

2019

Performance and Quality Improvement
Annual Report

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 throughout 2019.

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

II. Overview of Quality Improvement

Quality Improvement (QI) is a management philosophy which contends most things can be improved. This philosophy does not subscribe to the theory “if it ain’t broke, don’t fix it.” At the core of QI is serial experimentation (the scientific method) applied to everyday work to meet the needs of those we serve and improve the services we offer.

Core Concepts of QI

1. Quality is defined as meeting and/or exceeding the expectations of our clients
2. Success is achieved through meeting the needs of those we serve.
3. Most problems are found in processes, not in people. QI does not seek to blame, but rather to improve processes.
4. Unintended variation in processes can lead to unwanted variation in outcomes, and therefore we seek to reduce or eliminate unwanted variation.
5. It is possible to achieve continual improvement through small, incremental changes using the scientific method.

Model for Improvement

PDSA – Plan, Do, Study, Act

Plan the change strategy including 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 study.

Do the intervention.

Study the results.

Act on the knowledge you gain from the data (maintain the plan, modify the plan, add to the plan. Continue with a second PDSA Cycle, and so forth. The process continually builds learning to foster improvement efforts.

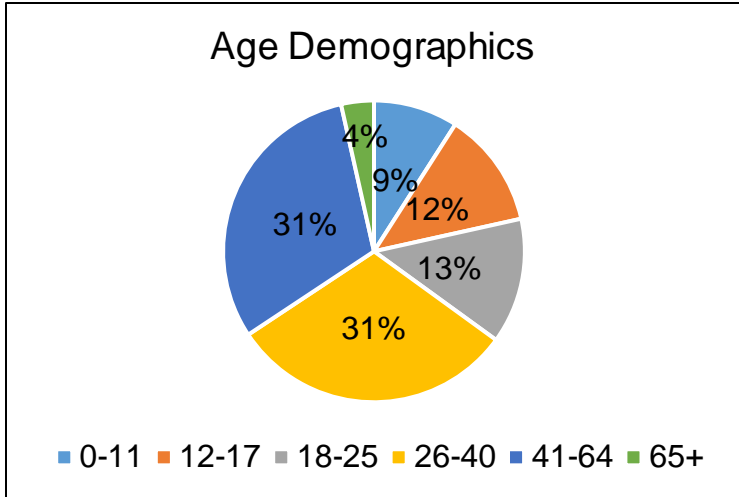
Improvement is based on building knowledge (of what works and does not work) and applying it appropriately. The model offers a “trial and learning” approach that helps reveal the outcomes of change.

Core Steps for Continuous Improvement

- Form a team that has knowledge of the system needing improvement.
- Define a clear aim.
- Understand the needs of the people who are served by the system.
- Identify and define measures of success.
- Brainstorm potential change strategies for producing improvement.
- Plan, collect, and use data for facilitating effective decision making.
- Before you try to solve the problem, define it.
- Before you try to control a process, understand it.
- Before trying to control everything, find out what is important, and work on the most important or on the most important or on that process having the biggest impact.
- Recognize we can learn from failures, so respect “meaningful failures.”

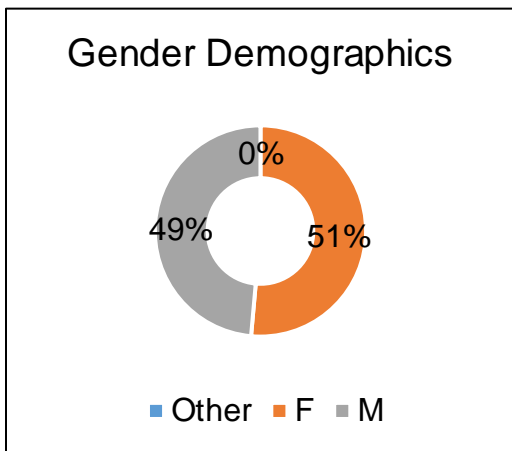
III. Demographics

BestSelf's Business Intelligence team pulled demographic data from Cerner for all clients who were open in 2019, allowing for a complete overview of BestSelf clients throughout the past year. Through this data, trends can be seen. Although BestSelf acknowledges that client demographics do not show the complete picture, finding trends in



demographics gives the agency the opportunity to see the populations BestSelf serve.

The demographics seen through the graphics below a number of observations can be made regarding BestSelf consumers.



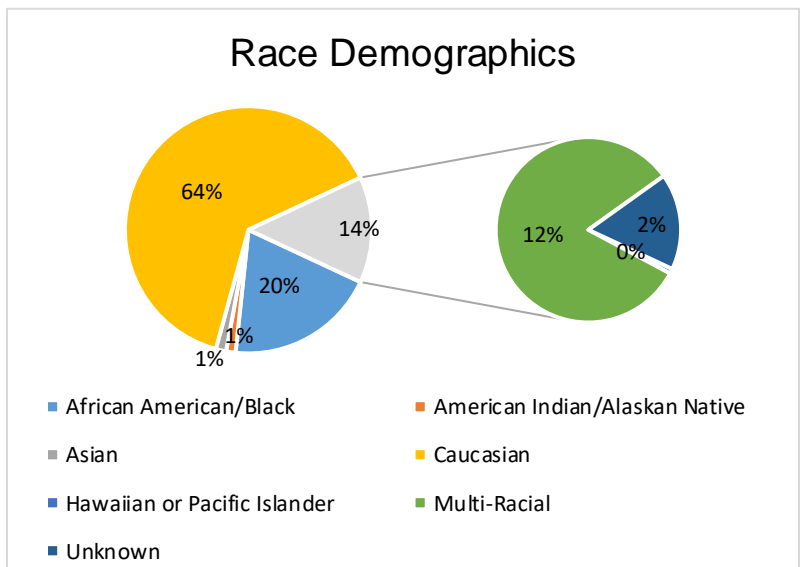
BestSelf consumers range across all ages and BestSelf has the capability to help consumers throughout their lifetime, from infancy to elderly. The majority of consumers fall between the ages of 26 – 64 years old. This age range makes up almost two thirds of BestSelf's overall consumers.

Language Demographics	Percentage
Arabic	2.10%
Bengali	0.10%
Burmese	0.29%
Chinese (Mandarin)	0.02%
Dari	0.01%
English	88.08%
English/Spanish	0.18%
Ethiopian	0.04%
Farsi	0.03%
French	0.06%
Hindi	0.01%
Japanese	0.01%
Karen	0.13%
Karenni	0.03%
Kinyarwanda	0.03%
Kirundi	0.01%
Korean	0.01%
Kurdish	0.01%
Nepali	0.26%
Other	0.07%
Pashto	0.01%
Portugese	0.00%
Russian	0.01%
Sign Language	0.03%
Somali	0.06%
Spanish	8.05%
Spanish/English	0.23%
Swahili	0.08%
Tigrigan	0.03%
Vietnamese	0.02%

These demographics show how BestSelf caters to the community and is accepting and inclusive to no matter the age, gender, or background of the consumer.

