

2019 Q3

Performance and Quality Improvement

best|self™  
BEHAVIORAL HEALTH

# I. Introduction

BestSelf Behavioral Health (BBH or BestSelf) 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 clinics and 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 consumers, and as the Quality Improvement Department grows, BBH is capable of taking on more projects for the betterment of the agency.

### 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 consumer services. The PQI Report will be updated and distributed quarterly. Along with the quarterly updates, an annual report will also be distributed at the end of each calendar year.

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 consumers and staff. This report is intended to review the projects BBH has addressed in the past quarter by providing data in a transparent fashion.

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 third 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

## II. Programs

Programs
Abbott OTP
Abbott PROS
ACT Aspire
ACT Impact
ACT Strive
Adult Health Homes
Building Brighter Futures
CCBHC*
Child Advocacy Center
Children's Health Homes
ClubWest
Franklin PROS
Harambee House
Homeless Housing
Homeless Outreach
Lighthouse
M-WRAP
North Collins PROS
Recovery Community
SUD Housing
Vocational Services
Mobile Mental Health
Niagara Riverview Clinic
Primary Behavioral Healthcare Integration
Recovery Connections
UB Medicine

BestSelf has a range of services. BBH offers clinical services at the CCBHC sites, as well as a range of more intensive programs and community based services. The community based services offered include ClubWest and afterhours, which provides community support where consumers can relax or participate in activities, as well as the Recovery Community where people at all stages of recovery are welcomed to help reclaim their lives through personalized services to promote a healthy lifestyle.

To the left is a list of all the Programs that BestSelf offers. Below is a list of the CCBHC clinic programs.

Our CCBHC Outpatient Clinics offer fully integrated mental health and substance use disorder treatment and services for children and adults including:

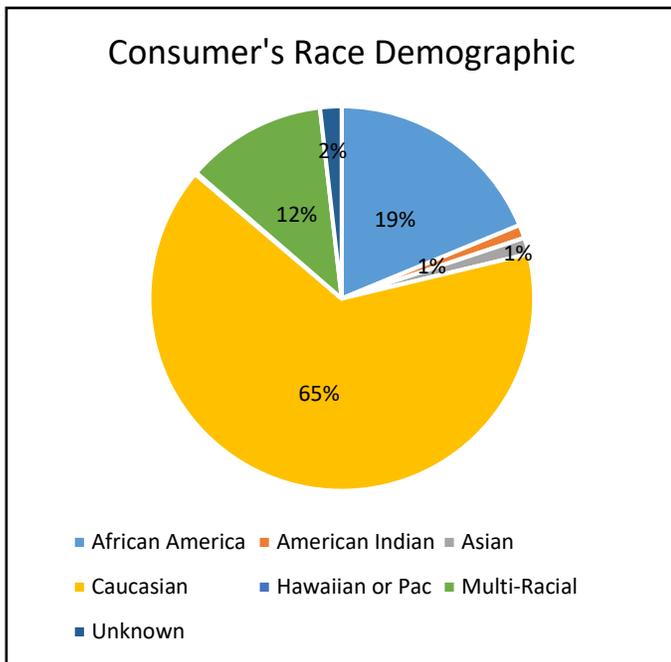
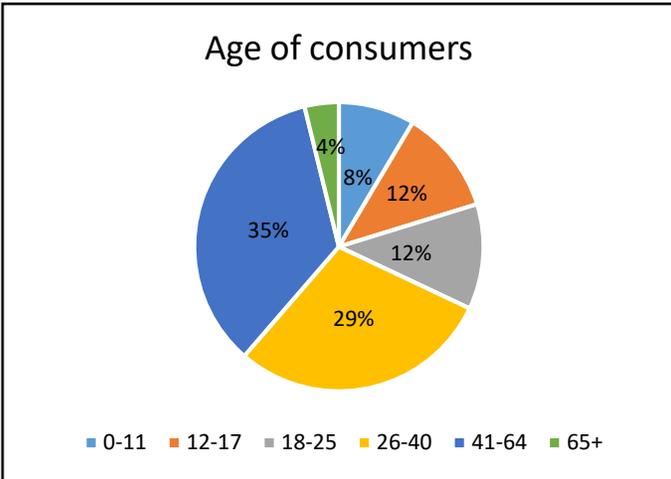
- Mental Health
- Substance Use Disorders
- Health Assessment & Monitoring
- Psychiatric Rehabilitation
- Targeted Case Management
- Peer Services

BestSelf Behavioral Health also offers a wide range of programs and services to meet the community's needs including but not limited to education and vocational supports, mobile mental health and substance use disorder services, homeless outreach and housing, community and school-based programs; 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.

