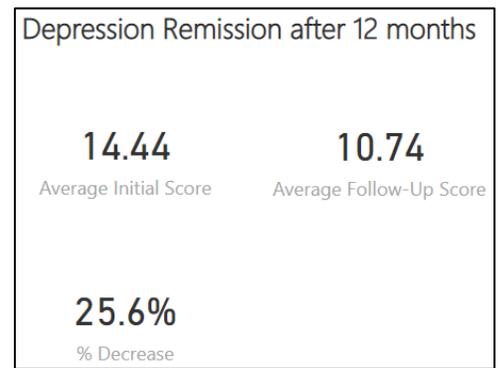
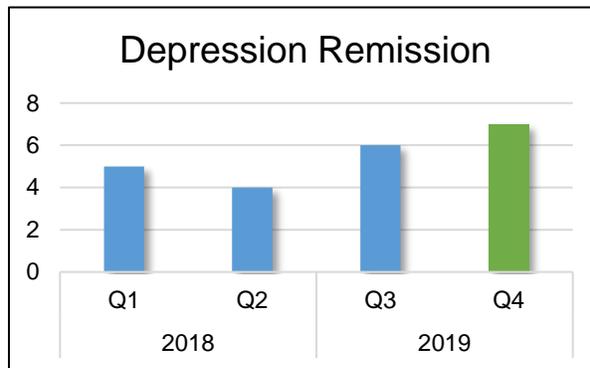
CCBHC

The second year of CCBHC ended on June 30th, 2019. The following data is for the completed Measurement Year 2 (MY2). The CCBHC Metrics that the QI department is conducting projects and tracking in conjunction with data collected by Business Intelligence (BI) include Depression Remission and Adult BMI Screening & Follow-Up.

Depression Remission after 12 Months

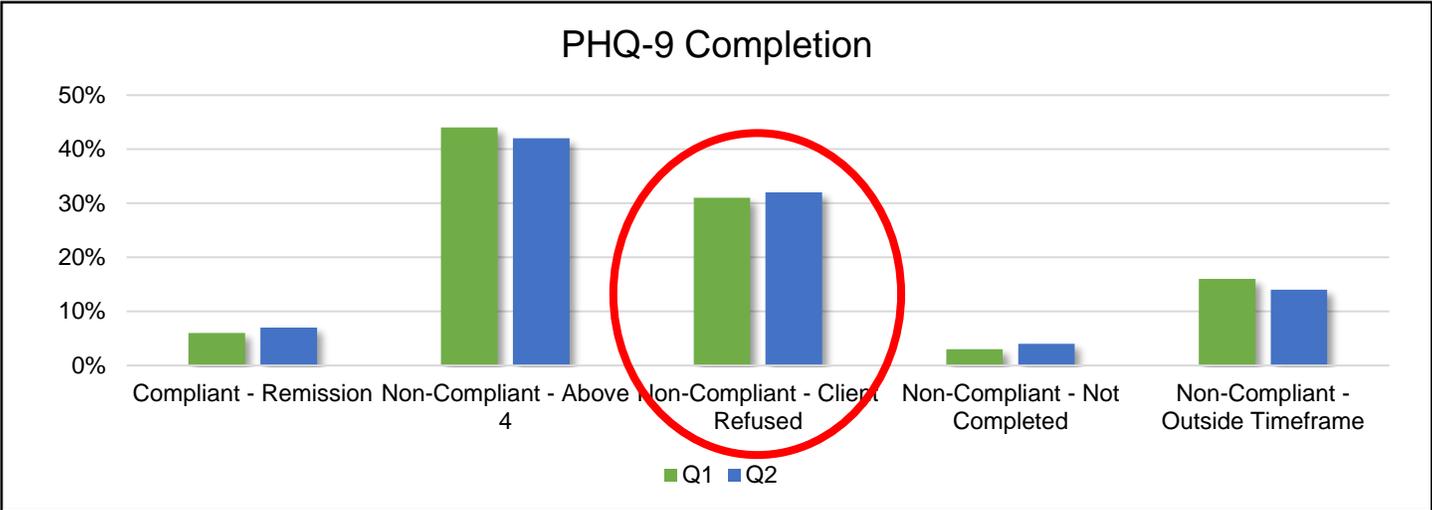
This metric tracks BBH Clients with Major Depressive Disorder (MDD) without the diagnosis of bipolar or personality disorders. The data shows that in order to make an impact on this measure we need a higher completion rate of the PHQ-9s.