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

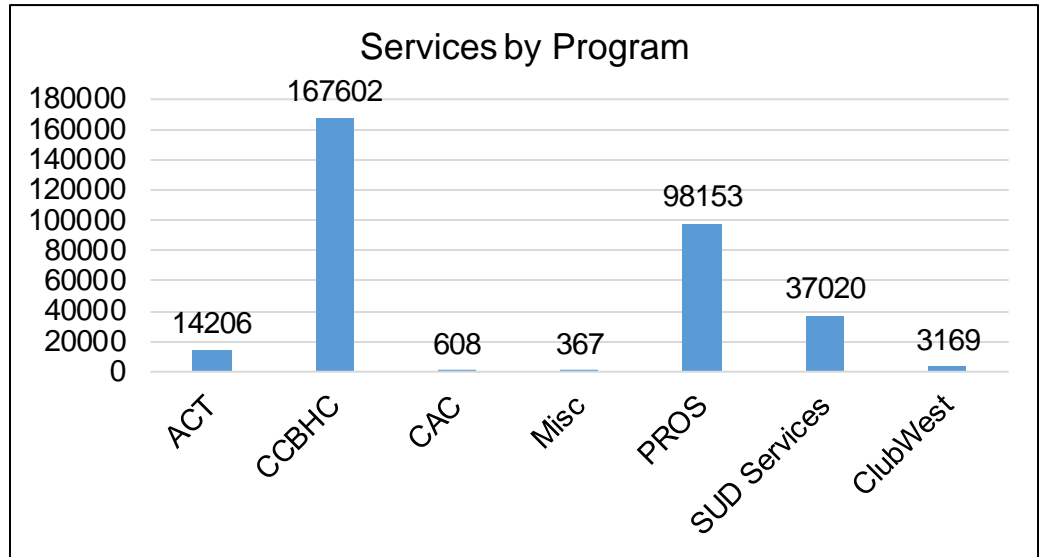
The majority of BBH's consumers are Caucasian with a significant portion being African American or Multi-Racial as well.



IV. Programs and Services

BestSelf has large number of programs including the CCBHC clinics, ACT, PROS, Housing programs, Health Homes, and community based programs.

The amount of services the agency provided in 2019 was extensive. As can be seen in the following graph, BestSelf provided over 321,000 documented services in 2019. The majority of services took place in BBH's CCBHC clinics, but many were also done in BestSelf's other programs.



V. Individual Program Outcome Data

Early in 2019, the Vice President of Quality Improvement and Accreditation met individually with the Vice Presidents and Program Directors and came up with outcome measure for each of BestSelf's programs and departments. These outcome measures were decided upon based on a number of factors including data that was already being tracked.

Assertive Community Treatment (ACT)

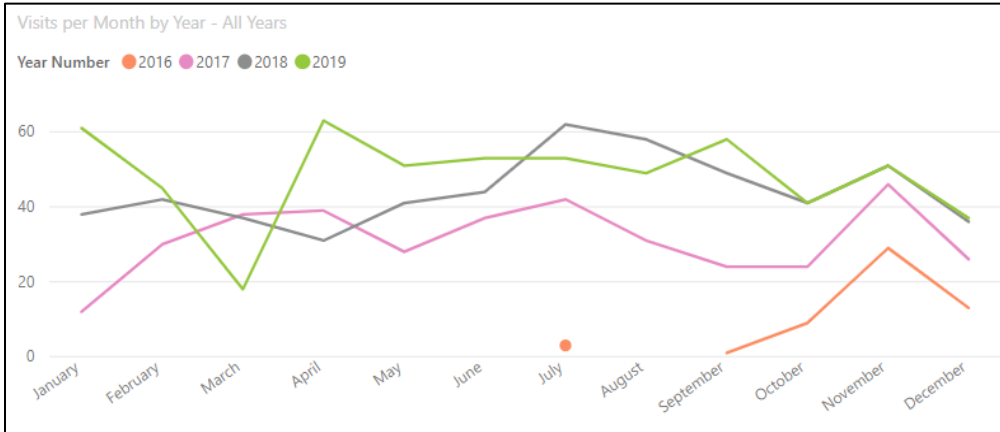
The Assertive Community Treatment (ACT) team is an innovative program designed to meet the needs of individuals with serious and persistent mental illnesses who have "fallen through the cracks" of the mental health system and, as a result, are at risk to themselves or others. The goal of ACT services 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.

The outcome measures for ACT in 2019 were:

- Number of consumer hospitalizations
- Number of consumer ER visits

The data shows that over the last few years, the number of hospital visits have fluctuated, but the vast majority of months over the last three and a half years have had between twenty and sixty hospitalizations. In 2019, it can be seen that there were months in 2019 with significant dips. In March

and again in October, there was a strong push towards utilizing ClubWest, which resulted in a decline in hospitalizations.



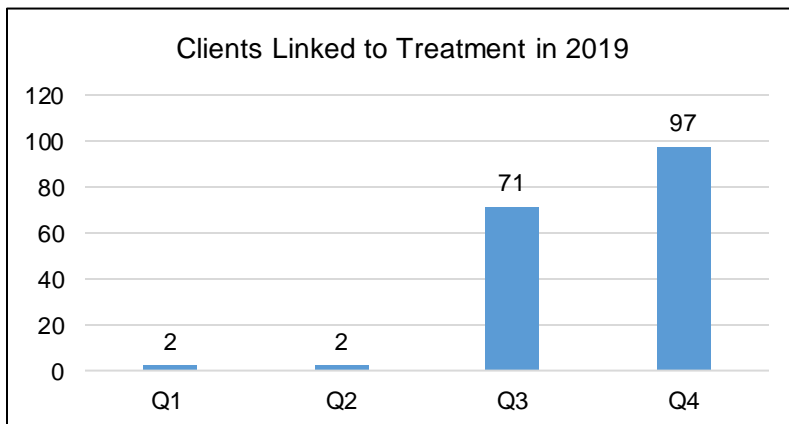
It is important to note that the diagram shown indicates all hospitalizations, not the amount of individuals. Therefore, if an individual client went to the hospital ten times, that would significantly drive up the numbers.

Child Advocacy Center (CAC)

The Child Advocacy Center at BestSelf (CAC) is an innovative, comprehensive center offering safety, support and a healing place for children and families affected by trauma and abuse in Erie County. The CAC incorporates Erie County’s Multi-Disciplinary Team, (MDT), which has representation from professionals in the fields of law enforcement, prosecution, child protective services, medical, mental health and victim advocacy. The CAC provides specialized services in a child-friendly setting to children who are traumatized by sexual abuse and physical abuse.