CCBHC Programs
Abbott
Broadway
Buffalo East
Delaware Park CCC
Franklin
Linwood
Lower West Side
North Collins
OnTrack
Southtowns
Sweet Home
University/ DBT
Vocational
West

### III. Demographics

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



Primary Language	Percent of consumers
Arabic	3.17%
Bengali	0.11%
Burmese	0.35%
Chinese (Manda	0.02%
English	85.78%
English/Spanish	0.23%
Ethiopian	0.04%
Farsi	0.02%
French	0.06%
Hindi	0.01%
Japanese	0.02%
Karen	0.12%
Karenni	0.04%
Kinyarwanda	0.03%
Kirundi	0.01%
Korean	0.01%
Kurdish	0.01%
Nepali	0.30%
Other	0.11%
Pashto	0.01%
Russian	0.01%
Sign Language	0.02%
Somali	0.04%
Spanish	9.00%
Spanish/English	0.36%
Swahili	0.09%
Tigrigan	0.02%
Vietnamese	0.02%

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

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

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

The majority of BBH's consumers are also Caucasian with a large portion being African American or Multi-Racial as well.

## IV. Individual Program/Department QI Metrics

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. The third quarter of 2019 features Vocational Service and SUD Housing.

### SUD Housing

SUD Housing is a program that provides SUD consumers with housing and support services from a Housing Specialist who assists the consumer with linkage to needed recovery services. The program ensures that services are strengths-based, person-centered, culturally and linguistically competent, and trauma-informed. The program promotes recovery for consumers through linkages to a Housing Specialist and encouraging the consumer to choose a living situation in a safe and economic environment that will promote secure community integration

<b>Outcomes</b>	<b>Measurement of the number of clients who have successfully maintained independent housing are discharged from the program</b>	
<u>Item Measured:</u>	# of clients who are successfully discharged	0
	# of clients satisfied with their housing	23

The data collected above is year to date for 2019. The SUD Housing program's goal is to house consumers and provide them with services needed. Their goal is not to discharge consumers, but rather more permanently house BBH consumers.

### Vocational Services

Vocational Services is a recovery-oriented program for individuals with a diagnosed mental illness and/or substance use disorder. The goal of the program is to integrate treatment and support in a manner and facilitates the individual's recovery and employment goal. Goals for individuals in the program are to: develop skills necessary for obtaining and maintaining competitive employment in an integrated setting within the community. It is the agency's belief that work is fundamental to the physical and psychological well-being of individuals.

The organization facilitates the integration of persons with severe disabilities into the competitive labor market through on-site training, real-world work environments, and ongoing supported services.

Recently, Vocational Services' census numbers have been very low due to less individuals seeking services through ACCESS-VR. Discussions with the district office have taken place and the loss of a liaison caused linkages to go down. Vocational staff are currently working on coming up with new ways to make linkages and increase numbers.

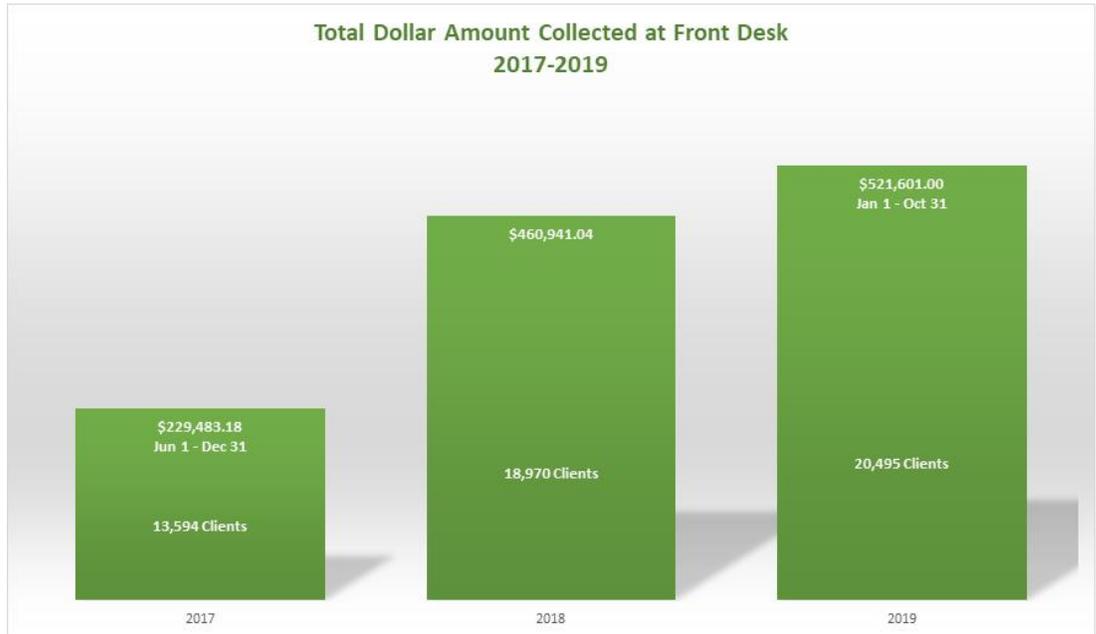
Placement Services	
Clients Enrolled	5
Clients Employed	2
Supported Employment	
Clients Enrolled	10
Clients Employed	3

