2020

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 2020.

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.
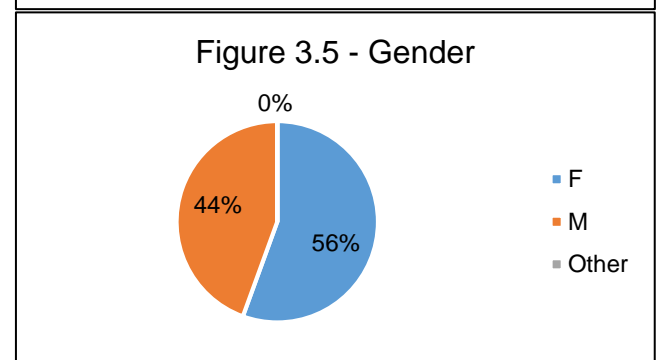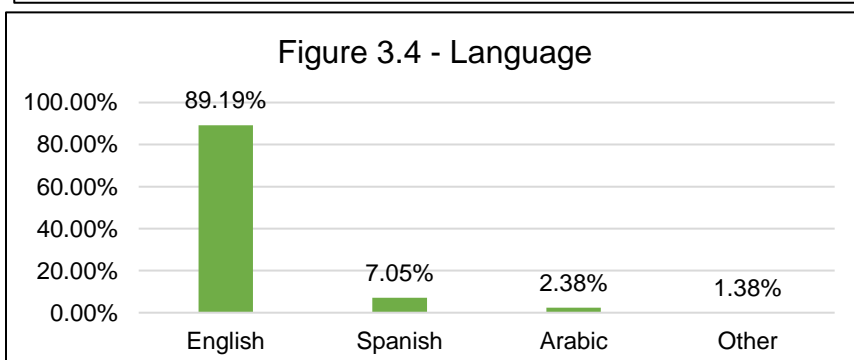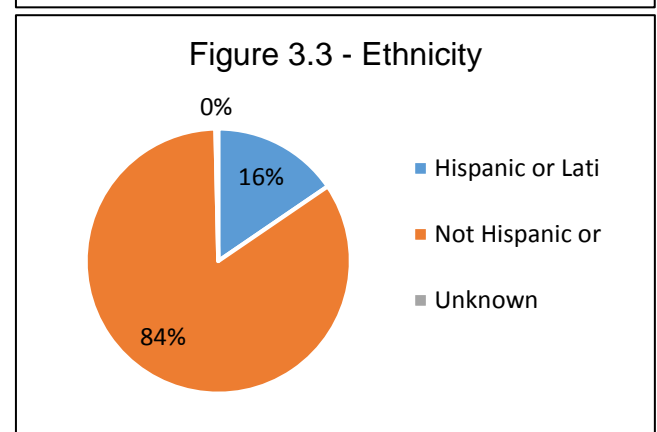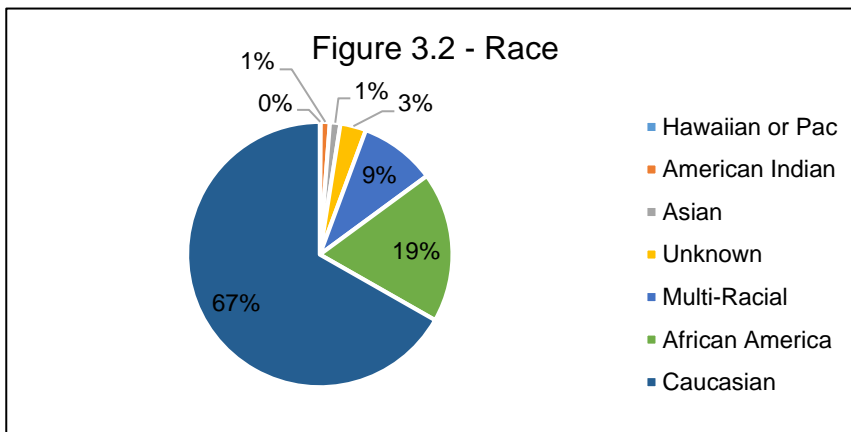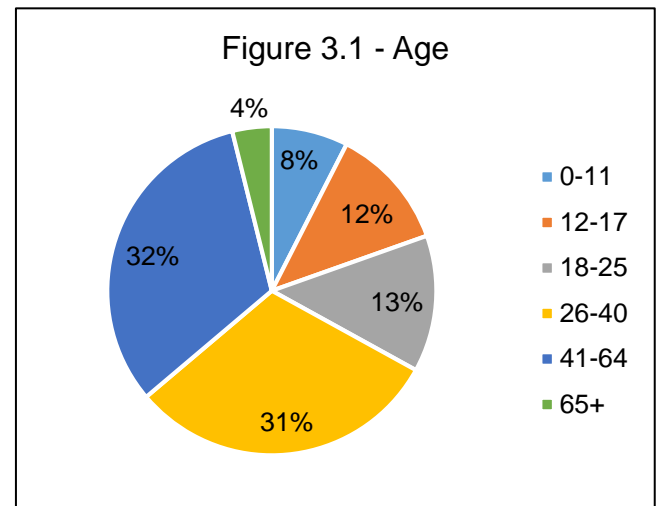- Recognize we can learn from failures, so respect "meaningful failures."

III. Demographics

The following demographic data is representative of BestSelf Behavioral Health's consumers in the fourth quarter of 2020. Figure 3.1 shows that the mean age of BestSelf's consumers is between 26 and 64 years old. Around twenty percent of BestSelf consumers are below the age of eighteen and only four percent are above 65.

As seen in Figure 3.2, similar to previous quarters, the race of BestSelf's consumes is primarily Caucasian with nineteen percent of consumers also being African American and nine percent being Multi-Racial. BestSelf's consumers have also identified their race as Hawaiian or Pacific Islander, American Indian, and Asian. Figure 3.3 shows that sixteen percent of BestSelf consumers also identified themselves as being Hispanic or Latino.

BestSelf's consumers speak more than twenty languages, but as can be seen in Figure 3.4, eighty-nine percent of BestSelf consumers use English as their primary language. Seven percent of consumers speak Spanish and over two percent speak Arabic.

As figure 3.5 shows, over the last year, the gender of BestSelf's consumers has been split fairly evenly between men and women. In Q4, fifty-six percent of consumers identified as female and the other forty-four percent identified as male.

Figure 3.1 - Age

0-11	8%
12-17	12%
18-25	13%
26-40	31%
41-64	32%
65+	4%

Figure 3.2 - Race

Hawaiian or Pac	9%
American Indian	1%
Asian	0%
Unknown	1%
Multi-Racial	
African America	19%
Caucasian	67%

Figure 3.3 - Ethnicity

Hispanic or Lati	16%
Not Hispanic or	84%
Unknown	0%

Figure 3.4 - Language

English	89.19%
Spanish	7.05%
Arabic	2.38%
Other	1.38%

Figure 3.5 - Gender

F	56%
M	44%
Other	0%

IV. Program/Department Outcome Measures

Annually, the Vice President of Quality Improvement and Accreditation reviews the outcome measures for each program and department with their Vice President and/or Program Director. These outcome measures were decided based on several factors, including data that is being tracked due to regulatory requirements.

A few programs have chosen to change their outcome measures due to either the data being unavailable or the measures not being accurate depictions of the work that program/department is doing. The original and updated outcome measures are listed below, as well as the data for each program's agreed upon measures.

**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.

ACT's original outcome measures were the number of consumer hospitalizations and number of consumer ER visits. After looking at the data available, it was decided that the outcome measures needed to be adjusted to represent the data collected.

The new outcome measures are as follows:
- Decrease in hospitalizations in comparison to the previous year - a 5% decrease in comparison to the same quarter of the previous year.
- Decrease in ER visits in comparison to the previous year – a 5% decrease in comparison to the same quarter of the previous year.

By changing these outcome measures, it helps the program make sense of their data because there is a seasonality of hospitalizations. Figures 4.1 and 4.2 show that COVID-19 did not significantly influence ACT's consumers utilizing the ER and hospital.

Figure 4.1 - ACT - Change in hospitalizations from previous year

Figure 4.2 - ACT - Change in ER visits from previous year
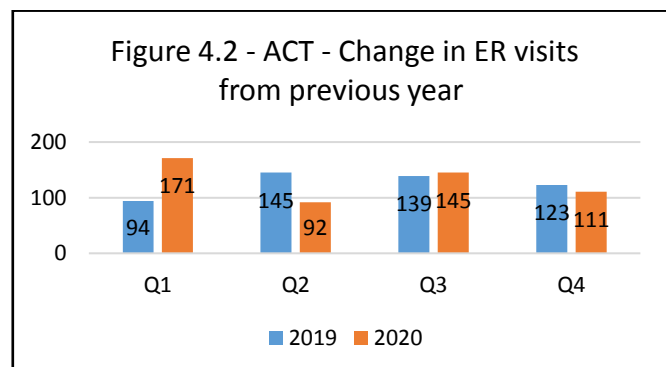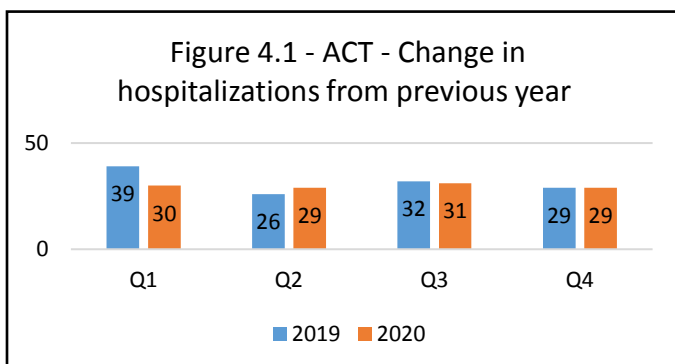
Billing/Revenue Cycle

The following outcome measures were agreed upon by the VP of Quality Improvement and Accreditation and the VP or PD of the program:

- Reduction in the dollar amount of the timely denials by year
- Reduction in eligibility

Cindy Euler and Linda Vaughn oversee the outcome measures for Billing and Revenue Cycle. They reported the follow data.

