

2020, Q3

Performance and Quality Improvement  
Quarterly Report



## 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 transparently providing data.

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

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

Figure 1.1 – Quarterly Reporting Dates			
Q1	Q2	Q3	Q4
January 1 – March 31	April 1 – June 30	July 1 – September 30	October 1 – December 31

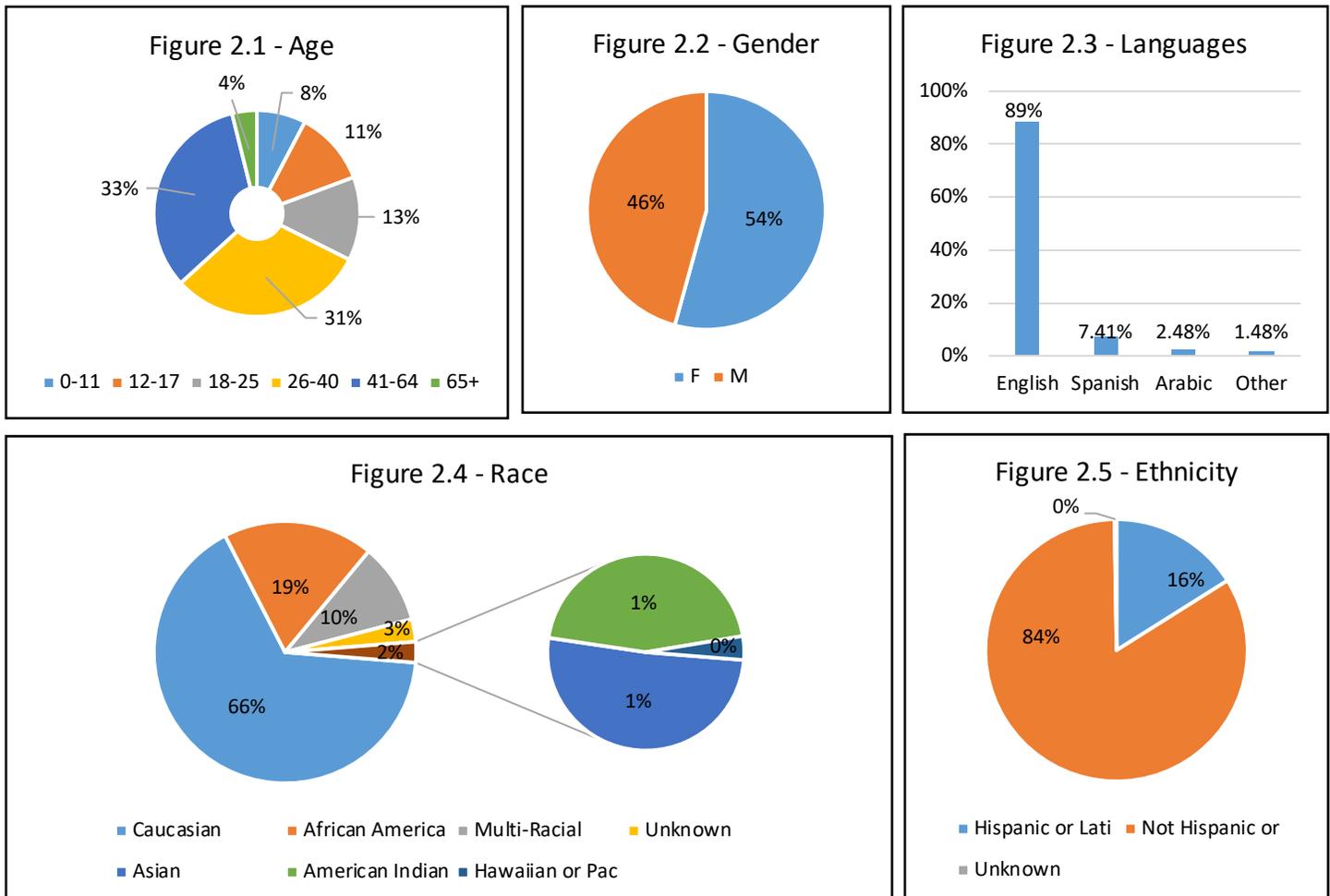
## II. Demographics

In the third quarter of 2020, BestSelf's consumer demographics show the diversity of BestSelf's clientele. These demographics were collected across BestSelf's multitude of programs, including, CCBHC, ACT, PROS, Homeless Services, ClubWest, etc.