## V. Quality Improvement Projects

### 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.

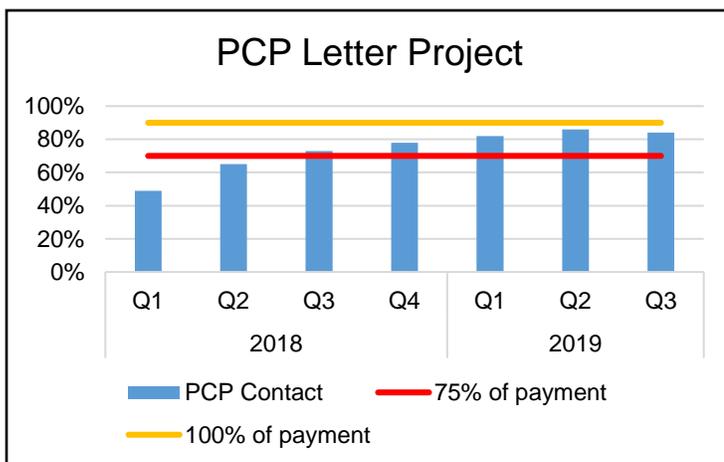
Since the beginning of the project, Abbott has continued to collect more fees in each month than the same month in the previous two years.



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 weekly by the front desk will be emailed to office managers on a monthly basis beginning the week of July 22.

### DSRIP

#### 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 consumers with documented PCPs, letters were sent out to 86% of those PCPs informing them of mutually shared consumers.

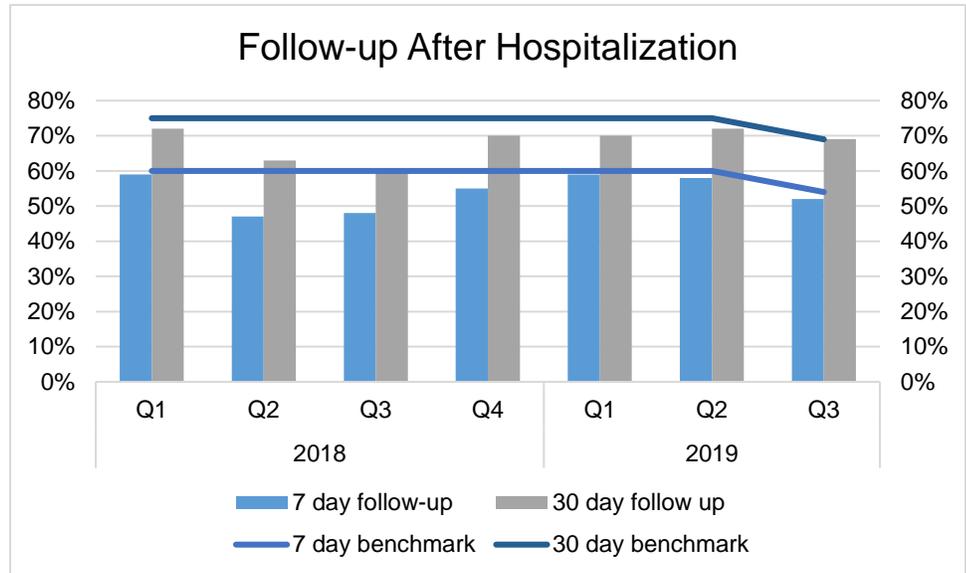
The QI Department prioritizes the DSRIP project and continues to meet the metric. There is a shift in the project and BBH consumers diagnosed with a chronic health condition receive educational guides about their condition.