Timely denials are housed by billing, but are affected by the providers and revenue cycle. Timely denials are caused by unresolved services and suspense. Eligibility, on the other hand, is housed only with the Revenue department. The development of the Insurance Verification Specialist position positively affected the reduction in the dollar amount with the verification of the client benefits and eligibility. The following figures show the data for these two metrics over the course of 2020.

Figure 4.3 shows the trends in timely denials and eligibility in 2020. Timely denials decreased in the second quarter and continued to decrease throughout 2020 with the exception of August. Over the course of 2020, the total denials decreased by $74,682.14. Revenue concentrated on the unresolved services and working with Program Directors and Office Manager to reduce their timely services. Concentrating on unresolved services had a positive effect on the timely denials. Figure 4.3 also shows that eligibility also significantly decreased over the course of 2020.

In 2020 they were approved for a clearing house that will be implemented in 2021. This will be more electronic and more efficient. This change will be more cost effect and save time between the departments.

Figure 4.3 - 2020 Timely Denials and Eligibility
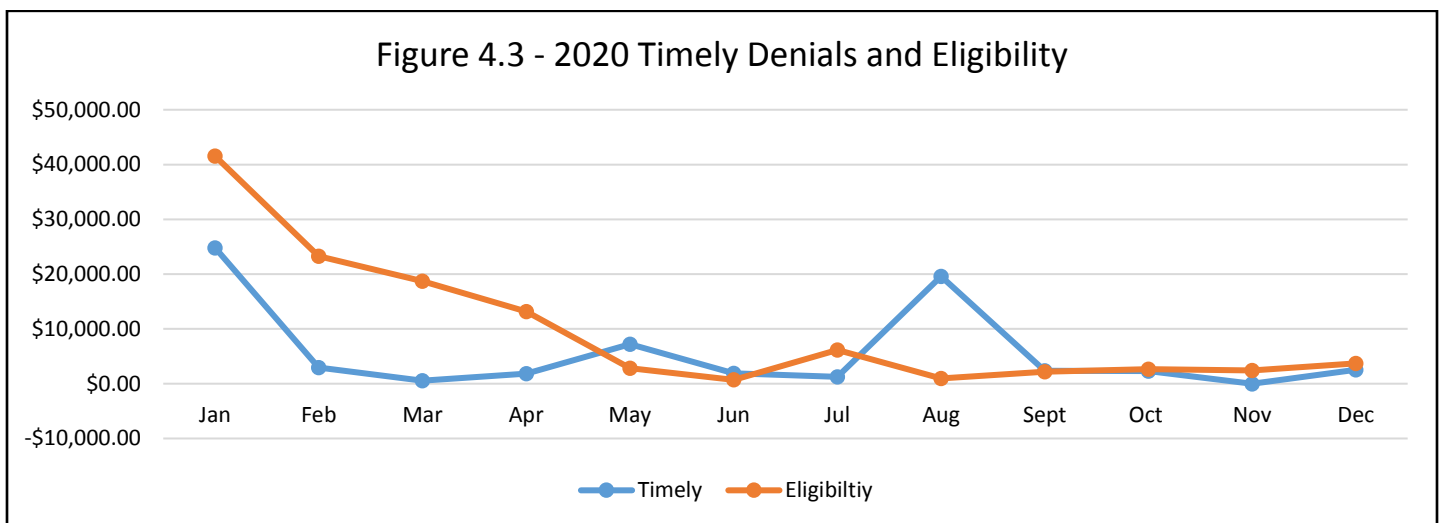
Child Advocacy Center (CAC)

The Child Advocacy Center (CAC) at BestSelf 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.
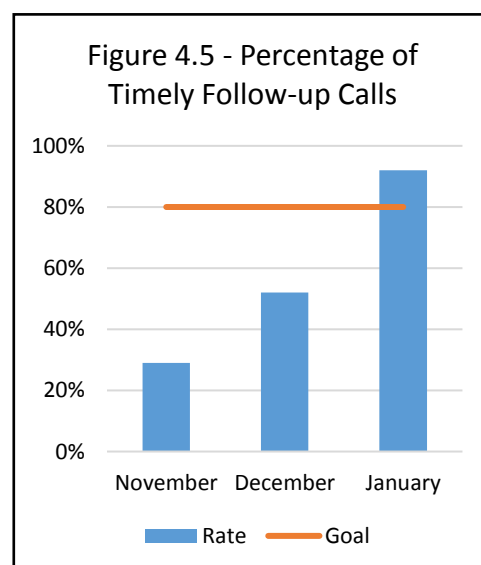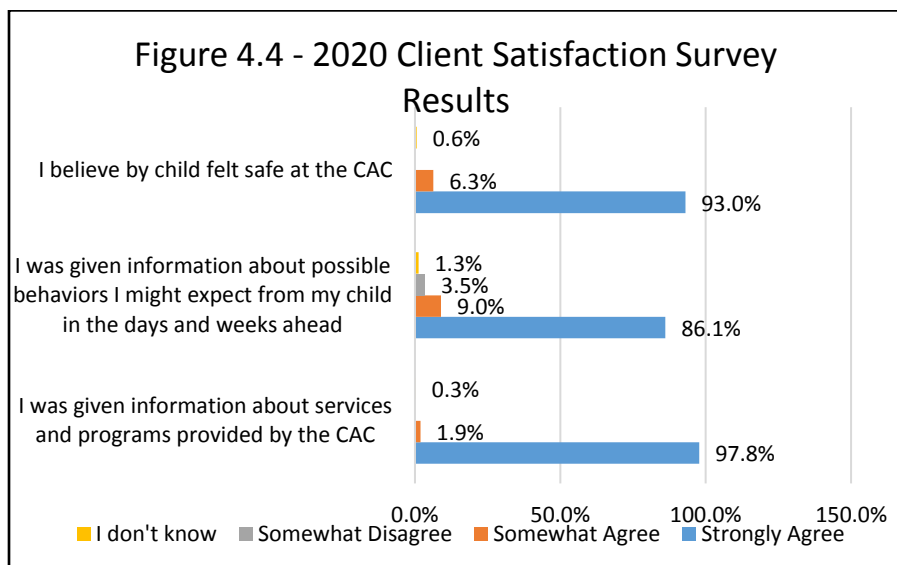
The CAC's outcome measures are:
- Number of clients successfully linked to treatment
- Client Satisfaction
  - I was given information about services and programs provided by the CAC
  - I was given information about possible behaviors I might expect from my child in the days and weeks ahead
  - I believe my child felt safe at the CAC

In March 2020, the CAC switched to a new database that does not allow them to track the number of clients linked to treatment. They are working with the new database to receive this information.

Figure 4.4 shows the client satisfaction data for three questions on the survey that represent the elements within the CAC's control. This is a collection of data collected from 327 responses from January 1st through December 31st 2020. For each of the questions, the vast majority of the answers show that the respondent strongly agrees with the question. The CAC is currently working on the question regarding if a parent/guardian is being given information about possible behaviors they may expect from their child. This question is the only one of the one's chosen that is below 90% satisfaction.

Starting in 2021, the CAC will be tracking a new metric for Victim Advocates. The new metric will be the percentage of timely follow-up calls to families following their service at the CAC. The goal is that all families should receive a "check in" call 5, 30, and 90 days after their visit to the CAC. They began tracking this in November and December 2020 to get the advocates prepared for the metric to be official in 2021. The goal is that 80% of follow up calls are completed on time. Figure 4.5 shows, for November their average completion rate was 29%. December the average was 52%. As of January, they increased their average to 92%. They have shown great improvement very quickly.

Figure 4.4 - 2020 Client Satisfaction Survey Results

I believe by child felt safe at the CAC: 0.6%, 6.3%, 93.0%

I was given information about possible behaviors I might expect from my child in the days and weeks ahead: 1.3%, 3.5%, 9.0%, 86.1%

I was given information about services and programs provided by the CAC: 0.3%, 1.9%, 97.8%

Legend: I don't know, Somewhat Disagree, Somewhat Agree, Strongly Agree

Figure 4.5 - Percentage of Timely Follow-up Calls

Legend: Rate, Goal

Finance/Accounting

In 2020, Accounting's outcome measures were:
- Become paperless – per diem, bonus, and other stipend payroll items
- Set up payroll allocations in e3
- Employees can direct charge on their timesheets

Goal #1: Become paperless – per diem, bonus and other stipend payroll items	
Per Diem	**Bonus/Other Stipend**
Steps: - Set up one per diem assignment and train and test one per diem employee. - Once test employee is successfully paid correctly via e3 timesheet, set up remaining per diem assignments - Train remaining per diem employees to enter their per diem time on their timesheets by charging their secondary assignment. And train their supervisors to approve the per diem hours directly in e3.	**Steps:** - Schedule call with DATIS to discuss best practice for bonuses and stipends being added to an employee's payroll via their manager/supervisor in e3 - Create generic "add amounts" for payroll transaction items (i.e. candidate referral bonus, U/R stipend, on call phone stipend, IMHATT certification bonus) - Test each "add amount" with one individual - Train appropriate groups to use "add amount" feature
Status: - Setup and testing of the one individual did not go smoothly – it took 4 pay periods to work out the kinks of setting up the per diem chair, the per diem assignment and entering it correctly on the timesheet. - BUT, we are now paying all but 1 per diem employee via timesheet successfully for the last two pay periods (average 13 employees each period) - ClubWest shifts are next for set up and we anticipate this to go much quicker.	**Status:** - Calls with DATIS lead to disappointment: "add amount" has to be a set amount (cannot fluctuate) and it is unclear whether it must be added by an e3 Administrator (Payroll/HR staff only) - After per diem assignments are completed, we will move forward with setting up "add amounts" for set dollar amount items like the on call phone stipends. - Follow up with e3 to confirm procedures surrounding "add amounts"

