

2020, Q2

Performance and Quality Improvement

best|self™
BEHAVIORAL HEALTH

I. Introduction

BestSelf Behavioral Health (BBH or BestSelf) works to foster a culture of excellence and continuous Quality Improvement. BestSelf 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. BestSelf has 47 mental health and substance use clinics and satellites.

The following vision and mission statements show the steps BestSelf is taking to become a data driven organization and moving forward on the path of continuous improvement. BestSelf is committed to providing the best quality services to consumers, and as the Quality Improvement Department grows, BestSelf 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 BestSelf 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 BestSelf to change and transform for the improvement of consumers and staff. This report is intended to review the projects BestSelf has addressed in the past quarter by providing data in a transparent fashion.

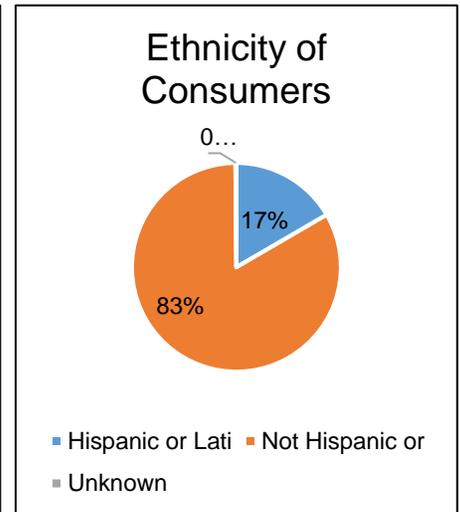
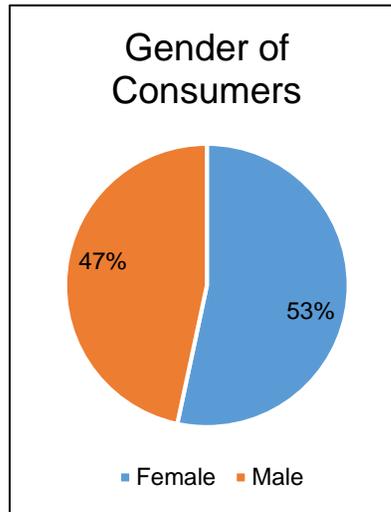
The PQI Quarterly Report shows not only larger QI Department projects, but also includes some individual program/department outcome measures that were chosen by the Vice Presidents (VPs) and Program Directors (PDs) in conjunction with the VP of Quality Improvement and Accreditation.

The following dates indicate the separation of quarters throughout the year. This report shows changes and improvements made in the second quarter of the 2020 year.

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

II. Demographic

Primary Language	Percentage of Consumer
Arabic	2.63%
Bengali	0.11%
Burmese	0.30%
Chinese (Manda	0.02%
English	88.02%
English/Spanish	0.13%
Ethiopian	0.07%
Farsi	0.04%
French	0.04%
Japanese	0.01%
Karen	0.15%
Karenni	0.04%
Kinyarwanda	0.03%
Kirundi	0.00%
Kurdish	0.01%
Nepali	0.23%
Other	0.06%
Pashto	0.01%
Russian	0.01%
Sign Language	0.04%
Somali	0.04%
Spanish	7.64%
Spanish/English	0.18%
Swahili	0.10%
Tigrigan	0.04%
Vietnamese	0.03%

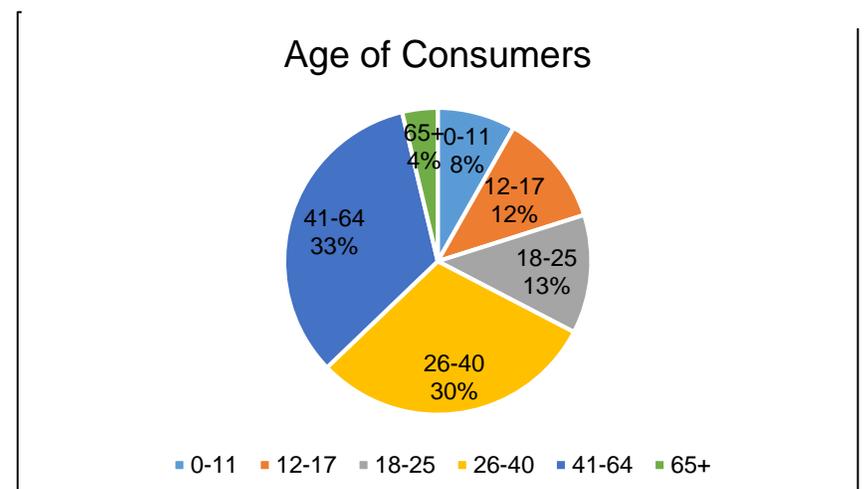
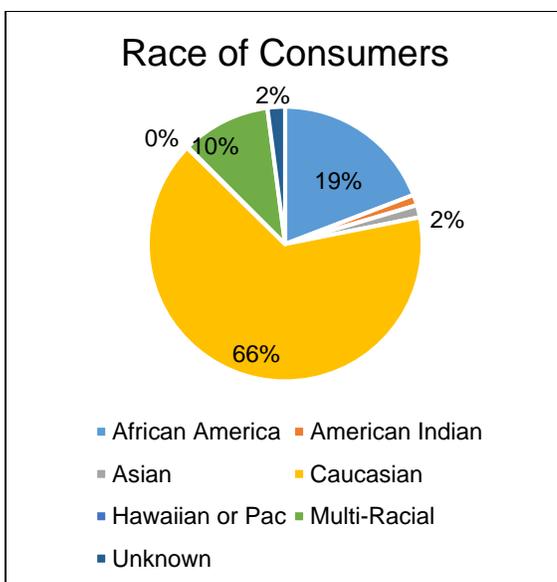


BestSelf Behavioral Health serves a range of people in the Western New York community.

English continues to be the primary language of BestSelf consumers, followed by Spanish and Arabic. Across all the BestSelf programs, consumers primarily speak 25 different languages.

Most of BestSelf consumers are Caucasian, but a significant portion are also African American or Multi-Racial. Other races that are represented are American Indian, Asian, and Hawaiian or Pacific Islander. 17% of consumers are Hispanic or Latino.