Figure 2.1 shows the age range of the consumers ranging from childhood through adulthood, with the majority (61%) of BestSelf consumers being between 26 and 64 years old. As Figure 2.2 shows, BestSelf consumers are almost evenly split between males and females with the majority slightly skewing towards the female population.

BestSelf consumers speak 28 primary languages. As shown in Figure 2.3, the most common primary language of consumers is English with the next highest languages being Spanish and Arabic.

Figure 2.4 shows the racial demographics of BestSelf's consumers. As Figure 2.4 shows, 66% of BestSelf consumers are Caucasian, with 19% being African American, and 10% being multiracial. Of the other 5%, American Indians and Asians hold 1% each and for 3% of BestSelf consumers, their race is not known. Figure 2.5 represents the ethnicity breakdown of consumers. Sixteen percent of BestSelf consumers are Hispanic or Latino.



### III. Program/Department Outcomes

Annually the Vice President of Quality Improvement and Accreditation reviews with each program and vice president the outcome measures for those programs and departments. These outcome measures were decided based on several factors, including data that is being tracked due to regulatory requirements

#### 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 are:

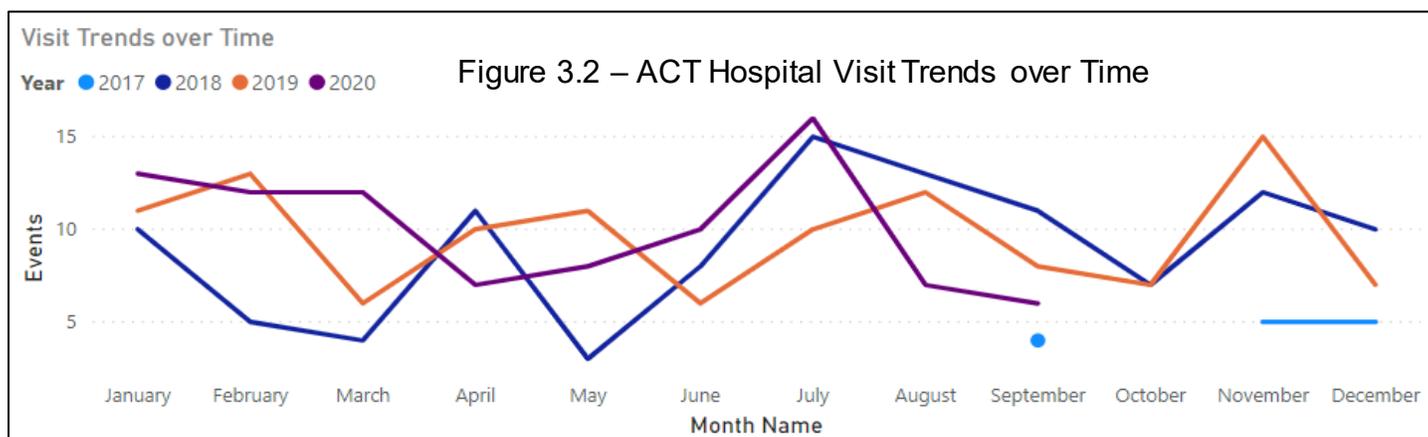
- Number of consumer hospitalizations
- Number of consumer ER visits

#### Hospitalizations

The following figures (Figures 3.1 & 3.2) show the amount of hospital visits there were over the last three quarters. As Figure 3.1 shows, overall the number of hospitalizations in the third quarter were similar to that of the second quarter, but down from quarter one.

Quarter	Hospital Visit	Total
Q1 - 2020	37	37
Q2 - 2020	25	25
Q3 - 2020	29	29
<b>Total</b>	<b>91</b>	<b>91</b>

Figure 3.2 shows hospitalizations month to month and it can be seen that hospitalizations spiked in July, but decreased significantly in August and in September, it was the lowest amount of hospitalizations in 2020.