Goal #2: Set up payroll allocations in e3	Goal #3: Employees can direct charge on their timesheets
Steps: - Schedule call with DATIS to discuss best practices for payroll allocations in e3 - Load payroll allocations in conjunction with the 2021 budget process	**Steps:** - Schedule call with DATIS to discuss best practices for direct charging on timesheets - Train and test one employee to direct charge on their timesheet - Roll out to focus group (i.e. BBF)
Status: Call with DATIS was disappointing- payroll allocation functionality was not as	**Status:** Goal 3 is on the backburner until the first two goals are executed. Too much

robust/simple as we thought and not sure how visible they will be to non-administrators. • We are still exploring options on how best to use the function in e3 • Aim to have allocations loaded for shared staff by 1/1 that match the budgeted allocations	uncertainty around employees charging other positions and what that will do to their compensation.

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.

The 2020 outcome measures for Harambee House are:
• Percent of clients who remain in or move to permanent housing
• Percent of clients who return to homelessness within 6 months after exiting to permanent housing
• Maintained housing for 12 months or longer

Harambee House had a successful year relating to their outcome measures. Figures 4.6 and 4.7 show that all sixteen of their residents maintained housing for 12 months or longer. Throughout 2020, 100% of their consumers remained in or moved to permanent housing. Dominique Barker, the Assistant Program Director, also reported that no Harambee House consumers returned to homelessness within six months after exiting to permanent housing.

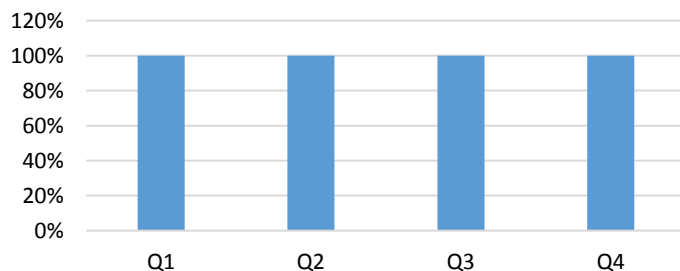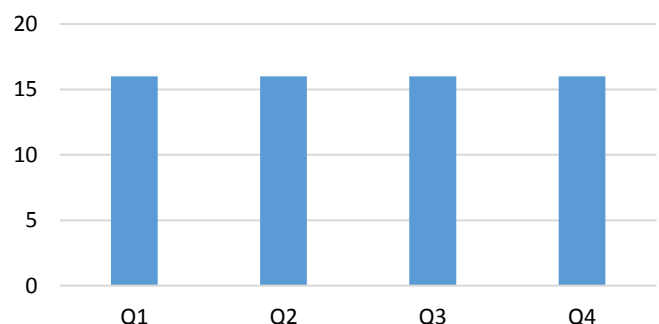Figure 4.6 - Percent of clients who remain in or move to permanent housing

Figure 4.7 - Maintained housing for 12 months or longer

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.
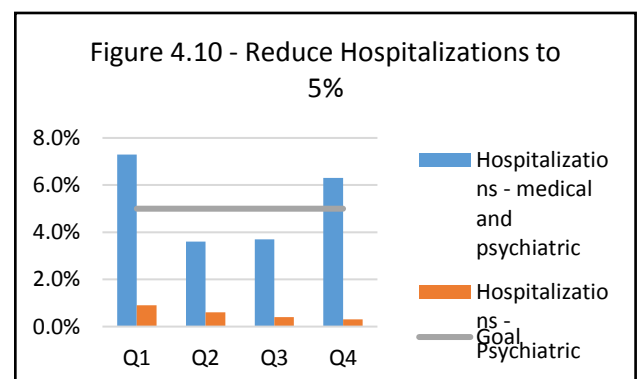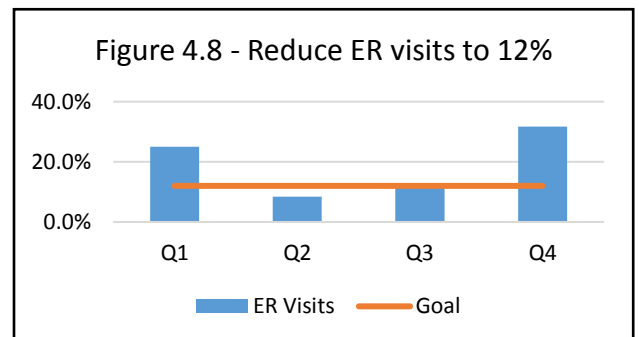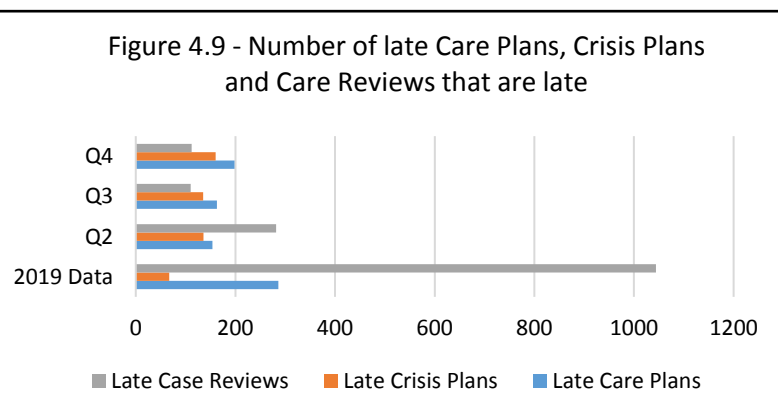
<u>Adult Health Home</u>

The 2020 outcome measures for Adult Health Home (Adult HH) are:
- Reduce ER visits to 12%
- Reduce Hospitalizations to 5% - separate medical vs psychiatric
- Continue to reduce the number of late Care Plans, Crisis Plans and Care Reviews that are late.

The following Figures show the 2020 Adult Health Home outcome measures data. This data reflects the number of ER and Hospitalization visits, not the individual consumers. As can be seen in Figure 4.8, their focus on reducing ER visits was successful after the first quarter of 2020. Although the third quarter was a bit above the goal, it was a significant decrease from the first quarter. The fourth quarter increased significantly due to COVID-19. Figure 4.10 also shows the success of Adult HH when looking at their hospitalizations. Although there was also a spike in this measure in Q4, it was still lower than Q1. Because of the nature of the consumers they serve, hospitalizations are common, but they wanted to focus specifically on addressing the psychiatric hospitalizations and looking at those separate from the medical stays. As Figure 4.10 shows, the percentage of psychiatric hospitalizations was significantly under the goal of 5% for Q2 and Q3, and although there was a spike in overall hospitalizations in Q4, their psychiatric hospitalization were only 0.3% which is also significantly under the 5% goal.

Figure 4.9 shows the number of late care plans, crisis plans, and care reviews. They began by looking at the baseline data for 2019. In the first quarter of 2020 they did not review the signing off of the documentation because the Department of Health relaxed the requirements due to COVID-19. In Q2 and Q3 of 2020, Adult HH significantly reduced late case reviews and late care plans in comparison to 2019.

Figure 4.8 - Reduce ER visits to 12%

Figure 4.9 - Number of late Care Plans, Crisis Plans and Care Reviews that are late

Figure 4.10 - Reduce Hospitalizations to 5%

Children's Health Home

The 2020 outcome measures for Children's Health Home (Children's HH) are:
- Reduce ER visits to 12%
- Reduce Hospitalizations to 5% - separate medical vs psychiatric
- 85% of the clients have a successful discharge.

The following figures show the percentage of ER visits, hospitalizations, and successful discharges that Children's HH had in 2020. Figure 4.11 shows that since the first quarter there was a significant decrease in ER visits into the second quarter. Despite a slight rise in Q3, they continued to meet the 12% goal in both Q3 and Q4. As Figure 4.12 shows, the amount of hospitalizations for Children's HH remained below the goal of 5%, not only for the psychiatric hospitalizations, but for all hospitalizations. In Q3 they had no hospitalizations whatsoever.

Figure 4.13 shows the number of successful discharges for each quarter of 2020. The goal for Children's Health Home was to have 85% successful discharges. Although they did not meet that goal in the first three quarters of 2020, they were able to successfully meet the goal in Q4. The significant decrease in successful discharges in the second quarter is due to a number of consumers being disengaged from services for several months but could not discharge due to COVID-19. A few other discharges were considered unsuccessful; however, the circumstances were out of HH's control.