BestSelf serves consumers across all age ranges from children to the elderly. During the second quarter of 2020, BestSelf consumers were primarily between the ages of 26 to 64.



III. 2019 Certified Community Behavioral Health Center Survey

Consumer Assessment of Care (CAC) Survey

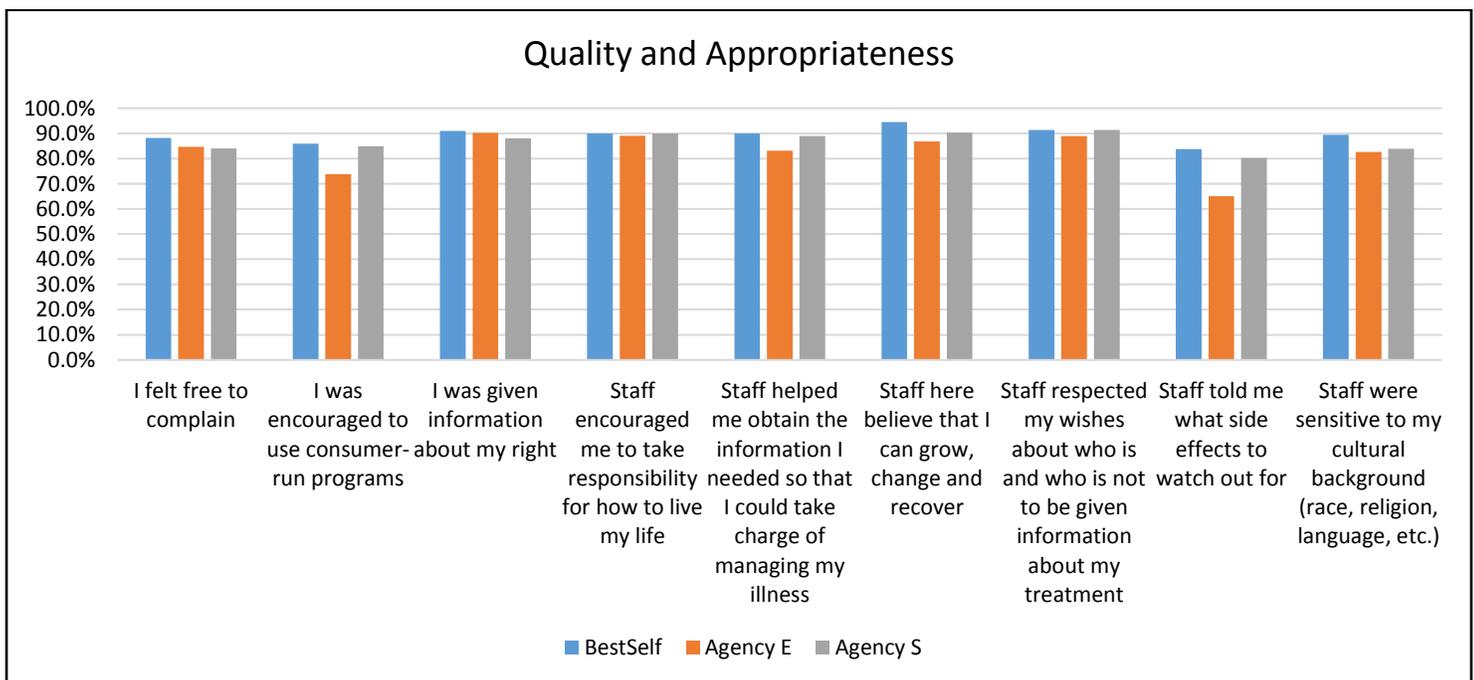
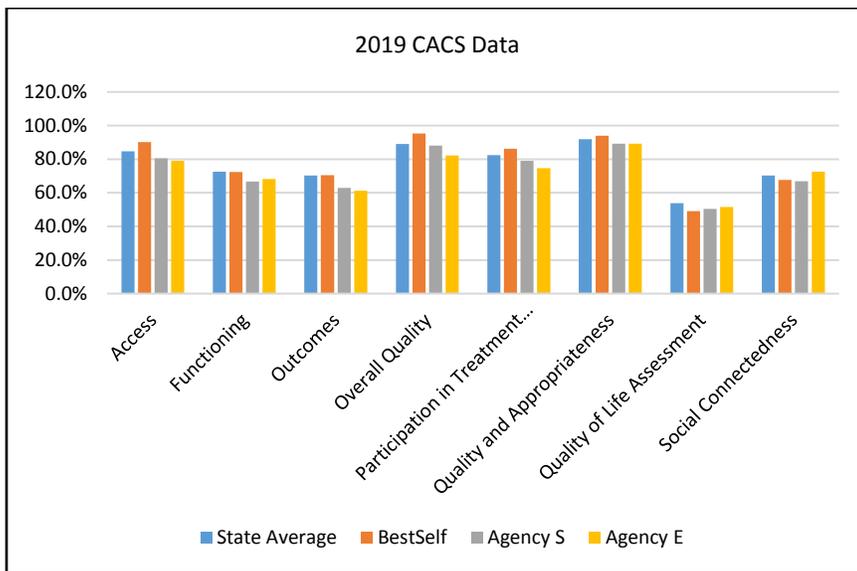
We did not receive the results of the CCBHC CACs and FACs surveys until early 2020. The following data was collected through the completion of the CCBHC surveys in mid-2019.

	BestSelf	Agency E	Agency S	State Total
Number of Survey's Completed	297	101	346	2847

The accompanied data was gathered through the collection of last year's CCBHC's Consumer Assessment of Care Surveys and comparing BBH's results to those of the other two CCBHC agencies in Western New York, as well as statewide results.

In 2019, BestSelf provided more than 10% of all the survey's collected throughout the state, showing how large the size of our organization is when comparing to other CCBHC agencies.