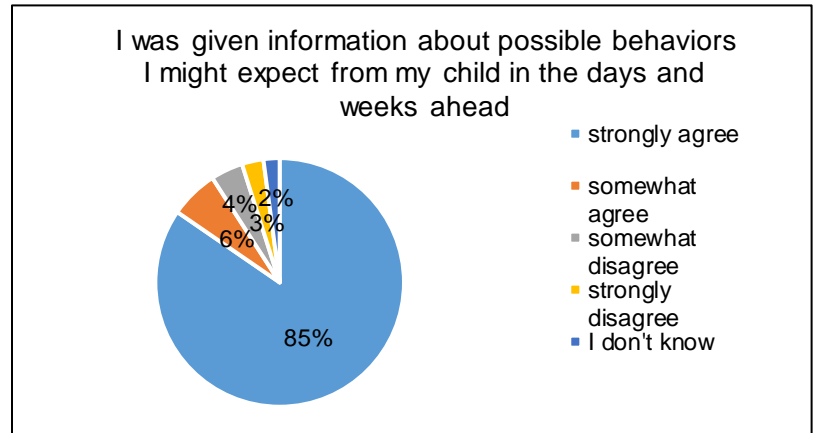
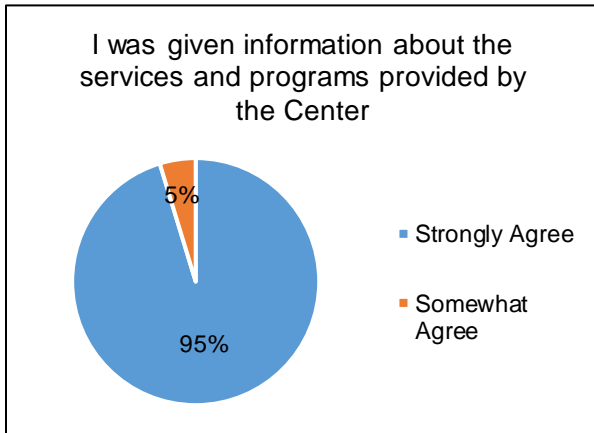
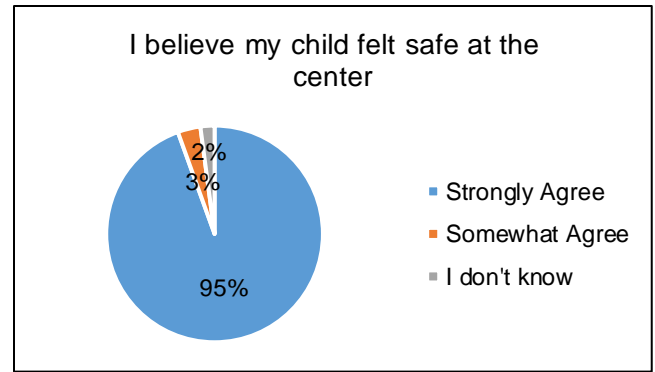
The outcome measures for the Child Advocacy Center are:

- Number of clients successfully linked to treatment
- Client satisfaction



The CAC did not begin looking at data until the latter half of 2019. Previous data was not collected on the outcomes of the CAC. However, despite not collecting the data, it can be seen by the chart to the left, that they have successfully been linking client to treatment. The benchmark for client linkage is to link 75% of clients to treatment. This could be any service including groups.

The results of the survey are dependent of a few factors including when the survey was completed. The survey consists of about 12 questions, but for the sake of this report, the Program Director, Brittany Palermo, chose to identify these three questions because they are the factors that CAC staff have control over internally. Each of these questions have had very positive overall feedback from their clients.



CCBHC

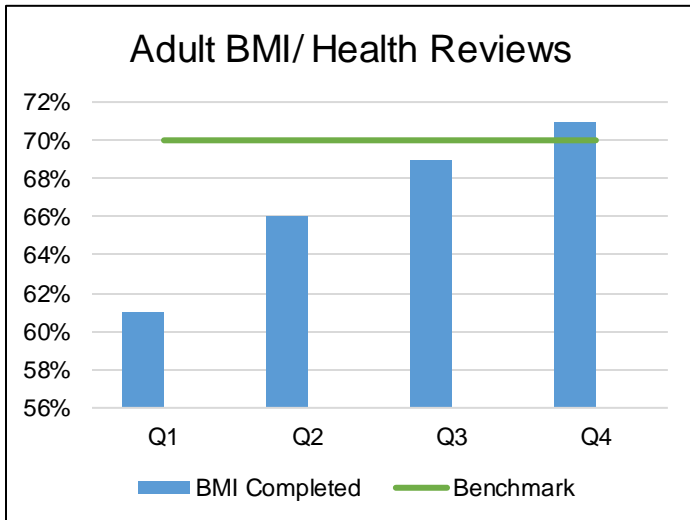
BestSelf Behavioral Health is part of an innovative pilot program called Certified Community Behavioral Health Clinic (CCBHC). The CCBHC concept was created to provide comprehensive, integrated behavioral health care resulting in improved outcomes for our clients. All BestSelf clinics offer walk-in and same day appointments.

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

The second year of CCBHC ended on June 30, 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. The following data is only collect through the second quarter of 2019 due to the continuation of CCBHC currently being on hold.

Adult BMI/ Health Reviews

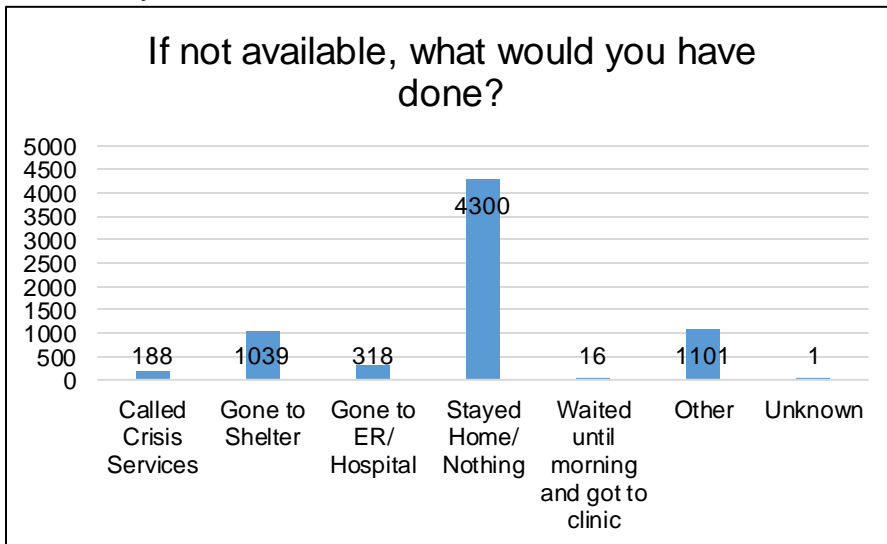


BBH had a goal of increasing completed health reviews to 70% by May 2019. That goal was successful. By the end of the CCBHC year the benchmark was reached.