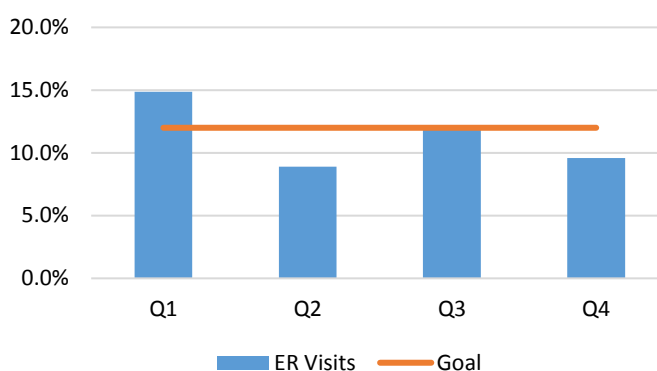Figure 4.11 - 2020 Children's HH - ER Visits

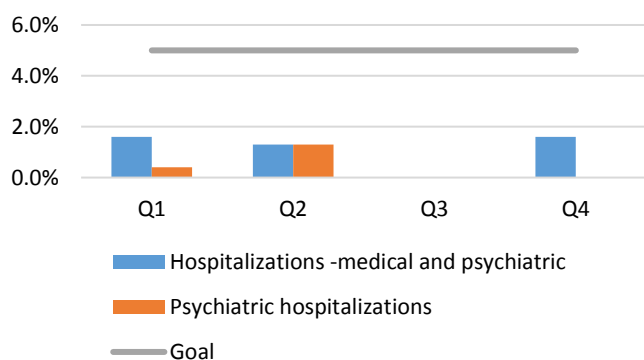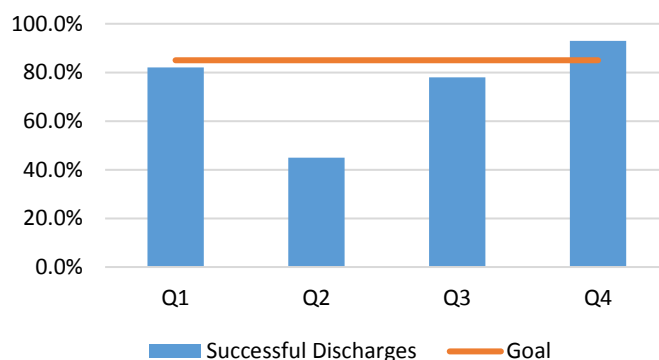Figure 4.12 - 2020 Children's HH - Hospitalizations


Figure 4.13 - 2020 Children's HH - Successful Discharges

Homeless Supportive Housing

The Homeless Supportive Housing program 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 following are the Homeless Supportive Housing outcome measures:
- Percent of clients who remain in or move to permanent housing
- Percent of clients who return to homelessness within 6 months after exiting to permanent housing

Figures 4.14 and 4.15 show the outcome measures for Homeless Supportive Housing. Both outcome measures are within goals of 85% remaining in permanent housing and under a 35% recidivism rate. Although Figure 4.15 shows a gradual increase in recidivism, BestSelf's Supportive Housing program remains below the goal. Overall, the program has had successful outcome measures in 2020.

Figure 4.14 - Percent of clients who remain in or move to permanent housing

Figure 4.15 - Percent of clients who return to homelessness within 6 months after exiting to permanent housing
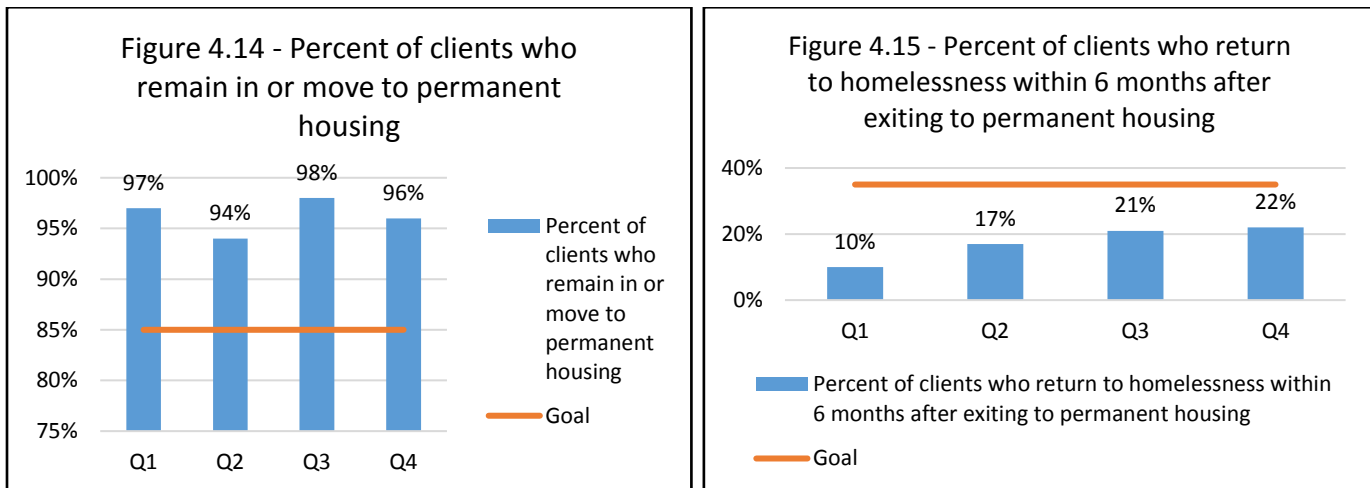
Homeless Outreach

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.

Homeless Outreach's outcome measures are:
- Exits to permanent housing
- Exits to positive destinations

Figures 4.16 and 4.17 show the exits to permanent housing and positive destination. Homeless Outreach Outcomes include both BBH admitted clients and individuals engaged in our outreach-screening phase, therefore it does not capture the true performance of the Homeless Outreach's work with actual admitted clients which is above 90% for both permanent housing/positive destinations.

Figure 4.16 - Exits to permanent housing

Figure 4.17 - Exits to positive destinations
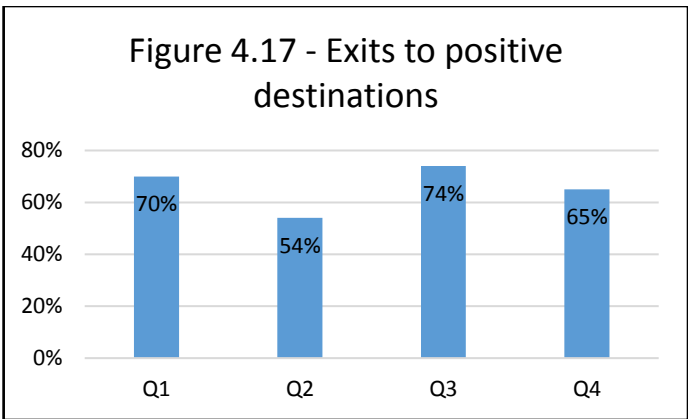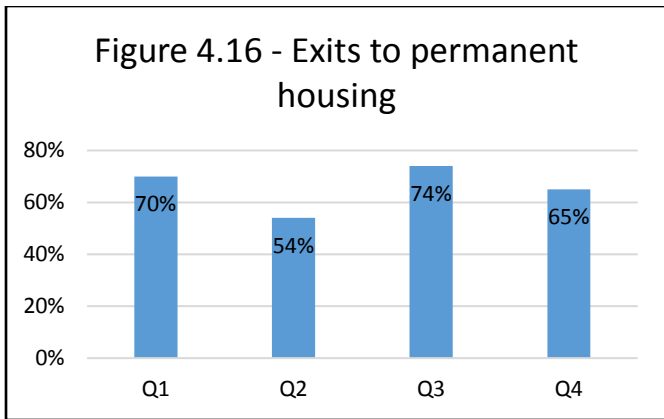
OnTrack

*OnTrack@*BestSelf is an innovative treatment program for adolescents and young adults who have recently had unusual thoughts and behaviors. Care and support services are provided from a specialized team that helps participants learn the skills they need to achieve their goals for school, work, and relationships.

OnTrack's outcome measures are:
- Number of clients engaged in OnTrack who are working/in school/or volunteering
- Number of clients who are Hospitalized
- Number of clients who use Emergency Room Services
- Number of clients who report suicide ideations/plans/act

OnTrack collects numerous amounts of data due to the nature of the program. The following data is reported against statewide and BestSelf's OnTrack program. As the below figures shows, BestSelf's OnTrack program follows a very similar pattern to the statewide data over 24 months of treatment. As can be seen in Figure 4.18, the percent of suicidal ideation decreases significantly as consumers retain their services with the OnTrack program. Thirty of consumers present with suicidal ideation at admission, but by 24 months, it is down to 6%. Figure 4.19 shows that initially, six percent of consumers have suicide attempts at admission, but very quickly after joining OnTrack, the percentage drops and by 24 months, it is at 0%.

Figures 4.20 and 4.21 show the percent of consumers who are employed or enrolled in school. Figure 4.22 shows that BestSelf's OnTrack program is just below the statewide average for consumers enrolled in school, but the enrollment in education seems to be down across the board. The percent of consumers who are employed, shown in Figure 4.21, is impressively 22% above the statewide average when the consumers have been with BestSelf's OnTrack program for 24 months.