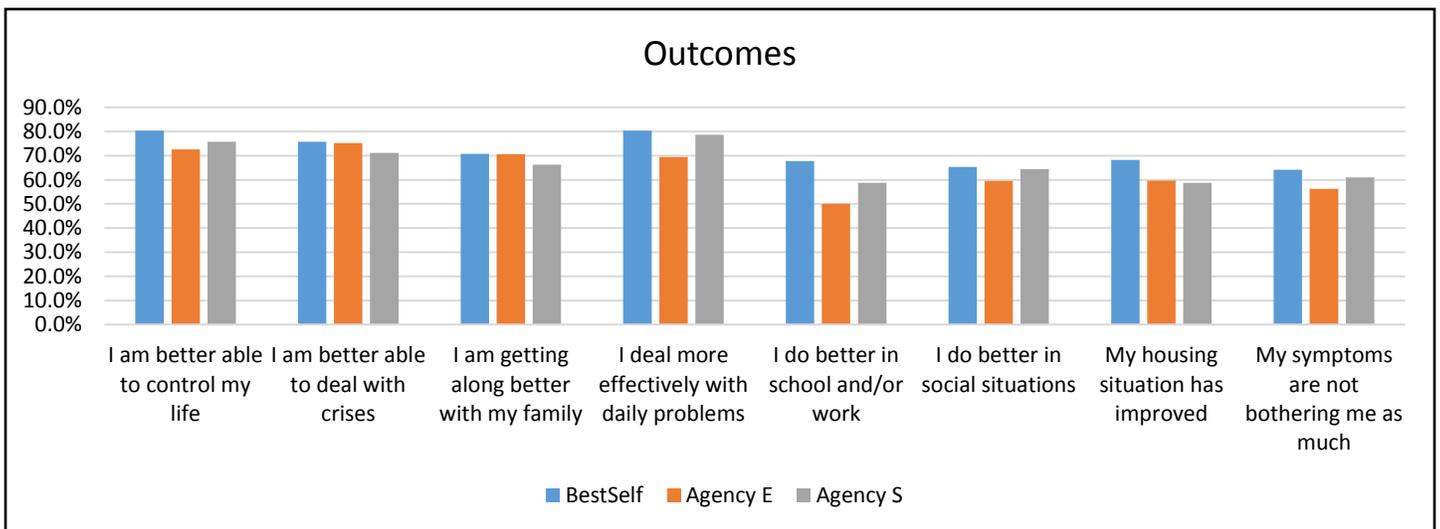
BestSelf also outperformed the other agencies and state averages in most categories. This shows the quality of services we provide to our clients.



Although the complete CAC survey has eight categories, BBH has chosen to focus on Quality and Appropriateness, Overall Quality, and Outcomes. These categories were the most appropriate for the PQI Report.

BBH has always prioritized respecting client’s cultural and ethnic backgrounds. As can be seen in the graph above, BBH’s clients have experienced this and 89.5% of the respondents agreed BBH staff were sensitive of their cultural/ ethnic backgrounds, which was significantly higher than the other two agencies.

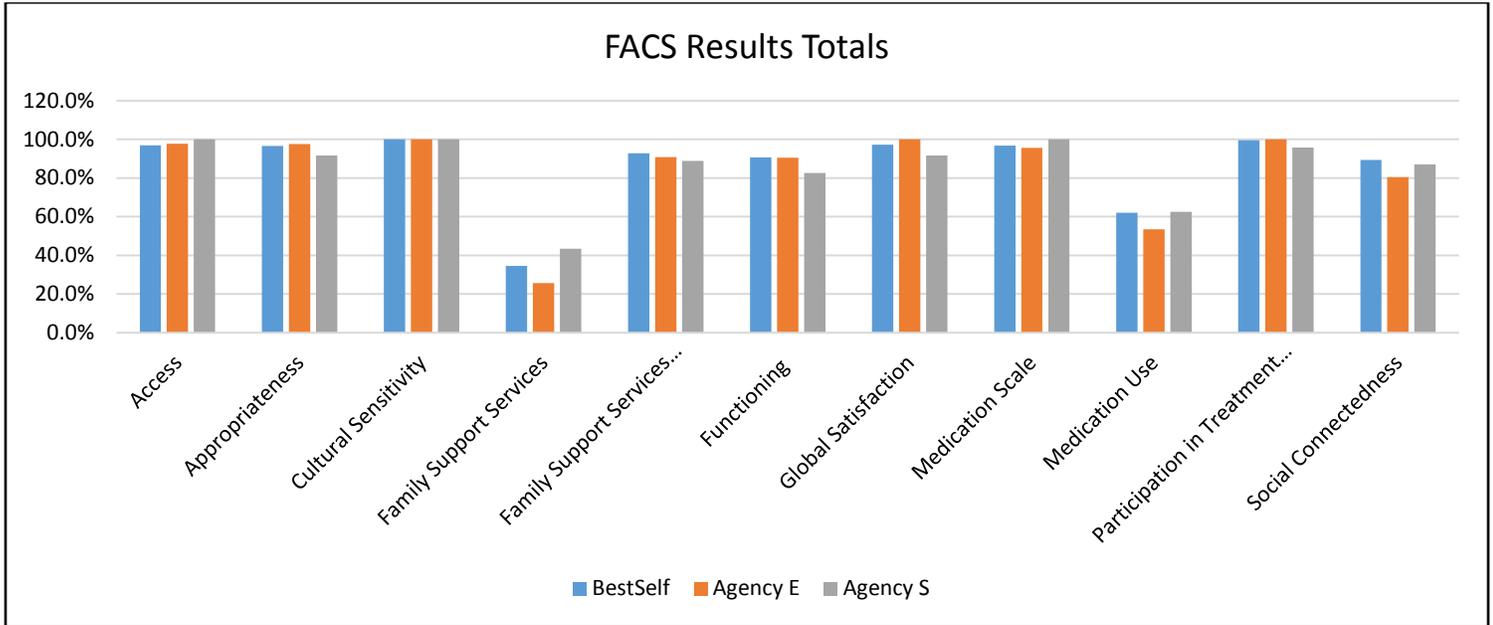
BBH surpassed the other agencies in every measure of both Overall Quality and Outcomes showing the client’s satisfaction with the services they have received.