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/ fourth 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%.

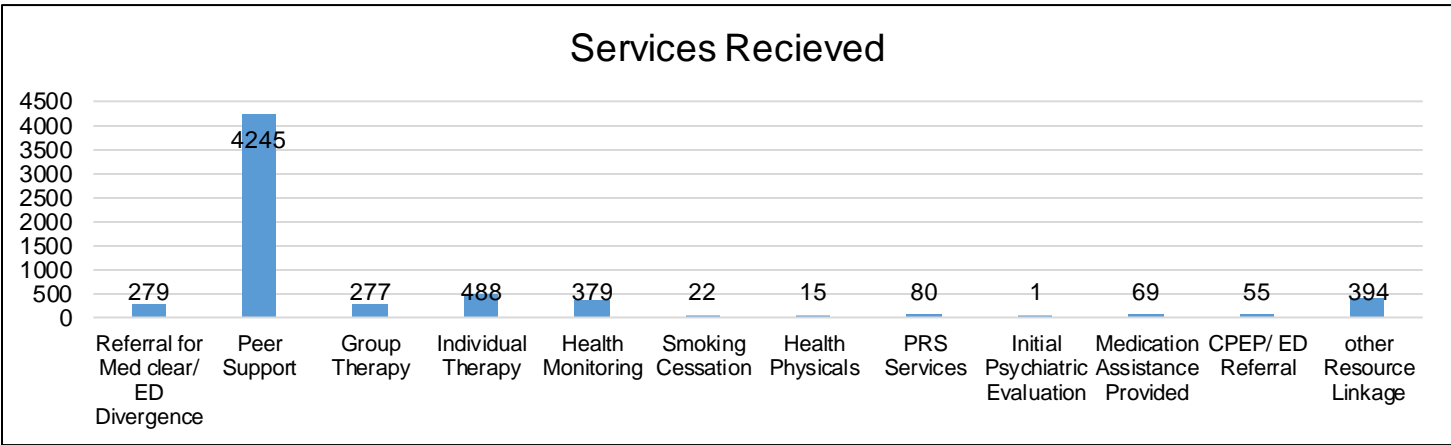
ClubWest/ Afterhours

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.



ClubWest had a large increase in popularity with consumers in the latter half of 2019. Throughout 2019, the amount of visits increase significantly. From January to June there were a total number of 1,763 visits. In the second half, there were 5,200 visits. They opened their services to those outside of BestSelf consumers later in 2019. This increase has affected the services they offer due to the increase in the amount of clients.

Over 4,700 peer support services were conducted at ClubWest in 2019 and 4,245 were done in the second half of the year. They also have conducted a significant amount of counseling and medical services. Each of these services benefit the consumers and the Western New York community.

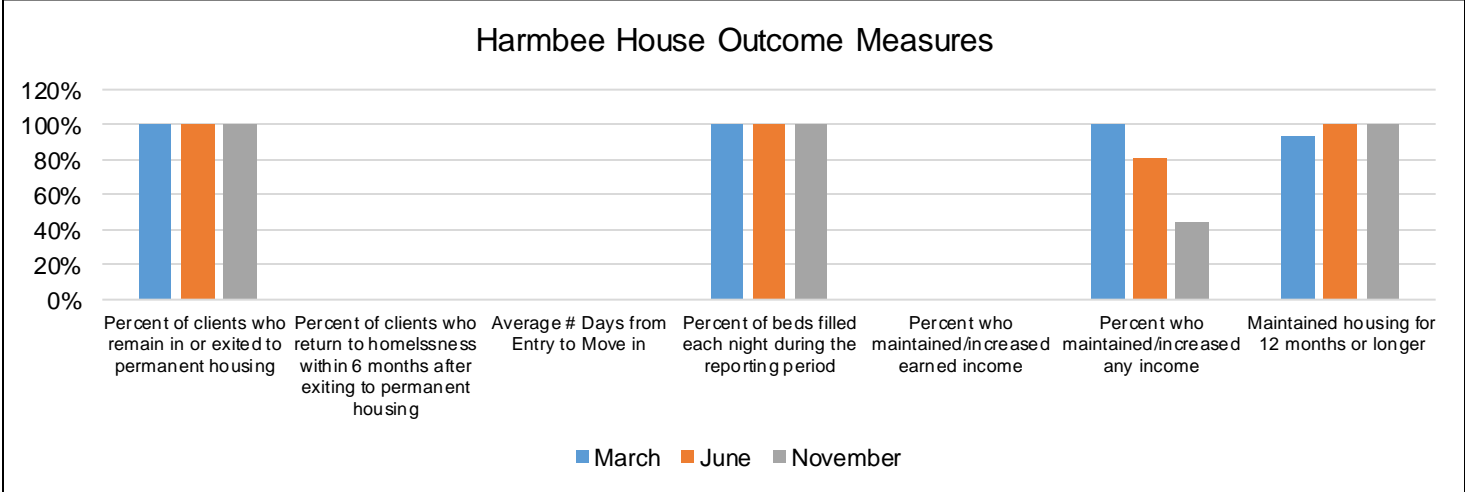


Harambee House

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 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.

Harambee House’s outcome measures are:

- Percent of clients who remain in or exited to permanent housing
- Percent of clients who return to homelessness within 6 months after exiting to permanent housing
- Average number of days from entry to move in
- Percent of beds filled each night during the reporting period
- Percent who maintained/ increased earned income
- Percent who maintained/ increased any income
- Maintained housing for 12 months or longer



As can be seen above, the outcome measure were consistent throughout 2019. The measure were also very positive with the percent of clients who remain in or exited to permanent housing and percent of beds filled each night during the reporting period have been consistently at 100%. The percent of clients who maintained/ increased earned income is also historically extremely low due to the difficulty of the residents at Harambee to gain employment due to the severity of their mental illnesses. The only fluctuation that can be seen for Harambee Houses' outcome data is the data for the percent of clients who maintained/increased any income. This measure decreased significantly due to changes in residents and residents adjustments based on insurance and government bodies.

Health Home

A Health Home is a service that provides free comprehensive care management services to Medicaid recipients to make certain their medical, mental health and substance use disorder needs are being met.