Figure 4.18 - Percent of Suicidal Ideation
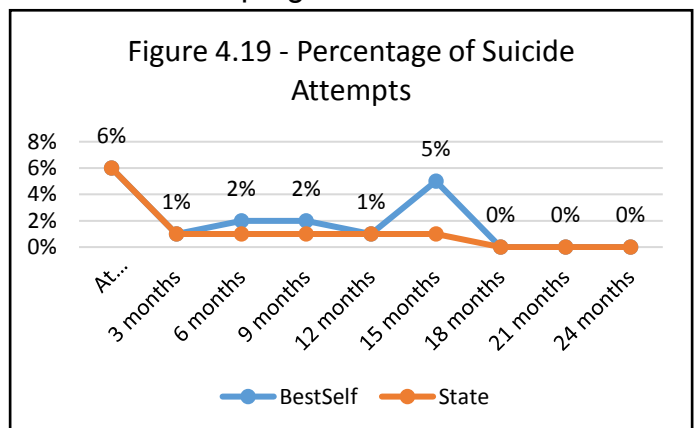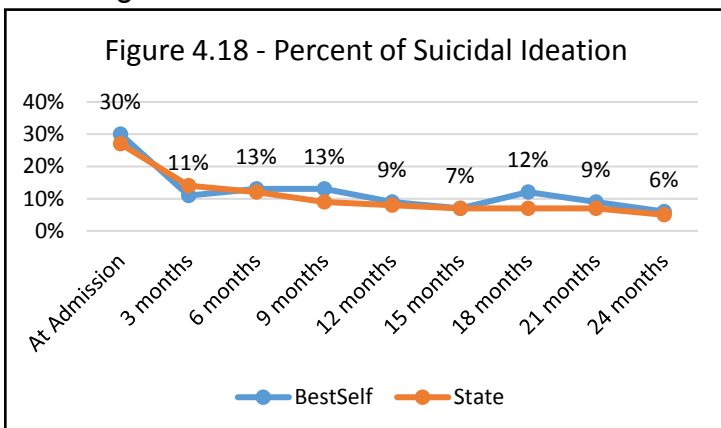

Figure 4.19 - Percentage of Suicide Attempts

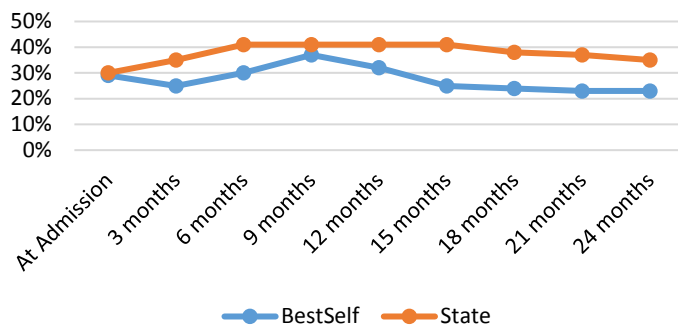Figure 4.20 - Percent of Consumers Enrolled in School

Figure 4.21 - Percent of Consumers Employed
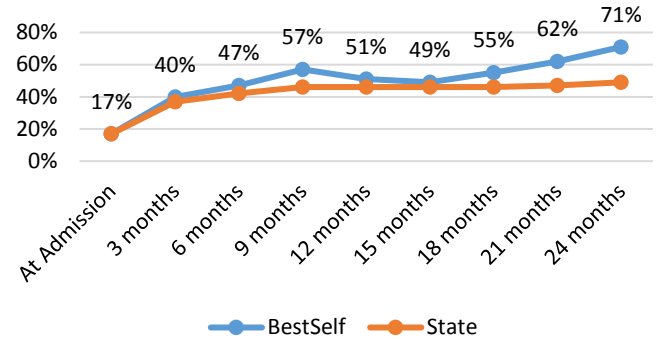
The two figures to the right were pulled from the statewide data provided to the OnTrack program, but were unable to be remade due to lack of some data. As the Inpatient Hospitalizations and ER Visits data shows, BestSelf's Ontrack program is significantly impactful decreasing consumer hospitalizations and ER visits.

The Hospitalization data shows that the percent of consumers who has one or more hospitalizations at admission were 58%, but in 24 months of treatment, it was down to 6%.

Similarly, the percent of consumers with one or more ER visits at admission is 55%, but it decreases significantly fairly quickly and by 24 months of treatment it decreased to 11%.
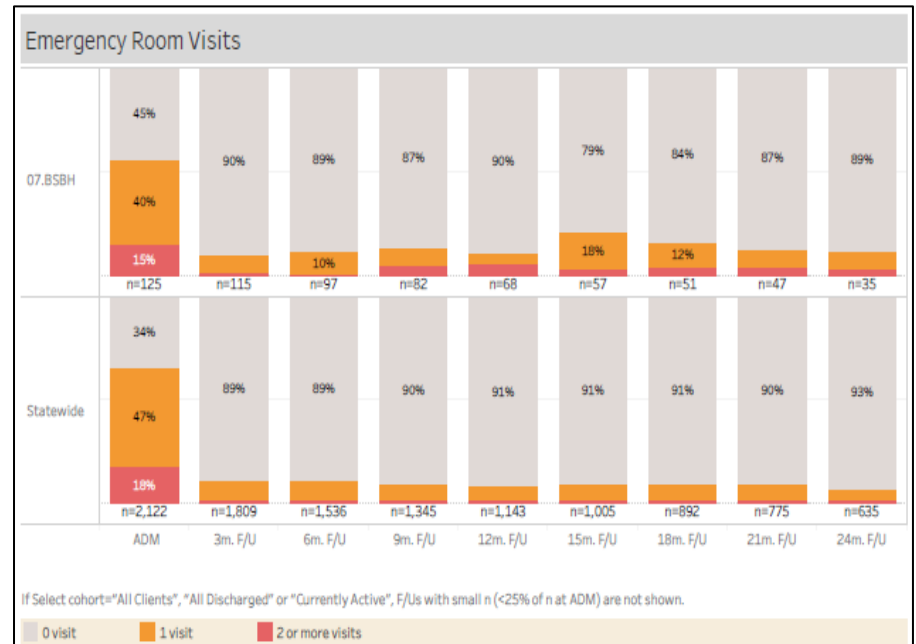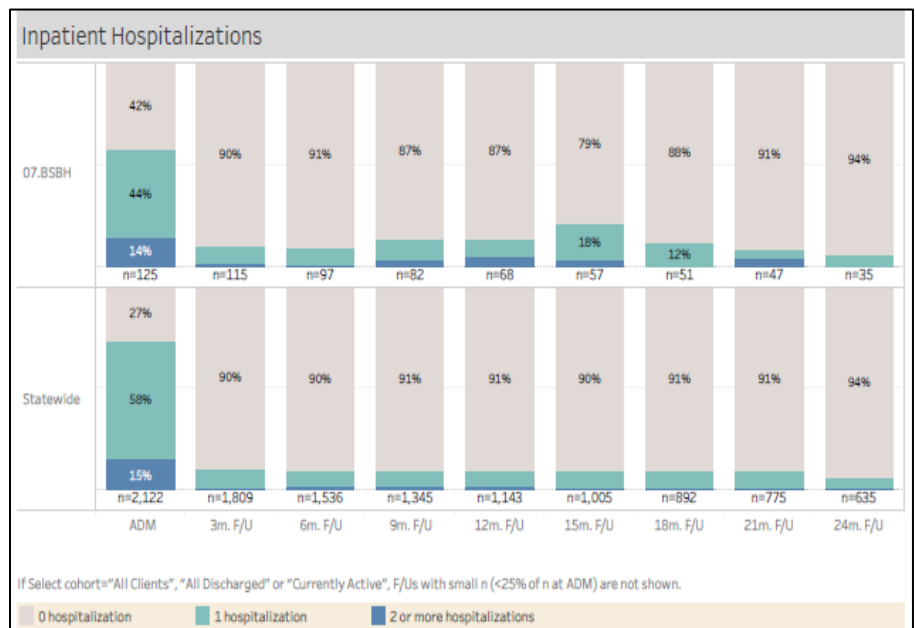
Opioid Treatment Program (OTP)

OTP's outcome measures through 2020 were:
- Successful Discharges
- Retention in Treatment

These outcome measures were determined in the early stages of the Program's development, but as time went on, they soon realized that these measures were not indicative of the program's success. Discharges are not the end goal in OTP as they are in other clinical programs. OTP measures are to capture the people who have accomplished all of their treatment plan goals, but would still be open in order to receive their medication.

In 2020, OTP did not gather data on discharges, but OTP has chosen to change their outcome measures in 2021. Something that they noticed was an increase in their waitlist. This increase can be due to a few factors including employee retention and an increase in interest in the program. Due to their waitlist being longer than they would like, the Vice President and Program Director of the program, Jen Seib and Dylan Smith, have chosen to focus on the waitlist as one of their measures. They have also chosen to look more closely at retention in treatment.

With these changes, their new outcome measures are:
- Number of people on the waitlist
- Number of clients in treatment beyond one year

Figure 4.22 shows their baseline data that they will be looking at in 2021. Their goal is to have no more than ten people on their waitlist by the end of 2021. They would also like to see an increase in the number of consumers who remained in treatment for more than a year.

Figure 4.22: OTP Baseline Outcome Data	
	2020 Q4
Number of people on the waitlist	51
Number of consumers in treatment beyond one year	88

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.

PROS' original outcome measures were:
- Number of consumer hospitalizations
- Number of consumer ER visits

After looking at the data available, it was decided that the outcome measures needed to be adjusted to represent the data being collected. The new outcome measures are as follows:
- Decrease in hospitalizations in comparison to the previous year - a 5% decrease in comparison to the same quarter of the previous year.
- Decrease in ER visits in comparison to the previous year – a 5% decrease in comparison to the same quarter of the previous year.

Changing these outcome measures helps the program make better sense of their data because there is often a seasonality of hospitalizations. Figures 4.23 and 4.24 show that, with the possible exception of hospitalization in the second and fourth quarters, COVID-19 did not significantly influence PROS consumers utilizing the ER and hospital.

PROS consumers often thrive with in person socializations. Therefore, their consumers were negatively impacted by the COVID-19 pandemic because PROS decreased their in-person services, especially groups.