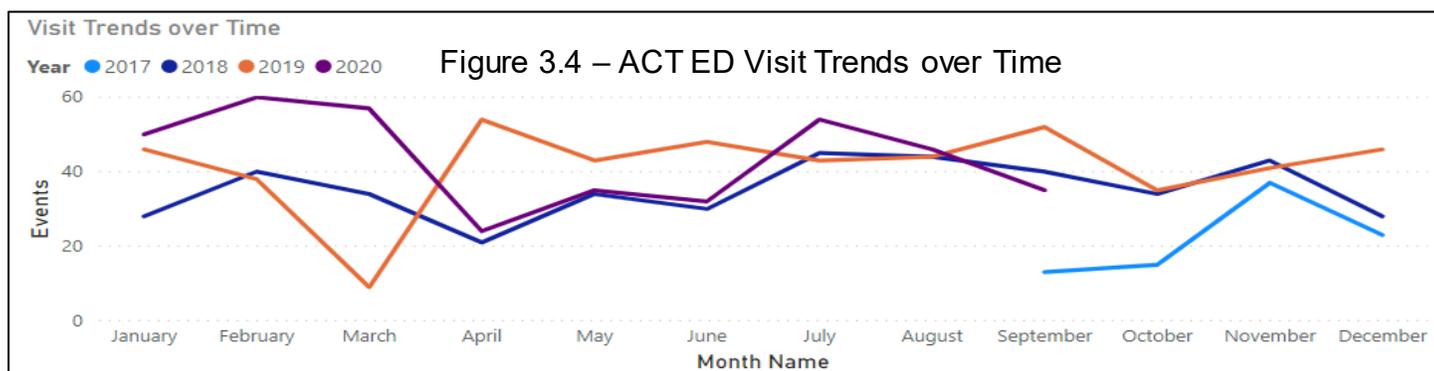
### Emergency Department Visits

Figure 3.3 – ACT ED Events

Quarter	ED Visit	Total
Q1 - 2020	167	167
Q2 - 2020	91	91
Q3 - 2020	135	135
<b>Total</b>	<b>393</b>	<b>393</b>

Figure 3.3 and Figure 3.4 show the amount of Emergency Department (ED) Visits over the last three quarters. As Figure 3.3 shows, in Q3 there was a large increase in ED visits from Q2, but it is still below the first quarter. It is important to note, these are individual cases, not specific clients and therefore some clients may be skewing the number if they visit the ED multiple times.

Figure 3.4 shows ED visits month to month. As this figure shows, the first three months of the year were the highest numbers, but as time went on the number fell with a small spike in July.



### Personalized Recovery Oriented Services (PROS)

The outcome measures for PROS are:

- Number of consumer hospitalizations
- Number of consumer ER visits

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.

### Hospitalizations

As can be seen in the following figures (3.5 and 3.6), the number of hospital events for consumers in the PROS programs has slightly increased over the last three quarters. Figure 3.6 Shows hospitalizations decreased significantly in April of 2020, but then spiked in May and remain high through July. Consumers in the PROS programs really rely on and enjoy coming into the location and therefore the restrictions that were necessary due to COVID-19 significantly affected PROS clients, which possibly influenced this measure.

Figure 3.5 – PROS Hospital Events

Hospital Events		
Quarter	Hospital Visit	Total
Q1 - 2020	29	29
Q2 - 2020	33	33
Q3 - 2020	34	34
<b>Total</b>	<b>96</b>	<b>96</b>