Family Assessment of Care (FAC) Survey

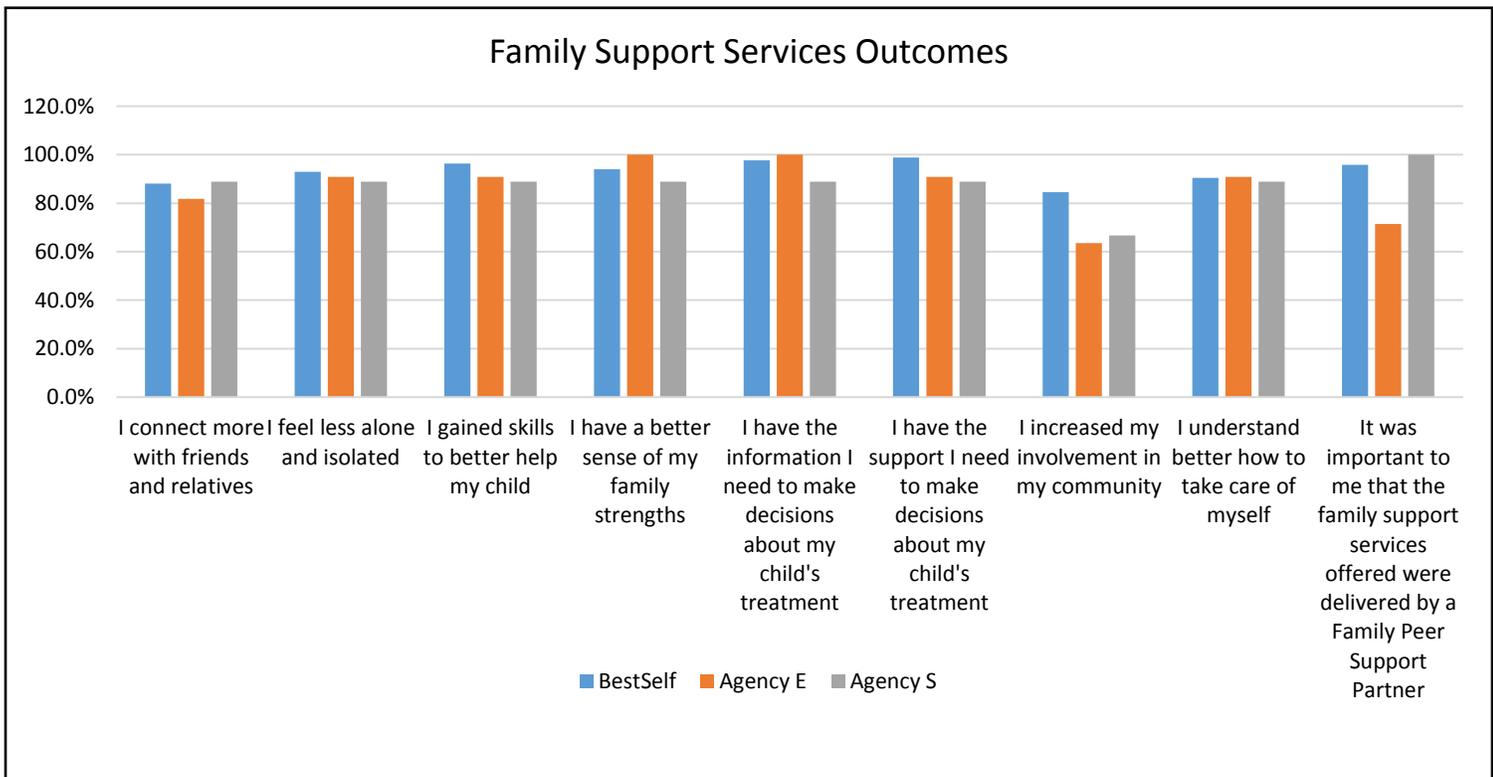
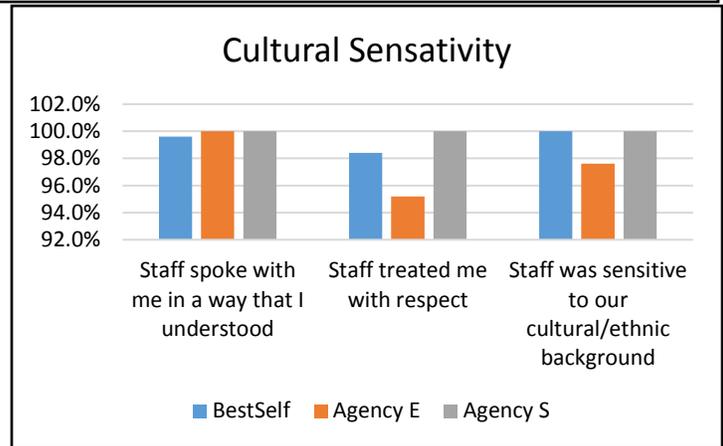
	BestSelf	Agency E	Agency S	State total
Number of survey's completed	262	43	24	806

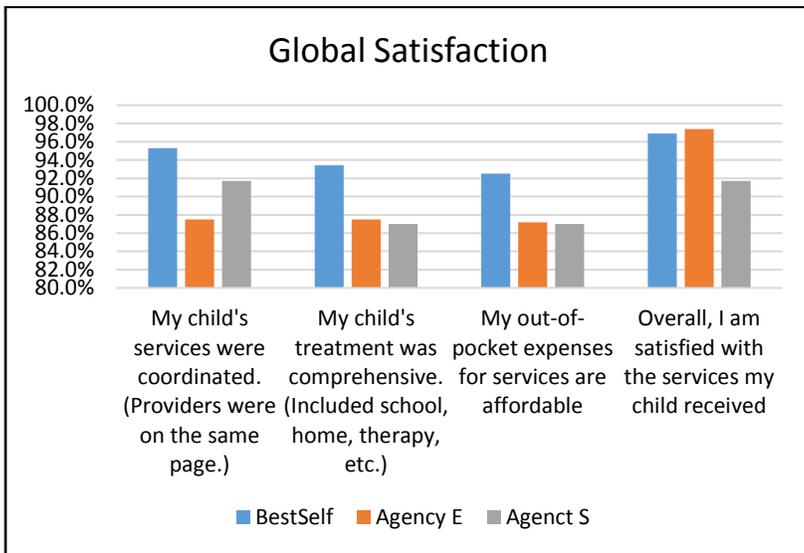
The Family Assessment of Care Surveys were completed at BBH’s children locations during the survey week in 2019. Of the 806 FAC surveys completed statewide, 262 (32.5%) of those surveys were completed by BBH. This shows that of all the CCBHCs in the state, BBH is one of the largest. The other two CCBHCs in the area provide only a fraction of the surveys that BBH provided.