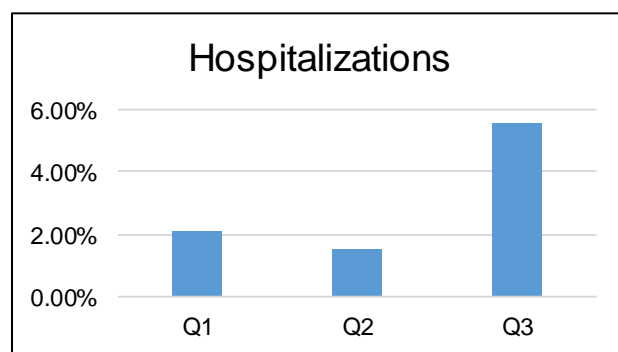
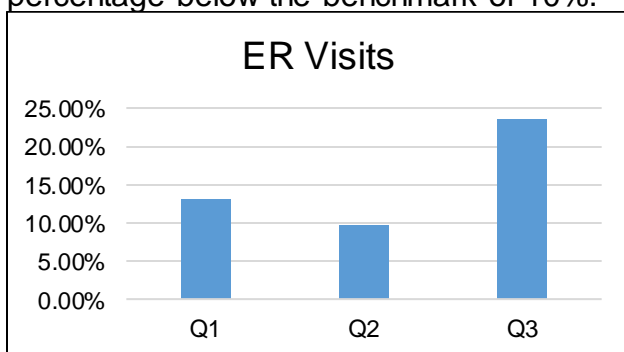
BestSelf Health Home Services ensure that everyone involved in an individual's care is working well together and sharing the information that is important in supporting recovery. In addition to physical health services, the Health Home will assist in coordinating the social service needs of the member as well.

Adult Health Home

Adult Health Home's outcome measure are:

- Less than 10% of clients hospitalized
- Less than 10% of clients visit the Emergency Room

The below data shows the percentage of clients who went to the ER and the percent who were hospitalized. The data is for unique clients, not individual visits. Adult Health Homes kept their percentage below the benchmark of 10%.

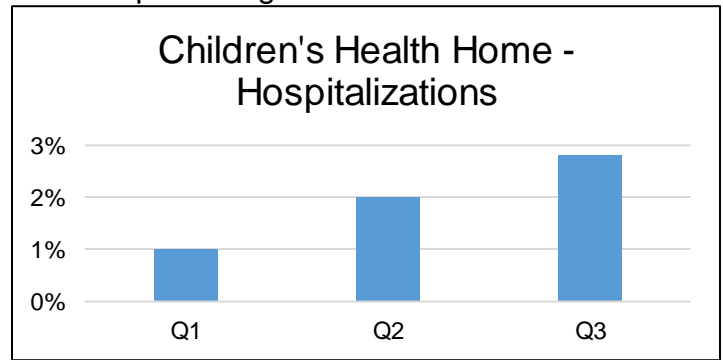
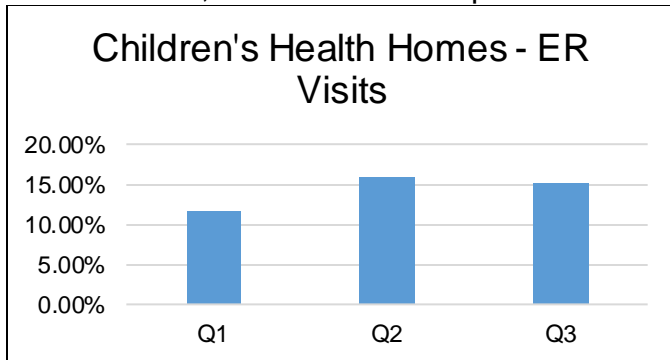


Children Health Home

Children's Health Home's outcome measures are:

- 10% or less clients are hospitalized or with an ER visit each month
- Successful Discharges

The data below shows that although Children's Health Home may not be hitting the benchmark for their ER visits, however their hospitalizations maintain a low percentage.



Homeless Services

BestSelf has been providing a wide range of services to homeless mentally ill individuals over age 18 since 1989. These services include outreach, advocacy, case management and other interventions. BestSelf practices a "housing first" approach, getting individuals "off the streets" as the first priority. Once stable housing is achieved, BestSelf's mobile team helps establish links with other services, including:

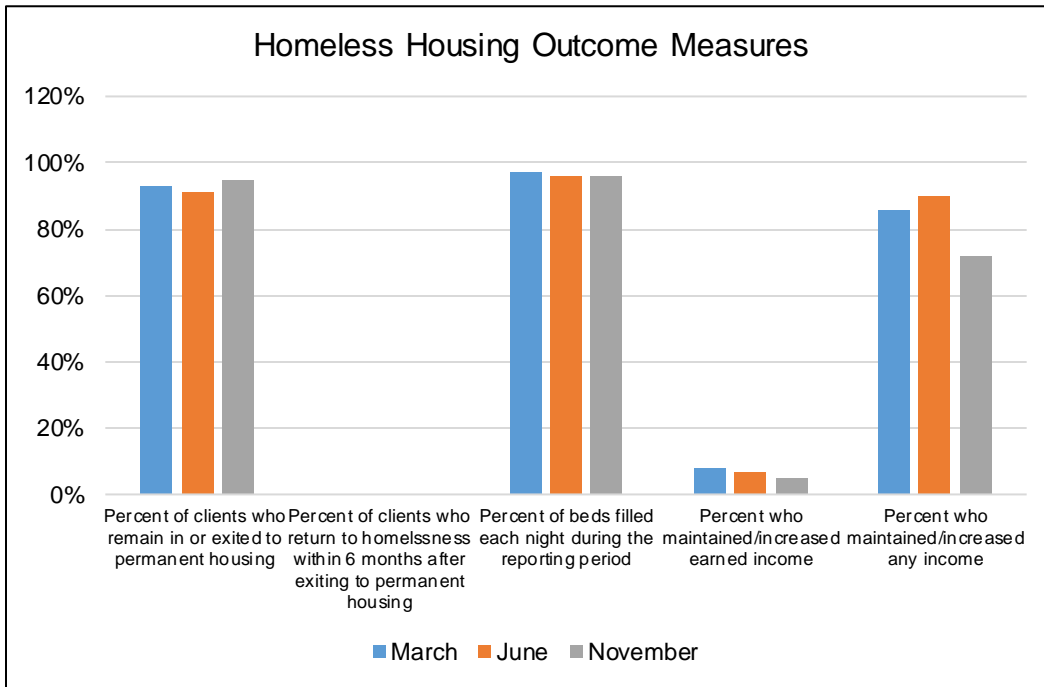
- Mental Health and Substance Use Disorder Counseling
- Psychiatric evaluations
- Medication Therapy
- Crisis intervention
- Vocational training

Homeless Supportive Housing Program

BestSelf's Homeless Supportive Housing has 156 permanent housing slots providing case management and rental subsidy to homeless mentally ill individuals and a 16 bed residence for chronic homeless individuals with a mental health diagnosis.