## Follow-up after Hospitalization

Since QI has focused on this measure, a gradual increase in this metric has been seen, but BBH has yet to hit the benchmark. Increased coordination between front desk staff and the hospital Bridger helps to ensure consumers who do not attend their first appointment receive follow-up.

This metric's benchmarks were adjusted based on our performance for these measures in 2019. The benchmarks were lowered which allows BBH a greater opportunity to meet and exceed the benchmark.

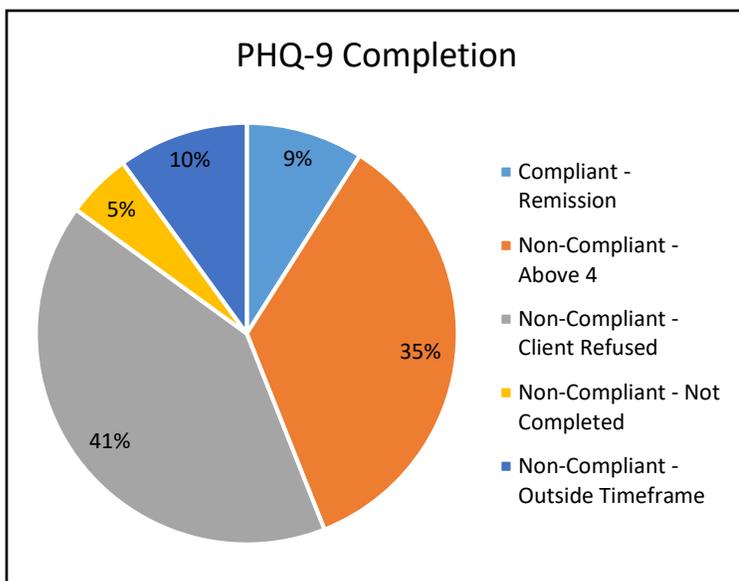
The new benchmarks, which can be seen above are 54% for 7 day follow-up and 69% for 30 day follow-up.



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

## Depression Remission

The Quality Improvement department began to target depression remission in 2019. The focus this past year has been primarily to ensure the PHQ-9s are being completed timely and regularly for BestSelf consumers. This metric was brought to the attention of the Quality Improvement department because it was a CCBHC measure that we were falling short on.



This measure takes a consumer's initial PHQ-9 score when first starting at BestSelf and compares it to their score twelve months later, give or take a month, to see if the consumer is in remission, which the state indicates is a score of 4 or less on the PHQ-9. The data shown is for the third quarter of 2019, and although pieces of the data have improved due to a "chase list" being sent out monthly with the client who need a PHQ-9 completed in order to meet the 11-13 month metric, it can still be seen that a large amount of treatment plans are indicating "Client Refused" rather than completing the PHQ-9.

In 2020, Quality Improvement would like to target this outcome measure in order to prove BestSelf clients are positively impacted by the services offered. The first step in understanding the depression

remission metric, is to truly ensure that PHQ-9 assessments are completed accurately and in a timely manner.

## VI. The COA Project

The first stage of the COA Accreditation project complete. The process consisted of three stages. The first was the collection of self-study evidence. In order collect that evidence, policies and procedures needed to be developed. Over the last eighteen months a policy and procedure manual was written and complied for the use of staff. Members of the Quality Improvement department, in conjunction with the Executive Management Team, Vice Presidents and Program Directors, wrote policies for each program, as well as overarching administrative policies. These policies were joined into a policy and procedure manual that can be found on the s-drive on the BestSelf network for the use of staff.

After submitting the self-study evidence on July 15<sup>th</sup>, the process of collecting on-site evidence began. The on-site evidence consisted of more in depth proof of practices meeting COA standards. On-site evidence was collected for each program at BestSelf and given to the reviewers to assess when they came for the peer review September 8<sup>th</sup> to the 11<sup>th</sup>.