Similarly to the CACs data, BBH often met or surpassed state averages, as well as, the results of the other two CCBHCs in WNY. In the few categories that BBH did not surpass the other CCBHCs, our results were still positive overall.

BBH has always prioritized respecting client’s cultural and ethnic backgrounds. As can be seen in the graph to the right, BBH’s clients have experienced this and 100% of the respondents agreed BBH staff were sensitive of their cultural/ ethnic backgrounds.





Families and children who receive services at BBH were extremely satisfied with the services they received. The outcomes above show that BBH helps clients gain the skill to better themselves. All of the outcome measures were above 80% and in most, we surpassed the other CCBHC agencies.

All of the Global Satisfaction data shows BBH outranks the other CCBHC agencies. The metric of Global Satisfaction from BBH is above 92%.

IV. Program/Department Outcome Metrics

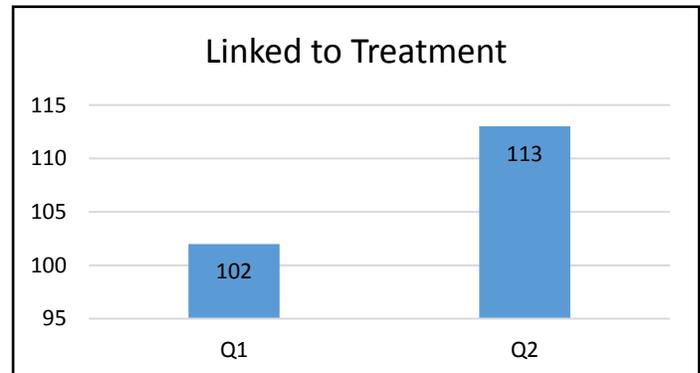
Each program has their own individual outcome measures that were decided on by the Vice Presidents and Program Directors in conjunction with the Vice President of Quality Improvement and Accreditation. These metrics are reevaluated annually to determine any adjustments or changes that may need to be made. The VP of each program present the data at the VP PQI Committee and the data for each program will be presented bi-annually in the PQI Quarterly Report. The second quarter of 2020 features the Child Advocacy Center (CAC), Harambee House, Homeless Supportive Housing, and Homeless Outreach.

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.

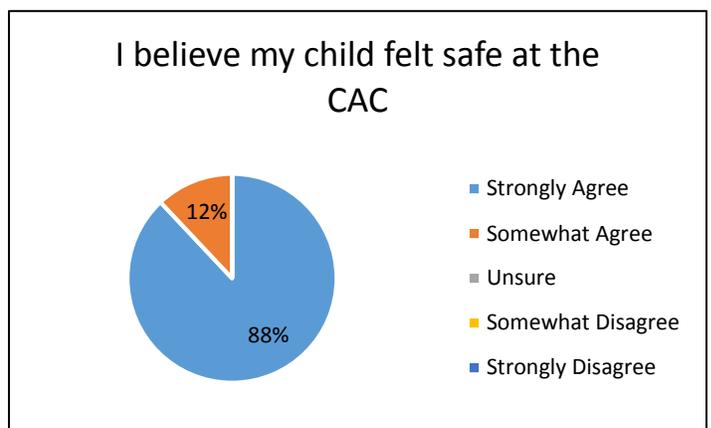
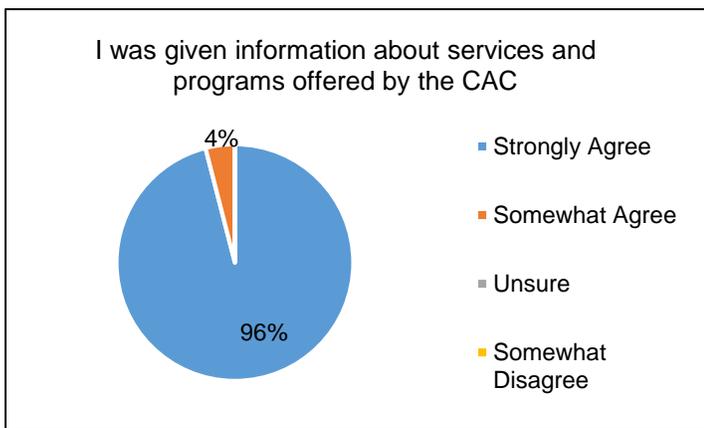
The CAC's outcome measures are:

- Number of clients successfully linked to treatment
- Client satisfaction survey data



The CAC has been prioritizing and tracking their successful linkages to treatment. Since 2019, they have continuously increased their linkage numbers. For the first time in the third quarter of 2019, they truly began looking at this data with 71 successful linkages. In the second quarter of 2020, the linkages increased to 113.

The CAC’s client satisfaction survey consists of 12 questions. With thorough consideration, the following three questions were chosen to focus on because they are factors the CAC staff have control over internally. Over the last year, the satisfaction results for these three questions have been positive.