The outcome measures for the Homeless Housing program are:

- The percent of clients who remain in or exit to permanent housing
- The percent of clients who return to homelessness within 6 months after exiting to permanent housing
- Percent of beds filled each night during the reporting period
- Percent who maintained/ increased earned income
- Percent who maintained/ increased any income



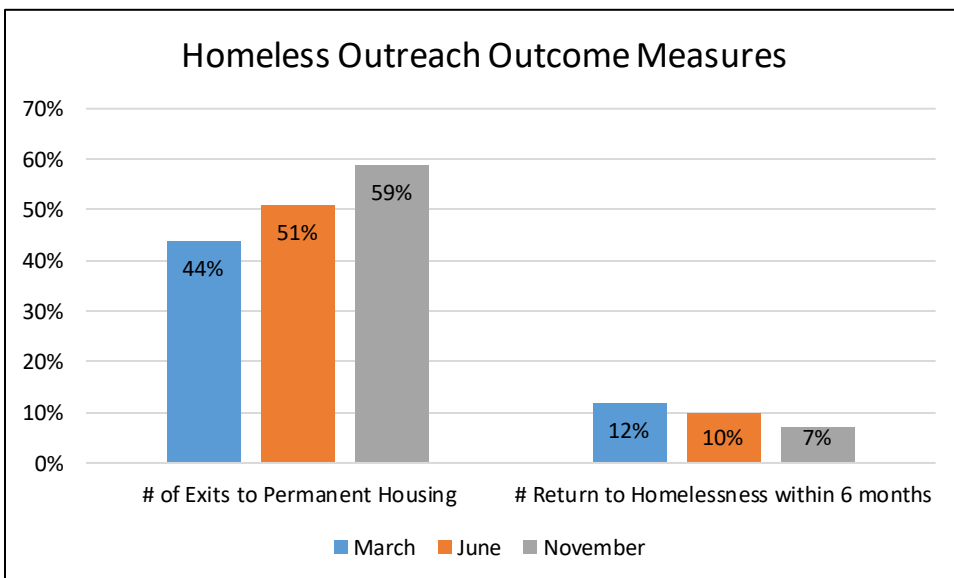
One of the outcome measures that show the success of the Homeless Housing program is that 0% of clients returned to homelessness within 6 months after exiting permanent housing. The other measures are also impressive with the percent of clients who remain in or exited to permanent housing being above 90% and the percent who maintained/increased any income staying above 70%.

Homeless Outreach

Since 2008, BestSelf's Homeless Outreach program received additional funding from the Erie County Department of Mental Health to engage the street homeless population. The mandate of the Homeless Outreach Team is to identify and engage the homeless population with mental illness. The Outreach team works with area shelters as well as actively seeks out this difficult population under bridges, in alleys, on railroad tracks, park benches and other places not meant for human habitation.

The outcome measures for the Homeless Outreach program in 2019 are:

- Number of exits to permanent housing
- Number to return to homelessness within 6 months



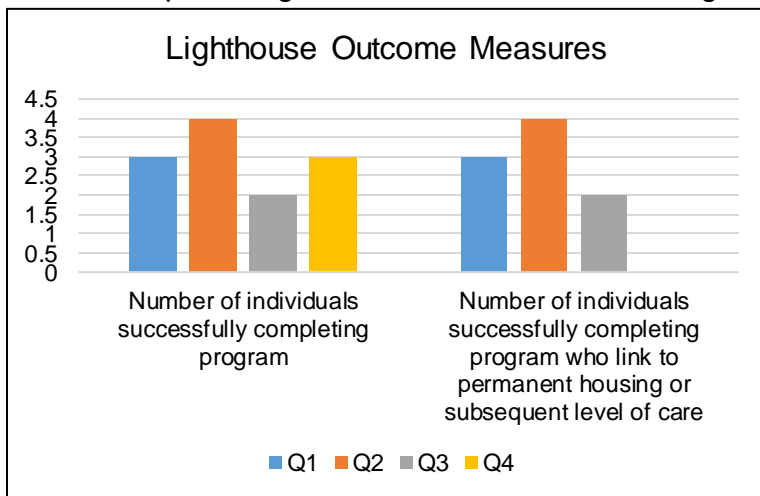
The success of Homeless Outreach can be clearly seen in the data shown. The number of exits to permanent housing have steadily increase and the number of clients who return to homelessness have steadily decreased across 2019. Ultimately that is the trend that we would like to continuously see in the future.

Lighthouse

Lighthouse's outcome measures are:

- Number of individuals successfully completing the program
- Number of individuals successfully completing the program who link to permanent housing or subsequent level of care

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.



One of the most difficult obstacles for Lighthouse is connecting the women who accomplish all the steps to complete the program to outside housing. In 2019, Lighthouse staff have prioritized finding housing for the women.

In 2019, there were 12 successful discharges for Lighthouse consumers. Nine of those consumers were successfully linked to permanent housing.

Opioid Treatment Program (OTP)

The outcome measures for the Opioid Treatment Program are:

- Successful Discharges
- Retention in Treatment

BestSelf's Opioid Treatment Program opened in January of 2019 and since then there have been 117 people admitted into the program. Eighteen of those consumers have been discharged. The current number of active clients at OTP is 99 and all of those clients are engaged with counseling and working on treatment goals.

The goal of OTP is not to have people discharge from the program and the measure is more to capture people who accomplish all of their treatment plan goals, but would still be open in order to receive their medication. This measure will be reevaluated in 2020 to be more true to the spirit of the metric.

	Time Frame	# of admissions	# still active	% Retention
1 month retention rate	Dec 9, 2019 - Jan 9, 2020	12	12	100%
3 month retention rate	Oct 9, 2019 - Jan 9, 2020	39	38	97%
6 month retention rate	Jul 9, 2019 - Jan 9, 2020	68	66	97%
9 month retention rate	Apr 9, 2019 - Jan 9, 2020	92	80	87%
1 year retention rate	Jan 9, 2019 - Jan 9, 2020	117	99	85%

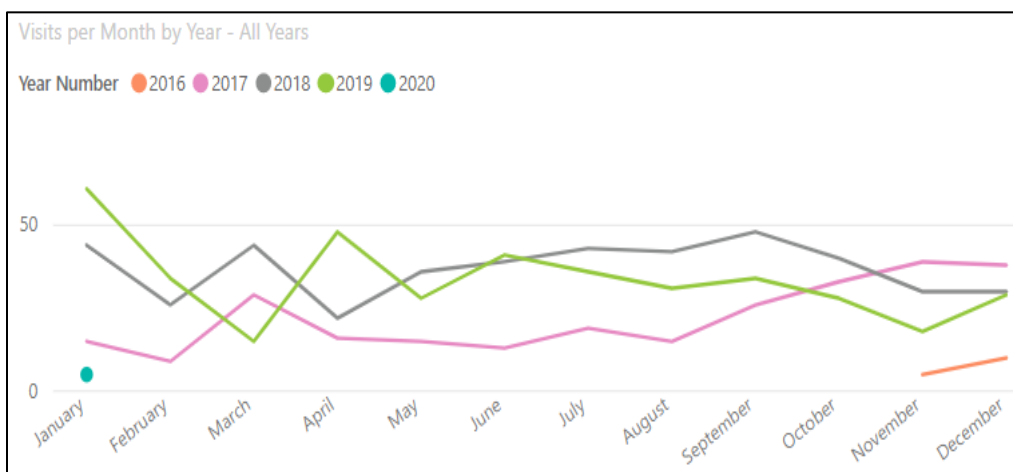
Personalized Recovery Oriented Services (PROS)

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.