Figure 4.23 - PROS - Change in hospitalizations from previous year

Figure 4.24 - PROS- Change in ER visits from previous year
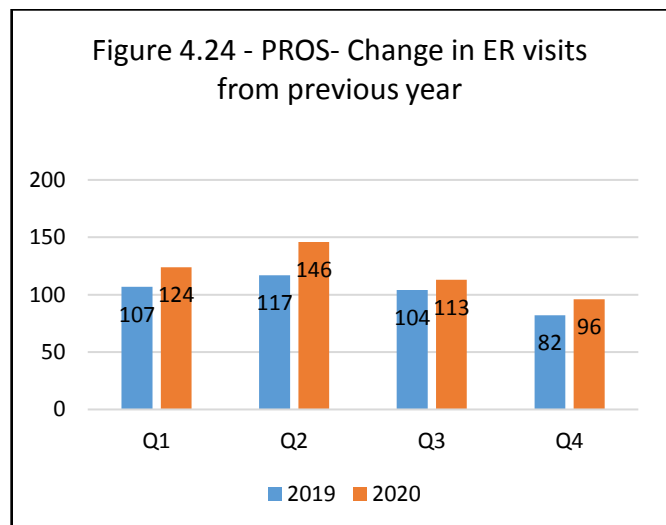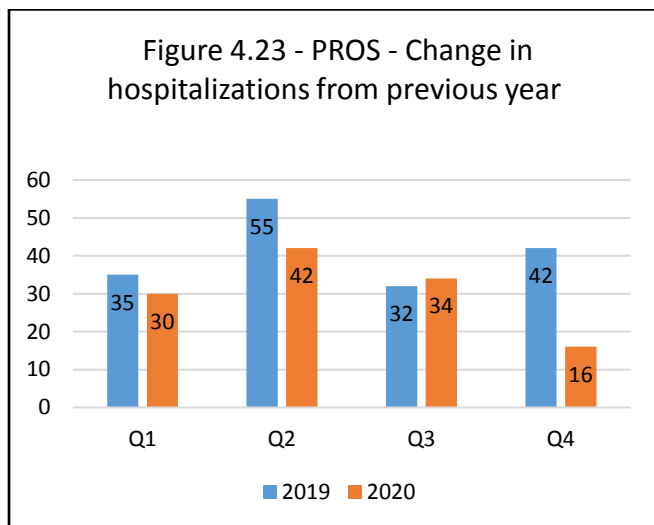
Recovery Community

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
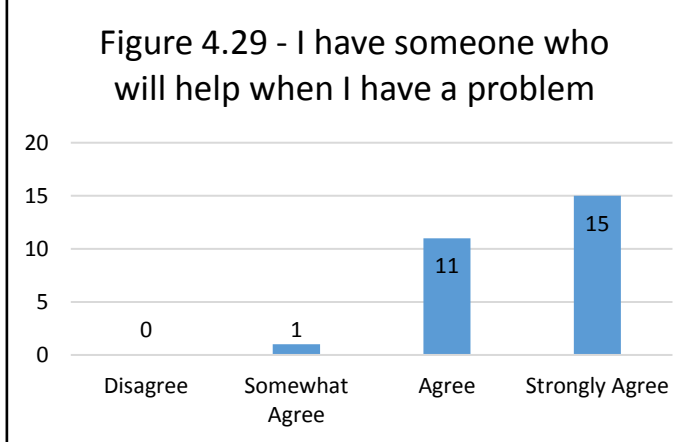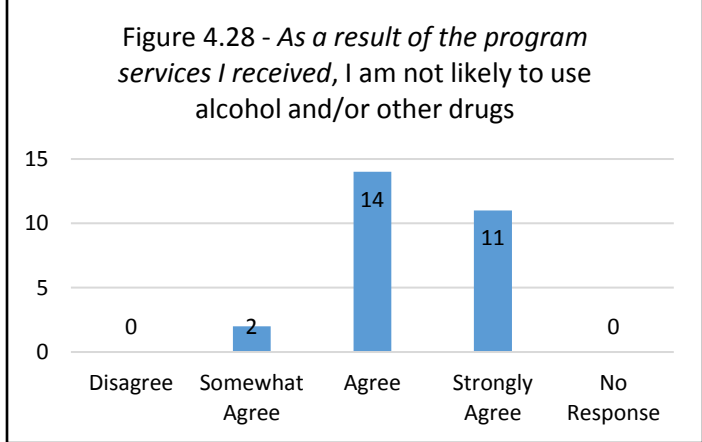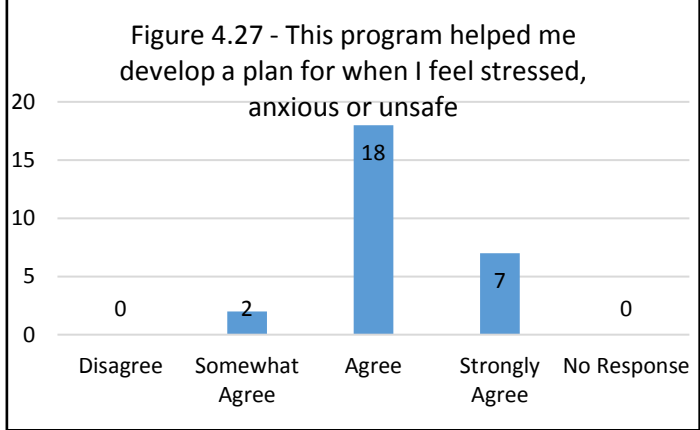- Perception of care survey measures
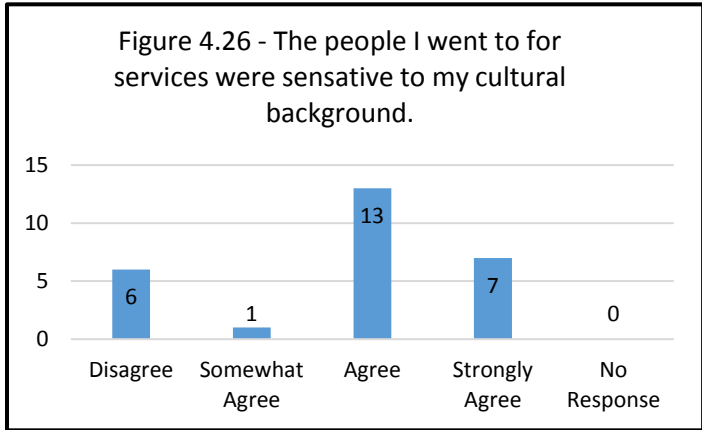
Similar to most other programs, the Recovery Community's services were significantly impacted by COVID-19. Figure 4.25 shows the impact that the pandemic has on the number of participants who became volunteers. There was a large decrease in the fourth quarter due to an inability to provide on-

site services. The Recovery Community is currently working on increasing these numbers and is looking forward to working with more volunteers in 2021.

The Recovery Community conducts their Perception of Care (POC) survey quarterly. This survey consists of thirteen questions, with the final questions having twenty-four parts. Deadra Smith, the Program Director of the Recovery Community, sat down with Claire Haumesser and decided to focus on six questions that best represent the services that the Community provides.

Figures 4.26 through 4.30 show the results of the survey for the third quarter of 2020. Figure 4.26 shows an area of improvement. Deadra and her team theorize that participants were not aware that this survey was solely for their experience at the Recovery Community and not BestSelf as a whole, so they will ensure that for future POC surveys, participants know that this survey should be representative of their time at the Recovery Community. The other four figures show the positive impact of the services that the Community provides. Figure 4.30 shows that all the participants who answered the survey would both return and recommend the Recovery Community to others. This shows the significant impact the Community has on its participants.

Figure 4.25 - Number of Volunteers from Previous Participants

Figure 4.26 - The people I went to for services were sensative to my cultural background.

Figure 4.27 - This program helped me develop a plan for when I feel stressed, anxious or unsafe

Figure 4.28 - *As a result of the program services I received*, I am not likely to use alcohol and/or other drugs

Figure 4.29 - I have someone who will help when I have a problem

Figure 4.30 - Consumer Recommendation

SUD Housing

BestSelf Behavioral Health is committed to providing safe, affordable housing to those who are homeless or at eminent risk of becoming homeless and have a diagnosis of severe mental illness or substance use. This is accomplished through a variety of funding sources with a variety of requirements to qualify for housing. Intake Specialists are well-versed in the various funding sources and will determine if a referral qualifies for housing services under one of the funding sources BestSelf provides.

The SUD Housing, formally named OASAS MRT, outcome measures are as follows:
- Measurement of the number of clients who have successfully maintained independent housing are discharged from program
- # of clients who are successfully discharged
- # of clients satisfied with their housing

Figures 4.31 and 4.32 show the outcome measure data for SUD Housing. Figure 4.31 shows the number of consumers satisfied with their housing. Although there was a decrease from Q1 through Q4, it was only a decrease of two. The denominator being fairly small makes the change seem more drastic. Similarly, Figure 4.32 shows the amount of successful discharges and in the first two quarters they had one successful discharge per quarter and none in the third quarter. In the fourth quarter they had another successful discharge. For both sets of data, the amount of consumers in the program is fairly small and therefore the change of even one or two consumers makes a significant impact.