Harambee House

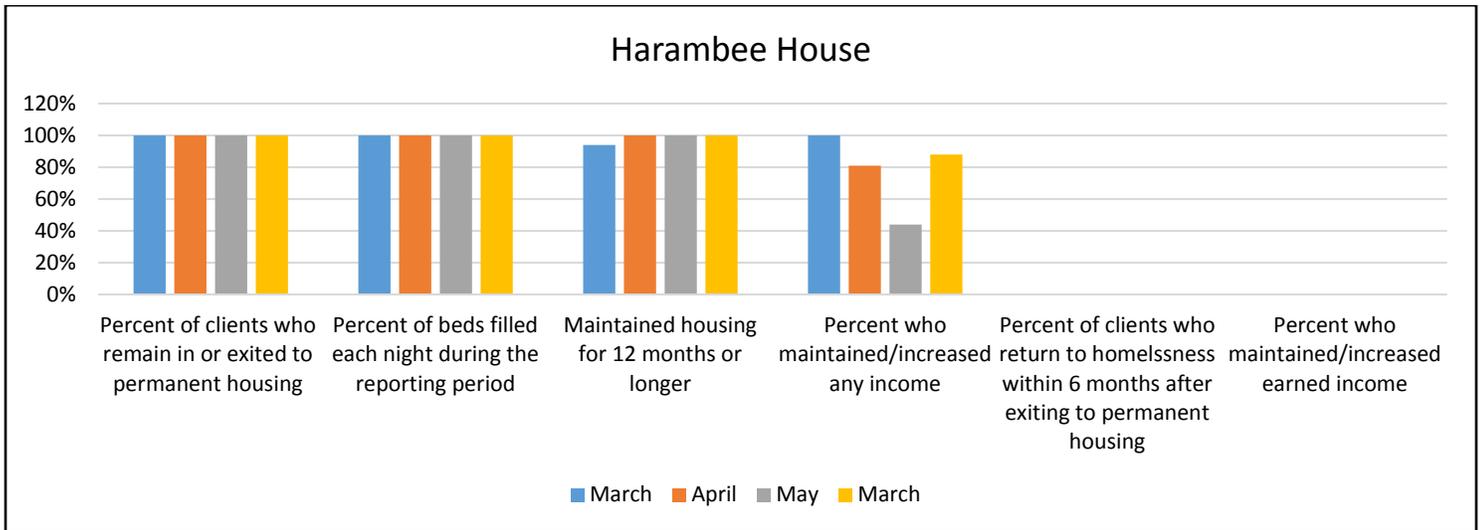
Harambee House is a residential facility that provides single-occupancy, permanent housing to chronically homeless individuals diagnosed with mental disorders who are eighteen years of age and over. The program was developed through HUD funding as a safe haven project and adheres to the housing first 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

Harambee House has consistently done well with their outcome measures. For both percent of clients who remain in or exited to permanent housing and percent of beds filled each night, they have remained at 100% over the last four reporting periods. Over the last three periods, they have also had 100% of consumers who maintained housing for 12 months or longer.

Consumers at Harambee House often have a difficult time maintaining or increasing their **earned** income due to the clientele they serve. The staff at Harambee House work with their clients to gain income in other ways. They have increased success in early 2020 by increasing the percent of clients who maintained or increased **any** income from 44% to 88%.



Health Homes

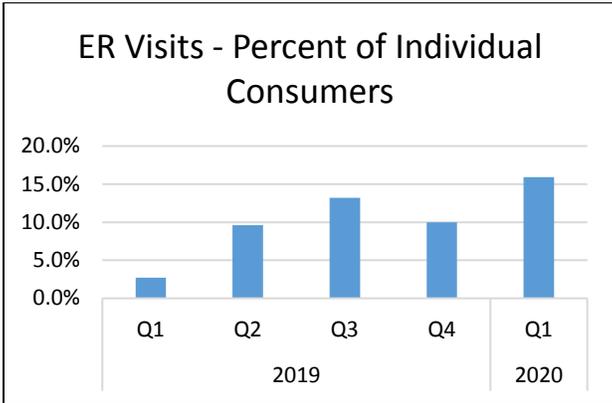
A Health Home is a service that provides free comprehensive care management services to Medicaid recipients to make certain their medical, mental health, and substance use disorder needs are being met.

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 Homes

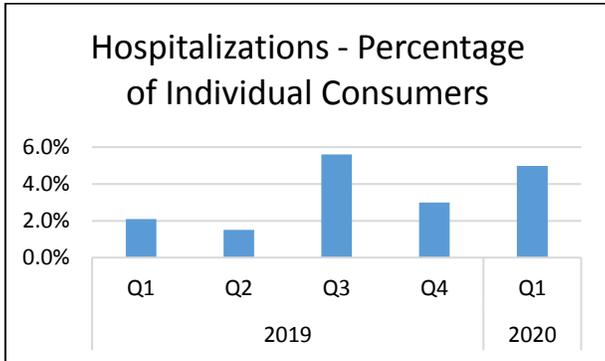
- Reduce ER visits to 12%
- Reduce Hospitalizations to 5% - separate medical vs. psychiatric
- 85% of the clients have a successful discharge

Number of Consumers Served		
2019	Q1	2326
	Q2	2252
	Q3	2028
	Q4	2372
2020	Q1	2427



The following data indicates both physical and mental health ER visits and hospitalizations. Physical health visits are disproportionate to mental health due to the clientele Health Homes serves and the amount of physical health issues they already have.

Considering the above, Adult Health Homes has done well with keeping the percentage of ER visits and hospitalizations fairly low. There was a spike in Q1 of 2020, but considering they increased the number of consumers they served and the beginnings of the COVID-19 Pandemic at the end of Q1, this was to be expected. Overall, they have been able to keep hospitalizations below 5% and the ER visits are just above their 12% goal. This is without filtering out physical health ER visits as well.



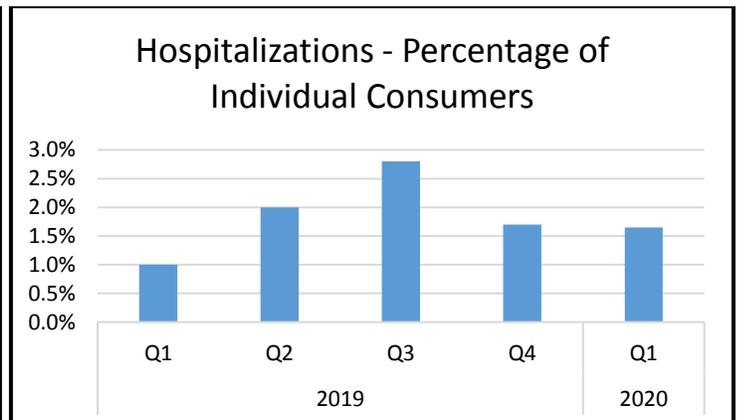
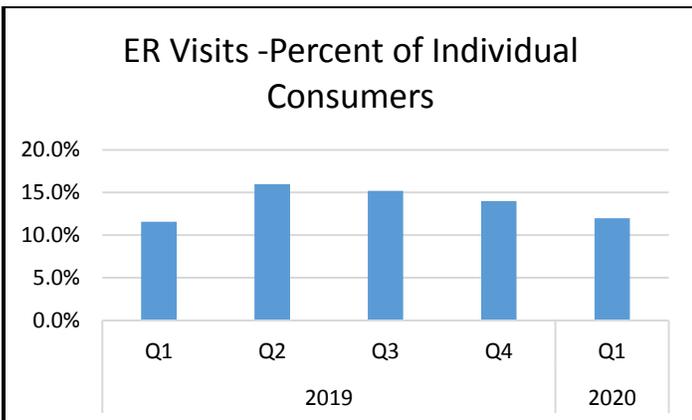
Children’s Health Homes

- Reduce ER visits to 12%
- Reduce Hospitalizations to 5% - separate medical vs. psychiatric
- 85% of the clients have a successful discharge

Children’s Health Homes adjusted their outcome measures in 2020 to better align with their goals as a program.