The outcome measures for PROs in 2019 were:

- Number of consumer hospitalizations
- Number of consumer ER visits

The data shows that over the last four years the numbers of hospitalizations across BestSelf's PROS programs are consistently below 50 hospitalizations a month. Similarly to the ACT program, the data is not based on the number of individuals going to the hospital, but rather the amount of hospitalizations individually. A few clients who consistently go to the hospital can significantly impact the data.



In 2019, there was also a dip in hospitalizations in March which is due to the push of clients utilizing BestSelf's ClubWest services rather than going into the Emergency Room. Since the opening of ClubWest, there has been a small decrease in hospitalizations on average in compared to 2018.

Recovery Community Center

BestSelf Recovery Community was created to give people in all stages of recovery and their families, a safe and welcoming environment to reclaim their lives. The BestSelf Recovery Community takes a holistic approach to recovery, offering a wide range of personalized services to promote healthy lifestyles – from support groups and life-skills training to nutrition seminars and exercise classes.

The outcome measures for the Recovery Community are:

- To increase the number of volunteers from previous consumers
- Perception of care survey measures

The Recovery Community had a great success in 2019 with the amount of volunteers from previous consumers. One of the things their participants can do to become more involved is apply to become a volunteer at the community center. This is a level of deeper engagement that allows the volunteer to

help out, lead groups, etc. At the beginning of 2019 they only had 2 volunteers, but with the focus and hard work of staff, they ended 2019 with 15 volunteers. This is a great success for the Community and they hope to continue this trend upward

The data was unavailable for the perception of care surveys for 2019 at the time of this report, but going forward, the Community and QI will continue to track this measure.

Vocational Services

*The data shown for Vocational was collected as of the third quarter of 2019

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.

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

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.

VI. 2019 Quality Improvement Projects

Council on Accreditation (COA)

A major project that Quality Improvement took on in 2019 was the task of preparing BestSelf for COA accreditation. This project took the majority of 2019 and the hard work and cooperation of everyone in the agency. From the initial stages of gap analysis and revisions of BestSelf's policies and procedures, to the collection of the self-study and on-site evidence, the success of the project would not have been possible without the help and support of everyone at BestSelf.

There were three stages of the COA process. First was the collection of self-study evidence. In order to collect that evidence, policies and procedures needed to be developed and revised to meet the COA standards. Over the eighteen months leading up to the site-visit, a policy and procedure manual was written and compiled 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 15th, the process of collecting on-site evidence began. The on-site evidence consisted of more in depth proof of BestSelf's 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 8th to the 11th.

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.

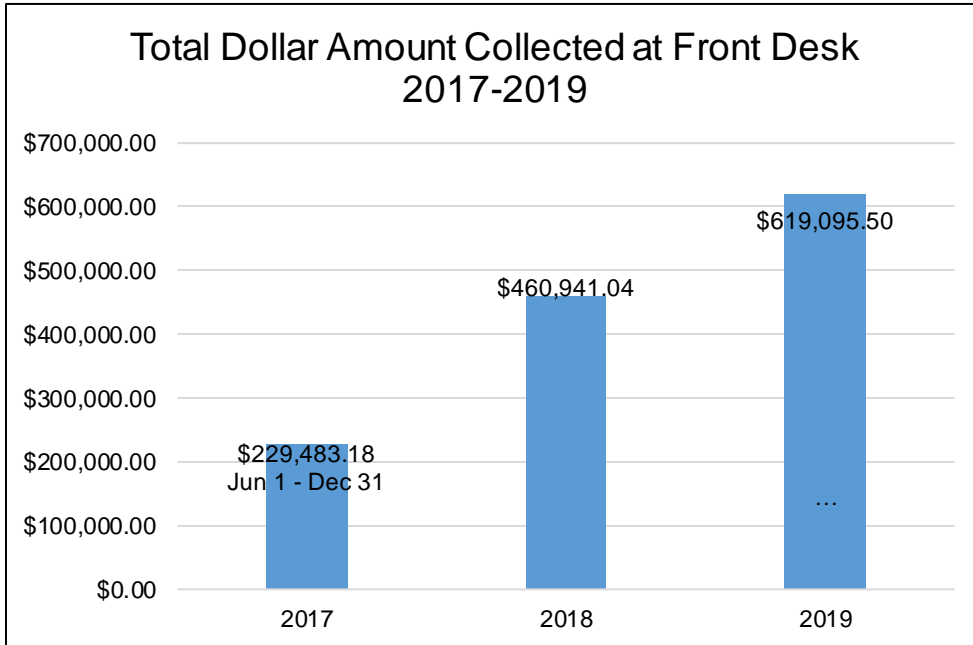
Within a month following their visit, BestSelf received the final feedback from COA. **As of October 4th, 2019 BestSelf Behavioral Health Inc. is COA accredited!** This is a significant achievement and represents the fulfillment of countless hours of hard work and dedication of BestSelf staff.

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



Front Desk Fee Collection

In 2019, one of the projects Quality Improvement focused their efforts on was front desk fee collection. This was part of the Front Desk Standardization project. Looking at the previous data for



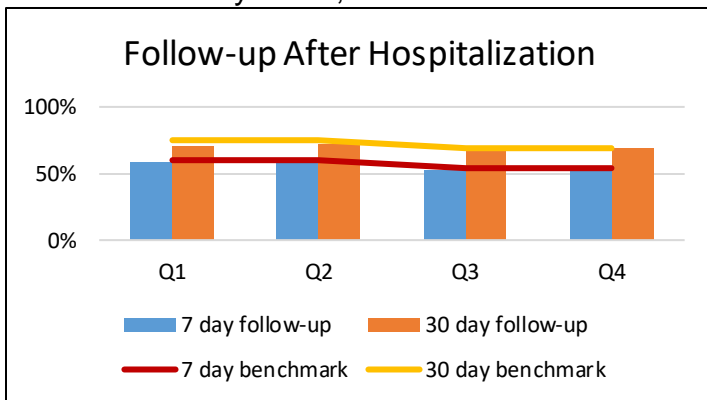
fee collection it was noticed that BestSelf was not always collecting the copays consistently from consumers and this often resulted in consumers unknowingly going into delinquency. In order to ensure that the consumers do not go into delinquency, the Quality Improvement Manager, Chris Chavez, worked with Program Directors and Office Managers to retrain the Customer Service Representatives to ask and feel comfortable asking for the consumer's copay.