Figure 4.31 - Number of clients satisfied with their housing

Figure 4.32 - Number of clients who are successfully discharged
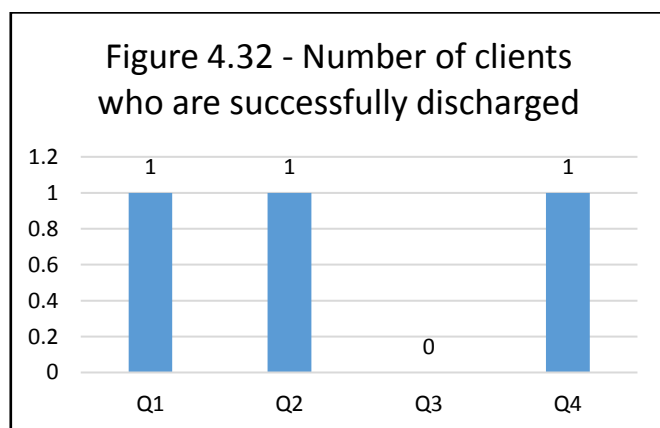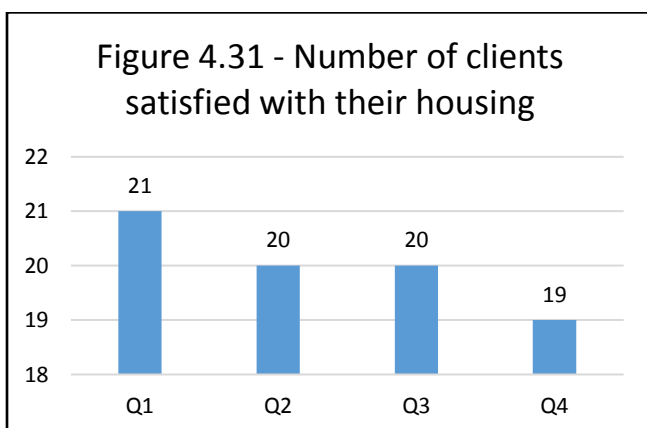
Vocational Services

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.
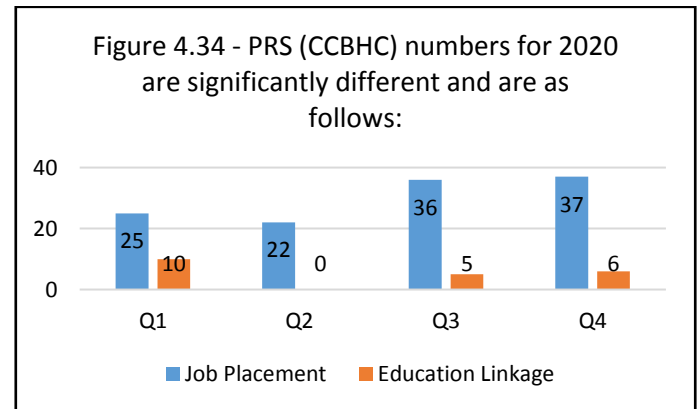
Vocational Services' outcome measures are:
- Outcomes Employment
- Supported Employment

Michael Pieniazek, the Program Director of Vocational Services, reported that only two new ACCES-VR clients were referred from March to December of 2020. The lack of quantity affected placement and retention data. ACCES-VR Referral numbers have become a consistent issue. Both Michael and Margery Stanton have advocated for an increase in business and have built/maintained a steady working relationship with senior counselors at ACCES-VR. However, there has not been a significant increase as of 2/24/2021.

Figure 4.33 shows the successful closures for Outcome Employment and Supported Employment. Successful closures are represented through the consumers' retention at their place of employment for ninety days. In 2020, the second quarter had the most success and dropped off significantly in the third quarter and just started picking up in quarter four.

Two-thirds of Vocational Services' time is spend with the CCBHC PRS clients. Because that is a significant portion of their time, the program's services are not solely represented with their ACCES-VR data. Figure 4.34 shows the job placement and education linkage for vocational services throughout 2020. Besides the small dip in Q2, their services remained steady despite the COVID-19 pandemic. These numbers represent only the linkages, not retention with their job placement or education linkage.

Figure 4.33 - Number of Successful closures = 90 days of employment

Figure 4.34 - PRS (CCBHC) numbers for 2020 are significantly different and are as follows:

V. 2020 Quality Improvement Projects

In 2020, BestSelf's Quality Improvement department pursued a number of projects. Over the course of 2020, BestSelf's Performance and Quality Improvement projects brought in over $100,000 through.

Similarly to other departments and locations, the COVID-19 pandemic affected these plans. In March 2020, Many of QI's projects were put on hold due to an inability to go out to sites, but also because, with the ever-changing world, it did not seem fair to go out and make more changes when employees were adjusting to the unforeseen consequences of 2020. In the summer of 2020, some of those projects were picked back up. The following are some of the major projects that the Quality Improvement department work on in 2020.

Antidepressant Medication Adherence (AMM)

As a part of BestSelf's Blue Cross Blue Shield (BCBS) Antidepressant Medication Adherence project, the Quality Improvement team is looking at consumers with commercial BCBS insurance, who have had a diagnosis of Major Depressive Disorder anytime during their course of treatment (currently or previously), and who are prescribed an antidepressant. The goal of the project is to ensure consumers who meet these criteria are taking their medications regularly.

To ensure this is happening, an Major Depressive Disorder (MDD) pathway was developed by Senior Management and all CCBHC locations were trained on this pathway.

Figures 5.1 and 5.2 show the progress of this project through 2020. As Figure 5.1 shows, there was an initial jump in the acute phase, but we quickly leveled out just below the goal and continued to remain steady through the latter half of 2020. The continuation phase has a little more movement. Figure 5.2 shows that in the first half of the project there was consistent movement upwards, but from August through the end of the year the project also leveled off.

In early 2021, BestSelf received the list of consumers that BCBS was checking on to determine success of this project. Quality Improvement is currently looking into possible solutions to ensure that we continue to see success in this project. Not only to meet the metric, but also to ensure we are providing the best possible services to BestSelf's consumers.

Figure 5.1 - AMM Acute Phase

Figure 5.2 - AMM Continuation Phase
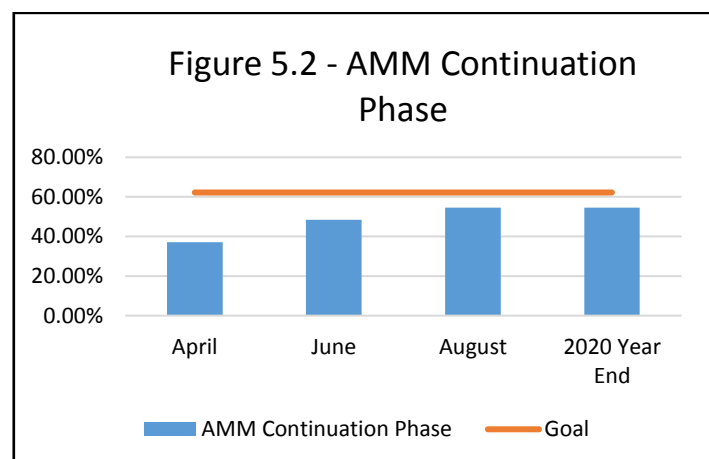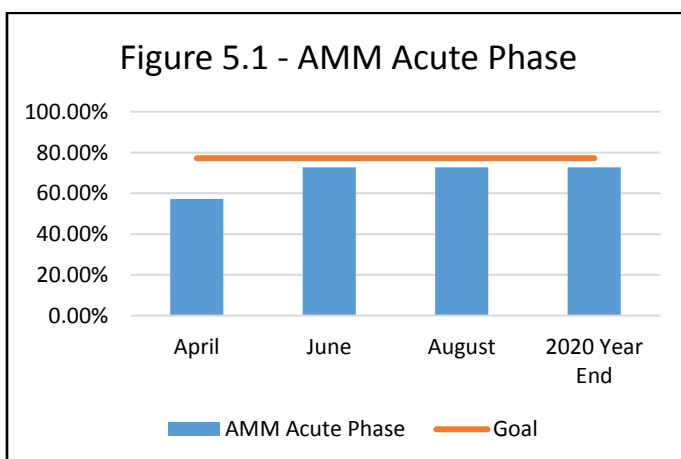
Front Office Optimization

The primary goal of this initiative is to optimize the operations of clinic front offices to ensure all consumers receive the highest level of service and quality care. To achieve this, Quality Improvement works closely with VPs, Program Directors, and Office Managers to develop and implement policy, procedures, and workflows designed to maximize the level of service provided by front desk staff.

Regular meetings are held with VPs, Program Directors, and Office Managers for both Adult (bi-weekly) and Children's (monthly) clinics to ensure staff are up to date on operational expectations. This meeting also serves to afford clinic staff a platform to provide feedback on developing processes and workflows.

<u>Audits</u>

Quality Improvement conducts regular audits of specific processes and workflows in order to provide data that will help identify opportunities for improvement.

Quality Improvement conducts on site audits once a month to ensure front offices and waiting rooms comply with the BestSelf Front Office Standards and Operational Guidelines. Figure 5.3 shows the results of the on-site audits for 2020. The results of the audit are provided to Office Managers, Program Directors, VPs, and the Chief of Compliance. Audits with three or more negative marks are considered not in compliance and require follow up action from Office Managers and Program Directors.

Quality Improvement performs blind phone call audits at least three times per month to ensure front desk staff answer phones in accordance with the BestSelf Front Office Standards and Operational Guidelines. The results of these audits are provided to Office Managers with the expectation that they address opportunities for improvement. These audits look for two things:
1. Did front desk staff answer the phone?
2. Did front desk staff answer as trained – greeting, identify agency, identify self, offer to help?