As the data shows, they have decreased the percent of individual consumer’s ER visits to 12% and the percentage of hospitalizations for individual consumers remained at 1.7%. They were able to accomplish this despite the number of consumers they served increasing.

Number of Consumers Served		
2019	Q1	178
	Q2	195
	Q3	211
	Q4	235
2020	Q1	242

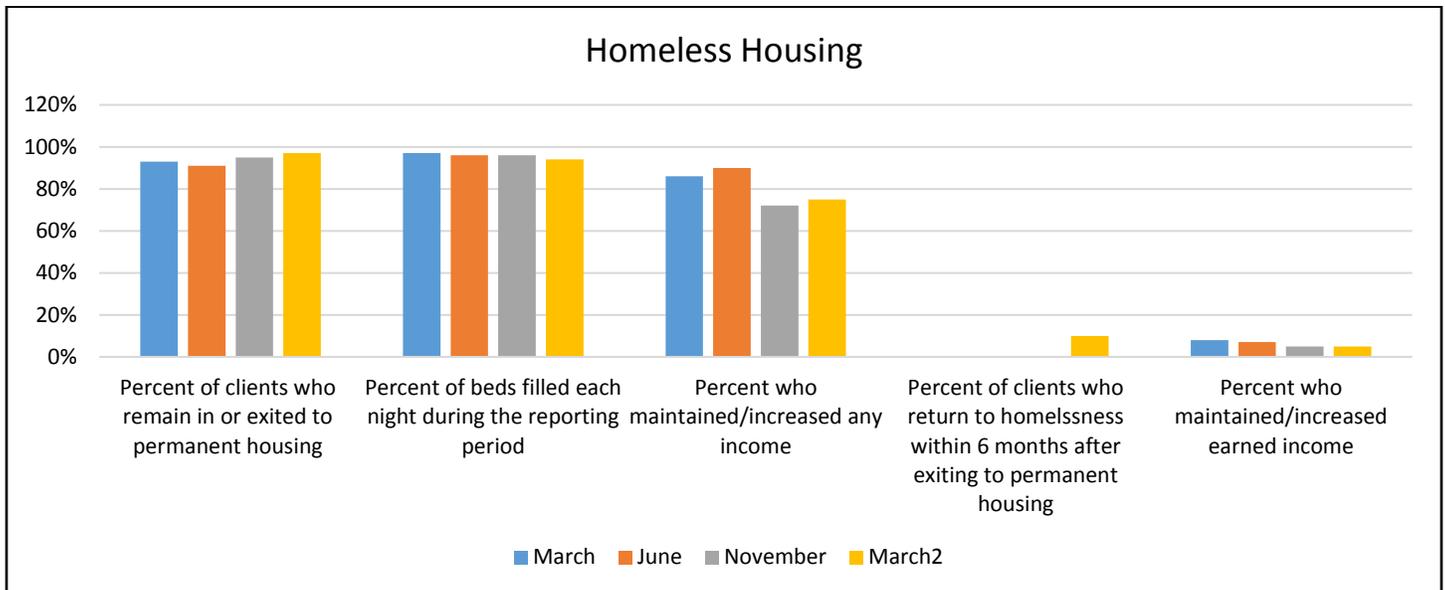


Homeless Housing

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

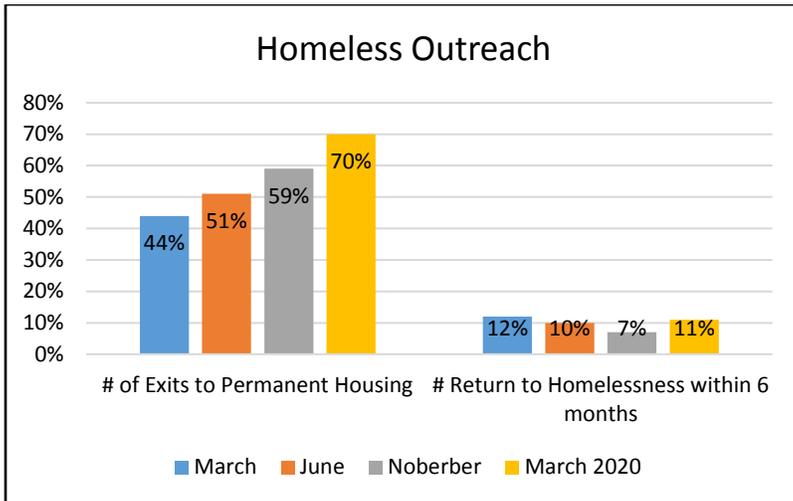
Each of the outcome measures for Homeless Supportive Housing shows the success of the program. Over the last year, there have been consistency with each of the measures. The COVID-19 Pandemic has affected Homeless Supportive housing, but they have worked hard to continue to provide the highest quality services to their consumers.



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 seeking 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



Homeless Outreach has consistently increased the percent of consumers who exit to permanent housing and has kept the percent of consumers who return to homeless relatively low over the last year.

There was a large jump in the exits to permanent housing, showing the continued efforts of the Outreach team to prioritize their clients.

V. Current QI Projects

At the end of the first quarter of 2020 into the beginning of the second quarter, QI put many quality improvement projects on hold in order to prioritize other necessities for BBH, including COVID-19 tracking and writing emergency policies and guidance. Although QI continues to do these COVID-19 related tasks, in the last couple of months, QI has gone back and picked back up those projects that were previously put on hold.

Front Office Operations

Previous to the COVID-19 pandemic, Chris Chavez, Quality Improvement Manager, worked diligently to ensure the optimization and standardization of the front offices across the agency. Just like everyone else, front office workers were faced with shifting their focus to remote work.