This project started with Abbott and due to the success was rolled out to each of the other locations. As can be seen, this project increased the amount of money collected at the sites, which also causes a decrease in consumer delinquency. The difference between 2017, 2018, and 2019 show the success of this project.

DSRIP/ Millennium

Follow-Up after Hospitalization

QI has been focusing on follow-up after hospitalization since the beginning of the department in early 2018. Up until the third quarter of 2019 BestSelf was unable to meet the benchmark. Each quarter we would end very close, but unable to meet it.

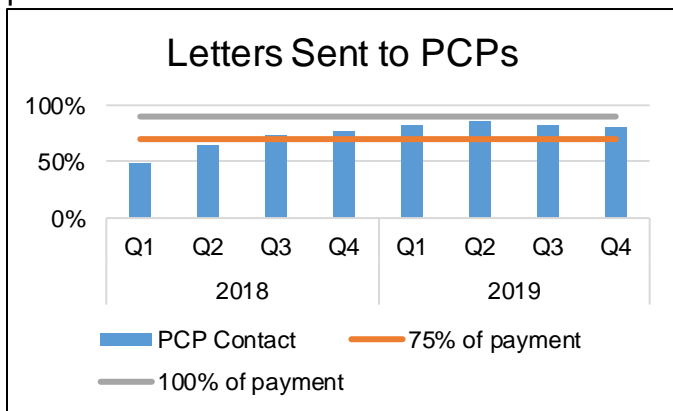


These metrics' benchmarks were adjusted based on our performance for these measures in 2019. The benchmarks were lowered which allows BBH a greater opportunity to meet and exceed the benchmark. The new benchmarks, which can be seen above are 54% for 7 day follow-up and 69% for 30 day follow-up. In the last quarter of 2019 BestSelf was able to finally meet the benchmark for both the 7 day and 30 day metrics.

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.

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.



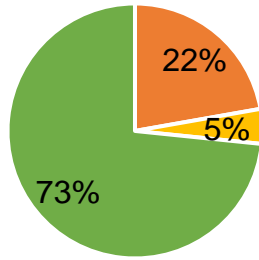
The QI Department prioritizes the DSRIP project and continues to meet the metric. There is a shift in the project and BBH consumers diagnosed with a chronic health condition receive educational guides about their condition. QI worked with BI to audit charts for comprehensive physical exam in client's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

Depression Remission

In 2019, the Quality Improvement Department expanded Depression Remission into a quality improvement project beyond just the CCBHC metric. This metric's specifiers were clients above the age of eighteen diagnosed with Major Depressive Disorder without a diagnosis of Bipolar or Personality Disorders. In order to be considered "in remission" according to this metric, the PHQ-9 score of that client must be four or less. At the beginning of the project in January of 2019, the percentage of clients meeting these specifications who had a PHQ-9 score of four or less after at least 12 months of treatment was only 4%.

The initial obstacle Quality Improvement ran into after looking more into the data was that about a third of the clients who fell within this criteria indicated in their most recent treatment plan that "client refused". Quality Improvement was concerned about so many PHQ-9s stating "client refused" because it did not also seem like the client was actually refusing to complete the assessment, but rather that other factors came into play. These factors included a client not being present to complete it with their treatment plan or not having time in their session to complete it.

PHQ-9 Scores after 12 Months

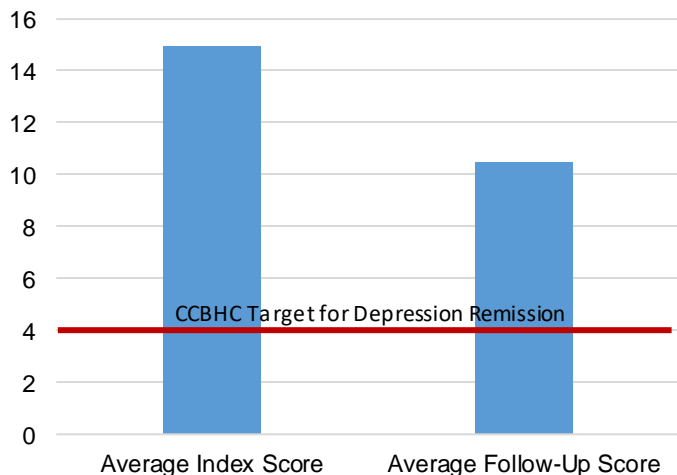


- PHQ-9 Score Increased
- PHQ-9 Score Remained the same
- PHQ-9 Score Decreased

In order to combat those who were indicating “refused” on the report, in May of 2019, a “chase list was created by the Business Intelligence team which showed the clients who fell in this metric that needed a PHQ-9 completed within the next month in order to fulfill that metric. This report is sent out monthly to Program Directs to discuss and forward on to counselors. With the report being sent out, the percentage of clients meeting the specifications who had a PHQ-9 score of four or less after 11-13 months of treatment increased to 7% at the end of 2019.

Something that was evident to Quality Improvement when looking into this project was that only considering clients who scored a four or less on the PHQ-9 does not show the whole picture. A score four on the PHQ-9 is extremely low and only looking at those scores as “successes” is not indicative of the true success BestSelf has in effecting a client’s depression. Because of this realization, Quality Improvement and Business Intelligence now also look at the scores of each client and are able to look at their initial score and their score 11-13 months later and compare those scores to show the percentage of clients whose scores have decreased since seeking services with BestSelf. The above chart shows the 73% of BestSelf clients above the age of eighteen with Major Depressive Disorder, but not bipolar or personality disorders have had a decreased score on their PHQ-9 assessment from their initial assessment to the PHQ-9 completed a year later. The average initial score collected for these clients was 15, the average follow-up score is 10.53 with an average percent decrease in scores of 28.5%. This shows the impact BestSelf’s services make on these clients for the better.

PHQ-9 Score Comparison



Average Index Score
15
Average Follow-Up Score
10.53
Average % Decrease in Scores
28.5%

VII. Acknowledgements

Every employee of BestSelf deserve a huge thank you for their cooperation and hard work this year. Everyone pitched in and really worked hard in order to strive for success for all of QI's projects, including COA, DSRIP, and Front Desk Standardization.

Thank you to Anthony Mullen and David Moran in the Quality Improvement department. Without their continuous hard work, the success of our projects would not be possible.

The Business Intelligence team is consistently helping Quality Improvement with collecting data and generating reports in order to measure the success of projects. Thank you to Kevin Wiese, David Jones, and Michael Edinger for your continuous help.

Thank you to Laurie Cretacci for always being dedicated, diligent, and proactive.

As always, Quality Improvement would like to acknowledge Executive and Senior Management, as well as the Board of Directors for their support of continuous quality improvement throughout the agency.

IV. Contact Us!

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

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