In addition to On Site and Blind Phone Call audits, Quality Improvement performs the following random audits to ensure front desk compliance:
- Annual CLINIC ROI Direct Access Updates
- Demographic and Insurance Verification Alerts
- Service Contact Type (Face to Face in Office v Telehealth)
- Health Review Updates
- Group Sign In Sheets on S Drive (this just started)

Figure 5.3 – On-site Audit Data

Compliance Percentage by Site
June - July - August - October

	Abbott	Abbott PROS	Amherst	Broadway	Buff East	Franklin	Franklin PROS	Linwood	LWS	North Collins	OnTrack	Southtowns	Sweethome	University	West
June	40%	55%		75%	78%	100%		67%	80%	89%	75%	56%	87%	70%	57%
July	85%	100%		85%	82%	100%	45%	69%	86%	100%	90%	83%	90%	66%	58%
August	93%		90%	93%	100%	73%	75%	54%	92%	93%	91%	83%	46%	100%	92%
October	82%	91%	100%		100%	73%	58%	100%	77%	100%	91%	85%	64%	82%	92%

Workflows

In addition to performing audits, Quality Improvement works with Sr. VPs, VPs, Chief of Compliance, the Revenue Cycle Team and Central Intake to develop workflows around front desk operations to ensure consumers receive the highest level of service and quality care. The following workflows are a sample of what has been developed as part of the Front Desk Optimization initiative.

- Addressing Unresolved Services and Pending Progress Notes
- Identifying Essential Workers and Obtaining Insurance Waivers
- Verifying and Updating Client Demographic and Insurance Information
- Obtaining and Documenting HEALTHeLINK Verbal Consent
- Collecting Payments for Telehealth Services (in development)
- Collecting Payments for Medical Records in Person and Over the Phone

Nursing Optimization

The Nursing Optimization project was developed in late 2019 in order to ensure the Registered Nurses at BestSelf's clinics are working to their highest license. In late 2019 into early 2020, a number of focus groups were conducted to identify tasks that may be below their licensure which take a large portion of the RN's time. Two of the tasks that were identified were completing medication refills and prior authorizations.

The project was put on hold in March 2020 due to the COVID-19 pandemic and BestSelf felt it was not a good time to change processes due to the ever changing development of the pandemic.

Hiring a Certified Medical Assistant

In summer 2020, the Nursing Optimization project was picked back up. David Marciniak, the Assistant Director of Nursing at Franklin conducted a time study to show the amount of time these two tasks took him over the course of two weeks. Figure 5.4 are the results of this time study and show that medication refills and prior authorizations took David 52 hours in a two week period. This is not an optimal use of this time.

Figure 5.4 - David Marciniak Time Study										
Task	**Day 1**	**Day 2**	**Day 3**	**Day 4**	**Day 5**	**Day 6**	**Day 7**	**Day 8**	**Day 9**	**Day 10**	**Total**
Med Refill/ Prior Authorization	4.75	4.75	4.75	3	7	5	6.75	4.5	6	5.5	52

Due to the results of this time study, the project evolved to take these tasks off of the nurses. In order to do so, Quality Improvement worked with Jen Seib and Chris Lunsford to develop a position at Franklin to pilot a Certified Medical Assistant to complete these tasks. In October 2020, a Certified Medical Assistant was hired at Franklin and over the course of the next two months was trained to take over these two tasks.

At the end of 2020 into early 2021, the Certified Medical Assistant freed a lot of David Marciniak's time to complete more of his administrative duties. Due to freeing up his time that he used to spend on prior authorizations and medication refills, he was able to take on the following tasks:
1. Completing nursing interviews
2. Conducting medication room audits
3. Provide internal Basic Life Support trainings
4. Conducting Nursing Orientation to new hires
5. Taking over the float pool
6. Covering other sites for nurses who were out

Due to the success of the Certified Medical Assistant, not only were they able to complete prior authorizations and medication refills for Franklin, but they also began completing these tasks for the Linwood clinic as well.

Development of the Nurses List

When conducting focus groups and shadowing the nursing staff at the locations, many nurses brought up the need for a list of nurses to contact at each location. Due to that need, Quality Improvement worked with the Nurses to develop a Nurses Contact List and added a nursing contacts list to the program directory.

Workflows
Throughout the course of the Nursing Optimization project, the need for numerous workflows arose. Some of the workflows that were developed by Quality Improvement in conjunction with Jim Butcher and Dr. Young were:

General Nursing Workflows:
- Nursing Needs Workflow
- IM Injection Workflow
- General Medication Refill Workflow
- ClubWest Medication Refill Workflow
- Adding Physical Health Diagnosis Workflow

Workflows specifically for Certified Medical Assistant:
- MA Medication Refill Workflow
- MA Prior Authorization Workflow

NOMS

In the Summer of 2020, Quality Improvement grew to include Clement Nsiah and Katya Kukhto. Clement and Katya work with the CCBHC-E grant, specifically looking at the National Outcome Measures (NOMs) data. They work with ClubWest to collect the data and developed a project revolving around the NOMs.

Since implementing the NOMs Project using the Plan-Do-Study-Act continuous quality improvement approach, ClubWest has achieved incredible results for reassessing clients for NOMs. Led by ClubWest's Counselor Assistant Daniel Carter, the group has been able to contact over 97% of the eligible clients for NOMs reassessment. Since October 2020, ClubWest has maintained a NOMs reassessment rate of about 73.7%, which is a significant improvement of about 50% since the inception of the project. This significant improvement in NOMs reassessment rate is a great testament to the wonderful work being accomplished by Daniel Carter and the entire ClubWest team.

COVID-19

Similarly to every other program and department at BestSelf, Quality Improvement was significantly impacted by COVID-19. In March 2020, many projects got put on hold and the Quality Improvement department took on part of the role of preparing the agency for the unknown future that was COVID-19. Over the course of 2020, Quality Improvement assisted in the following activities.

Tracking

Early in the pandemic, BestSelf determined a need to track employees and consumers who were exposed to COVID-19 or who tested positive. QI worked with HR and Senior Management to determine the best way to do so. For the last three quarters, various members of the QI team have taken on the responsibility of gathering information from PDs and Supervisors for employees and consumers who have reported being exposed or testing positive to COVID-19. This information included:
Date of exposure
Date tested (and results of that test)
Whether they were working from home or using PTO
Whether they were on site while symptomatic

This data allowed BestSelf to determine employee and consumer risk levels and report data to regulatory bodies who were requesting formation.

<u>Policies, Workflows, and FAQs</u>

Throughout the pandemic, Quality Improvement, Human Resources, and Senior Management worked to develop numerous policies, workflows, and FAQs that would be beneficial to staff and consumers and advise on current practices during the COVID-19 pandemic. These documents were developed and adjusted based on current CDC, NYS, and other regulatory guidelines.

Currently, all policies, workflows, and FAQs regarding COVID-19 are housed on the Quality Improvement SharePoint page under the COVID-19 Emergency Policies tab under Policies and Procedures. It can also be accessed using the following link:

https://bestself.sharepoint.com/sites/QualityImprovementTeam/COVID19%20Emergency%20Policies/Forms/AllItems.aspx?viewid=31a6ea4b%2D2934%2D42ef%2D8f7f%2D9e4d2630098a

VI. Acknowledgements

In 2020, the efforts of many people went into the success of our quality improvement projects.

QI would like to thank David Marciniak and Kathleen Kratochvil at Franklin for their willingness and support of piloting the new Certified Medical Assistant at Franklin counseling for the Nursing Optimization QI project.

Thank you to Shannon Curry-Izzo and Alex Rubin from the training department for ensuring all necessary employees have been trained on the new Major Depressive Disorder pathway.

Thank you to Daniel Carter and the entire ClubWest team for your helps with the NOMs. The significant improvement in NOMs reassessment rate is a great testament to the wonderful work being accomplished by you all.

One of the many ways front line employees can help in the quality improvement process is participating in focus groups. QI would like to thank any and all staff who attended and participated in one of our QI focus groups in 2020.

The Nurses play a significant role in the success of many of our projects from Nursing Optimization to following up on medication for the Antidepressant Medication Adherence project. Thank you to the Nursing staff for your continued help and support in the success of these projects.

2020 was a challenging year for everyone. QI would like to thank all BestSelf staff for their continued dedication to continuous improvement and everything you do to help BestSelf and our consumers.

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.

VII. Participate in the Quality Improvement Process

The Quality Improvement department encourages our front line workers to participate in the quality improvement process. Employees can get involved in a couple of way.

1. Participate in focus groups

   For most of the projects done by the QI department, there are focus groups held by a member of the QI team to get input from BestSelf's front line workers who are involved in the process. QI encourages staff to get involved and attend these focus groups to provide valuable insight and feedback on the projects.

2. Join the Quality Improvement Advisory Committee

   The Quality Improvement Advisory Committee is a BestSelf committee that meets quarterly to discuss current QI projects. The committee members are champions of quality improvement who not only give feedback on the projects, but also bring the quality improvement discussions back to their site.

   If you are interested in participating in the Quality Improvement Advisory Committee, please get permission from your Program Director and email Claire Haumesser at chaumessser@bestselfwny.org to be added to the upcoming meeting invite.

VIII. Contact Us!

Quality Improvement Team Members

Becky Steffen………………………………………	VP of Quality Improvement and Accreditation
Clement Nsiah …………………………………	Director of Population Health
Anne Dernbach ………………………………...	QI Coordinator
Chris Chavez ……………………………………...	QI Manager
Claire Haumesser ………………………………	QI Project Assistant
Katya Kukhto ……………………………………	Data Manager
David Moran ……………………………………	QI Project Specialist
Sara Suleski ……………………………………	QI Project Specialist

SharePoint

Quality Improvement utilizes BestSelf Behavioral Health's intranet, SharePoint. SharePoint is where the most up-to-date Policy and Procedure Manual is housed, as well as all COVID-19 Emergency policies, guidance documents, workflows, FAQs, and reporting forms. QI's SharePoint can be found in the Programs & Departments tab or using the following link.

https://bestself.sharepoint.com/sites/QualityImprovementTeam

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