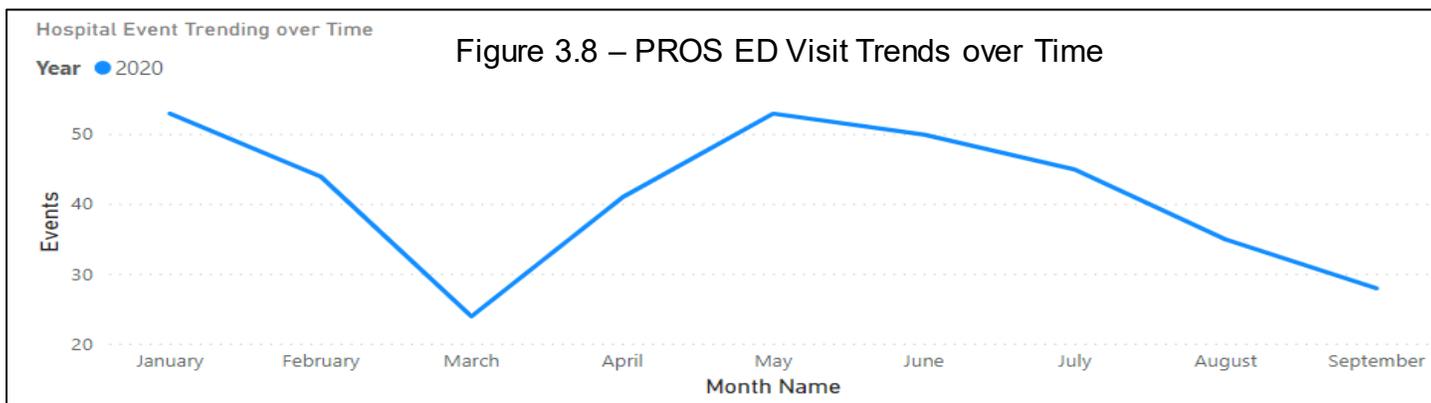


### Emergency Department (ED) Visits

Figure 3.7 shows ED visits spiked in Q2, which may also have been influenced by consumers being unable to come into the locations. In Q3, however, the number of ED visits decreased significantly. As Figure 3.8 shows, from May through September, the amount of ED visits for PROS consumers steadily decreased as consumers were able to return to limited in-person programming.

**Figure 3.7 – PROS ED Events**

Quarter	ED Visit	Total
Q1 - 2020	121	121
Q2 - 2020	144	144
Q3 - 2020	108	108
<b>Total</b>	<b>373</b>	<b>373</b>



### 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.

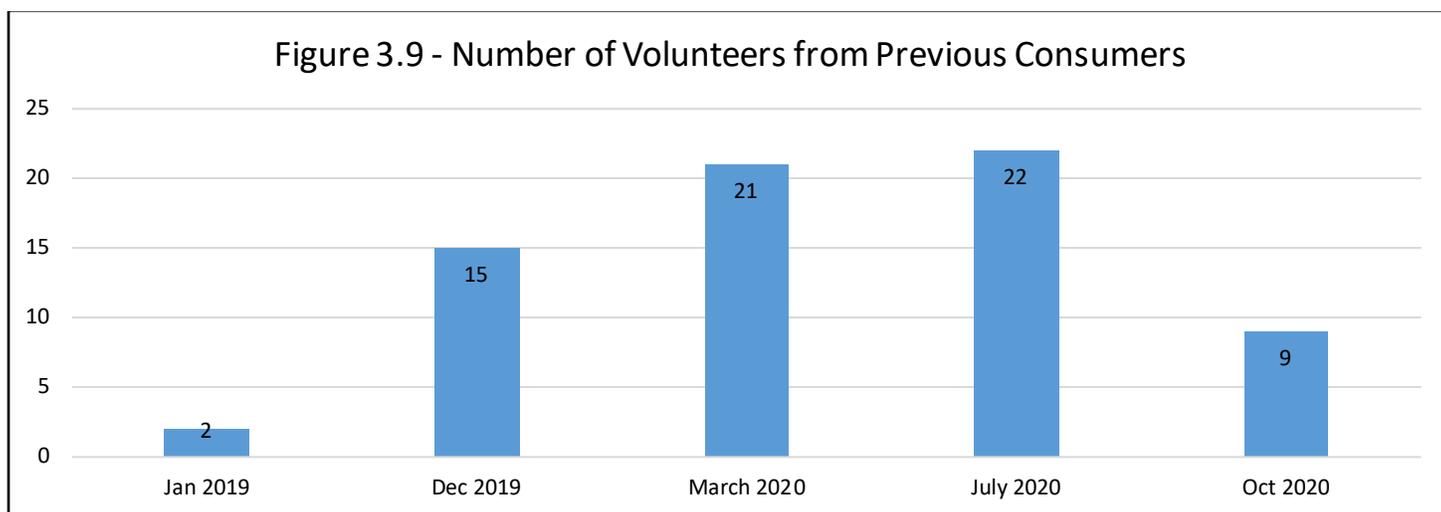
The outcome measures for the Recovery Community are:

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

## Volunteer Program

- Total number of volunteers = 9
- Number pending approval = 1
- 3<sup>rd</sup> quarter volunteer hours = 94

Figure 3.9 shows the progression of the Recovery Community's volunteer program over the last two years. In 2019, the Recovery Community significantly increased their volunteer numbers and that remain through early 2020. COVID-19 impacted the Recovery Community and they were not able to provide the same services due to COVID-19 restrictions. With this, the volunteer program decreased in late 2020, but community outreach efforts were increased during September and October to recruit new volunteers and to promote the center's reopening and revised schedule of activities.