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

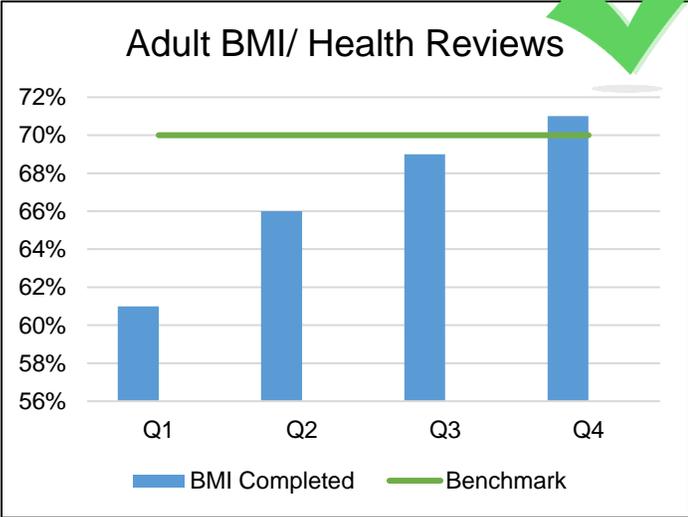


consumers. Because of this, the QI Department is also looking at the average initial scores and

scores after 12 months to determine the trend of data showing that even if a client is not in remission, BBH services are still making a positive impact.



Adult BMI/ Health Reviews



BBH had a goal of increasing completed health reviews to 70% by May 2019. That goal was successful. By the end of the CCBHC year the benchmark was reached.

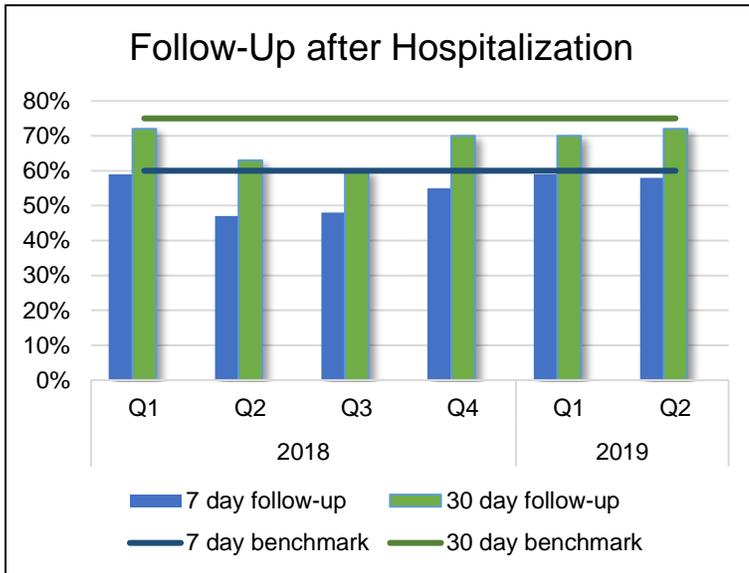
With the implementation of the Health Review project, BBH has seen a large jump in completed health reviews in the past year and at the second quarter of 2019/ forth quarter of the CCBHC year, the agency's completion is at 71%. This was a successful quality improvement project with the completion of the project past the benchmark goal of 70%.

With the completion of the CCBHC year, this metric began anew on July 1st. It is imperative that Health Reviews are completed annually in order to continue to monitor the health of BBH clients in order to provide the best care possible.

DSRIP/ Millennium

Follow-Up after Hospitalization (7 days and 30 days)

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. Increased coordination between front desk staff and the hospital Bridger helps to ensure clients who do not attend their first appointment receive follow-up.



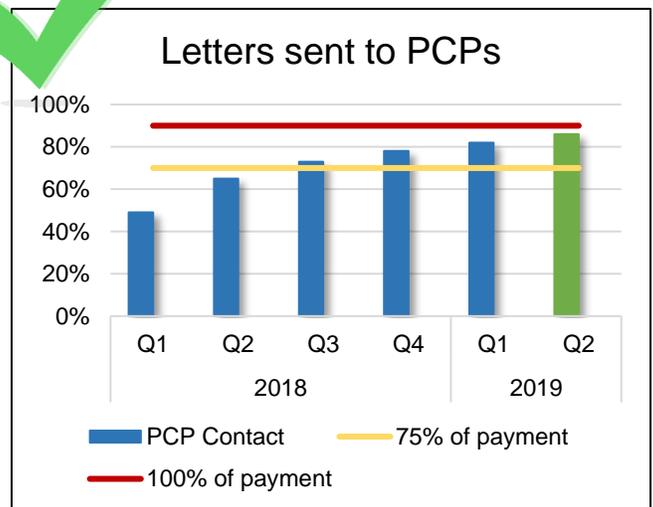
In Q2 this metric leveled out and at the June PQI Advisory Group meeting there was a discussion regarding the workflow and follow-up loop with the hospital Bridger. After some discussion, it was decided that a report would be run by Business Intelligence, which will automatically be sent to the Bridger for clients who didn't show up for their appointments so the Bridger can follow up with them.