Chris and QI are currently updating Front Office Training to consider hybrid operations (work from home/work in office) and COVID-19 regulations. CSR staff are undergoing training for obtaining and documenting HEALTHeLINK verbal consents. The monthly program director/office manager meetings have been adjusted so that the QI Manager meets with the Adult MH team twice a month and the Children's MH team once a month. Furthermore, the fee collection project is on hold during COVID-19 as all copays due will be billed to the consumer.

Nursing Optimization

At the end of the second quarter, the Nursing Optimization project resumed with an aim to refocus the project in this "new normal." Claire Haumesser worked with the community nurses to develop an IM workflow and continues to help develop any necessary or useful workflows and guidance for the nurses.

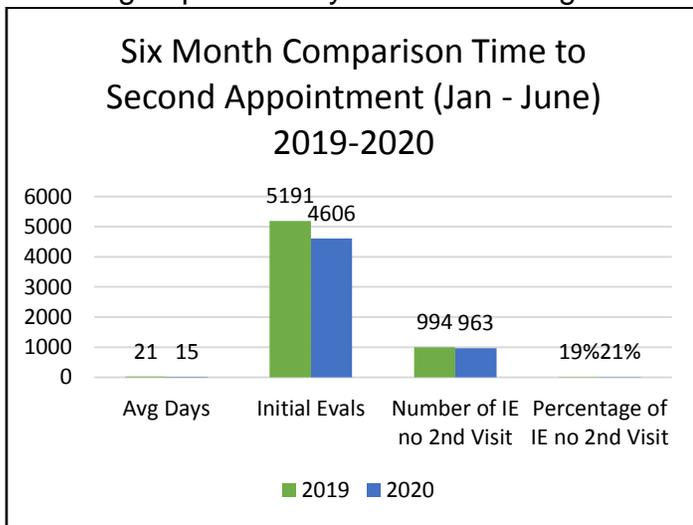
Before COVID-19, a major piece of the Nursing Optimization project revolved around identifying tasks nurses were doing that are below their licensure. Two of the tasks that the nurses identified that took the most time were prior authorizations and medication refills. After discussing with the Nursing Optimization Steering Committee, it was decided that these tasks could be completed by a lower level medical personnel.

The Nursing Optimization Steering Committee ask one of our nurses to complete a time study to show the amount of time he spent on these tasks over two weeks. After seeing the time study, it was decided that it would be beneficial to hire a certified medical assistant to assist in completing these tasks. This would free up time for the nurse to provide services to clients as well as ensure these time sensitive tasks can be completed timely.

Task	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Total Hours
PA's/Med Refills	4.75	4.75	4.75	3	7	5	6.75	4.5	6	5.5	52

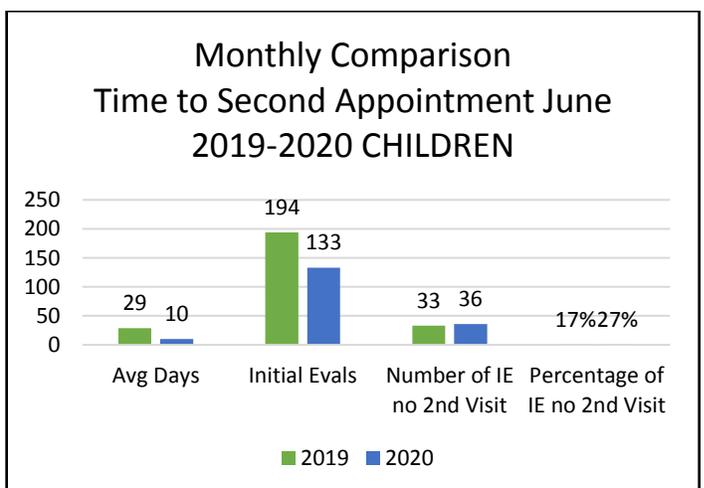
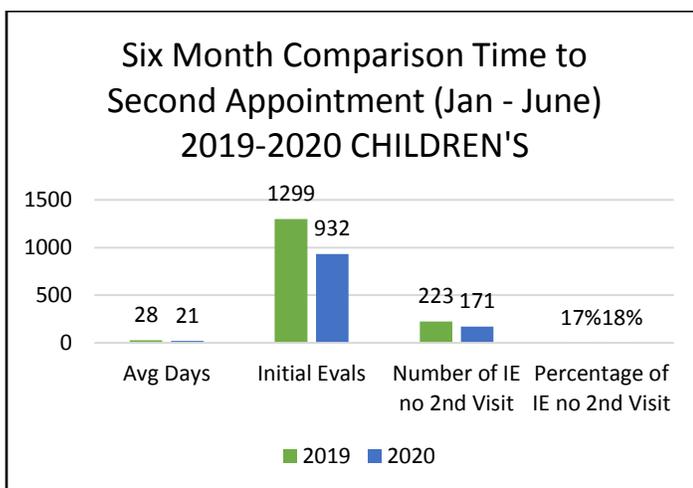
Time to Second Appointment

Over the last couple of years, there have been continued concerns over ensuring the length of time to get a client in for a second appointment to remain as low as possible. At certain locations this has been difficult due to demand and time constraints. It was identified that the children’s locations had the most difficulty with this, but since the beginning of the COVID-19 Pandemic, there was a shift downwards with the amount of time it took to get the child in for a second appointment. QI conducted a focus group to identify what has changed and how to maintain this.



Some of the suggested reasoning for this downward shift was the increase in telehealth services. Telehealth services eliminates the transportation barrier and the availability of the child has increased due to lack of school and other extracurricular activities. The decrease in required time for a service, from 45 minutes to 30 minute sessions, has also allowed for counselors to see more clients.

There are some concerns with maintaining this over the long term. QI will be working with front line staff and administration to address these concerns.



VI. Acknowledgements

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

To maintain COA Accreditation, BestSelf must submit a Maintenance on Accreditation (MOA) report keeping COA informed on different aspects of the agency. Two large pieces of this report revolved around Finance/Accounting and Human Resources. QI would like to thank Katie Morreale and Nichole Meier for their help gathering the data to submit to COA.

David Marciniak helped significantly with the data collection necessary to move the Nursing Optimization project forward. QI would like to thank him for all of his work.

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. 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