## POC - Perception of Care Survey

Due to COVID-19 disrupting the Recovery Community programming, it impacted the Recovery Community's ability to conduct the Perception of Care Survey and gather the necessary data to report for their outcome measures. In September 2020, the Recovery Community began engaging participants for this survey at a local park and eventually in the center. The POC surveys were administered and collected throughout the month during various activities and later submitted to OASAS. The amount of POC Surveys completed and submitted during the September was 23.

## **IV. Quality Improvement Project Updates**

Quality Improvement has multiple projects. The Front Office Optimization project is QI's longest-running project. It is ongoing

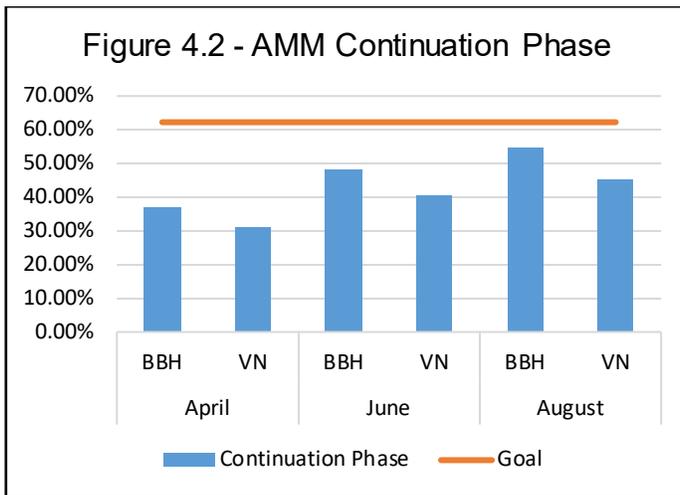
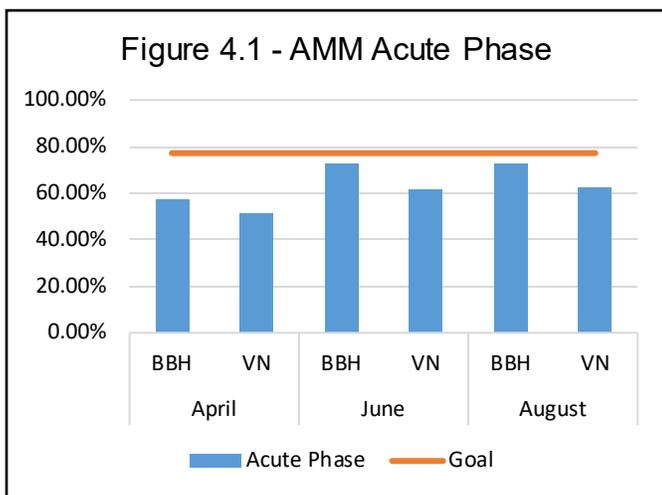
### **BCBS Antidepressant Medication Adherence**

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 MDD pathway was developed by Senior Management and all CCBHC locations were trained on this pathway.

Figures 4.1 and 4.2 show the large improvement from April to June for both BestSelf and Value Network. In both the acute and continuation phases, BestSelf not only improved, but they also surpassed the Value Network numbers. BestSelf is one of, if not the largest, participants in Value Network, and as such, the number of consumers that meet this metric for BestSelf are some of the largest for all of Value Network.



## Nursing Optimization

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 next step of the Nursing Optimization project is the piloting of a Certified Medical Assistant (MA) at Franklin Counseling. This new MA's primary task will be to aid David Marciniak, the RN as Franklin, with completing prior authorizations and medication refills.

In the third quarter of 2020, QI worked with David to develop specific workflows for this new position. We are excited to announce that the new MA was hired and will be starting at the beginning of the fourth quarter.

In addition to the new MA, QI continues to work with the nursing department to develop standardized workflows for several processes to ensure the RNs are working to their highest licensure.

## **V. Acknowledgments**

In the third quarter of 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.

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

One of the upcoming projects for QI will focus on rapid access. QI would like to thank the following people for participating in this process: Jorge Gonzalez, Brooke Meyer, Stacy Grzywna, Shannon Francis, Rebecca Gibson, Joshua Young, Cara Krasinski, Rachel Teall, Taylor Johnson, Oluchi Ahaneku, Normaris Castillo, Jasmine Dycha, Tara Hohman, Jennifer Jones, Nezy Mercado, Izzamar Rivera, Keila Velez, Kathryn Washburn Main, and Stephanie Davis.

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.

## **VI. Contact Us**

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

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