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.

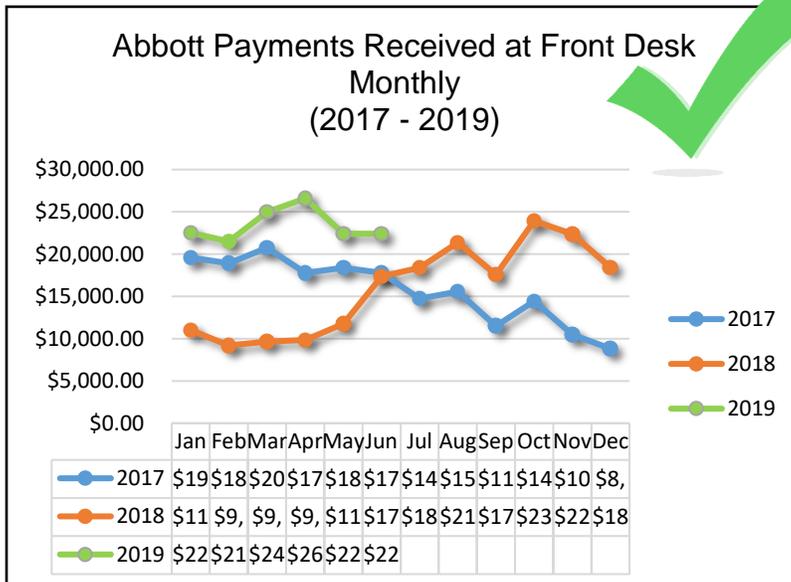
PCP Letter Project

The DSRIP CPWNY Letters project began with the creation of the QI Department in March 2018. This project has seen a steady increase in the percentage of letters sent to primary care physicians (PCPs) to keep communication open between mental/behavioral health and physical health providers. This past quarter, of the clients with documented PCPs, letters were sent out to 86% of those PCPs informing them of mutually shared clients.

The QI Department prioritizes the DSRIP project and continues to meet the metric. There is a shift in the project and BBH consumers diagnosed with a chronic health condition receive educational guides about their condition. QI will also begin working with BI to audit charts for comprehensive physical exam in client's charts.



Front Desk Fee Collection



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.

Since the beginning of the project, Abbott has continued to collect more fees in each month than the same month in the previous two years.

The updated Front Desk Fee Collection process has been rolled out to all sites and office managers are currently participating

in a weekly audit of the CSRs' performance. These audits are sent to the Quality Improvement Manager at the end of each week for review. Data containing payments received monthly by the front desk will be emailed to office managers on a monthly basis beginning the week of July 22.

V. Council On Accreditation (COA)

One of the first projects that was taken on by QI was preparing for COA accreditation. The COA process includes many steps and the first was to create policies and procedures for BBH. Since the merger, there was no consolidated Policy and Procedure manual for the agency. This was tasked to QI and within the last year and a half about 90% of the policy and procedure manual was rewritten and sent to the Board of Directors for approval.

In conjunction with the completion of policies, self-study evidence was also collected to upload to the COA portal and provide as evidence for accreditation. QI worked with VPs and PDs to obtain the accurate information needed to provide to COA. On July 15, 2019 all self-study evidence was submitted.

Currently, the QI team who is working on COA is gathering on-site evidence with assistance from the Vice Presidents and Program Directors in preparation for the upcoming COA site review on September 8th – 11th.



Rebecca Steffen, Anne Dernbach, and Claire Haumesser happily submitted self-study evidence on July 15, 2019.

VI. Acknowledgements

In the last quarter many people have been extremely helpful, both with QI projects, as well as cooperative throughout the self-study stage of the COA process. QI would like to recognize those who have gone above and beyond this quarter.

The COA team would like to thank all the sites and staff who participated in the mock-site review. Sherika Willis and her Lighthouse team went above and beyond in their welcoming and engaging attitude during the tour and interviews process of the mock-site review.

For their hands on approach in writing and gathering self-study evidence, we would like to thank Sheila Korman, Jen Seib, and Nadia Pizarro.

QI would like to thank Kelly Whitman. The vast amount of programs under her purview has left her with a huge amount of responsibility and work throughout the COA process. Her prompt coordination and cooperation with the QI team was extremely helpful in the completion of each of her programs' self-study evidence.

Thank you Laurie Cretacci for always being willing to work with QI during the COA process in the collection of self-study and on-site evidence.

VII. Contact Us!

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

chaumesser@bestselfwny.org
(716) 842-0440 x 1599