The peer reviewers came to observe and discuss our processes to make sure they met COA standards. Throughout the process they talked to VPs, Program Directors, other front line staff, as well as consumers about the services BestSelf offers and their experience at the agency. The four day process was very in depth and the peer reviewers saw the dedication and passion staff have for BestSelf and BBH consumers. The reviewers expressed how impressed they were with BestSelf's services and staff.

Within a month following their visit, BestSelf received the final feedback from COA. **As of October 4<sup>th</sup>, 2019 BestSelf Behavioral Health Inc. is COA accredited!** This is a significant achievement and represents the fulfillment of countless hours of hard work and dedication of BestSelf staff.

BestSelf will need to go for reaccreditation every three years. It is the job of BBH to maintain COA standards in practice and policy, as well as be prepared in three years for reaccreditation.



## VII. Thanks!

The Quality Improvement department would like to thank everyone who was involved in the COA process. From Vice Presidents and Program Directors who helped write policies, to front line staff for their input and cooperation throughout the process, this accomplishment would not have been possible without each and every one of you.

A special thanks to all of the staff and consumers at the locations the peer reviews visited. Your passion and commitment to the organization and the consumers really shined while the reviewers were at the locations. Thank you so much to:

Abbott	Abbott OTP
ACT Teams	Child Advocacy Center
ClubWest	Franklin PROS
Harambee House	Health Homes
Lighthouse	Lower West Side
Mobile SUD (Van)	Outreach
Recovery Community	Southtowns
University	Vocational

The Quality Improvement department worked extremely hard during the COA process with the collection of evidence and coordination with staff to obtain all necessary pieces to have a success COA site visit.

Thank you to the COA Steering Committee and the Board of Directors for their support and insight throughout this process. It would not have been possible without them.

Anne Dernbach and Claire Haumesser stepped up and was instrumental in the writing and collection of policy, as well as the collection of self-study and on-site evidence. Without her organization and high standards, this process would not have gone as smoothly.

Last, but not least, thank you to Becky Steffen for her leadership and passion throughout this process. Her work ethic and tireless enthusiasm kept everyone on track. This accreditation would not have been possible without her.

## VIII. Upcoming Projects

The COA Accreditation project took the full force of BestSelf's Quality Improvement department. Because of the time sensitivity of the accreditation, many of the other quality improvement projects had to be put on hold. Quality Improvement has continued to monitor each measure throughout the COA process, however the full scope of the department's efforts can now be refocused to take strides and make changes using the Quality Improvement method, Plan Do Study Act (PDSA). With the first round of accreditation completed, it allows QI to refocus their efforts on past projects, as well as take on new quality improvement projects in late 2019, early 2020.

Throughout the COA process, other opportunities for improvement were recognized that inspired BestSelf to identify a few new quality improvement projects. Each of these projects are in their

beginning stages, but will be in full swing by early 2020. These projects include, nursing workflow standardization, a new statewide QI initiative, and a process for evaluating rapid access.

## **IX. Acknowledgements**

Throughout the last quarter, many people have gone above and beyond to help QI, both gathering evidence for COA and for other QI projects. The following people were instrumental in their efforts to help Quality Improvement with all of their projects over the last quarter.

The facilities department was instrumental in preparing for the COA site visit. Megan Kramer helped tremendously with coordinating the hanging of the new Consumer Rights and Responsibilities posters at each location prior to the site visit. Greg Gawrys and Bruce Graml also resolved the immediate need for emergency evacuation plans for each of the locations who were missing them. Thank you very much to everyone in the facilities department for helping throughout the process.

Laurie Cretacci helped with day-to-day tasks and throughout the last quarter Quality Improvement has requested her help numerous times in collecting everything from MOUs to Board meeting minutes. She graciously helped with each request and QI very much appreciated her assistance.

Thank you so much, Tye Pope, for all you did for the COA on-site evidence and the peer review visit. She was able to come back from being away and get everything to QI in fantastic shape and in a timely manner. Her professionalism is evident and giving one of the peer reviewers the opportunity to see SUD van was invaluable for showing the uniqueness of the services BestSelf offers. Your passion and dedication is evident.

Nadia Pizarro, thank you so much for coming through and getting the COA team everything needed for your abundance of programs.

One of the many pieces of evidence needed was job descriptions for employees across the agency. Jordan Bisher coordinated with QI and provided all the necessary job descriptions for positions across all of BestSelf's programs. Due to the size of the organization, this was not an easy task. Her diligence and hard work allowed QI to gather all necessary job descriptions timely.

## **X. Contact Us!**

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

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